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# External Evaluation Report for Basic Medical Education

- **Higher Education Institution:**

NATIONAL AND KAPODISTRIAN UNIVERSITY OF  
ATHENS (NKUA) – CYPRUS BRANCH

- **Town:** Nicosia, Cyprus
- **Programme(s) of study under evaluation**  
**Name (Duration, ECTS, Cycle)**

**In Greek:**

ΠΡΟΓΡΑΜΜΑ ΠΡΟΠΤΥΧΙΑΚΩΝ ΣΠΟΥΔΩΝ ΤΜΗΜΑΤΟΣ  
ΙΑΤΡΙΚΗΣ (ΕΚΠΑ) – ΠΑΡΑΡΤΗΜΑ ΚΥΠΡΟΥ (6 ΧΡΟΝΙΑ,  
360 ECTS, ΠΡΩΤΟΣ ΚΥΚΛΟΣ ΣΠΟΥΔΩΝ)

**In English:**

UNDERGRADUATE STUDY PROGRAMME –  
DEPARTMENT OF MEDICINE (NKUA) – CYPRUS  
BRANCH (6 YEARS, 360 ECTS, FIRST CYCLE)

- **Language(s) of instruction:** Greek
- **Programme's status:** New



The present document has been prepared within the framework of the authority and competencies of the Cyprus Agency of Quality Assurance and Accreditation in Higher Education, according to the provisions of the “Quality Assurance and Accreditation of Higher Education and the Establishment and Operation of an Agency on Related Matters Laws” of 2015 to 2021 [L.136(I)/2015 – L.132(I)/2021].

## A. Introduction

*This part includes basic information regarding the onsite visit.*

The External Evaluation Committee (EEC) of the CYQAA undertook a two day visit (24th-25th July 2025) to the Theological Academy of Nicosia in order to meet with the National and Kapodistrian University of Athens (NKUA) team responsible for their new Cyprus branch campus.

We heard how the University already has five campuses across Greece with 44 undergraduate and 238 postgraduate accredited programmes. They are the top-ranked university in South East Europe and the first choice for school graduates in Athens and Cyprus alike. Approximately 10% undergraduate students at NKUA are Cypriot nationals and links between NKUA and the University of Cyprus (UCY), as the premier public university in Cyprus, are long-standing.

Within medicine, approximately one quarter of doctors practising in Cyprus are NKUA alumni, and this initiative has strong and broad support from stakeholders – including national and local government, Cyprus Medical Association leaders and the Church, many of whom are NKUA alumni and with whom we met. We have heard how there is also strong support for this initiative from the Cyprus population, with a phone survey undertaken as part of an initial feasibility study.

We have been advised that the current Council of NKUA, instated in September 2023, identified the formation of this branch campus as a strategic initiative in October 2023. Since then, a change in Greek law had been necessary in order for the branch application to be possible. Because of the series of decision points already undertaken, the accreditation visit occurred approximately two months before the initial three programmes (Medicine, Business, Management) were due to start, with a further four programmes (Nursing, Psychology, Education, Classics) scheduled to start, subject to accreditation in academic year 2026/7.

As part of the branch campus development, the Theological Academy will provide classrooms and similar university buildings (which we visited) until a permanent campus is established, with the local government recognising that this development aligns closely with plans to regenerate the Old Town in Nicosia, and investing accordingly, resulting in the provision of student accommodation. The branch campus initiative, then, has four main drivers:

1. Increasing the quality of education within Cyprus, uniquely positioned at the gateway between Mediterranean and Middle Eastern cultures.
2. Accelerating academic research in Cyprus to create world-leading impact as part of true academia.
3. Improving the breadth and quality of healthcare on the island and driving the retention of locally-trained doctors in the Hellenic world.
4. Acting as a nidus to drive the regeneration of Nicosia Old Town which began in 2016.

The principal benefit of an institution with status such as NKUA establishing a branch campus is as a driver to establish a University Hospital in Cyprus, which will be transformational in clinical academia on the Island. By creating a route for research-intensive clinicians to continue their clinical practice while contributing to research and educational initiatives, the provision of sustainable high-quality care across Cyprus will be accelerated.

While we have no doubt of the high standard of *clinical* medical education provided by NKUA in Athens, including the management or ownership of 14 hospitals, of which 10 are public institutions; material available to us as part of this accreditation exercise was limited to preclinical education,

medical educators across all semesters and current buildings scheduled for teaching. While we were provided with the MoU with El Greco Hospital, we had no opportunity to directly evaluate or observe clinical learning environments, schedules, simulation etc. We have therefore refrained from considering the clinical three years of this traditional medical curriculum, instead advising that this is undertaken within the next 1-2 years as part of ongoing quality assurance processes.

Three members of the EEC have uniquely been part of the accreditation process of all medical schools in Cyprus and two other branch campuses of Cyprus universities elsewhere – and we see the benefit of a University Hospital as the key instrument for future success *across all four institutions*, for the Island.

In order to comprehensively assess a whole programme, the committee usually observes and evaluates all aspects of the programme. This includes stakeholder meetings with all relevant groups (university, school, pre-clinical and clinical faculty, hospital staff, students, administrative staff and external stakeholders) and site visits to labs, teaching facilities and hospital premises. Equally, a departmental evaluation refers to the branch department, and an Institutional one to the branch institution (rather than the parent department or branch).

With two previous accreditations involving establishment of a foreign branch, both universities presented the parent faculty as well as the new branch settings. This is logical when the parent institution falls under the remit of the CYQAA. Understandably here, this is not the case. It equally means that the EEC cannot accredit or evaluate the learning experience and facilities in Greece directly.

Although we have no doubts about the credibility and impact of the National and Kapodistrian University of Athens (NKUA) and its general capability for successful transfer of their clinical programme to the Cypriot conditions, we can only accredit what we have actually seen/been shown. With this in mind, our rankings are based as follows: “partially compliant” (3) is appropriate in all cases where we didn’t have the opportunity to assess things in practice. This is not to degrade the NKUA or their potential Cyprus branch but our responsibility as highly professional accreditors to keep up with internationally recognise standards. Readers may want to recognise this in their interpretation of our report below.

We sincerely thank the NKUA colleagues with whom we met for the paperwork they provided and the openness and collegiality of our discussions. The visit was organised promptly and effectively by key members of the CYQAA, who we hold with very high regard.

## B. External Evaluation Committee (EEC)

Name	Position	University
Professor Nicki Cohen	Dean of Medical Education	King's College London, UK
Prof. J.-Matthias Löhr	Professor of Gastroenterology	Karolinska Institutet, Sweden
Prof. Anne Herrmann-Werner	Professor of Medical Education	University of Tübingen, Germany
Dr. Georgios Panos	Medical Council Representative	Cyprus
Mr. Michalis Andreou	Medical Student Representative	University of Cyprus

### C. Guidelines on content and structure of the report

- The external evaluation report for Basic Medical Education follows the structure of assessment areas, as these were adopted by the document 'Basic Medical Education WFME Global Standards for Quality Improvement' (<https://wfme.org/standards/bme/>).
- Under each assessment area, there are sub-areas, which are the standards of the report.
- Each standard offers associated guidance and key questions, to help discussion and definition of the level of specificity that is fit for purpose.
- Under each assessment area, it is important to provide information regarding the compliance with the requirements of each sub-area. In particular, the following must be included:

#### Findings

A short description of the situation in the Higher Education Institution (HEI), based on elements from the application for external evaluation and on findings from the onsite visit.

#### Strengths

A list of strengths, e.g. examples of good practices, achievements, innovative solutions etc.

#### Areas of improvement and recommendations

A list of problem areas to be dealt with, followed by or linked to the recommendations of how to improve the situation.

- The EEC should state the compliance for each sub-area (Non-compliant, Partially compliant, Compliant), **which must be in agreement with everything stated in the report.** It is pointed

out that, in the case of standards that cannot be applied due to the status of the HEI and/or of the programme of study, N/A (= Not Applicable) should be noted.

- The EEC should state the conclusions and final remarks regarding the programme of study as a whole.
- The report may also address other issues which the EEC finds relevant.

## 1. MISSION AND VALUES

### Sub-areas

#### 1.1 Stating the mission

The school has a public statement that sets out its values, priorities and goals.

#### 1.1 Stating the mission

##### **Guidance:**

- Consider the role, audiences and uses of the mission statement.
- Briefly and concisely describe the school's purpose, values, educational goals, research functions and relationships with the healthcare service and communities.
- Indicate the extent to which the statement has been developed in consultation with stakeholders.
- Describe how the mission statement guides the curriculum and quality assurance.

#### **1.1 Stating the mission**

##### **Key questions:**

- *How is the mission statement specially tailored to the school?*

- Which interested groups were involved in its development and why?
- How does mission statement address the role of the medical school in the community?
- How is it used for planning, quality assurance, and management in the school?
- How does it fit with regulatory standards of the local accrediting agency and with relevant governmental requirements, if any?
- How is it publicised?

### Findings

*A short description of the situation in the Higher Education Institution (HEI), based on elements from the application for external evaluation and on findings from the onsite visit.*

The mission statement, vision, values are the same as the parent institution (NKUA Athens campus) and provide for societal, and social benefit appropriate to the standards of the CYQAA and those of a modern high-impact organisation of learning.

### Strengths

*A list of strengths, e.g. examples of good practices, achievements, innovative solutions etc.*

The ethos, mission and values espoused by NKUA are held in the highest regard across South East Europe and long-standing.

### Areas of improvement and recommendations

*A list of problem areas to be dealt with, followed by or linked to the recommendations of how to improve the situation.*

None identified.

Please select what is appropriate for each of the following sub-areas:

Sub-area		<i>Non-compliant/Partially compliant / Compliant / Not applicable</i>
1.1	Stating the mission	compliant

## 2. CURRICULUM

## **Sub-areas**

### **2.1 Intended curriculum outcomes**

The school has defined the learning outcomes that students should have achieved by graduation, as well as the intended learning outcomes for each part of the course.

### **2.2 Curriculum organisation and structure**

The school has documented the overall organisation of the curriculum, including the principles underlying the curriculum model employed and the relationships among the component disciplines.

### **2.3 Curriculum content**

- a) The school can justify inclusion in the curriculum of the content needed to prepare students for their role as competent junior doctors and for their subsequent further training.
- b) Content in at least three principal domains is described: basic biomedical sciences, clinical sciences and skills, and relevant behavioural and social sciences.

### **2.4 Educational methods and experiences**

The school employs a range of educational methods and experiences to ensure that students achieve the intended outcomes of the curriculum.

### **2.1 Intended curriculum outcomes**

#### **Guidance:**

- Outcomes can be set out in any manner that clearly describes what is intended in terms of values, behaviours, skills, knowledge, and preparedness for being a doctor.
- Consider whether the defined outcomes align with the medical school mission.



- Review how the defined outcomes map on to relevant national regulatory standards or government and employer requirements.
- Analyse whether the specified learning outcomes address the knowledge, skills, and behaviours that each part of the course intends its students to attain. These curriculum outcomes can be expressed in a variety of different ways that are amenable to judgement (assessment).
- Consider how the outcomes can be used as the basis for the design and delivery of content, as well as the assessment of learning and evaluation of the course.

## 2.2 Curriculum organisation and structure

### Guidance:

This standard refers to the way in which content (knowledge and skills), disciplines, and experiences are organised within the curriculum. There are many options and variants, ranging from different models of integration to traditional pre-clinical and clinical phases, involving varying degrees of clinical experience and contextualisation. Choice of curriculum design is related to the mission, intended outcomes, resources, and context of the school.

## 2.3 Curriculum content

### Guidance:

- Curriculum content in all domains should be sufficient to enable the student to achieve the intended outcomes of the curriculum, and to progress safely to the next stage of training or practice after graduation.
- Curriculum content may vary according to school, country, and context, even where a national curriculum is specified. Content from at least three principal domains would be expected to be included:
  - Basic biomedical sciences which are the disciplines fundamental to the understanding and application of clinical science.
  - Clinical sciences and skills which include the knowledge and related professional skills required for the student to assume appropriate responsibility for patient care after graduation.

- Behavioural and social sciences which are relevant to the local context and culture and include principles of professional practice including ethics.

- Content of other types may also be included:

- Health systems science which includes population health and local healthcare delivery systems.
- Humanities and arts which might include literature, drama, philosophy, history, art and spiritual disciplines.

## 2.4 Educational methods and experiences

### Guidance:

- Educational methods and experiences include techniques for teaching and learning designed to deliver the stated learning outcomes, and to support students in their own learning. Those experiences might be formal or informal, group-based or individual, and may be located inside the medical school, in the community, or in secondary or tertiary care institutions. Choice of educational experiences will be determined by the curriculum and local cultural issues in education, and by available human and material resources.
- Skilfully designed, used and supported virtual learning methods (digital, distance, distributed, or e-learning) may be considered, presented, and defended as an alternative or complementary educational approach under appropriate circumstances, including societal emergencies.

## 2.1 Intended curriculum outcomes

### Key questions:

- *How were the intended outcomes for the course as a whole and for each part of the course designed and developed?*

- *Which stakeholders were involved in their development?*
- *How do they relate to the intended career roles of graduates in society?*
- *What makes the chosen outcomes appropriate to the social context of the school?*

## **2.2 Curriculum organization and structure**

### **Key questions:**

- *What are the principles behind the school's curriculum design?*
- *What is the relationship between the different disciplines of study which the curriculum encompasses?*
- *How was the model of curriculum organisation chosen? To what extent was the model constrained by local regulatory requirements?*
- *How does the curriculum design support the mission of the school?*

## **2.3 Curriculum content**

### **Key questions:**

- *Who is responsible for determining the content of the curriculum?*
- *How is curriculum content determined?*
- *What elements of basic biomedical sciences are included in the curriculum? How are the choices made and time allocated for these elements?*
- *What elements of clinical sciences and skills are included in the curriculum?*
  - *In which clinical disciplines are all students required to gain practical experience?*
  - *How are students taught to make clinical judgements in line with the best available evidence?*
  - *How are the choices made and time allocated for these elements?*
  - *What is the basis for the school's allocation of student time to different clinical practice settings?*
- *What elements of behavioural and social sciences are included in the curriculum? How*

*are the choices made and time allocated for these elements?*

- *What elements (if any) of health systems science are included in the curriculum? How are the choices made and time allocated for these elements?*
- *What elements (if any) of humanities and arts are included in the curriculum? How are the choices made and time allocated for these elements?*
- *How do students gain familiarity with fields receiving little or no coverage?*
- *How does the school modify curriculum content related to advances in knowledge?*
- *How are principles of scientific method and medical research addressed in the curriculum?*
- *Which fields (if any) are elective? How are elective fields decided?*
- *How is student learning assured in disciplines in which they do not get specific experience?*

## **2.4 Educational methods and experiences**

### **Key questions:**

- *What principles inform the selection of educational methods and experiences employed in the school's curriculum? How were these principles derived?*
- *According to what principles are the chosen educational methods and experiences distributed throughout the curriculum?*
- *In what ways are the educational methods and experiences provided for students appropriate to the local context, resources and culture?*

### **Findings**

*A short description of the situation in the Higher Education Institution (HEI), based on elements from the application for external evaluation and on findings from the onsite visit.*

As we have described in the introduction, NKUA already has 5 campuses in Greece and is well equipped to work at scale across a hub-and-spoke establishment. It has mature and successful processes for faculty recruitment at scale, faculty development, quality assurance and engagement with society. Traditional in approach to teaching, curriculum and assessment, the MD programme underwent a major revision in 2019. The current programme and processes will be translated

wholesale to Cyprus and then adapted for the location as needed. As such this fits with good branch campus practice.

### Strengths

*A list of strengths, e.g. examples of good practices, achievements, innovative solutions etc.*

The Cyprus branch will offer an MD program in Greek with the intention to serve the Greek-speaking Hellenic health care system. As stated above, the program is established and tested. Infrastructure and support colleagues are well-motivated and dedicated to provide a nimble and successful learning environment.

An MoU is in place with UCY regarding the use of space at UCY by NKUA faculty and students and similarly there is an established 1-year Erasmus programme in place for clinical training of UCY medical students in Athens hospitals of NKUA.

### Areas of improvement and recommendations

*A list of problem areas to be dealt with, followed by or linked to the recommendations of how to improve the situation.*

While we have heard verbal confirmation that clinical training and contingency arrangements for branch campus students could easily be provided in Athens, the formal recording of this in writing for both agencies and all enrolling students, is in our opinion, mandatory.

Curricular content and educational methods, as employed at the parent institution in Athens are very traditional in their approach. While self-evidently successful, there is benefit to be gained from revising this towards a more integrated future-looking programme. We have witnessed how another Cyprus medical school undertook this exercise before seeking branch campus accreditation - benefitting both the parent institution and the branch seamlessly. We would advise that NKUA considers this approach in the future, embracing medical change to equip its graduates to work in the future worldwide healthcare ecosystem.

As such, we would encourage work towards a more integrated curriculum with earlier clinical skills training and communication and interprofessional skills sessions. While there is an emphasis on humanities and ethics, a more explicit focus on patient safety and improvement would strengthen the programme. We also feel that psychiatry / mental health exposure and learning is rather late and limited in the curriculum. We would also encourage new programmes on management and leadership and data science and AI for future sustainability.

**Please select what is appropriate for each of the following sub-areas:**

Sub-area		<i>Non-compliant/Partially compliant / Compliant / Not applicable</i>
2.1	Intended curriculum outcomes	compliant
2.2	Curriculum organisation and structure	compliant

2.3	Curriculum content	compliant
2.4	Educational methods and experiences	compliant

### 3. ASSESSMENT

#### Sub-areas

##### 3.1 Assessment policy and system

- a) The school has a policy that describes its assessment practices.
- b) It has a centralised system for ensuring that the policy is realised through multiple, coordinated assessments that are aligned with its curriculum outcomes.
- c) The policy is shared with all stakeholders.

##### 3.2 Assessment in support of learning

- a) The school has in place a system of assessment that regularly offers students actionable feedback that identifies their strengths and weaknesses, and helps them to consolidate their learning.
- b) These formative assessments are tied to educational interventions that ensure that all students have the opportunity to achieve their potential.

##### 3.3 Assessment in support of decision-making

- a) The school has in place a system of assessment that informs decisions on progression and graduation.
- b) These summative assessments are appropriate to measuring course outcomes.
- c) Assessments are well-designed, producing reliable and valid scores.

##### 3.4 Quality control

- a) The school has mechanisms in place to assure the quality of its assessments.
- b) Assessment data are used to improve the performance of academic staff, courses and the institution.

#### 3.1 Assessment policy and system

#### **Guidance:**

An assessment policy with a centralised system that guides and supports its implementation will entail the use of multiple summative and formative methods that lead to acquisition of the knowledge, clinical skills, and behaviours needed to be a doctor. The policy and the system should be responsive to the mission of the school, its specified educational outcomes, the resources available, and the context.

### **3.2 Assessment in support of learning**

#### **Guidance:**

Feedback is one of the biggest drivers of educational achievement. Students need to be assessed early and regularly in courses and clinical placements for purposes of providing feedback that guides their learning. This includes early identification of underperforming students and the offer of remediation.

### **3.3 Assessment in support of decision-making**

#### **Guidance:**

Assessment for decision-making is essential to institutional accountability. It is also critical to the protection of patients. These assessments must be fair to students and, as a group, they must attest to all aspects of competence. To accomplish these ends, they must meet standards of quality.

### **3.4 Quality control**

#### **Guidance:**

It is important for the school to review its individual assessments regularly, as well as the whole assessment system. It is also important to use data from the assessments, as well as feedback from stakeholders, for continuous quality improvement of the assessments, the assessment system, the course and the institution.

### **3.1 Assessment policy and system**

#### **Key questions:**

- *Which assessments does the school use for each of the specified educational outcomes?*
- *How are decisions made about the number of assessments and their timing?*
- *How are assessments integrated and coordinated across the range of educational outcomes and the curriculum?*

### **3.2 Assessment in support of learning**

#### **Key questions:**

- *How are students assessed to support their learning?*
- *How are students assessed to determine those who need additional help?*
- *What systems of support are offered to those students with identified needs?*

### **3.3 Assessment in support of decision-making**

#### **Key questions:**

- *How are blueprints (plans for content) developed for examinations?*
- *How are standards (pass marks) set on summative assessments?*
- *What appeals mechanisms regarding assessment results are in place for students?*
- *What information is provided to students and other stakeholders, concerning the content, style, and quality of assessments?*
- *How are assessments used to guide and determine student progression between successive stages of the course?*

### **3.4 Quality control**

#### **Key questions:**



- *Who is responsible for planning and implementing a quality assurance system for assessment?*
- *What quality assurance steps are planned and implemented?*
- *How are comments and experiences about the assessments gathered from students, teachers, and other stakeholders?*
- *How are individual assessments analysed to ensure their quality?*
- *How are data from assessments used to evaluate teaching and the curriculum in practice?*
- *How are the assessment system and individual assessments regularly reviewed and revised?*

### Findings

*A short description of the situation in the Higher Education Institution (HEI), based on elements from the application for external evaluation and on findings from the onsite visit.*

NKUA has a well-established assessment system including quality assurance measures that will be transferred to the Cyprus branch. It covers all competency domains and has a variety of types in place (e.g. written exams, oral exams, practical exams), and consists of formative and summative components.

### Strengths

*A list of strengths, e.g. examples of good practices, achievements, innovative solutions etc.*

We have heard of a variety of assessment forms and clear quality assurance structures. Targeted educational interventions are in place if formative assessment indicates underperformance. There is transparent communication of procedures and assessment practices.

### Areas of improvement and recommendations

*A list of problem areas to be dealt with, followed by or linked to the recommendations of how to improve the situation.*

We have been presented with example material for OSCE stations, which we understand are a new assessment paradigm at NKUA.

NKUA colleagues recognise that OSCE experience and expertise is yet to fully percolate through their institution. There are a number of highly-regarded assessment courses from which faculty leads in this area may benefit.

OSCE improvements are likely to include:

1. A move away from a detailed checklist to domain-based marking
2. Borderline regression to establish passing standards for each station (noting that this would work well with the large cohort at the parent campus and could then be applied to the Cyprus branch students).
3. OSCE stations merged across individual courses, as part of a move to programmatic assessment.

These would greatly enhance the authenticity and utility of OSCEs as a mainstay of clinical examination which, in turn, would increase contact time, enhancing the reliability of the OSCE as a decision-making assessment. A borderline regression approach would also encourage examiners to consider what comprises a “minimum passable standard” outside their clinical specialty - again more reliable and grounded in decision-making at undergraduate level. It would also allow for greater standardisation between circuits - as may be needed across different training sites in Greece and would certainly be needed for delivery at the branch.

We have been reassured that the curriculum and syllabus for parent and branch campus students will be identical. This should be extended to examinations (content, timing, passing standard, quality assurance). Arrangements to provide assessment leadership covering both the parent and branch campus (recognising that MD is not delivered at the other 4 Greek campuses) should be formalised to support increased capacity and also data collection for comparison and quality assurance.

**Please select what is appropriate for each of the following sub-areas:**

Sub-area		<i>Non-compliant/Partially compliant / Compliant / Not applicable</i>
3.1	Assessment policy and system	<b>Compliant</b>
3.2	Assessment in support of learning	<b>Compliant</b>
3.3	Assessment in support of decision-making	<b>Partially compliant</b>
3.4	Quality control	<b>Compliant</b>

## 4. STUDENTS

### **Sub-areas**

#### **4.1 Selection and admission policy**

**The medical school has a publicly available policy that sets out the aims, principles, criteria, and processes for the selection and admission of students.**

#### **4.2 Student counselling and support**

**The medical school provides students with accessible and confidential academic, social, psychological, and financial support services, as well as career guidance.**

#### **4.1 Selection and admission policy**

##### **Guidance:**

- Where selection and admissions procedures are governed by national policy, it is helpful to indicate how these rules are applied locally.
- Where the school sets aspects of its own selection and admission policy and process, clarify the relationship of these to the mission statement, relevant regulatory requirements, and the local context.
- The following admissions issues are important in developing the policy:
  - the relationship between the size of student intake (including any international student intake) and the resources, capacity and infrastructure available to educate them adequately,
  - equality and diversity issues,
  - policies for re-application, deferred entry and transfer from other schools or courses.
- Consider the following issues for the selection process:

- requirements for selection,
- stages in the process of selection,
- mechanisms for making offers,
- mechanisms for making and accepting complaints.

## 4.2 Student counselling and support

### Guidance:

- Students might require support in developing academic skills, in managing disabilities, in physical and mental health and personal welfare, in managing finances and in career planning.
- Consider what emergency support services are available in the event of personal trauma or crisis.
- Specify a process to identify students in need of academic or personal counselling and support.
- Consider how such services will be publicised, offered and accessed in a confidential manner.
- Consider how to develop support services in consultation with students' representatives.

## 4.1 Selection and admission policy

### Key questions:

- *How is alignment determined between the selection and admission policy, and the mission of the school?*
- *How does the selection and admission policy fit with regulatory (accreditation) or government requirements?*
- *How is the selection and admission policy tailored to the school?*
- *How is the selection and admission policy tailored to local and national workforce requirements?*

- *How is the selection and admission policy designed to be fair and equitable, within the local context?*
- *How is the selection and admission policy publicised?*
- *How is the selection and admission system regularly reviewed and revised?*

## **4.2 Student counselling and support**

### **Key questions:**

- *In what ways are the academic and personal support and counselling services consistent with the needs of students?*
- *How are these services recommended and communicated to students and staff?*
- *How do student organisations collaborate with the medical school management to develop and implement these services?*
- *How appropriate are these services procedurally and culturally?*
- *How is feasibility of the services judged, in terms of human, financial, and physical resources?*
- *How are the services regularly reviewed with student representatives to ensure relevance, accessibility and confidentiality?*

### **Findings**

*A short description of the situation in the Higher Education Institution (HEI), based on elements from the application for external evaluation and on findings from the onsite visit.*

The current system of admission used at NKUA was described, as was the equivalence applied across Greek and Cypriot school diploma standards. The translation of this to other systems (e.g. A-levels, UCAT etc.) has been calculated in preparation for implementation. Besides scores, motivation letters and interviews are an integral part of the process.

We have heard how Greek and Cypriot diploma results have been made available to students very recently. While the highest scoring students will accept their offers to the highest ranking public universities, those who narrowly miss these places will show strong interest in the NKUA branch campus, likely before confirming a place at a private medical school or transferring subject. We have

not undertaken a formal fee comparison of the Cyprus branch campus fees with those charged at the other private medical schools on the Island, but note that, for the highest achieving Cypriot students who may apply to NKUA, the relatively modest fees would be offset by reduced accommodation costs if they stayed living at home compared to moving to Athens.

We have heard how initial approaches from Cypriot students to the branch have more than quadrupled this year, as news of this initiative dissipates. We have no concerns that the branch campus will be able to fill its initial intake promptly with high-quality student pioneers, and that this can be done without significant disruption to the Cypriot private medical schools (or their branches).

### Strengths

*A list of strengths, e.g. examples of good practices, achievements, innovative solutions etc.*

The admission system is fair and transparent.

### Areas of improvement and recommendations

*A list of problem areas to be dealt with, followed by or linked to the recommendations of how to improve the situation.*

None identified.

Please select what is appropriate for each of the following sub-areas:

Sub-area		<i>Non-compliant/Partially compliant/ Compliant / Not applicable</i>
4.1	Selection and admission policy	Compliant
4.2	Student counselling and support	Compliant

## 5. ACADEMIC STAFF

### Sub Areas

#### 5.1 Academic staff establishment policy

The school has the number and range of qualified academic staff required to put the school's curriculum into practice, given the number of students and style of teaching and learning.

#### 5.2 Academic staff performance and conduct

The school has specified and communicated its expectations for the performance and conduct of academic staff.

### **5.3 Continuing professional development for academic staff**

**The school implements a stated policy on the continuing professional development of its academic staff.**

#### **5.1 Academic staff establishment policy**

**Guidance:**

Determining academic staff establishment policy involves considering:

- a) the number, level, and qualifications of academic staff required to deliver the planned curriculum to the intended number of students,
- b) the distribution of academic staff by grade and experience.

#### **5.2 Academic staff performance and conduct**

**Guidance:**

- Develop a clear statement describing the responsibilities of academic staff for teaching, research, and service.
- Develop a code of academic conduct in relation to these responsibilities.

#### **5.3 Continuing professional development for academic staff**

**Guidance:**

Develop and publicise a clear description of how the school supports and manages the academic and professional development of each member of staff.

#### **5.1 Academic staff establishment policy**

**Key questions:**

- *How did the school arrive at the required number and characteristics of their academic staff?*
- *How do the number and characteristics of the academic staff align with the design, delivery, and quality assurance of the curriculum?*

## **5.2 Academic staff performance and conduct**

### **Key questions:**

- *What information does the school provide for new and existing academic staff and how is this provided?*
- *What induction training does the school provide for academic staff?*
- *How does the school prepare academic staff, and teachers, and supervisors in clinical settings to enact the proposed curriculum?*
- *Who is responsible for academic staff performance and conduct? How are these responsibilities carried out?*

## **5.3 Continuing professional development for academic staff**

### **Key questions:**

- *What information does the school give to new and existing academic staff members on its facilitation or provision of continuing professional development?*
- *How does the school take administrative responsibility for implementation of the staff continuing professional development policy?*
- *What protected funds and time does the school provide to support its academic staff in their continuing professional development?*

### **Findings**

*A short description of the situation in the Higher Education Institution (HEI), based on elements from the application for external evaluation and on findings from the onsite visit.*

NKUA has efficient and effective processes to manage faculty recruitment and development that should be highly commended. We have heard how NKUA managed applications from >1000 academics this academic year, resulting in the appointment of more than 250 academics. In this context, the 40 required for the initial running of the Cyprus branch are well within the margins of possibility.

We were advised that NKUA is awaiting accreditation before formalising any recruitment, but we spoke in the academic staff session to many existing Athens faculty who are passionate and/or committed to the Nicosia branch with some planning to move to Cyprus.

### **Strengths**

*A list of strengths, e.g. examples of good practices, achievements, innovative solutions etc.*



HR processes are clearly excellent and well established. The administrative staff is excellent and ready to deliver the administrative functions required in Cyprus. Many see the move to Cyprus as an opportunity both for institutional and personal development.

#### Areas of improvement and recommendations

*A list of problem areas to be dealt with, followed by or linked to the recommendations of how to improve the situation.*

None identified.

Please select what is appropriate for each of the following sub-areas:

Sub-area		<i>Non-compliant/Partially compliant/ Compliant / Not applicable</i>
5.1	Academic staff and establishment policy	compliant
5.2	Academic staff performance and conduct	compliant
5.3	Continuing professional development for academic staff	compliant

## EDUCATIONAL RESOURCES

### Sub-areas

#### 6.1 Physical facilities for teaching and learning

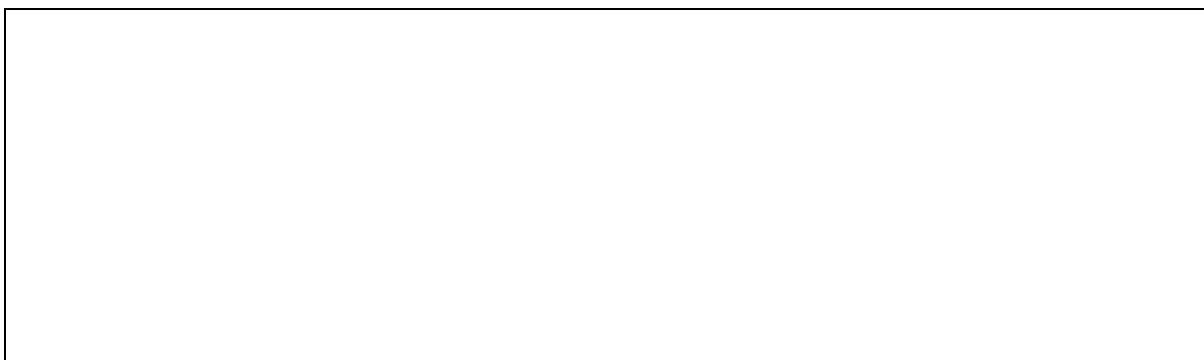
The school has sufficient physical facilities to ensure that the curriculum is delivered adequately.

#### 6.2 Clinical training resources

The school has appropriate and sufficient resources to ensure that students receive the required clinical training.

#### 6.3 Information resources

The school provides adequate access to virtual and physical information resources to support the school's mission and curriculum.



## 6.1 Physical facilities for teaching and learning

### Guidance:

Physical facilities include the physical spaces and equipment available to implement the planned curriculum for the given number of students and academic staff.

## 6.2 Clinical training resources

### Guidance:

Consider the facilities that are required to provide adequate training in clinical skills and an appropriate range of experience in clinical practice settings, to fulfil the clinical training requirements of the curriculum.

## 6.3 Information resources

### Guidance:

Consider the school's provision of access to information resources for students and academic staff, including online and physical library resources. Evaluate these facilities in relation to the school's mission and curriculum in learning, teaching and research.

## 6.1 Physical facilities for teaching and learning

### Key questions:

- *How does the school determine the adequacy of the physical infrastructure (space and equipment) provided for the theoretical and practical learning specified in the curriculum?*

- *Is it appropriate or necessary to supplement or replace classroom teaching by distance or distributed learning methods? If so, how does the school ensure that these offer a commensurate level of education and training?*

## **6.2 Clinical training resources**

### **Key questions:**

- *What range of opportunities is required and provided for students to learn clinical skills?*
- *What use is made of skills laboratories and simulated patients, and of actual patients in this regard? What is the basis of the policy on use of simulated and actual patients?*
- *How does the school ensure that students have adequate access to clinical facilities offering care in the required range of generalist and specialist practice settings?*
- *What is the basis for the school's mix of community-based and hospital-based training placements?*
- *How does the school engage clinical teachers and supervisors in the required range of generalist and specialist practice settings?*
- *How does the school ensure consistency of curriculum delivery in clinical settings?*

## **6.3 Information resources**

### **Key questions:**

- *What information sources and resources are required by students, academics, and researchers?*
- *How are these provided?*
- *How is their adequacy evaluated?*
- *How does the school ensure that all students and academic staff have access to the needed information?*

## **Findings**

*A short description of the situation in the Higher Education Institution (HEI), based on elements from the application for external evaluation and on findings from the onsite visit.*

As a public institution, NKUA is rightly focused on not incurring financial liabilities from the branch campus before accreditation is confirmed. The outlines of the business plan shared verbally demonstrate that this initiative will reach break-even in four years (even with reduced medical

student intake). This is due to the generosity extended by the Church and local government within Nicosia, for example with provision of classrooms, student housing, and buildings suitable for university use at affordable rates.

We have heard that for medicine alone, three lecture halls that can accommodate up to 60 students each are available, two seminar rooms (up to 10 students each), and several offices for administrative and academic staff - in two buildings some 100 meters apart. The education in laboratories, skills lab, anatomy/histology etc. will be scheduled in the new state-of-the-art building at UCY through the MoU (which several members of the EEC coincidentally toured earlier in the year).

We are certain that this provision is a mark of the high regard placed on NKUA, and anticipate that this will carry through to a successful long-term partnership.

No assessment can be made of the clinical placements. The “El Greco” hospital is the initial chosen local hospital (in operation since 2024) with 60 beds and a plan for expansion that has been expedited in view of the branch campus. Initial clinical placement plans also include the teaching hospitals in Athens (16, including 4 University Hospitals) - with free housing for students.

A dedicated university building will be sought/constructed once the branch is in (full) operation.

### Strengths

*A list of strengths, e.g. examples of good practices, achievements, innovative solutions etc.*

The establishment of the Cyprus branch will be based on the sound experience of the leading Hellenistic University. Both academic and administrative staff convincingly demonstrated their willingness to start operations in Cyprus soon.

### Areas of improvement and recommendations

*A list of problem areas to be dealt with, followed by or linked to the recommendations of how to improve the situation.*

The campus, faculty and students would benefit from a bespoke dedicated building for the central needs (administration, academic staff offices, student affairs) sooner than later. Until then, it may be helpful to consider shuttle bus options to the different locations if they are not in walking distance (e.g. El Greco).

The clinical training sites (hospitals), in neither Nicosia (el Greco) nor Athens (UoA) were scheduled or visited by the panel and as such cannot be evaluated.

**Please select what is appropriate for each of the following sub-areas:**

Sub-area		<b><i>Non-compliant/Partially compliant/ Compliant / Not applicable</i></b>
<b>6.1</b>	Physical facilities for teaching and learning	<b>Partially compliant</b>

6.2	Clinical training resources	Not applicable
6.3	Information resources	compliant

## 6. QUALITY ASSURANCE

### Sub-areas

#### 7.1 The quality assurance system

The school has implemented a quality assurance system that addresses the educational, administrative, and research components of the school's work.

#### 7.1 The quality assurance system

##### Guidance:

- Consider the purposes, role, design, and management of the school's quality assurance system, including what the school regards as appropriate quality in its planning and implementation practices.
- Design and apply a decision-making and change management structure and process, as part of quality assurance.
- Prepare a written document that sets out the quality assurance system.

#### *7.1 The quality assurance system*

##### *Key questions:*

- How are the purposes and methods of quality assurance and subsequent action in the school defined and described, and made publicly available?*

- *How is responsibility for implementation of the quality assurance system clearly allocated between the administration, academic staff, and educational support staff?*
- *How are resources allocated to quality assurance?*
- *How has the school involved external stakeholders?*
- *How is the quality assurance system used to update the school's educational design and activities and hence ensure continuous renewal?*

### Findings

*A short description of the situation in the Higher Education Institution (HEI), based on elements from the application for external evaluation and on findings from the onsite visit.*

NKUA has a strong existing quality assurance system that will be transferred to the Cyprus branch, learning from the experience of transcampus quality assurance for other programmes in Greece. External stakeholders have been involved comprehensively - including parties from both countries (Greece and Cyprus) as well as influential stakeholders and thought-leaders - helping to move important steps (e.g. establishment of a desperately needed university hospital) further.

### Strengths

*A list of strengths, e.g. examples of good practices, achievements, innovative solutions etc.*

The quality control and assurance system was explained as being proven and well-functioning. All being digital anyway, it can be used for/at the Cyprus branch allowing for direct comparisons between the two sites. The capacity is sufficient to serve the Cyprus campus as well.

### Areas of improvement and recommendations

*A list of problem areas to be dealt with, followed by or linked to the recommendations of how to improve the situation.*

None identified.

**Please select what is appropriate for each of the following sub-areas:**

Sub-area		<i>Non-compliant/Partially compliant/ Compliant / Not applicable</i>
7.1	The quality assurance system	compliant

## **7. GOVERNANCE AND ADMINISTRATION**

## **Sub-areas**

### **8.1 Governance**

The school has a defined governance structure in relation to teaching, learning, research, and resource allocation, which is transparent and accessible to all stakeholders, aligns with the school's mission and functions and ensures stability of the institution.

### **8.2 Student and academic staff representation**

The school has policies and procedures for involving or consulting students and academic staff in key aspects of the school's management and educational activities and processes.

### **8.3 Administration**

The school has appropriate and sufficient administrative support to achieve its goals in teaching, learning and research.

### **8.1 Governance**

#### **Guidance:**

- Describe the leadership and decision-making model of the institution, and its committee structure, including membership, responsibilities and reporting lines.
- Ensure that the school has a risk management procedure.

### **8.2 Student and academic staff representation**

#### **Guidance:**

- Consider how students and academic staff might participate in the school's planning, implementation, student assessment, and quality evaluation activities, or provide comment on them.
- Define mechanisms for arranging student and academic staff involvement in governance and administration, as appropriate.

### **8.3 Administration**

### **Guidance:**

Develop a policy and review process to ensure adequate and efficient administrative, staff and budgetary support for all school activities and operations.

## **8.1 Governance**

### **Key questions:**

- *How and by which bodies are decisions made about the functioning of the institution?*
- *By what processes and committee structures are teaching, learning, and research governed in the institution?*
- *How is budget allocation aligned with the mission of the school?*
- *What governance arrangements are there to review the performance of the school?*
- *How are risks identified and mitigated?*

## **8.2 Student and academic staff representation**

### **Key questions:**

- *To what extent and in what ways are students and academic staff involved in the school decision-making and functioning?*
- *What, if any, social or cultural limitations are there on student involvement in school governance?*

## **8.3 Administration**

### **Key questions:**

- *How does the administrative structure support the functioning of the institution?*
- *How does the decision-making process support the functioning of the institution?*
- *What is the reporting structure for administration in relation to teaching, learning and research?*

## **Findings**

*A short description of the situation in the Higher Education Institution (HEI), based on elements from the application for external evaluation and on findings from the onsite visit.*



Academic staff presented as highly motivated and “ready for the challenge”. There seems to be a significant proportion of people prepared to move to Cyprus in order to get things started smoothly. Additional administrative staff are to be hired specifically for the Cyprus branch.

There is considerable student representation in the structure of the parent institution, including a system of dissemination of changes made according to student feedback, and longitudinal record of such changes.

### Strengths

*A list of strengths, e.g. examples of good practices, achievements, innovative solutions etc.*

From an administrative point of view, staff are awaiting the “green light” to start business in Cyprus. The MoU with UCY is signed. NKUA already has an Erasmus agreement with UCY, providing year-long clinical placements in Athens for UCY students. As a result, they are already well-placed to share UCY space and collaborate accordingly.

The governing structure from Athens NKUA will be applied to the Cyprus branch.

### Areas of improvement and recommendations

*A list of problem areas to be dealt with, followed by or linked to the recommendations of how to improve the situation.*

We recognise the particular steps that NKUA has had to navigate in order to apply for a branch campus initiative, and applaud it for doing so. We have witnessed at other Cyprus universities with newly-formed branch campus initiatives a more proactive approach to improvement and dissemination of good practice, and NKUA, already used to multiple campuses, may benefit from this learning (through Cyprus medical school networks) for its branch campus. This would allow for more complex quality assurance and data comparison methods which both campuses would benefit from.

**Please select what is appropriate for each of the following sub-areas:**

Sub-area		<i>Non-compliant/Partially compliant/ Compliant/ Not applicable</i>
8.1	Governance	compliant
8.2	Student and academic staff representation	compliant
8.3	Administration	compliant

## **D. Conclusions and final remarks**

*Please provide constructive conclusions and final remarks which may form the basis upon which improvements of the quality of the programme of study under review may be achieved.*

The EEC would like to thank NKUA for the information it shared, both formally and informally with us through the two day visit and associated paperwork. We are all very clear of the ambition, commitment and huge expertise that NKUA will bring through a branch campus in Cyprus.

We see several positives in the development, which have clearly been articulated by all stakeholder groups

1. The opportunities for this to increase the provision of doctors in the Hellenic world who aim to stay local.
2. The opportunities this provides to society, in terms of research capacity and local regeneration, and to patients in terms of enhanced patient care.
3. The **paramount advantage** here being in the development of a **University Hospital**. While this will clearly take lobbying and political will, we see in NKUA a new level of expertise and gravitas to make this a reality, and we sense that this is shared by politicians and other leaders.

There are also several challenges

1. As a panel we have witnessed and accredited three excellent medical schools in Cyprus. We have heard how NKU has worked with UCY for several years. It is essential that the development of a fourth school on the island does not hamper the initiatives of the other three. To be beneficial to the Island it must evolve but not dissolve the educational landscape.
2. The University Hospital must be available for clinical academics across all medical schools to continue their clinical practice. There is true value in this inclusive approach.
3. The timeline here is incredibly tight. While we understand that this has been a strategic initiative of NKUA since late 2023, we are in the position of being invited to approve something a few weeks before it starts.

On that basis, our findings are the following

1. While we support this initiative, it is on the basis of **meaningful co-operation** with the three existing schools, public and private, without impingement on their clinical training capacity or existing research successes. Evidence of this co-operation should be a central feature of all future quality assurance.
2. We consider starting a six year programme in a few weeks a considerable risk. Concrete written contingency arrangements are minimal. **It may be that these are possible either with UCY or with NKUA Athens branch - but the specifics of this are for a future EEC panel to evaluate, rather than this one to determine.**
3. We therefore **provisionally approve** an initial cohort of 30-40 students, to match rather than exceed those at UCY, mitigating risk, noting that this is economically viable.

4. We cannot currently approve the clinical years of the [Cyprus](#) programme, and ask that this is evaluated by a further visit in perhaps 18 months, in advance of the clinical programme starting. This will provide greater insight into the operation of the campus and allow for formal approval of the clinical years in advance of their beginning.
5. Until then, we have heard of the clinical training capacity that exists in Greece, and would [strongly advise](#) that this is formally held in backup so as not to disadvantage the initial cohorts of students starting at the branch in Cyprus.
6. Accordingly, the initial cohorts of students admitted should be provided with a written undertaking by the University that their full training programme will be honoured even if this is not possible on the island.
7. Should the [University](#) hospital not materialise, or NKUA feel that it cannot, for other reasons, continue with the branch, existing students must not be disadvantaged and clinical training opportunities for example those in Greece should be drawn upon.

EEC wishes NKUA every success with this exciting and vital initiative.

## E. Signatures of the EEC

Name	Signature
Prof. Nicki Cohen	
Prof. J.-Matthias Löhr	
Prof. Anne Herrmann-Werner	
Dr. Georgios Panos	Comments on programme evaluation submitted separately
Mr. Michalis Andreou	

Date: 01-August-2025

