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CYPRUS AGENCY OF QUALITY ASSURANCE AND ACCREDITATION IN HIGHER EDUCATION
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External Evaluation Report for Basic Medical Education

Date: 01-NOV-2024

- **Higher Education Institution:**

  European University Cyprus
- **Town:** Nicosia
- **Programme(s) of study under evaluation**
  Name (Duration, ECTS, Cycle) 6 years, 360 ECTS

In Greek:

Programme Name

In English:

Doctor of Medicine (DM)

- **Language(s) of instruction:** English
- **Programme's status:** Running

ΚΥΠΡΙΑΚΗ ΔΗΜΟΚΡΑΤΙΑ
REPUBLIC OF CYPRUS

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 European University Cyprus (EUC) is a private nonprofit university in Nicosia, Cyprus. It has 7 schools and 13 departments and is part of several international collaborations and networks (e.g. sunrise alliance, microsoft startup centre). It achieves respectable positions in international ranking (e.g. Times Higher Education), and has, notably, recently renewed its five-star ranking in the QS top universities. It should be congratulated on recently achieving a place in the THE's top 101 for University Impact. For the MD training, the school of medicine has opened a branch in Frankfurt (Germany) in 2022 which is considered a separate department, and will not be commented upon in this report.

This current visit was to evaluate EUC on an institutional and departmental level, as well as the 6-year MD and the PhD programme. About 80% of the medical school's students come from Cyprus or Greece; the rest are international students from all over the world. There is a great emphasis on student wellbeing, reflected in several areas such as academic tutoring, mental health support and career advice.

The onsite visit took place on 29/10/2024 and 30/10/2024. The first day was held at EUC campus and included meetings with the institutional bodies (Vice Rector of academic affairs, Dean, Chair, coordinators, internal evaluation committee), members of the teaching staff and students. There was a separate meeting dealing with the PhD program (started 2021). This was followed by a tour of the premises including wet lab and skills training facilities as well as the incubator. The second day started with meeting external stakeholders and was followed by site visits in Limassol hospitals (Mediterranean Hospital, German Oncology Hospital).

The committee was provided with material before the visit (self-report, application form) in a timely manner. It was supported by further printed and electronic material at the onsite visit (budget information, logbooks, exams, MD thesis, etc.).

This report draws upon information from the material provided as well as from the onsite visits.

B. External Evaluation Committee (EEC)

Name	*Position*	*University*
Mr Michaelis Andreou	Medical Student	University of Cyprus
Dr Elisabeth Constantinou	Member of the Cyprus Medical Council	Director of the Medical and Public Health Services, Ministry of Health
Professor Anne Herrmann-Werner	Professor of Medical Education	University of Tübingen, Germany
Professor J.-Matthias Löhr	Professor of Gastroenterology	Karolinska Institutet, Sweden
Professor Nicki Cohen	Dean of Medical Education	King's College London

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. The staff members are very much aware of the values, priorities and goals of the school and this information is easily accessible.

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.

This is a very progressive forward-looking school of medicine with strong leadership and a very good team of academic staff. The mission and general strategy of the MD programmel has been presented. It is also published and regularly disseminated. The EUC seems to particularly follow an inclusive approach by integrating stakeholders broadly. The mission is well placed with the external stakeholders.

Strengths

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

EUC has a clear mission/vision which is known to its stakeholders. It is also clearly visible that the EUC made an effort to include other frameworks such as ACGME and WFME. The school has strong values of inclusiveness, respect and dedication to excellence.

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 EUC should further develop their unique selling points (USPs), e.g. the international orientation, wet lab possibilities, clinical trials work and dry lab research including public health and bioinformatics, particularly in light of the evolving NHS. The Master of Medical Education would also represent such an USP although we understand the previous market for this was not compatible with its continuation.

Many clinicians have very busy schedules so more protected time for teaching would be advisable.

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

Sub-area		***Non-compliant/Partially compliant / Compliant / Not applicable***
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 desciplines.

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.

The MD program was presented in detail with specified faculty, exemplified curricula, and outcome measures. The curriculum is in line with the requirements for basic medical education as outlined in the relevant Cypriot Lawa.

The curriculum is based on European standards and follows the approach of a competency-based integrated-spiral curriculum. It is divided into three phases: 1) foundations of medicine, 2) foundations of clinical practice, and 3) clinical medical care.

The curriculum is very student-oriented with an emphasis on critical thinking development from early on as well as very low student-staff-ratios throughout the curriculum. There is a sophisticated training environment including state-of-the-art high and low fidelity simulation, mannequins and standardized patients (in reality, senior students and other staff members) to foster skills training in the first three years. Students are followed with a bespoke electronic logbook. During the last year, longer clinical placements comprise the pre-internship and a compulsory research paper (MD thesis) is also required.

The allocation of students to a site is influenced by student preference and student nationality. Educators recognise that there are potential challenges in communication when the students are not fluent in Greek or when English fluency is insufficient between patient and student. In such cases, students will not see patients on their own. Spoken Greek for medical purposes is taught as needed. Digital learning activities are systematically included for students via blackboard, and for teachers an in-house content factory supports the creation of digital material. Students also have the opportunity to access commercial material (e.g. AMBOSS) with supplemented rates which are useful for external exams, particularly the USMLE. The faculty expressed a desire to expand its peer-teaching network.

Strengths

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

Well thought-out, transparent curriculum with clear endpoints. A drop in grades (GPA) triggers an obligatory meeting with the academic supervisor - a go-to faculty member every student has assigned from day 1. 95% complete the program successfully (graduation).

We have heard that, beyond this compulsory meeting, the open-door policy of faculty is highly regarded by students who highlight it as “faculty being alongside them”. It strengthens the “family feel” that runs through the school and enhances student experience and professional values.

The externship system and ERASMUS programme provides exciting opportunities for students to further grow their clinical expertise in countries and/or specialities of their choosing. The project to deliver clinical education in Tanzania while provide community healthcare was particularly noteworthy.

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 curriculum is designed to build strong foundations in the first three years of applied knowledge alongside clinical skills and simulation-based expertise. Given that the programme leads to an MD with a mandatory thesis in year 6, we would suggest that opportunities should be provided in the first three years to ensure basic scientific / data interpretation skills were sound, to greater prepare students for future research.

We would strongly urge the faculty to further develop a more expansive and authentic interprofessional teaching paradigm, recognising the challenges that this creates in timetabling terms. IPE currently runs just in the third semester, which is unlikely to address intentions of interprofessional education (IPE), e.g. roles, perspectives, mutual understanding and value of roles. Despite the obstacles with true IPE the committee strongly believes this to be a necessary asset to

the current curriculum. The same accounts for the integration of artificial intelligence (AI): there is a definite need to use AI as a tool (e.g. learning analytics in the electronic logbook, AI as simulated patient) as well as prepare students for the understanding and usage of new technologies in the field of healthcare. The committee appreciates that as a first step an "AI in Medical Education Committee" has been formed to monitor further proceedings. Here the EEC suggests that the Medial School should prioritise and rapidly implement the teaching of AI use wherever suitable, This also includes policies on the actual usage of AI by students and staff (e.g. plagiarism, choice of tools).

Although the curriculum is balanced in clinical areas, we found the opportunities in mental health experience limited. We understand this relates in part both to local provision and to concerns (anticipated or otherwise) that local patients would feel vulnerable sharing this aspect of their health with medical students. It is commonly said elsewhere in Europe that there is "No health without Mental Health." The faculty should consider opportunities to strengthen this area of learning, potentially exploring opportunities further afield if the local vulnerability aspect is insurmountable. Although community health learning is limited locally, we see that this is addressed in areas such as the Emergency Department and in outreach programmes.

MD students benefit from learning in non-technical skills but in addition may benefit from a more structured leadership training. One platform, especially meant for industry and business but also with a Medical branch would be AIESEC, a student organisation for future leaders.

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

Sub-area		*Non-compliant/Partially compliant / Compliant / Not applicable*
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.

The entire strategy for assessment Y1-Y6 was explained in detail. Assessment has been designed using principles of constructive alignment, matching the learning objectives to the appropriate assessment type. It consists of a variety of assessments, e.g. MCQs/SAQs, OSPE/OSCE, workplace-based assessments / supervised learning events (MINICEX and DOPS). Patient contacts are mostly assessed on a passed/failed scheme by the direct clinical supervisor within the bespoke e-logbook. Statistical reports from single best answer / MCQ written assessments are used for quality assurance (sharing with course instructors, review by assessment committee). Outcome is monitored by the school as a basis for continuous improvement: the faculty considers their guidelines "living documents".

Strengths

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

The ability of students to request review of exam questions of a previous paper, for learning (as opposed to a re-mark based on reconsideration of the answers they provided).

The bespoke student e-logbook to capture clinical activity and workplace-based assessments / supervised learning events.

The quality assurance processes for written / single best answer exams.

Students are made aware of cultural differences in the following way: "understand, not necessarily agree".

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 there is a rigorous process for quality assurance of written (single best answer) assessment, this has not been applied to OSCEs which are equally important for the holistic assessment of student performance and hence future patient safety. We recognise that the mechanism used for SBA QA is unlikely to be suitable for OSCEs, but urgent attention is needed to address this. Because SBAs are well quality assured, we have determined that the programme is partially compliant in this area.

The major high-stakes clinical assessment is the OSCE undertaken once or twice a semester. Each OSCE involves 5-7 minutes contact time, but only 2 or 3 stations (maximum) per sitting. This is unlikely to meet stringent reproducibility / reliability requirements; we advise the faculty to seek expertise in this manner and to consider options such as increasing the ways in which the logbook is used in assessment terms for higher-level Miller's pyramid function.

We have heard the school's aspiration to move towards EPMs - this should be done with some care in undergraduate terms to ensure the totality of student performance is evaluated in a variety of settings.

There are some concerns that the interim assessments are carried out very soon into the medical programme and that this may make preparation for students difficult.

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

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

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.

Admissions criteria and selection processes are clearly stated by the school and are available to prospective students. Candidates from all countries are invited to apply, allowing for rich cultural diversity. Currently, the school admits 150 students per year which is in line with their capacities and resources. We have heard of careful planning behind MD student selection to highlight all prerequisites for a future doctor in clinical practice. Although a threshold of academic attainment must be met, great emphasis is placed on the panel interview and on additional conversations that the candidate has as part of the selection process. We have heard that affected candidates frequently declare a learning disability or neurodivergence after selection, i.e. early enough in the process to support their future learning.
Tuition (30k€/year) is not considered a problem by the students: good return for money, especially given the access to faculty provided. Housing in Nicosia not a problem either because EUC provides opportunities for dormitory and other (private) housing in the vicinity of EUC campus. EUC does not help with accommodation for distance placements (but is doing so with selected US sites).
Students have a strong voice at EUC, they are equipped with essential tools for use of technology in learning.

Strengths

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

Multiple types of assessment, both formative and summative, are used.

Students receive an academic supervisor (faculty member) who serves as a sounding board, always in stand-by if needed. Compulsory meetings take place if the student's grades (GPA) drop. Further student counselling (e.g. grievance) is in place. Learning Greek as a second language is highly encouraged by supplying adequate learning tools.

There is a culture of inclusivity and embracing equality and diversity at EUC.

We have heard how occasional students who recognise they are not suited to medicine while they are on the course have been provided with transfer opportunities onto other programmes (eg Nursing), and this has been well-received by affected students in the long-term.

Students are part of all relevant committees and their voices are heard and highly appreciated.

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 not identified any areas for improvement in this field.

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

Sub-area		*Non-compliant/Partially compliant/ Compliant / Not applicable*
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.

From the extensive lists of faculty, clinical teachers and visiting faculty we could conclude that all subjects are well-covered (but for the vacant position of a pathologist). We have heard about the guidelines in place for hiring new faculty as well as clear and transparent paths for tenure-track promotion.
In general, the academic staff highly identifies with their workplace mirrored in the long tenure of many academic staff. On multiple occasions, faculty described themselves as a family. For new faculty members there is a comprehensive induction day to help understand the mission and vision. New staff are trained in a personally tailored programme (common trunk splitting up into special branches in line with expected teaching commitments) and to support teaching responsibilities.
Academic staff are encouraged to undertake research. For those who do, teaching hour reduction (THR) is in place to further stimulate scientific activities (although this is a double-edged sword in terms of research-informed education).

Strengths

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

There was reference, by faculty, of a transparent and equal culture with respect to gender - which was welcomed at senior level. We heard how a student had complained about feeling racially intimidated in a clinical session: this was rapidly corrected and students thanked those involved.
We have heard that despite the policy of offering a teaching hour reduction based on research impact, this is rarely taken up by faculty who are dedicated to education and their students and recognise the purpose of the “total academic”.

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.

Since pathology is considered an important subject, we trust that EUC will fill this vacancy soon.
While students benefit from tremendous clinical opportunities at some of the local hospitals we have viewed, care should be taken to ensure that all involved in medical student education understand

the framework of the curriculum (if not the detail). One clinical educator shared with us that they were not aware of the curriculum (although the teaching they provided was excellent in scope, style and pitch for the student concerned).

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

Sub-area		***Non-compliant/Partially compliant/ Compliant / Not applicable***
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

6. 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.

The university campus and buildings are well-established to enrich the student experience and enhance their learning. We were greatly impressed by the new building and its strength of simulation, clinical skills and small group teaching rooms. The simulation rooms with the mannequins are advanced with recording capabilities and debriefing areas. The facilities and laboratories are state of the art.

Strengths

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

The importance of the debrief in simulation learning and educational space was recognised.

Excellent facilities for laboratory work and clinical skills

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 vast majority of simulation mannequins that we observed were caucasian. Given the diversity of students on the MD programme and the geopolitical setting of the school, we would encourage

the school to find opportunities to diversify the external characteristics of its mannequins as expansion and/or replacement is required.

The EUC might consider offering more opportunities for their students to practise basic skills on mannequins (e.g. auscultation, ear examination) aside the official teaching classes. This might also tailor well with the schools intention to further strengthen the peer-teaching aspect.

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

Sub-area		***Non-compliant/Partially compliant/ Compliant / Not applicable***
6.1	Physical facilities for teaching and learning	compliant
6.2	Clinical training resources	compliant
6.3	Information resources	compliant

7. 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.

The entire medical curriculum is coined a "living document", using the principles of continuous improvement.

External stakeholders consist of members from the local government, the Cyprus Medical Association, and the Royal College of Physicians/European Union of Medical Specialists (UEMS), students (from other universities), patient representatives, industry, and previous graduates from EUC. External stakeholders assured the EEC that the rapid expansion was monitored well - in a rapidly changing medical landscape given the recent creation of the National Health Service. Professional networks are often used to source overseas learning opportunities for students.

There is currently a lack of alignment between undergraduate and postgraduate medical training opportunities, with postgraduate training, we understand, only being available in government-run hospitals, which means that EUC students do not benefit from the insights of junior doctors in training (although those out of training do contribute).

We have heard that it can be possible for a single hospital to accept MD students from two different universities, although this is rare. In our experience, this can provide opportunities to learn from best

practice and for students to learn from each other, which can be transformative where the timetable allows.

Strengths

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

Senior faculty described the lived-experience of whole faculty involvement in decision making and change management. This is certainly a strength, but we wonder if it may act as a hindrance to future nimble change management in the light of a broader range of priorities.

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.

Given the depth of experience and expertise in external stakeholders, we would suggest that the MD programme (and department in general) would benefit from strategies to involve them in student-facing activity. EUC could look for opportunities within the chorus of existing external stakeholders to further improve their alignment with US institutions (MCQ, OSCE, USLME).

Given the broad multiculturality of students and the wide range of hospitals in which their graduates work, we consider that EUC would benefit reputationally from more strategically drawing upon its alumni (for both Philanthropy and placement expertise). Developing an office to assist students in networking and finding their first overseas employment would add to the USP of the school (residency, industry, or PhD programs).

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

Sub-area		***Non-compliant/Partially compliant/ Compliant / Not applicable***
7.1	The quality assurance system	compliant

8. 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.

The EEC was provided with several organograms that outline structures, processes, and people with responsibilities. There is a multitude of committees installed to guarantee smooth operation and steering, which was repeatedly stressed by faculty members as a valuable and inclusive instrument.

The EEC received limited information on a yearly budget. It seems that the allocation of resources to the various activities is sound.

Strengths

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

Considering the documents steering the medical School are described as “living”, the organisation is currently well-suited to quickly adapt structure and governance. There is a constant strive towards continuous improvement and technological 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.

From the material provided, the EEC could not see any budget allocated for strategic development of e.g. preclinical research/wet lab provided to the medical students.

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

Sub-area		***Non-compliant/Partially compliant/ Compliant/ Not applicable***
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 European University Cyprus is a relatively young university that is most certainly on an upward trajectory. The Medical School of EUC has developed and delivers a modern MD curriculum with a successful start 2013. It is currently going through an episode of rapid growth that, for the time being, is managed very well. Everybody, including faculty, students, administration and clinical teachers in the associated hospitals seemed extremely motivated. The enthusiasm and dedication of the clinical staff we met at the university and in the hospitals was tremendous. Academics and administrative staff alikerepeatedly mentioned considering themselves as family. EUC has embraced state-of-the art teaching and outcome measures, aligned with European and US standards.There seemed to be distinctive structures in place to secure smoothly operated processes with maximum quality assurance.

Students are well taken care of through selection, enrollment and the programme. Learning materials, especially the skills lab is state-of-the-art with all kinds of mannequins and low and high-fidelity simulation. Teaching goals are transparent. The first three years provide a comprehensive preclinical curriculum. Nevertheless, the EEC feels that the education could profit from authentic face-to face contact with real patients during these three years - despite the excellent skills lab/mannequins, even if this were to be short. There is work to be done in clinical assessments to enable the programme to assure itself that the high-stakes OSCE is sufficiently robust to produce reliable results, and this has been discussed in the document and in our face-to-face feedback.

The EUC has identified research as a strategic area for future development and one of its unique selling points (a view shared by external stakeholders). The EEC welcomes this idea and would like to make some suggestions: For those interested in research, the EUC could provide the option to engage early on in research, eg. during the first three years. One possibility would be a facultative summer school, which would also benefit advanced MD students with an embedded research experience to fuel their MD thesis. Ideally, some of these students may wish to continue with EUC on a PhD after graduation. Such a scenario would substantiate the research profile and research output that in turn will enable more staff to obtain extramural research funding.

We would like to thank the EUC for their hospitality and the willingness to openly share and discuss all relevant issues. We strongly believe that the institution is doing a great job of securing optimal conditions for the medical faculty to thrive, under the energy, commitment and expertise of the Dean.

E. Signatures of the EEC

Name	*Signature*
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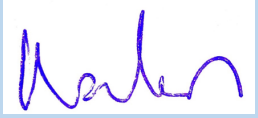
Mr Michaelis Andreou	
Professor Anne Herrmann-Werner	
Professor J.-Matthias Löhr	
Professor Nicki Cohen	

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