

Doc. 300.1.1/1

Date:

External evaluation report for basic medical education

- **Higher education institution:**

European University Cyprus Medical
School

- **Town:** Nicosia

- **Programme of study (Name, ECTS,
duration, cycle)**

In Greek:

In English:

“Medicine, 360 ECTS / 6 years (Doctor
of Medicine, MD)”

- **Language of instruction:**

English

- **Programme’s status**

New programme:

Currently operating: YES

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 2019” [N. 136 (I)/2015 to N. 35(I)/2019].

A. Introduction

This part includes basic information regarding the onsite visit.

B. External Evaluation Committee (EEC)

Name	Position	University
Helen Cameron	Chair	Aston University, Birmingham, UK
Matthias Siebeck	Member	Ludwig Maximilians University, Munich, Germany
Philippos Stylianou	Member	Medical Council of Cyprus
Reinold Gans	Member	University of Groningen, The Netherlands
Jens Søndergaard	Member	University of Southern Denmark, Denmark
Antonis Pilavas	Student Member	University of Cyprus, Nicosia, 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/>).*
- *At the beginning of each assessment area, there is a box presenting:*
 - (a) sub-areas*
 - (b) the basic and quality development standards for each sub-area*
 - (c) some questions that EEC may find useful.*
- *The questions aim at facilitating the understanding of each assessment area and at illustrating the range of topics covered.*
- *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.

- *It is clarified that the evaluation of the medical school mainly focuses on basic standards and comments, whereas quality development standards indicate the need for the medical school’s actions to extend beyond basic requirements.*
- *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 basic and quality development 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 parts of the report written in blue font must be erased when drafting the report, so that each assessment area consists of the sub-areas, the basic and quality development standards of each sub-area, findings, strengths, areas of improvement and recommendations and the compliance for each sub-area.***
- ***The report may also address other issues which the EEC finds relevant.***

1. Mission and outcomes

Sub-areas

1.1 Mission

1.2 Institutional autonomy and academic freedom

1.3 Educational outcomes

1.4 Participation in formulation of mission and outcomes

1.1 Mission

Basic standards:

The medical school **must**

- state its mission. (B 1.1.1)
- make it known to its constituency and the health sector it serves. (B 1.1.2)
- in its mission outline the aims and the educational strategy resulting in a medical doctor:
 - competent at a basic level. (B 1.1.3)
 - with an appropriate foundation for future career in any branch of medicine. (B 1.1.4)
 - capable of undertaking the roles of doctors as defined by the health sector. (B 1.1.5)
 - prepared and ready for postgraduate medical education. (B 1.1.6)
 - committed to life-long learning. (B 1.1.7)
- consider that the mission encompasses the health needs of the community, the needs of the health care delivery system and other aspects of social accountability. (B 1.1.8)

Quality development standards:

The medical school **should** ensure that the mission encompasses

- medical research attainment. (Q 1.1.1)
- aspects of global health. (Q 1.1.2)

1.2 Institutional autonomy and academic freedom

Basic standards:

The medical school **must** have institutional autonomy to

- formulate and implement policies for which its faculty/academic staff and administration are responsible, especially regarding
 - design of the curriculum. (B 1.2.1)
 - use of the allocated resources necessary for implementation of the curriculum. (B 1.2.2)

Quality development standards:

The medical school **should** ensure academic freedom for its staff and students

- in addressing the actual curriculum. (Q 1.2.1)
- in exploring the use of new research results to illustrate specific subjects without expanding the curriculum. (Q 1.2.2)

1.3 Educational outcomes

Basic standards:

The medical school **must**

- define the intended educational outcomes that students should exhibit upon graduation in relation to
 - their achievements at a basic level regarding knowledge, skills, and attitudes. (B 1.3.1)
 - appropriate foundation for future career in any branch of medicine. (B 1.3.2)
 - their future roles in the health sector. (B 1.3.3)
 - their subsequent postgraduate training. (B 1.3.4)
 - their commitment to and skills in life-long learning. (B 1.3.5)
 - the health needs of the community, the needs of the health care delivery system and other aspects of social accountability. (B 1.3.6)
- ensure appropriate student conduct with respect to fellow students, faculty members, other health care personnel, patients and their relatives. (B 1.3.7)
- make the intended educational outcomes publicly known. (B 1.3.8)

Quality development standards:

The medical school **should**

- specify and co-ordinate the linkage of acquired outcomes by graduation with acquired outcomes in postgraduate training. (Q 1.3.1)
- specify intended outcomes of student engagement in medical research. (Q 1.3.2)
- draw attention to global health related intended outcomes. (Q 1.3.3)

1.4. Participation in formulation of mission and outcomes

Basic standards:

The medical school **must**

- ensure that its principal stakeholders participate in formulating the mission and intended educational outcomes. (B 1.4.1)

Quality development standards:

The medical school **should**

- ensure that the formulation of its mission and intended educational outcomes is based also on input from other stakeholders. (Q 1.4.1)

Findings

The aims of the School were addressed through the Mission and Vision which were clearly stated on the web site and in the documentation.

The official documents contained clear learning outcomes and there were several other frameworks including competences, ACGME framework, WFME standards, EPAs and milestones.

Excerpts from official documents and interviews demonstrated that the School had autonomy to develop the medical curriculum with advice from the Advisory Body, and to operate its own budget.

The Medical School has many specific policies and procedures and did not report any difficulties in seeking exemptions from standard University policies.

Students reported that they felt well represented. The documentation describes student representation with voting powers on several of the Committees, including the Programme Committee, the Quality Committee and the School Council. Students contribute to all issues in committees except those relating to appointments, promotions, personal issues, and budgets.

There is no evidence that administrative and technical staff or patients contribute to the Mission and Vision

The EEC heard about Action Plans arising from programme evaluation and review, and read a Strategic Development Plan.

Strengths

- The autonomy of the School is demonstrated through separate policies, curriculum and budgetary control.
- Students and teaching staff sit on a number of committees with voting rights and contribute to policies and creating the Mission and Vision.
- There is an Advisory Board that functions to assure the input from a number of relevant stakeholders e.g. professional organizations and the health sector, but it does not include patient representatives.

Areas for improvement and recommendations

Please note that when the EEC uses the term 'must' it should be interpreted as essential to bring the School towards compliance in the relevant sub-area.

- The School must develop opportunities for patients, administrators and other staff such as librarians and technicians to contribute to the Mission and Vision
- The School must develop a 'SMART' Strategic Development plan with an indication of how it relates to the Action Plans and with a timeline to help guide and manage the more detailed Action Plans. The plan must focus on the development of research and education within the School against its current resources, along with plans on how to scale up in response to increased student numbers. This plan should be communicated to all stakeholders.

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

Sub-area		<i>Non-compliant</i>	<i>Partially compliant</i>	<i>Compliant</i>	<i>Not applicable</i>
1.1	Mission			✓	
1.2	Institutional autonomy and academic freedom			✓	
1.3	Educational outcomes			✓	
1.4	Participation in formulation of mission and outcomes		✓		

2. Educational programme

Sub-areas

- 2.1 Framework of the programme
- 2.2 Scientific method
- 2.3 Basic biomedical sciences
- 2.4 Behavioral and social sciences, medical ethics and jurisprudence
- 2.5 Clinical sciences and skills
- 2.6 Programme structure, composition and duration
- 2.7 Programme management
- 2.8 Linkage with medical practice and the health sector

2.1 Framework of the programme

Basic standards:

The medical school **must**

- define the overall curriculum. (B 2.1.1)
- use a curriculum and instructional/learning methods that stimulate, prepare and support students to take responsibility for their learning process. (B 2.1.2)
- ensure that the curriculum is delivered in accordance with principles of equality. (B 2.1.3)

Quality development standards:

The medical school **should**

- ensure that the curriculum prepares the students for life-long learning. (Q 2.1.1)

2.2 Scientific method

Basic standards:

The medical school **must**

- throughout the curriculum teach
 - the principles of scientific method, including analytical and critical thinking. (B 2.2.1)
 - medical research methods. (B 2.2.2)
 - evidence-based medicine. (B 2.2.3)

Quality development standards:

The medical school **should**

- in the curriculum include elements of original or advanced research. (Q 2.2.1)

2.3 Basic biomedical sciences

Basic standards:

The medical school **must**

- in the curriculum identify and incorporate the contributions of the basic biomedical sciences to create understanding of
 - scientific knowledge fundamental to acquiring and applying clinical science. (B 2.3.1)
 - concepts and methods fundamental to acquiring and applying clinical science. (B 2.3.2)

Quality development standards:

The medical school **should**

- in the curriculum adjust and modify the contributions of the biomedical sciences to the
 - scientific, technological and clinical developments. (Q 2.3.1)
 - current and anticipated needs of the society and the health care system. (Q 2.3.2)

2.4 Behavioural and social sciences, medical ethics and jurisprudence

Basic standards:

The medical school **must**

- in the curriculum identify and incorporate the contributions of the:
 - behavioural sciences. (B 2.4.1)
 - social sciences. (B 2.4.2)
 - medical ethics. (B 2.4.3)
 - medical jurisprudence. (B 2.4.4)

Quality development standards:

The medical school **should**

- in the curriculum adjust and modify the contributions of the behavioural and social sciences as well as medical ethics and medical jurisprudence to
 - scientific, technological and clinical developments. (Q 2.4.1)
 - current and anticipated needs of the society and the health care system. (Q 2.4.2)
 - changing demographic and cultural contexts. (Q 2.4.3)

2.5 Clinical sciences and skills

Basic standards:

The medical school **must**

- in the curriculum identify and incorporate the contributions of the clinical sciences to ensure that students
 - acquire sufficient knowledge and clinical and professional skills to assume appropriate responsibility after graduation. (B 2.5.1)
 - spend a reasonable part of the programme in planned contact with patients in relevant clinical settings. (B 2.5.2)
 - experience health promotion and preventive medicine. (B 2.5.3)
- specify the amount of time spent in training in major clinical disciplines. (B 2.5.4)
- organise clinical training with appropriate attention to patient safety. (B 2.5.5)

Quality development standards:

The medical school **should**

- in the curriculum adjust and modify the contributions of the clinical sciences to the
 - scientific, technological and clinical developments. (Q 2.5.1)
 - current and anticipated needs of the society and the health care system. (Q 2.5.2)
- ensure that every student has early patient contact gradually including participation in patient care. (Q 2.5.3)
- structure the different components of clinical skills training according to the stage of the study programme. (Q 2.5.4)

2.6 Programme structure, composition and duration

Basic standards:

The medical school **must**

- describe the content, extent and sequencing of courses and other curricular elements to ensure appropriate coordination between basic biomedical, behavioural and social and clinical subjects. (B 2.6.1)

Quality development standards:

The medical school **should** in the curriculum

- ensure horizontal integration of associated sciences, disciplines and subjects. (Q 2.6.1)
- ensure vertical integration of the clinical sciences with the basic biomedical and the behavioural and social sciences. (Q 2.6.2)
- allow optional (elective) content and define the balance between the core and optional content as part of the educational programme. (Q 2.6.3)
- describe the interface with complementary medicine. (Q 2.6.4)

2.7 Programme management

Basic standards:

The medical school **must**

- have a curriculum committee, which under the governance of the academic leadership (the dean) has the responsibility and authority for planning and implementing the curriculum to secure its intended educational outcomes. (B 2.7.1)
- in its curriculum committee ensure representation of staff and students. (B 2.7.2)

Quality development standards:

The medical school **should**

- through its curriculum committee plan and implement innovations in the curriculum. (Q 2.7.1)
- in its curriculum committee include representatives of other stakeholders. (Q 2.7.2)

2.8 Linkage with medical practice and the health sector

Basic standards:

The medical school **must**

- ensure operational linkage between the educational programme and the subsequent stages of education or practice after graduation. (B 2.8.1)

Quality development standards:

The medical school **should**

- ensure that the curriculum committee
 - seeks input from the environment in which graduates will be expected to work, and modifies the programme accordingly. (Q 2.8.1)
 - considers programme modification in response to opinions in the community and society. (Q 2.8.2)

Findings

The excerpts from official documents and the verbal descriptions from both faculty and students provide evidence of the educational program.

There was a description of the framework of the program with basic sciences integrated horizontally (systems-based) in the Foundations of Medicine (years 1-2), vertically integrated (basic-clinical practice) via a preparatory year 3 Foundation of Clinical Practice, continuing in Phase 3 Clinical Medicine Core (years 4-5) and a pre-internship (year 6). However, there is reference to several different competency frameworks without explaining the relationships. The Clinical Competence Roadmap is thorough but not related to Learning Outcomes or EPAs.

There was evidence of good collaboration between the different basic sciences to design an integrated program.

The program fosters active and team-based learning in small groups in the first three years as well as assignments during the clinical phase.

The program aims for reflective practice but there is little to no dedicated time for reflection, no portfolio and no Personal Development Plan.

Clinical skills teaching and learning followed a systematic approach and was supported by a variety of simulation technology. Standardized patients were only used for exams.

There is teaching on scientific method and optional opportunities for a research project. It was noted that the staff's research competence and strategy is currently at an early stage of development. This impacts the teaching of EBM and research and the quality of the students' theses which could be substantially improved.

There are detailed student timetables in years 1-3 with approximately 50% lecture time in semesters of 13 weeks duration. Students reported long working days: 8 hours of classes, 2-3 hours study daily and approximately 6-8 hours during the weekends.

Students spend most of their clinical placements in hospitals with almost no exposure to medical practice provided in the community. Students and clinical staff commented that the rotations were too short for students to become part of the team or to allow clinical teachers to assign clinical responsibility to students even during the pre-internship. The short rotations also preclude students from following-up patients.

Students expressed a need for more training in core disciplines such as internal medicine.

The first graduates reported that they were competent to practise, most likely due to extensive clinical exposure.

Staff reported a need to increase the clinical placements to ensure sufficient exposure with the future intake of 120 students per year.

The EEC observed significant variability in the quality of the clinical teaching between locations and between departments within a location. Learning outcomes at some sites

appeared to be the prerogative of the department head (identifying the 'red flags' for their discipline) while at others there were well organized programmes and a culture that fosters competency-based learning.

The system of externship gives an opportunity to students to increase their clinical experience over the holidays with partner courses worldwide and therefore offers great variety and choice – but the EEC heard that it relies on individual motivation and financial ability to take up the opportunity.

Students sit on the Curriculum/Programme and the Quality Assurance Committee but do not sit on other curriculum focused committees such as the Structure and Function (S&F), Clinical Training (CTC), the Medical Greek and the Assessment Committees.

Staff such as administrators, librarians, and technical staff are not represented on any of the programme committees.

There is an Advisory Board that functions to assure the input from a number of relevant stakeholders e.g. professional organizations and the health sector, but it does not include patient representatives.

Several members of the school sit on national committees that oversee the current changes in the Health Care system.

Students reported the programme is well coordinated and administered.

The School is currently introducing Peer teaching though there was little evidence provided on the training and quality assurance around this approach.

Strengths

- The School has had 2 major reviews: the SAR and the PER and there is a strategy and clear programme for regular evaluation. Strengths and weaknesses have been identified and Action Plans drawn up and students are clear that their feedback has been heard and responded to.
- Staff, students and graduates are very satisfied with the education provided.
- The programme is well coordinated and administered.
- Current Graduates felt they had been well prepared and could cope with clinical practice.
- There is small group interactive learning (Y1-3) with case scenarios related to the theory of the week.
- The staff (including Academic and Clinical Advisor) are accessible to one another and to students.
- There are small groups in the clinical placements with enthusiastic, motivated teachers, keen to help the students.

Areas for improvement and recommendations

Please note that when the EEC uses the term ‘must’ it should be interpreted as essential to bring the School towards compliance in the relevant sub-area.

- The description of the programme refers to several frameworks including Competences, Learning Outcomes, WFME Standards, ACGME Framework and EPAs with milestones, without explaining their relationships. The Clinical Competence Roadmap is very thorough but does not relate to Learning Outcomes and EPAS. The School must simplify and/or map these descriptions to ensure the pathway through the curriculum is clear to staff and students.
- The school must have the autonomy to make the attendance at didactic lectures voluntary and not mandatory, to permit students the choice on how best to use their time for learning.
- The School must consider how to scale up effective teaching in Years 1-3 to bring efficiencies for both students and staff and allow a healthy work-life balance for both. The School must also expand the clinical experiences in Years 4-6.
- In all years the School should consider prolonging the semesters as well as the duration of the clinical rotations at each placement with allocation of supervised clinical responsibilities to students.
- The School must harmonize and standardize clinical rotations with clear learning outcomes.
- The School must ensure students have experience in role play with people as well as mannequins for clinical skills in the early years. Using simulated/standardised patients may provide this systematically. The School should introduce the students to real patients earlier than Year 4.
- The School must introduce dedicated time for reflection during clinical activities and introduce a portfolio to promote this across the programme.
- Research and Methodology education is limited for both students and staff and should be improved to foster critical and analytical thinking and the provision of a solid base for EBM.
- The School must develop their teaching on EBM to ensure that students’ understanding and application go beyond routine use of guidelines. Students must develop a more critically reflective approach to all aspects of EBM. For example students need to critique the value of the evidence base, and its applicability to the individual patient.
- The School should consider having students on the curriculum focused committees such as the Structure and Function, the Medical Greek and the Clinical Training Committees
- The School must provide relevant education training for clinicians focusing on: discussing beliefs about the purpose of clinical education and the students’ and

teachers' roles, how to engage students actively within the clinical setting while protecting patient safety, and giving feedback.

- The School must ensure that during the Senior Clerkship students have the opportunity to undertake limited and supervised responsibility for a small number of patients and to prioritise tasks during each day.
- The School must provide opportunities for students to follow-up patients over time.
- There is clear evidence across Europe that there needs to be a significant increase in GPs. This has been recognised by the recent changes to the NHS of Cyprus. General practice is not yet systematically experienced and learned by the students in EUC; the School must develop their strategy to use the new GP service.

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

Sub-area	<i>Non-compliant</i>	<i>Partially compliant</i>	<i>Compliant</i>	<i>Not applicable</i>
2.1 Framework of the programme		✓		
2.2 Scientific method		✓		
2.3 Basic biomedical sciences			✓	
2.4 Behavioral and social sciences, medical ethics and jurisprudence			✓	
2.5 Clinical sciences and skills			✓	
2.6 Programme structure, composition and duration			✓	
2.7 Programme management			✓	
2.8 Linkage with medical practice and the health sector		✓		

3. Assessment of students

Sub-areas

3.1 Assessment methods

3.2 Relation between assessment and learning

3.1 Assessment methods

Basic standards:

The medical school **must**

- define, state and publish the principles, methods and practices used for assessment of its students, including the criteria for setting pass marks, grade boundaries and number of allowed retakes. (B 3.1.1)
- ensure that assessments cover knowledge, skills and attitudes. (B 3.1.2)
- use a wide range of assessment methods and formats according to their “assessment utility”. (B 3.1.3)
- ensure that methods and results of assessments avoid conflicts of interest. (B 3.1.4)
- ensure that assessments are open to scrutiny by external expertise. (B 3.1.5)
- use a system of appeal of assessment results. (B 3.1.6)

Quality development standards:

The medical school **should**

- evaluate and document the reliability and validity of assessment methods. (Q 3.1.1)
- incorporate new assessment methods where appropriate. (Q 3.1.2)
- encourage the use of external examiners. (Q 3.1.3)

3.2 Relation between assessment and learning

Basic standards:

The medical school **must**

- use assessment principles, methods and practices that
 - are clearly compatible with intended educational outcomes and instructional methods. (B 3.2.1)
 - ensure that the intended educational outcomes are met by the students. (B 3.2.2)
 - promote student learning. (B 3.2.3)
 - provide an appropriate balance of formative and summative assessment to guide both learning and decisions about academic progress. (B 3.2.4)

Quality development standards:

The medical school **should**

- adjust the number and nature of examinations of curricular elements to encourage both acquisition of the knowledge base and integrated learning. (Q 3.2.1)
- ensure timely, specific, constructive and fair feedback to students on basis of assessment results. (Q 3.2.2)

Findings

The EEC heard from students and staff about the developments made to the assessment programme year on year based on feedback and students appeared satisfied with the assessment programme.

Students can seek one to one feedback from their advisors on their exam performance.

There was no document stating the assessment principles, strategy and quality assurance.

The School uses a variety of assessment methods and assesses practical and clinical skills in every year but the balance of assessment types currently favours written and oral examinations over practical examinations such as OSCEs.

In Years 1-3 assessment is delivered according to disciplines, not integrated into a systems approach and hence not aligned to the intended horizontal integration of the curriculum. Students are required to achieve passes in each of the disciplines, with contributions from the theoretical, practical, clinical, and professionalism components being fully compensated. Students can therefore progress with a weakness in one of these components.

Systematic compulsory training of examiners is not routinely implemented.

The MlniCEX is used summatively and had no constructive feedback.

There was no evidence of a quality assurance cycle for assessment. Data on pre-test review or post-test item analysis and the reliability of exams were not available.

Participation of external examiners in the final assessments of students was not evident.

Strengths

- EUCMS is a young faculty with a positive approach to feedback. Substantial changes have been made in the way students are assessed, based on systematic evaluations and feedback from students.
- The school uses standardised patients in OSCEs.
- Students can seek one to one feedback from their advisors on their exam performance.

Areas for improvement and recommendations

Please note that when the EEC uses the term ‘must’ it should be interpreted as essential to bring the School towards compliance in the relevant sub-area.

- The School must reconsider how it ensures that students are competent in knowledge, practical and clinical aspects and professionalism as separate domains; deficiencies in professionalism or clinical competence should not be compensated with performance in other domains.
- The school must use a procedure of standard setting for assessment items. The school must have the autonomy to set pass-marks and to deviate from the 60% rule.
- The school must develop quality assurance processes for all its assessments and evaluate the quality of the assessment at the end through a range of measures including external review, student and staff feedback and psychometric analysis. The School should consider engaging an expert in this area.
- The University must allow external examiners to participate in final exams as a quality assurance measure.

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

Sub-area		<i>Non-compliant</i>	<i>Partially compliant</i>	<i>Compliant</i>	<i>Not applicable</i>
3.1	Assessment methods		✓		
3.2	Relation between assessment and learning		✓		

4. Students

Sub-areas

- 4.1 Admission policy and selection
- 4.2 Student intake
- 4.3 Student counselling and support
- 4.4 Student representation

4.1 Admission policy and selection

Basic standards:

The medical school **must**

- formulate and implement an admission policy based on principles of objectivity, including a clear statement on the process of selection of students. (B 4.1.1)
- have a policy and implement a practice for admission of disabled students. (B 4.1.2)
- have a policy and implement a practice for transfer of students from other national or international programmes and institutions. (B 4.1.3)

Quality development standards:

The medical school **should**

- state the relationship between selection and the mission of the school, the educational programme and desired qualities of graduates. (Q 4.1.1)
- periodically review the admission policy. (Q 4.1.2)
- use a system for appeal of admission decisions. (Q 4.1.3)

4.2 Student intake

Basic standards:

The medical school **must**

- define the size of student intake and relate it to its capacity at all stages of the programme. (B 4.2.1)

Quality development standards:

The medical school **should**

- periodically review the size and nature of student intake in consultation with other stakeholders and regulate it to meet the health needs of the community and society. (Q 4.2.1)

4.3 Student counselling and support

Basic standards:

The medical school and/or the university **must**

- have a system for academic counselling of its student population. (B 4.3.1)
- offer a programme of student support, addressing social, financial and personal needs. (B 4.3.2)
- allocate resources for student support. (B 4.3.3)
- ensure confidentiality in relation to counselling and support. (B 4.3.4)

Quality development standards:

The medical school **should**

- provide academic counselling that
 - is based on monitoring of student progress. (Q 4.3.1)
 - includes career guidance and planning. (Q 4.3.2)

4.4 Student representation

Basic standards:

The medical school **must**

- formulate and implement a policy on student representation and appropriate participation in
 - mission statement. (B 4.4.1)
 - design of the programme. (B 4.4.2)
 - management of the programme. (B 4.4.3)
 - evaluation of the programme. (B 4.4.4)
 - other matters relevant to students. (B 4.4.5)

Quality development standards:

The medical school **should**

- encourage and facilitate student activities and student organisations. (Q 4.4.1)

Findings

The admission policy and selection criteria are clearly provided by the School and are clearly communicated to the candidates. Admission criteria are continuously revised by the Admissions and Interview committee. The requested documents and interviews render the admission and student selection process effective.

The School admits candidates from several countries establishing a large cultural diversity.

Applicants who are graduates from other programmes or applicants who hold a BD can also be admitted.

The School has no system in place to recognize prior learning and work experiences. Both staff and students reported they are satisfied with the admissions processes and with the students admitted to the programme.

The school currently limits each annual cohort size to 120 students which is in accordance with its staffing and resources; the School intends to increase its student intake in the coming years.

Students are accommodated in small groups and they report that the available teaching spaces are adequate. Attendance is mandatory; in Years 1-3 students attend lectures and labs until approximately 6pm. Although this limits the available time for private study and other activities, students did not report concerns.

The School provides academic counselling and guidance but students report that they only attend when they are having difficulties or want exam feedback. There is no requirement to keep a portfolio of work or a Personal Development Plan.

Student progress is monitored by pre-clinical and clinical advisors, who also provide one to one feedback after exams to the students under their guidance. Confidentiality is well protected within the processes.

Students feel that they are well-guided and advised about their concerns, and any kind of difficulties including academic performance, lack of professionalism amongst peers and staff, throughout the whole duration of their curriculum.

A Student Mentorship programme is to be introduced in Spring 2020 but the details of this scheme are not yet clear.

Students actively participate in all primary governance committees of the School and thus contribute to the formulation of the mission and outcomes, and to the design, management and evaluation of the programme.

Strengths

- Students and teaching staff sit on a number of committees with voting rights and contribute to policies and creating the Mission and Vision.
- The School has a flat hierarchy permitting all to contribute to discussions.
- Staff and students were satisfied with admission criteria
- All staff including the Academic and Clinical Advisors are easily available to students.
- Students learn in small groups.
- Those who struggle academically, clinically and professionally are offered tremendous support.
- Career advice has been excellent with the small cohorts.

- The School has a collegiate atmosphere where students work well together, feel like they belong to the professional community and are known to the staff who are genuinely interested in their students' wellbeing and academic development.

Areas of improvement and recommendations

Please note that when the EEC uses the term 'must' it should be interpreted as essential to bring the School towards compliance in the relevant sub-area.

- As the student numbers increase the School should consider how to identify students with mental health, or socioeconomic difficulties. Requiring one to one meetings with advisors or other staff to discuss each student's portfolio and Personal Development Plan may help with this, as well as encouraging the students' professional development.
- The school must have the autonomy to make the attendance of didactic lectures voluntary and not mandatory, to permit students the choice on how best to use their time for learning.
- The School must undertake a review of resources and clinical placements to ensure any increment of student intake can be accommodated within the estate and within its projected staffing, resources and clinical placements.
- The School must consider how to scale up effective teaching in Years 1-3 to bring efficiencies for both students and staff and allow a healthy work-life balance for both. The School must also expand the clinical experiences in Years 4-6.
- In all years the School should consider prolonging the semesters as well as the duration of clinical rotations at each placement with allocation of supervised clinical responsibilities to students.

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

Sub-area		<i>Non-compliant</i>	<i>Partially compliant</i>	<i>Compliant</i>	<i>Not applicable</i>
4.1	Admission policy and selection			✓	
4.2	Student intake			✓	
4.3	Student counselling and support			✓	
4.4	Student representation			✓	

5. Academic staff/Faculty

Sub-areas

5.1 Recruitment and selection policy

5.2 Staff activity and staff development

5.1 Recruitment and selection policy

Basic standards:

The medical school **must**

- formulate and implement a staff recruitment and selection policy which
 - outline the type, responsibilities and balance of the academic staff/faculty of the basic biomedical sciences, the behavioural and social sciences and the clinical sciences required to deliver the curriculum adequately, including the balance between medical and non-medical academic staff, the balance between full-time and part-time academic staff, and the balance between academic and non-academic staff. (B 5.1.1)
 - address criteria for scientific, educational and clinical merit, including the balance between teaching, research and service functions. (B 5.1.2)
 - specify and monitor the responsibilities of its academic staff/faculty of the basic biomedical sciences, the behavioural and social sciences and the clinical sciences. (B 5.1.3)

Quality development standards:

The medical school **should**

- in its policy for staff recruitment and selection take into account criteria such as
 - relationship to its mission, including significant local issues. (Q 5.1.1)
 - economic considerations. (Q 5.1.2)

5.2 Staff activity and staff development

Basic standards:

The medical school **must**

- formulate and implement a staff activity and development policy which
 - allow a balance of capacity between teaching, research and service functions. (B 5.2.1)
 - ensure recognition of meritorious academic activities, with appropriate emphasis on teaching, research and service qualifications. (B 5.2.2)
 - ensure that clinical service functions and research are used in teaching and learning. (B 5.2.3)
 - ensure sufficient knowledge by individual staff members of the total curriculum. (B 5.2.4)

- include teacher training, development, support and appraisal. (B 5.2.5)

Quality development standards:

The medical school **should**

- take into account teacher-student ratios relevant to the various curricular components. (Q 5.2.1)
- design and implement a staff promotion policy. (Q 5.2.2)

Findings

The staff are very passionate; they described an excellent team spirit and students reported that the teaching was well coordinated.

The School has a relatively flat hierarchy where all staff members have the opportunity to give input to their leaders.

The teachers actively asked the students for feedback on their teaching competences and received feedback from the students routinely at the end of semester.

There are annual awards for teaching and for scientific activities (by self-nomination, peer-nomination and student-nomination)

During recruitment, applicants for posts in EUCMS give a short lecture to demonstrate their teaching skills.

The School has a New Faculty Orientation programme (NFO) over 2 days and a Faculty Professional Development Programme (28 hours). Although the latter is said to be compulsory staff told us that not everyone attends because of lack of time.

Regarding the hospital in Larnaca, there is no medical education training within the hospital, but the clinical teachers are offered a short course every year in the medical school.

The School has ambitious aims to offer all staff a PG Certificate in medical education.

The academic staff reported a very high workload, giving 12-15 hours of teaching per week, in addition to their clinical work and research.

There is no mentoring of new teachers.

The documentation indicates that all staff have an evaluation every 2 years with the Chair of the Medical School.

The research competences and support for research are in the early stages of development.

The publication rate is still low, but increasing according to PubMed

The School is still in the development stage with increasing student numbers. It is unclear how the faculty will address the challenges following the expansion from 15 students to 120 students per year.

There is teaching on scientific method and optional opportunities for a research project. It was noted that the staff's research competence is currently at an early stage of development. This impacts the teaching of EBM and research and the quality of the student's theses which could be substantially improved.

Strengths

- The Medical School is an excellent working environment with excellent classrooms, labs and offices and the enthusiastic staff demonstrate a strong work ethic.
- The student:tutor ratio is low with small classes and teaching in very small groups.
- A flat hierarchy permits all to contribute to organisational, academic and curriculum issues.
- Staff, students and graduates are very satisfied
- The staff receive regular feedback from the students
- Staff have access to training in education matters on induction and regularly thereafter.

Areas for improvement and recommendations

Please note that when the EEC uses the term 'must' it should be interpreted as essential to bring the School towards compliance in the relevant sub-area.

- The faculty is relatively young and will face a long learning trajectory in developing research expertise. The school should focus on biomedical, educational or healthcare research; this will require a strategy that invests in high profile researchers, infrastructure and resources along with opportunities to collaborate with other research groups across the EUC and the department of education, and other schools with high research profiles.
- The School must refocus its strategic staff recruitment plan to attract expert personnel in the key areas of research and education, based on the ideal staffing, workload and responsibilities, informed by the requirements of the curriculum.
- The School must ensure that all teaching staff receive mentoring initially and participate in structured repeated relevant training in teaching and assessment. For example the training for clinical instructors should focus on discussing beliefs about the purpose of clinical education and the students' and teachers' roles, how to engage students actively within the clinical setting while protecting patient safety, and giving feedback.
- Plans for the scientific staff's individual careers must be elaborated and include a strategy for the development of research competences at an individual and departmental level and include mentoring of new researchers.
- The School must consider how to scale up effective teaching in Years 1-3 to bring efficiencies for both students and staff and allow a healthy work-life balance for both.

- The School must develop a 'SMART' Strategic Development plan with an indication of how it relates to the Action Plans and with a timeline to help guide and manage the more detailed Action Plans. The plan must focus on the development of research and education within the School against its current resources, along with plans on how to scale up in response to increased student numbers. This plan should be communicated to all stakeholders.
- Research and Methodology education is limited for both students and staff and should be improved to foster critical and analytical thinking and the provision of a solid base for EBM.

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

Sub-area		<i>Non-compliant</i>	<i>Partially compliant</i>	<i>Compliant</i>	<i>Not applicable</i>
5.1	Recruitment and selection policy			✓	
5.2	Staff activity and staff development		✓		

6. Educational resources

Sub-areas

- 6.1 Physical facilities
- 6.2 Clinical training resources
- 6.3 Information technology
- 6.4 Medical research and scholarship
- 6.5 Educational expertise
- 6.6 Educational exchanges

6.1 Physical facilities

Basic standards:

The medical school **must**

- have sufficient physical facilities for staff and students to ensure that the curriculum can be delivered adequately. (B 6.1.1)
- ensure a learning environment, which is safe for staff, students, patients and their relatives. (B 6.1.2)

Quality development standards:

The medical school **should**

- improve the learning environment by regularly updating and modifying or extending the physical facilities to match developments in educational practices. (Q 6.1.1)

6.2 Clinical training resources

Basic standards:

The medical school **must**

- ensure necessary resources for giving the students adequate clinical experience, including sufficient
 - number and categories of patients. (B 6.2.1)
 - clinical training facilities. (B 6.2.2)
 - supervision of their clinical practice. (B 6.2.3)

Quality development standards:

The medical school **should**

- evaluate, adapt and improve the facilities for clinical training to meet the needs of the population it serves. (Q 6.2.1)

6.3 Information technology

Basic standards:

The medical school **must**

- formulate and implement a policy which addresses effective and ethical use and evaluation of appropriate information and communication technology. (B 6.3.1)
- ensure access to web-based or other electronic media. (B 6.3.2.)

Quality development standards:

The medical school **should**

- enable teachers and students to use existing and exploit appropriate new information and communication technology for
 - independent learning. (Q 6.3.1)
 - accessing information. (Q 6.3.2)
 - managing patients. (Q 6.3.3)
 - working in health care delivery systems. (Q 6.3.4)
- optimise student access to relevant patient data and health care information systems. (Q 6.3.5)

6.4 Medical research and scholarship

Basic standards:

The medical school **must**

- use medical research and scholarship as a basis for the educational curriculum. (B 6.4.1)
- formulate and implement a policy that fosters the relationship between medical research and education. (B 6.4.2)
- describe the research facilities and priorities at the institution. (B 6.4.3)

Quality development standards:

The medical school **should**

- ensure that interaction between medical research and education
 - influences current teaching. (Q 6.4.1)
 - encourages and prepares students to engage in medical research and development. (Q 6.4.2)

6.5 Educational expertise

Basic standards:

The medical school **must**

- have access to educational expertise where required. (B 6.5.1)
- formulate and implement a policy on the use of educational expertise in
 - curriculum development. (B 6.5.2)
 - development of teaching and assessment methods. (B 6.5.3)

Quality development standards:

The medical school **should**

- demonstrate evidence of the use of in-house or external educational expertise in staff development. (Q 6.5.1)
- pay attention to current expertise in educational evaluation and in research in the discipline of medical education. (Q 6.5.2)
- allow staff to pursue educational research interest. (Q 6.5.3)

6.6 Educational exchanges

Basic standards:

The medical school **must**

- formulate and implement a policy for
 - national and international collaboration with other educational institutions, including staff and student mobility. (B 6.6.1)
 - transfer of educational credits. (B 6.6.2)

Quality development standards:

The medical school **should**

- facilitate regional and international exchange of staff and students by providing appropriate resources. (Q 6.6.1)
- ensure that exchange is purposefully organised, taking into account the needs of staff and students, and respecting ethical principles. (Q 6.6.2)

Findings

The Medical School is an excellent working environment with excellent classrooms, labs and offices and the enthusiastic staff demonstrate a strong work ethic.

There is extensive and appropriate use of information technology and technology enhanced learning at the Medical School.

The students are very satisfied with the resources in the Medical School and with the Library but would like access to them for a much longer time in the evening; ideally 24/7.

Although simulated/standardised patients are used within OSCEs they are not currently involved in teaching.

The EEC observed teaching with simulation, and the mannequins were not utilised to their full potential. A trained person, sitting in another room and connected with a microphone and speaker in the mouth of the mannequin, could give the answers of the patient and thereby create a much more authentic simulation.

The school promotes small group- and team-based learning (though the School does not use these terms in the standard internationally accepted ways). There was a sound faculty-student ratio.

At the clinical placements visited there was a good array of specialties, settings, clinics, and procedures but students have almost no experience of general practice in the community. The observed student:staff ratio in the clinical setting was good.

Students did not have their own workspace and nor access to EHR in the clinical placements.

There is an evaluation system in place to ensure students and staff can raise concerns about the quality and safety of the learning environment.

The School is a member of the Erasmus network, and has a formal MOU with several international institutions. The School has established an ECFMG Medical School Web Portal (EMWSP).

The system of externship gives an opportunity to students to increase their clinical experience over the holidays with partner courses worldwide and therefore offers great variety and choice – but the EEC heard that it relies on individual motivation and financial ability to take up the opportunity. Financial scholarships from EUC are very limited.

The EEC observed a discrepancy between the faculty's enthusiasm and their level of expertise in teaching.

Strengths

- The School has an excellent modern estate, and excellent facilities, and resources including an online library, equipment and simulation suites. These form the basis of an excellent working environment for the staff and students
- The resources are reviewed and updated as necessary.
- The facilities offer excellent opportunities for research into the effectiveness of education in these settings.
- The student / teacher is low with small classes and teaching in small groups

Areas for improvement and recommendations

Please note that when the EEC uses the term 'must' it should be interpreted as essential to bring the School towards compliance in the relevant sub-area.

- The school should open the School learning resources and the library for students 24 hours per day.
- The School must ensure students have experience in role play with people as well as mannequins for clinical skills in the early years. Using simulated/standardised patients may provide this systematically. The School should introduce the students to real patients earlier than Year 4.
- The School must consider how to scale up effective teaching in Years 1-3 to bring efficiencies for both students and staff and allow a healthy work-life balance for both.

- The School should consider prolonging all the semesters as well as the duration of clinical rotations at each placement.
- The faculty is relatively young, and will face a long learning trajectory in developing research expertise. The school must focus on biomedical, educational or healthcare research; this will require a strategy that invests in high profile researchers, infrastructure and resources along with opportunities to collaborate with other research groups across the EUC and the department of education, and other schools with high research profiles.
- The School should refocus their strategy staff recruitment plan to attract expert personnel in the key areas of research and medical education based on a plan on the ideal staffing, workload and responsibilities, informed by the requirements of the curriculum.
- The School must develop a 'SMART' Strategic Development plan with an indication of how it relates to the Action Plans and with a timeline to help guide and manage the more detailed Action Plans. The plan must focus on the development of research and education within the School against its current resources, along with plans on how to scale up in response to increased student numbers. This plan should be communicated to all stakeholders.
- The School must secure resources to attract external experts in research and education.
- The school should provide an opportunity for faculty to observe how simulations are employed in other schools, particularly with standardized patients.
- The school should ensure that all students have the possibility of externships.

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

Sub-area		<i>Non-compliant</i>	<i>Partially compliant</i>	<i>Compliant</i>	<i>Not applicable</i>
6.1	Physical facilities			✓	
6.2	Clinical training resources			✓	
6.3	Information technology			✓	
6.4	Medical research and scholarship		✓		
6.5	Educational expertise		✓		
6.6	Educational exchanges			✓	

7. Programme evaluation

Sub-areas

7.1 Mechanisms for programme monitoring and evaluation

7.2 Teacher and student feedback

7.3 Performance of students and graduates

7.4 Involvement of stakeholders

7.1 Mechanisms for programme monitoring and evaluation

Basic standards:

The medical school **must**

- have a programme of routine curriculum monitoring of processes and outcomes. (B 7.1.1)
- establish and apply a mechanism for programme evaluation that
 - addresses the curriculum and its main components. (B 7.1.2)
 - addresses student progress. (B 7.1.3)
 - identifies and addresses concerns. (B 7.1.4)
- ensure that relevant results of evaluation influence the curriculum. (B 7.1.5)

Quality development standards:

The medical school **should**

- periodically evaluate the programme by comprehensively addressing
 - the context of the educational process. (Q 7.1.1)
 - the specific components of the curriculum. (Q 7.1.2)
 - the long-term acquired outcomes. (Q 7.1.3)
 - its social accountability (Q 7.1.4)

7.2 Teacher and student feedback

Basic standards:

The medical school **must**

- systematically seek, analyse and respond to teacher and student feedback. (B 7.2.1)

Quality development standards:

The medical school **should**

- use feedback results for programme development. (Q 7.2.1)

7.3 Performance of students and graduates

Basic standards:

The medical school **must**

- analyse performance of cohorts of students and graduates in relation to
 - mission and intended educational outcomes. (B 7.3.1)
 - curriculum. (B 7.3.2)
 - provision of resources. (B 7.3.3)

Quality development standards:

The medical school **should**

- analyse performance of cohorts of students and graduates in relation to student
 - background and conditions. (Q 7.3.1)
 - entrance qualifications. (Q 7.3.2)
- use the analysis of student performance to provide feedback to the committees responsible for
 - student selection. (Q 7.3.3)
 - curriculum planning. (Q 7.3.4)
 - student counselling. (Q 7.3.5)

7.4 Involvement of stakeholders

Basic standards:

The medical school **must**

- in its programme monitoring and evaluation activities involve its principal stakeholders. (B 7.4.1)

Quality development standards:

The medical school **should**

- for other stakeholders
 - allow access to results of course and programme evaluation. (Q 7.4.1)
 - seek their feedback on the performance of graduates. (Q 7.4.2)
 - seek their feedback on the curriculum. (Q 7.4.3)

Findings

Mechanisms for repeated, systematic programme monitoring and evaluation are in place at EUCMS. Teachers and students give feedback, based on which strengths and weaknesses have been identified and the programme has been modified.

Students provide routine feedback electronically, within class, in confidence without the presence of staff. Convenience samples of students are also asked to give programme feedback in focus groups with staff.

Students give feedback on staff at the end of each semester but staff reported that they would like to receive such feedback soon after their teaching.

EUCMS graduated its first cohort in summer 2019 therefore it has not yet been possible to analyse the performance of cohorts of graduates regarding their readiness for clinical practice.

The performance of cohorts of students in relation to intended educational outcomes has not been tracked through use of assessment blueprinting.

In its programme monitoring and evaluation activities, the school has involved a range of stakeholders but this did not include part-time staff, administrative and technical staff, and representatives of the community such as patients.

It was not evident that student feedback data, evaluation reports and development plans were made available to the students and all stakeholders though students were aware of major changes resulting from their feedback.

Three external reviews were reported in the self-evaluation but not provided for review by the EEC.

Strengths

- The School has conducted 2 major reviews: the SAR and the PER and has made major changes to the programme on the basis of these.
- Students and contributing staff are clear that their contributions to the major reviews and to regular evaluation processes have been heard and responded to.
- Students and teaching staff sit on a number of committees with voting rights and contribute to policies and creating the Mission and Vision.
- Staff are eager to learn from student's feedback, asking for verbal feedback after a lecture.
- The students are highly satisfied; 50 of the 52 students whom the EEC met recommended the school in a 'blind' vote.

Areas for improvement and recommendations

Please note that when the EEC uses the term 'must' it should be interpreted as essential to bring the School towards compliance in the relevant sub-area.

- Programme monitoring and governance should include representatives of all staff including those working part-time, clinical instructors, administrative and technical staff, and other stakeholders including patients.
- The School must consider including students, librarians, administrative and technical staff, and representatives of the community such as patients on the curriculum focused committees such as the Structure and Function, the Medical Greek and the Clinical Training Committees

- As the number of graduates increases, the school must investigate their readiness to work in relation to the mission and intended educational outcomes of the curriculum.
- The School must develop a 'SMART' Strategic Development plan with an indication of how it relates to the Action Plans and with a timeline to help guide and manage the more detailed Action Plans. The plan must focus on the development of research and education within the School against its current resources, along with plans on how to scale up in response to increased student numbers. This plan should be communicated to all stakeholders.
- The school must track performance of cohorts of students in relation to intended educational outcomes by assessment blueprinting.

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

Sub-area		<i>Non-compliant</i>	<i>Partially compliant</i>	<i>Compliant</i>	<i>Not applicable</i>
7.1	Mechanisms for programme monitoring and evaluation			✓	
7.2	Teacher and student feedback			✓	
7.3	Performance of students and graduates		✓		
7.4	Involvement of stakeholders			✓	

8. Governance and administration

Sub-areas

8.1 Governance

8.2 Academic leadership

8.3 Educational budget and resource allocation

8.4 Administration and management

8.5 Interaction with health sector

8.1 Governance

Basic standards:

The medical school **must**

- define its governance structures and functions including their relationships within the university. (B 8.1.1)

Quality development standards:

The medical school **should**

- in its governance structures set out the committee structure, and reflect representation from
 - principal stakeholders. (Q 8.1.1)
 - other stakeholders. (Q 8.1.2)
- ensure transparency of the work of governance and its decisions. (Q 8.1.3)

8.2 Academic leadership

Basic standards:

The medical school **must**

- describe the responsibilities of its academic leadership for definition and management of the medical educational programme. (B 8.2.1)

Quality development standards:

The medical school **should**

- periodically evaluate its academic leadership in relation to achievement of its mission and intended educational outcomes. (Q 8.2.1)

8.3 Educational budget and resource allocation

Basic standards:

The medical school **must**

- have a clear line of responsibility and authority for resourcing the curriculum, including a dedicated educational budget. (B 8.3.1)
- allocate the resources necessary for the implementation of the curriculum and distribute the educational resources in relation to educational needs. (B 8.3.2)

Quality development standards:

The medical school **should**

- have autonomy to direct resources, including teaching staff remuneration, in an appropriate manner in order to achieve its intended educational outcomes. (Q 8.3.1)
- in distribution of resources take into account the developments in medical sciences and the health needs of the society. (Q 8.3.2)

8.4 Administration and management

Basic standards:

The medical school **must**

- have an administrative and professional staff that is appropriate to
 - support implementation of its educational programme and related activities. (B 8.4.1)
 - ensure good management and resource deployment. (B 8.4.2)

Quality development standards:

The medical school **should**

- formulate and implement an internal programme for quality assurance of the management including regular review. (Q 8.4.1)

8.5 Interaction with health sector

Basic standards:

The medical school **must**

- have constructive interaction with the health and health related sectors of society and government. (B 8.5.1)

Quality development standards:

The medical school **should**

- formalise its collaboration, including engagement of staff and students, with partners in the health sector. (Q 8.5.1)

Findings

An organogram and a list of the committees, membership and academic leaders was provided, along with a description of their roles and areas of responsibility.

Students reported that they felt well represented. The documentation describes student representation with voting powers on several of the Committees, including the Programme Committee, the Quality Committee and the School Council but students do not sit on the focused curriculum committees such as the Structure and Function Committee, the Clinical Training Committee and the Medical Greek Committee; administrative and technical staff are not represented on any of the programme committees. When on committee, students contribute to all issues except those relating to appointments, promotions, personal issues, and budgets.

We met with the small team of administrative and technical staff whose roles and responsibilities are described in the documentation. They are very supportive of the School but there is little opportunity for them to contribute to the planning, review, and development of the programme and its processes.

Representatives of other stakeholder groups such as professional, academic, regulatory, and government bodies feed into the decisions of the governance committees through the external Advisory Body. There is no evidence that patients contribute to the governance or curriculum committees either directly or indirectly through the Advisory Body.

The School articulates with the Health Service through Health Service members of the Advisory Body and through clinical leads sitting on the Clinical Training Committee. There are contracts with specified Hospitals that provide clinical placements and with individual Consultants who provide clinical teaching as Clinical Instructors.

The School links with others in the academic and health sectors through a series of events such as workshops on infection control, CPD sessions for doctors, a seminar on clinical trials, and educational programmes for nurses. In addition, the School reaches out to its own community through a number of sessions. In 2016 students teamed up with others across Cyprus through the Cyprus Medical Students Association (CyMSA) and other stakeholders including staff and midwives to deliver a plenary and workshops on infection prevention and control. There have been further infection control sessions, and a Cardiovascular health awareness campaign in the Fall 2019.

Students have also been engaged in small scale community work such as Charity Football Tournament, a Red Cross Christmas Donation and Christmas Bazaar and a Christmastime visit by students dressed as Santa Claus to children in a local hospital.

The School has policies on Equality and Diversity including a policy on Gender equality for staffing, and it takes account of cultural competences in the curriculum.

There is a description of academic leadership and it is revised every second year.

Strengths

- The School has a clearly described governance structure with an appropriate range of committees and described membership, roles and responsibilities.
- The academic staff and students have opportunities to feed into School and programme governance; they feel well represented and that the leadership is responsive.
- All staff including administrative, technical and library staff are enthusiastic and dedicated to creating an excellent programme and school.
- There are formal agreements for teaching with specific healthcare providers and clinicians.
- The School is reaching out to its academic, professional and local community through a range of events and activities.

Areas for improvement and recommendations

Please note that when the EEC uses the term 'must' it should be interpreted as essential to bring the School towards compliance in the relevant sub-area.

- The School must develop a 'SMART' Strategic Development plan with an indication of how it relates to the Action Plans and with a timeline to help guide and manage the more detailed Action Plans. The plan must focus on the development of research and education within the School against its current resources, along with plans on how to scale up in response to increased student numbers. This plan should be communicated to all stakeholders.
- Programme monitoring and governance should include representatives of all staff including those working part-time, clinical instructors, administrative and technical staff, and other stakeholders including patients.
- The School must consider including students, librarians, administrative and technical staff, and representatives of the community such as patients on the curriculum focused committees such as the Structure and Function, the Medical Greek and the Clinical Training Committees
- **Although we are confident from our interviews with staff that there is ongoing development and careful governance, we need more evidence in support of this activity. We would like to see the Strategic Development Plan with timelines please.**

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

Sub-area		<i>Non-compliant</i>	<i>Partially compliant</i>	<i>Compliant</i>	<i>Not applicable</i>
8.1	Governance		✓		
8.2	Academic leadership			✓	
8.3	Educational budget and resource allocation			✓	
8.4	Administration and management			✓	
8.5	Interaction with health sector			✓	

9. Continuous renewal

Basic standards:

The medical school **must** as a dynamic and socially accountable institution

- initiate procedures for regularly reviewing and updating the process, structure, content, outcomes/competencies, assessment and learning environment of the programme. (B 9.0.1)
- rectify documented deficiencies. (B 9.0.2)
- allocate resources for continuous renewal. (B 9.0.3)

Quality development standards:

The medical school **should**

- base the process of renewal on prospective studies and analyses and on results of local evaluation and the medical education literature. (Q 9.0.1)
- ensure that the process of renewal and restructuring leads to the revision of its policies and practices in accordance with past experience, present activities and future perspectives. (Q 9.0.2)
- address the following issues in its process of renewal:
 - adaptation of mission statement to the scientific, socio-economic and cultural development of the society. (Q 9.0.3)
 - modification of the intended educational outcomes of the graduating students in accordance with documented needs of the environment they will enter. The modification might include clinical skills, public health training and involvement in patient care appropriate to responsibilities encountered upon graduation. (Q 9.0.4)
 - adaptation of the curriculum model and instructional methods to ensure that these are appropriate and relevant. (Q 9.0.5)
 - adjustment of curricular elements and their relationships in keeping with developments in the basic biomedical, clinical, behavioural and social sciences, changes in the demographic profile and health/disease pattern of the population, and socioeconomic and cultural conditions. The adjustment would ensure that new relevant knowledge, concepts and methods are included and outdated ones discarded. (Q 9.0.6)
 - development of assessment principles, and the methods and the number of examinations according to changes in intended educational outcomes and instructional methods. (Q 9.0.7)
 - adaptation of student recruitment policy, selection methods and student intake to changing expectations and circumstances, human resource needs, changes in the premedical education system and the requirements of the educational programme. (Q 9.0.8)
 - adaptation of academic staff recruitment and development policy according to changing needs. (Q 9.0.9)
 - updating of educational resources according to changing needs, i.e. the student intake, size and profile of academic staff, and the educational programme. (Q 9.0.10)
 - refinement of the process of programme monitoring and evaluation. (Q 9.0.11)

- development of the organisational structure and of governance and management to cope with changing circumstances and needs and, over time, accommodating the interests of the different groups of stakeholders. (Q 9.0.12)

Findings

The fact that the School is willing to undertake this review for accreditation so early in its development, deserves recognition.

All faculty members and students were very positive, gave their time generously to the EEC and answered the team's questions very constructively during the visit.

The School enabled the visiting EEC to speak with a wide range of students and staff and it is our impression that all spoke freely.

The School provided a vast amount of documents, but additional documentation on the detail and quality assurance of assessment, plans for development of the staff's competences, structured blueprinting and monitoring of learning outcomes, and students' and staff's wellbeing could have been beneficial.

Although we are confident from our interviews with staff that there is ongoing activity in continuous improvement and renewal, we need more evidence in support of this activity. We would like to see the Strategic Development Plan with timelines please.

Strengths

- The enthusiastic staff demonstrate ambition for the School.
- The School has conducted 2 major reviews: the SAR and the PER; the SAR has resulted in major changes to the programme and following the PER, major changes have been suggested.
- Students and staff are clear that their contributions to the major reviews and to regular evaluation processes has been heard and responded to.

Areas for improvement and recommendations

Please note that when the EEC uses the term 'must' it should be interpreted as essential to bring the School towards compliance in the relevant sub-area.

- Programme monitoring and governance should include representatives of all staff including those working part-time, clinical instructors, administrative and technical staff, and other stakeholders including patients.
- The School must develop a 'SMART' Strategic Development plan with an indication of how it relates to the Action Plans and with a timeline to help guide and manage

the more detailed Action Plans. The plan must focus on the development of research and education within the School against its current resources, along with plans on how to scale up in response to increased student numbers. This plan should be communicated to all stakeholders.

- Many other suggestions given in the previous sections are also relevant to this area.

Please ✓ what is appropriate for the following assessment area:

Assessment area	<i>Non-compliant</i>	<i>Partially compliant</i>	<i>Compliant</i>	<i>Not applicable</i>
Continuous renewal			✓	

D. Conclusions and final remarks

Overall, the EEC has encountered a very favourable learning environment and a highly committed, enthusiastic, well-qualified and reflective staff, embedded in a very attractive School environment.

The first cohort of students had just graduated when the EEC visited and almost all the students we met, representing Years 1-6, recommended the programme with great enthusiasm and appreciated the curriculum, and the teaching, supervision and support from staff.

The staff are striving to achieve the highest standards in medical education. There is a need for training, both in educational and research competences, for the staff.

The School should embrace the recent changes in the health system to introduce students to general practice and primary care.

With the increasing number of students, the school must anticipate increased utilisation of the existing facilities in the school and the teaching hospitals.

For more elaboration on the strengths and areas of improvement we refer to the sections 1 to 9 above.

E. Signatures of the EEC

<i>Name</i>	<i>Signature</i>
Helen Cameron	
Reinold Gans	
Matthias Siebeck	
Jens Søndergaard	
Philippos Stylianou	
Antonis Pilavas	

Date: 20 December 2019