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External Evaluation
Report for
Basic Medical Education

- **Higher Education Institution:**

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

In Greek:

Ιατρική (6 έτη, 360 ECTS, Πτυχίο, M.D)

In English:
Doctor of Medicine (6 years, 360 ECTS, Doctor of Medicine, M.D)

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

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

A. Introduction

This part includes basic information regarding the onsite visit.

The onsite visit for the evaluation of the new Doctor of Medicine (MD) programme offered by the University of Nicosia took place on the 26th and 27th of May 2025. The programme under evaluation is a new six-year undergraduate medical degree (360 ECTS), taught in English, and scheduled to commence in the academic year 2025–2026. The External Evaluation Committee (EEC), appointed by the Cyprus Agency of Quality Assurance and Accreditation in Higher Education (CYQAA), conducted the evaluation based on the national legal framework [Law 136(I)/2015 – Law 132(I)/2021] and the World Federation for Medical Education (WFME) Global Standards for Basic Medical Education (2020 revision).

The EEC comprised academics and experts in medical education, student affairs, infrastructure, and quality assurance. The committee was chaired by Professor Nicki Cohen (King's College London) and included international academic representatives, a student member, and a CYQAA officer. The visit included structured meetings with university leadership (including the Rector and Executive Vice-President for Health), the Dean and Heads of Departments, programme coordinators, academic and administrative staff, and a representative group of students. External stakeholders and affiliated clinical partners also participated. The agenda featured presentations on the programme's mission and strategic planning, curriculum design, learning and assessment methods, staff recruitment and development policies, quality assurance systems, student support services, and infrastructure.

The Medical School of the University of Nicosia (UNIC) was founded in 2011 and hence is the eldest of the three Medical Schools in Cyprus. The School has 97 core faculty, of approximately 300 within the university. There are also approximately 700 contributing faculty and 86 support staff, facilitating six programmes running within the two departments of the school.

In 2022, the 6-year MD programme almost doubled in student number to approximately 220 per cohort, from 88 countries, and the school is rightly proud of its efforts to support and celebrate the achievements of its alumni who in turn contribute to the future workings of the school. The school is therefore the largest on the Island, delivering an English based curriculum in a private university setting, working alongside both NHS and private hospitals.

Two of the visit team have previously undertaken a quality assurance visit of the school, and we are impressed by the growth and maturation of the school, which has worked to create the new integrated six-year curriculum which we have evaluated.

During our visit, we were delighted to meet with the Vice President for Health, Dean of the School, several associate Deans together with colleagues from UNIC Health and the faculty at large. We visited both Apollonium and Aretaeion Hospitals (now part of the Hellenic Healthcare Group, HHG)

which are ideally placed to provide early hospital exposure including the transitional years of the programme.

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 (logbooks, exams, 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*
Professor Nicki Cohen	Dean of Medical Education	King's College London, UK
Prof. J.-Matthias Löhr	Professor of Gastroenterology	Karolinska Institutet, Sweden
Prof. Anne Herrmann-Werner	Professor of Medical Education	University of Tübingen, Germany
Prof. Amalia Hatziyanni	Medical Council Representative	Cyprus
Ms Stella Sergiou	Medical Student Representative	University of Cyprus

Guidelines on content and structure of the report

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

Findings

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

Strengths

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

Areas of improvement and recommendations

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

- *The EEC should state the compliance for each sub-area (Non-compliant, Partially compliant, Compliant),* ***which must be in agreement with everything stated in the report.*** *It is pointed out that, in the case of standards that cannot be applied due to the status of the HEI and/or of the programme of study, N/A (= Not Applicable) should be noted.*
- *The EEC should state the conclusions and final remarks regarding the programme of study as a whole.*
- ***The report may also address other issues which the EEC finds relevant.***

1. MISSION AND VALUES

Sub-areas

1.1 Stating the mission

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

1.1 Stating the mission

Guidance:

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

1.1 Stating the mission

Key questions:

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

Findings

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

The medical school of the University of Nicosia has a clearly stated mission with four pillars: education, research, social responsibility & service to society, and internationalisation. It tailors to the school's focus and tradition so far. At UNIC, they do not only believe in the best teaching possible but also in the respective training of staff. Additionally, they strongly emphasise students' well-being. Besides the classical pillars of teaching and research, the medical school also recognises and celebrates the importance of community outreach and the benefits of international connections.

The mission guides the curriculum design, assessment strategies, and the continuous quality assurance (QA) process. It is used as a foundational reference in the formulation of policies, programme learning outcomes, and faculty development. It also directly informs decisions made by the Campus Programme Committee (CPC) and the Academic Council, particularly in matters of academic integrity, community engagement, and curriculum relevance.

Public access to the mission statement is provided via the Medical School's website and internal platforms such as Moodle. Faculty, students and staff are regularly reminded of the mission during orientation, QA reviews, and strategic planning sessions.

The mission affirms the institution's responsibility toward the healthcare system by preparing graduates who can respond to regional and global healthcare needs, emphasizing ethics, professionalism, lifelong learning, and public health.

Strengths

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

Clearly defined mission tailored to medical education: The mission explicitly addresses the School's commitment to producing competent, ethical, and socially responsible medical doctors.

Alignment with international standards: The mission and its implementation are aligned with the WFME standards, the European Union Directive 2005/36/EC (as amended by 2013/55), and national quality assurance frameworks (DIPAE and HAHE).

Inclusive development process: The mission was developed with input from a wide range of stakeholders, including academic staff, students, administrative personnel, healthcare partners, and community representatives.

Integration into curriculum design and QA: The mission directly informs curriculum structure, teaching methodologies, and quality assurance procedures through the Programme Committee and Academic Council governance structures.

Community engagement: The mission underscores the role of the Medical School in serving and collaborating with the healthcare community and broader society, emphasizing public health, equity, and responsiveness.

Transparency and accessibility: The mission is publicly available on the University's website and prominently communicated internally through platforms such as Moodle and official documents.

Support for holistic education: The mission promotes values such as professionalism, lifelong learning, critical thinking, and interdisciplinary collaboration, which are embedded in the learning outcomes.

Strategic use in planning and evaluation: The mission is regularly referenced in strategic planning, programme evaluations, and accreditation-related processes, ensuring consistency and goal alignment.

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 the mission is available on internal and external platforms, awareness of its content and significance among students and staff may be limited. Recommendation: Integrate discussion of the mission into orientation programmes, faculty development sessions, and student handbooks to strengthen institutional alignment.

The current mission indirectly addresses public service and global health issues but could make this role more explicit. Recommendation: Clarify the School's contribution to global health, sustainability, and health equity in the mission or associated strategic documents.

There is limited evidence that the mission is evaluated through specific indicators (e.g., graduate outcomes, community impact). Recommendation: Develop a set of KPIs to assess how effectively the mission informs programme delivery, community engagement, and educational outcomes.

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 University of Nicosia (UNIC) Medical School is planning to deliver a modernised and future-looking six-year undergraduate Doctor of Medicine (MD) programme that is structured and aligned with European and international medical education standards. The curriculum is outcome-based, clearly defining the knowledge, skills, behaviours, and professional values students must achieve by graduation. These intended learning outcomes are mapped to WFME standards and EU Directive 2013/55 and are regularly reviewed to ensure relevance to healthcare needs and alignment with the institution's mission.

The new curriculum will be delivered through an integrated model, combining basic biomedical sciences, clinical skills, behavioural and social sciences, and research training across 12 academic semesters. Students will begin clinical exposure early and progressively engage in more advanced clinical placements across a wide range of specialties during Years 4 to 6. A formal elective module in Year 6 allows students to explore specific fields of interest in local or international settings.

Content is comprehensive and includes basic sciences, major clinical disciplines, and public health themes. Research training is longitudinal, culminating in a supervised research project in Year 4. Teaching and learning strategies include lectures, small group teaching, simulations, clinical placements, online platforms (e.g., Moodle), and reflective portfolios. Educational experiences are tailored to the Greek healthcare context, with active engagement from partner hospitals and clinics.

Interprofessional education is a recognized component of the current MD program but appears to rely on shared learning experiences opportunistically during the late(r) phase of the program.

Curriculum governance is robust and involves internal quality assurance mechanisms, stakeholder feedback, and periodic external review with program evaluation reports (PER). Academic staff are involved in regular curriculum evaluation and development, ensuring adaptability and compliance with local regulations and institutional quality standards.

Strengths

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

The MD programme is fully aligned with the WFME Global Standards for Basic Medical Education (2020), the European Qualifications Framework, and relevant EU directives, ensuring international recognition and graduate mobility. It employs a student-centred educational philosophy, incorporating active learning methods such as team-based learning, flipped classrooms, simulation, early clinical exposure, and community-based learning.

The curriculum includes modern and socially relevant themes—such as Digital Health, Climate and Health, Leadership in Medicine, Professional Behaviour, and Cultural Competency—reflecting innovation and responsiveness to global healthcare trends. The curriculum's restructuring of subjects such as embryology, medical ethics and biochemistry enhances learning by removing unnecessary content and focusing on relevance and integration. Spreading these courses across more years allows deeper understanding and better integration with clinical practice, helping students connect foundational knowledge with its professional application in a more meaningful way.

The programme makes use of its on campus Medical Centre as a model of primary care. There is also the UNIC centre for Rural Medicine at Ormideia Village, which includes community care and education events supported by the medical school faculty. This is an authentic and inspiring way of modelling societal values to students.

The programme makes use of valuable traditional approaches such as cadaver prosection (plastination models), as well as new technology such as Speedwell, Myprogress and Qubecon.

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 the programme outlines comprehensive learning outcomes across knowledge, skills, and professional behaviours, the explicit alignment of these outcomes with specific competencies required by local (Greek/Cypriot) regulatory frameworks could be strengthened. A clear cross-mapping document linking programme outcomes with national learning objectives and licensing requirements to enhance transparency and readiness for external audits and recognition processes would be valuable. Technology is available (e.g. Sofia) which may be useful in creating and maintaining this data.

Evidence around how emerging health priorities in Greece and Cyprus (e.g. ageing population, migrant health, primary care development) are reflected in the curriculum could be strengthened. This could include, for example, region-specific health challenges and healthcare systems content into core modules to increase contextual relevance and graduate preparedness.

Care should be taken to ensure that content is effectively “stripped out” as part of the inclusion of new, to avoid curricular overload or creep. Additional time could be valued by students, for example, for research opportunities earlier in the programme.

Students advised us that the translator system does not always work and as such remains an on-going concern. Limassol translators may be under-resourced. While we understand that translators are not educated to use medical terms, we also understand that some doctors communicate to students in Greek - so there are times when this would be useful. We have heard that non-native students sometimes attend outpatients’ clinics without a translator for several hours; not experiencing any learning progress due to language issues. We therefore strongly encourage the school to a) encourage students more progressively towards learning the Greek language, and b) restructure the current translator system so that learning for non-native students is guaranteed.

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 medical school puts strong emphasis on the importance of assessment and will use a variety of assessment methods in the domains of 1) knowledge, 2) skills, and 3) professional values & behaviours. These include short answer questions and single best answer (SBA) questions, OSCEs, a range of written reports and tasks and a comprehensive Professional Values and Behaviours (PVB) exercise which is ongoing through the years. There is a strategy of employing formative examples of an exam type before summative assessment. Feedback is comprehensive.

Strengths

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

There is a single assessment team for UNIC-health which acts independently of central university processes and allows for a tailored approach to medical assessment and has driven change nimbly.

We were advised that students have study time available before their end of year knowledge tests (1-2 weeks), which allows them to focus on building their knowledge without missing clinical learning experiences.

A full range of mitigating circumstances, appeals and reasonable adjustments is available and students report feeling confident in liaising with faculty around this.

The new programme has successfully streamlined the programme structure, moving to 9 distinct programmes (from 22) which has simplified assessment delivery. This includes some assessments

which evaluate content integrated across several courses (particularly in years 5 and 6) which is commendable.

Lastly, students highlighted the practise of Dr Chloe Antoniou of emailing students with supportive messages around wellbeing during the exam period - this is an excellent example of the care placed on students by faculty.

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 understand that, despite the UNIC-health team delivering assessments in a way that allows tailoring from the central provision, the timing between the first and second (last) sitting of the year is fine (1-2 weeks). This was explained to us as capturing “a bad day” during the first assessment rather than allowing for remediation and improvement. We would see this as something that ideally would be improved, for the benefit of learning and the student experience.

Given the complexities involved in branch campus examinations delivery and associated practice, education and quality assurance, we feel that the time is now right to identify an Academic Assessments Lead to co-ordinate work across assessments, working with course leads etc for the smooth running and continuous improvement of assessment and feedback.

We have also heard that students remain unhappy around travelling between Paphos / Limassol for exams - particularly in the summer, when staying in Paphos, a potential alternative, is expensive. While buses are provided, in high-stress situations we can appreciate why students would raise this - especially for multiple exams in a week. We recognise that this situation will be appeased once the new medical school building is complete but would encourage UNIC to find a better short-term solution, for example through delivering the online / computer-based in-person exams at both sites.

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	**compliant**
3.2	Assessment in support of learning	**compliant**
3.3	Assessment in support of decision-making	**compliant**
3.4	Quality control	**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.

The process of admission, including admitting criteria was explained (and is not changed from the current existing MD programme). Highschool grades (ABB) plus interviews are the regular procedure. UCAT is not currently used for the six-year programme.

Student support services were presented as a key institutional priority, with well-resourced academic, pastoral, financial, and career-related assistance available to students. Students have access to mentorship, reflective tools, and professionalism monitoring as part of a broader support framework. While there is some student representation in feedback and development processes, more formal collaboration with student representatives on the design and evaluation of support services is encouraged.

Students have a formal introduction the first week with their tutor for 1:1 mentorship throughout the entire six years. Each tutor has 5-10 students. From the very beginning, students are aware of their tutors and whom to contact. In years 5 and 6, a second tutor will be added, related to the hospital at which the student is based.

Both administrative staff and students describe the wide range of colleagues who may be contacted, and students seem happy with this flexibility, particularly valuing the “one stop shop” provided by student services and the open-door policy. We were pleased to hear that financial support for students whose personal situation changes during their programme is available.

Despite probing, all students interviewed described valuing how the diversity of students' nationalities has broadened learning - without evidence of racism, sexism or other unprofessional behaviours towards professional practices (across students, faculty, hospital staff and patients). One student was able to describe an episode that was managed effectively and promptly earlier.

Strengths

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

In assessment terms, the process is transparent, holistic and clearly aligned with the programme's mission and international standards. Academic and non-academic criteria are evaluated and a wide range of international qualifications can be used to support the student-centred global approach. English language proficiency is assessed (to UK equivalence) through internationally-recognised standards.

Each week of the programme will begin with an introductory orientation, e.g. a patient case pertaining to the overarching topic of that week for integrated learning. The entire program is transparent and each student ought to know what is expected of them.

Teaching in the clinical setting (i.e. in the two hospitals) is done in very small groups (typically one clinician, two students). Site-responsible supervisors pick suitable patients, preferably those fluent in English for the (majority of) non-Greek speaking UNIC students.

The students greatly value the accessibility and support provided by university professionals and faculty. The program is structured to ensure that each student receives individualized support throughout their academic journey.

The strong ethos on professional behaviours, both in common practice and through the compulsory PVB assessment shape a supportive environment where compassionate patient-centred doctors can develop and flourish.

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.

Entry criteria are unchanged from the previous 6-year programme – which is successful and argues against a need for change. The exam attainment for entry, however, is somewhat lower than for other Cyprus programmes, but we would consider the emphasis on the interview at UNIC campuses to be a particular strength. It would be useful to evaluate amongst existing Cyprus cohorts whether a candidate with slightly higher exam attainment at entry was more likely to progress smoothly through the 6-year degree. If so, this would provide an argument for increasing the requirement to equivalent to 18.5/20 in the pan-Cyprian exams, which was the minority preference of the panel.

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**

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.

Staff Induction ("onboarding") is extensive and includes familiarisation with mission and vision. There is a handbook for orientation and regular training (including in teaching or assessment methods). Peer review of teaching activities as well as observations in exams are regularly installed. There is an annual appraisal system in place as well as clear and transparent information on career paths.

For purely academic staff the distribution of work areas is clearly outlined (40% service & administration, 40% research, and 20% teaching). For clinical staff some load can be reduced; however there does not seem to be a particular scheme for these cases.

Continuing professional development (CPD) is supported through a range of structured activities, including participation in teaching and assessment training, pedagogy workshops, and engagement with international organisations such as AMEE. Staff are encouraged to pursue research and are supported by internal resources and training in research methodologies.

Strengths

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

Clear and transparent communication around all aspects of the recruitment process. (Relatively) newly recruited faculty describe a friendly and supportive environment. Onboarding is experienced as professional and satisfactory, both the formal and informal parts. Tenure track seems to work and faculty is encouraged to seek higher academic ranks.

The speed and efficiency of HR processes was particularly highlighted and is another example of the UNIC-Health autonomy, noting that HR staff have recently been increased, to support school expansion. Leadership described processes for performance management, including terminating contracts when absolutely necessary.

The peer review process, including peer observation of teaching) appears to be working well.

Areas of improvement and recommendations

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

There does not appear to be a formal process to reduce the teaching obligations of faculty in case of large research projects, e.g. European grants etc.

UNIC prides themselves to be strong in research, however, research as an element for the recruitment of external (foreign) faculty is not developed to the extent that this was prominently mentioned, despite successes in European and National funding calls

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**

5. EDUCATIONAL RESOURCES

<u>Sub-areas</u>

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 EEC toured the main campus of UNIC, the teaching hospitals that will be used for early years (and transitional years) exposure, and the main building of the Medical School.

The facilities at the Medical School main building are new and well-equipped. There are 16 PBL rooms and 18 skills labs booths in total. It is also the only medical school in Cyprus that has cadavers for anatomy teaching. Students can access the skills lab after hours.

UNIC has already received the permit to build a new facility for the Medical School on the main campus (currently a parking lot). This is designed to house wet labs (research and teaching) and other central facilities, exclusively for the Medical School.
Having visited the new soon to be finished building of UNIC at the Athens branch in Ellinikon, we would hope that the new building in Cyprus learns from the experience gathered from the Ellinikon campus and will provide matching excellent resources to students and faculty alike.

The teaching hospitals were visited. They are equipped with state-of-the art technology (e.g. MRI, CAT-scan; interventional radiology labs etc.). While modernisation of the internal medicine wards and CCU are finished (Appollonion), other rebuilding is underway. At Aretaeion hospital, radiology and doctors' offices will be relocated to make room for more hospital beds.

Strengths

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

The facilities at the current Medical School main building are very good (see above). The library is large and inviting.

The students are presented with state-of-the-art equipment. The teaching hospitals provide ample space for lectures and even small group work in appropriate rooms provided to the students. The setting for the clinical teaching is based on one clinician taking care of two students for a morning or afternoon session.

A tremendous opportunity is provided by both Apollonium and Aretaeion now being owned by the Hellenic Hospital Group (HHG), effectively forming sister hospitals. This should provide for reciprocity and balance in the future. We understand that this group will form a greater part in clinical placement capacity in the future. This should allow for elements such as standardised clinical faculty development, perhaps even certified qualifications, to be standardised. Enhancing the shared ethos and educational values across HHG will provide for a sustainable model for the future.

The new building for UNIC Health will facilitate improved learning experience and increased research opportunities for existing and new faculty in the biomedical sciences.

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.

A dedicated University Hospital would further enhance the clinical teaching. Some services (e.g. oncology) are shared with another medical school. A shuttle bus between the three main sites (Medical School main building and the two teaching hospitals) could be considered.

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**

6. QUALITY ASSURANCE

Sub-areas

7.1 The quality assurance system

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

7.1 The quality assurance system

Guidance:

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

7.1 The quality assurance system

Key questions:

- *How are the purposes and methods of quality assurance and subsequent action in the school defined and described, and made publicly available?*
- *How is responsibility for implementation of the quality assurance system clearly allocated between the administration, academic staff, and educational support staff?*
- *How are resources allocated to quality assurance?*
- *How has the school involved external stakeholders?*

- *How is the quality assurance system used to update the school's educational design and activities and hence ensure continuous renewal?*

Findings

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

During the site visit and based on the submitted documentation, it was evident that the University of Nicosia Medical School has implemented a structured quality assurance framework for ongoing evaluation of the MD programme(s). The system includes routine course evaluations, student surveys, peer reviews of teaching, and annual programme reviews leading to program evaluation reports (PER). These feed into a five-yearly periodic programme review, shortly before the CYQAA cyclical accreditation process. There is a clear commitment to aligning the programme with WFME standards and the CYQAA quality criteria.

Internal quality processes are supported by the university's Quality Assurance Committee and the use of data-driven tools such as course reports, exam performance analytics, and graduate feedback mechanisms.

Additionally, an International External Advisory Board contributes to high-level strategic and academic oversight. Administration is strong and efficient, with long-standing administrative staff in place who are fully involved with Academics in the working of the school.

Strengths

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

UNIC has established a best practice rigorous quality assurance scheme.

The "Feedback Informed Development process" - akin to "you said we did", so that students clearly see where their feedback has influenced future educational practice.

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 would be useful to implement a process to assure the compliance and equivalence of portfolio use between the hospital sites, and to confirm that standards are comparable. An approach such as this may also highlight areas of emerging improved practice.

While the current composition of the International External Advisory Board served the development of UNIC Health, the MD programs (and the PhD program) very well especially in established world-class teaching, UNIC might think of broaden the expertise to receive additional input from experts covering other areas of foreseen growth, e.g. biotech, big pharma, industry, research. This is considered even more important in light of the upcoming start of operation at the Athens branch (MD and PhD programs first).

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**

7. GOVERNANCE AND ADMINISTRATION

Sub-areas

8.1 Governance

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

8.2 Student and academic staff representation

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

8.3 Administration

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

8.1 Governance

Guidance:

- Describe the leadership and decision-making model of the institution, and its committee structure, including membership, responsibilities and reporting lines.

- Ensure that the school has a risk management procedure.

8.2 Student and academic staff representation

Guidance:

- Consider how students and academic staff might participate in the school's planning, implementation, student assessment, and quality evaluation activities, or provide comments 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.

Within the University of Nicosia, UNIC Health is the pre-eminent governance body through which the Medical school operates, alongside the University Health Centre, Veterinary school and School of Life & Health sciences. There is a scheduled process for determining budgets and for operational delivery. Elements such as staff promotion are governed by the wider university processes, but for the most part the current structure allows for an efficient and nimble approach, with its assessments delivery and human resources capacity both being particular highlights of this structure.

Undergraduate medical education is under the governance of the Dean of the school, with three associate deans (academic affairs, research and students) together providing oversight for all elements therein. There are two departments within the school - basic and clinical sciences and primary care & population health, and we were pleased to witness the growth in faculty within the latter department since our last visit, recognising the focus on the future needs of the local population.

Strengths

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

Distinct budget areas (support of teaching and learning, research and service to community) are subject to proposals from the Associate Deans and Dean, and henceforth to the UNIC Health Director of Finance and EVP, before presentation to the Council Finance Committee. This well-structured process is well-designed to support the mission of the school.

The administration organisation within UNIC Health, including the Alumni officer, allows for tremendous understanding of the career trajectories and international careers of graduates, who in turn provide ongoing career support and advice to current students - especially for their placements abroad. They will in time provide opportunities for philanthropy and research networks which will further enhance the brand and standing of the school.

The systematic approach to improvement within the school, with mandatory student feedback and additional information contributing to the annual quality report, and a periodic programme review (PER), running shortly before the 5-yearly CYQAA cycle, providing opportunity for improvement and enhancement through a collaborative and inclusive approach.

Areas of improvement and recommendations

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

None

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**

C. 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 Medical school of UNIC is the oldest and most mature of three Medical Schools in Cyprus, all located in Nicosia. As a consequence, there is little room for major or fundamental criticism. This shows in a solid body of faculty with little turnover and the highest number of students admitted to any MD program. UNIC has a fine process of annual program review in place, feeding into a deeper review and subsequent overhaul of the entire program every five years, typically prior to the regular CYQAA re-accreditation. In so doing, UNIC is able to introduce AI/Digital Health and big data, to name a few, as “streams” throughout the new 6-year program which is an exciting and future-facing development.

We would like to commend:

1. The flourishing UNIC-health approach, the synergies that this has created across your health schools and the way that you have used this to leverage changes and systems improvements within the school.
2. The adaptive and streamlined approach you have taken to new systems-based curricular development. We can see huge benefits of your new integrated approach, with its modern, future focussed streams and greater emphasis on early clinical experience. You have done this while bringing faculty with you – which will bring tremendous benefits as this is rolled out.
3. The enhanced prominence of community health, population sciences and primary care since our last visit – to address the future needs of the populations you serve.
4. With regard to student experience, we would like to highlight the reduction in your assessment load, while maintaining a rigorous and evidence-based assessment strategy.
5. The dedication and drive of the UNIC community, across professional services and academic staff who work so well together.
6. We would particularly like to highlight your focus on professionalism, attendance and engagement, in ensuring that your graduates are patient-focussed and well placed to deliver safe compassionate patient care. The processes that you have to fairly and transparently address fitness to practice issues amongst your students are to be celebrated.

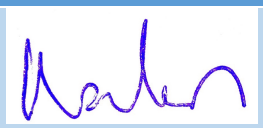
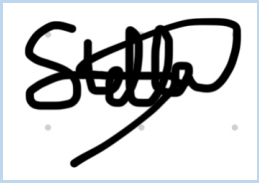
7. The global nature of your students and their international aspirations on graduation are particularly notable. The world needs more doctors, and training for the international market is therefore a strength of this programme.

In terms of recommendations for improvement:

1. We would urge you not to hide from the weaknesses and threats that exist with regard to the programme. Although some may not yet be in your control, as the most established medical school on the island, you are best placed probably to influence stakeholders.
2. Students raised the need to consider travel particularly for high-stakes exams, and a more extensive approach to translators. Students raised a potential benefit in mandatory Greek Language assessments for non-native speakers.
3. We would encourage you to work with the other 2 schools, through all means possible, to encourage the creation of university hospitals, for the benefit of the Cypriot people and for enhanced synergies with research including clinical trials.
4. Explore the possibility of developing an accredited educator programme –for the benefit of your alumni whom you track magnificently, education fellows and growing population of educators.
5. Evaluate your existing student / graduate data to consider the merits of increasing the exam requirements at entry to align with 18.5/20 in the pan-Cypriot system, while maintaining the interview as a powerful means of selecting compassionate communicators.

The EEC thanks the entire faculty of UNIC for a warm welcome and transparent approach to discussions. The CYQAA committee is convinced that UNIC is spearheading excellent training of medical students in Cyprus and will continue to do so.

D. Signatures of the EEC

Name	*Signature*
Prof. Nicki Cohen	
Prof. J.-Matthias Löhr	
Prof. Anne Herrmann-Werner	
Prof. Amalia Hatziyanni	
Ms Stella Sergiou	

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