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

Date: Date

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

In Greek:
Programme Name

In English:
Doctor of Medicine (6 years, 360 ECTS, Undergraduate Medical Degree

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

ΚΥΠΡΙΑΚΗ ΔΗΜΟΚΡΑΤΙΑ
REPUBLIC OF CYPRUS

The present document has been prepared within the framework of the authority and competencies of the Cyprus Agency of Quality Assurance and Accreditation in Higher Education, according to the provisions of the "Quality Assurance and Accreditation of Higher Education and the Establishment and Operation of an Agency on Related Matters Laws of 2015 to 2019" [N. 136 (I)/2015 to N. 35(I)/2019].

A. Introduction

The onsite visit to the University of Nicosia to externally evaluate the Doctor of Medicine programme was originally planned to take place on 6 and 7 April 2020. However due to the Coronavirus pandemic this was postponed, but in June/July it became apparent that an onsite visit was not going to be possible in the foreseeable future. The Cyprus Agency of Quality Assurance and Accreditation in Higher Education (CYQAA) therefore advised that the External Evaluation Committee (EEC) should hold discussions with staff and students at the University of Nicosia by videoconferencing using Zoom™.

The online meetings were held on the 21, 28 and 29 September and these disussions were supplemented by web streaming of live lectures and tutorials, recorded videos of the estate and resourcres and submitted examples of students' work.

At the time of the online meetings it was planned that members of the EEC would visit the University of Nicosia medical school, at least one of its partner hospitals in Cyprus and its partner hospital in the UK, Barnsley General Hospital before Christmas 2020. However, as the report is concluded, the prevalence of the virus is again on the increase and it is looking very unlikely that these visits will take place in 2020.

B. External Evaluation Committee (EEC)

Name	*Position*	*University*
Professor Helen Cameron	Acting Head of Aston Medical School Dean of Medical Education	Aston University, Birmingham, UK
Professor Reinold Gans	Head and Chairman of Medicine	University Medical Centre Groningen, Netherlands
Associate Professor Anna Kiessling	Associate Professor in cardiology and internal medicine; Senior Lecturer in medical education; and Development Lead for the new six-year medical programme	Karolinska Institute, Sweden
Professor Matthias Siebeck	Consultant, Department of General, Visceral and Transplantation Surgery; Senior Researcher, Institute of Medical Education; Founder, Centre for International Health at LMU	Ludwig Maximilian University of Munich, Germancy
Dr Philippos Stylianou	Specialist Cardiologist, President of Cyprus Hypertension Society	Representing the Cyprus Medical Council
Eleni Xenophontos	Year 4 Medical Student	University of Cyprus

C. Guidelines on content and structure of the report

- *The external evaluation report for basic medical education follows the structure of assessment areas, as these were adopted by the document 'Basic Medical Education WFME Global Standards for Quality Improvement'(https://wfme.org/standards/bme/).*

- *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

Findings

The medical school states its mission in a clear manner and has formulated an adequate set of Core values. The mission is clearly stated on the web site and in the documentation and the official documents contain learning outcomes. The School had had autonomy to develop the medical curriculum of this relatively new medical programme and overall it is well described.

External expert educators have been involved in the process. However, it is not obvious how external stakeholders such as future employers, members of the public and patients have contributed to the Mission, or are consulted in an ongoing basis on the development of the curriuculum.

The aims and intended outcomes address the needs of the society. The outline of aims and intended learning outcomes are described at several levels and with different terminology: General Programme Objectives; Specific Programme Objectives and Intended Learning Outcomes. The School references examples of how the objectives are associated with components of the programme such as basic medical sciences. However, the structure with three partly overlapping levels at programme level together with two levels of outcomes at course level, where the first is very broad and the second very detailed is confusing and staff and students that the EEC spoke to were unable to explain the relationships between the Objectives and Learning Outcomes and their utility.

Strengths

- The medical School has a well formulated mission
- The intended outcomes are comprehensive and appear appropriate for the foreseeable future healthcare needs of the community.

- An international advisory committee, comprising well-known names in medical education, has provided expertise in setting up the programme.

Areas of improvement and recommendations

- The School should consider ways to involve stakeholders such as patients and members of the community more explicitly in developing the programme and ensure it disseminates the mission statements more clearly to all including the public and non-academic staff in the hospital.
- Although the mission is comprehensive there is still work to do to fully implement it through the programme, especially in relation to the pedagogy of student-centred active learning and fostering practical research skills for original research in the basic, clinical and behavioural sciences.
- The school must restructure the educational outcomes to clarify the relationships between the various levels of Objectives and Intended Learning Outcomes, improve understanding of the utitlity of the learning statements, and to improve the interpretation and the quality of assessment of outcomes. The School may wish to consider reducing the number of levels as part of the restructuring.

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

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

2. Educational programme

Sub-areas

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 educational programme is clearly described in the documentation.

In years 1-3 there is a fairly traditional programme that includes basic sciences, medical sciences, behavioural sciences and medical ethics and law, along with courses in research methods and statistics. There are also introductory modules in year 2 in Integrated Clinical Practice where students apply their knowledge and practise their skills in a clinical setting (hospital and GP) with patients. Although the courses are discipline-based there is evidence of good horizontal integration achieved by presenting topics to students in a systems-based approach where possible. However all the modules/courses are assessed separately without integration. The spiral curriculum revisits the academic disciplines and systems throughout the programme, and increasingly in a clinical context, thereby providing opportunities for vertical integration (science-clinical practice). Year 4 provides a transition from a mainly science-based curriculum to a mainly clinically-based one, with teaching in some subjects such as public health and epidemiology and a library based research project that is achieved mainly through self-directed learning supported by online training materials and advice from librarians on literature-searching skills. In the latter half of year 4 students have transition placements in medicine, surgery and general practice. During years 5-6 students develop experience across all the major specialties in hospitals and general practice in Cyprus or in Barnsley, UK. There is also a 6-week elective in year 6 when students are encouraged, but not required, to leave Cyprus. The programme information describes the intention that students should become more integrated into the clinical teams and contribute more to patient care, as they progress through the programme This was ratified by students and clinical educators.

The programme attracts a large number of international students and is designed to cater for those staying in the EU, but also offers USMLE Step 1 for those wishing to pursue postgraduate training in the US, and offers placements in the UK, thus supporting those who wish to move or return to the UK to practise.

The numbers of students is rising towards 150 per year, having started with approximately 25 per year, seven years ago. The programme had its first graduates in May 2020.

The description of the programme's learning outcomes is complex with General and Specific (Knowledge, Skills and Behaviour) Objectives described at Programme Level, along with Intended Learning Outcomes for the Programme which are mapped to areas of the curriculum such as Basic Biomedical Sciences, Behavioural Sciences, Clinical Sciences, Life-long learning, Research, Professional Behaviour etc. There are also learning outcomes for each of the 52 courses in the MD programme. The assessment instruments and items are described as being tagged to the programme learning outcomes but reference was made to the GMC roles of Doctor as a Scientist, Practitioner and Professional.

Students and staff were unable to describe the role, relationship and use of the many levels of objectives and learning outcomes. Students find the detailed learning outcomes for each course helpful.

The programme is described as valuing life-long learning and encouraging active, student-centred and reflective learning. There are elements designed to achieve these ends such as the year 4 library-based research project, and the clinical placements, particularly in year 6 which takes the form of assistantships. However, in the early years the emphasis is on didactic transfer of information. Students are required to attend all timetabled events every day and this often includes up to 7 lectures per day along with tutorials and workshops. The time-tabled days generally run from 9am to 5 or 6pm, leaving little time or energy for independent enquiry led learning. The observed tutorial was an extremely well structured and carefully managed case based discussion but the emphasis was on a tutor-led learning event with tutor-focussed

discussion and transfer of information. The tutorial format did not encourage student-led discussion or offer opportunities to develop students' transferable skills such as chairing or general group work skills.

The School senior management is aware that much of the education is currently didactic and is re-considering its pedagogical approaches. As the annual intake rises towards 150, new approaches will be required to ensure every student is engaged, challenged and motivated to contribute and learn during the tutorials.

The programme has introduced a paper-based portfolio in the clinical years and requires students to be pro-active to complete it. The EEC saw few examples of meaningful reflection, perhaps because it is not yet used to support review and personal development planning meetings with the Personal Tutor.

Clinical and communication skills teaching and learning follows a systematic approach using manneqins, peer-examination, simulated patients and learning within a simulated ward but there is no evidence of a simulation strategy and access to a simulation suite with peer observation and constructive debriefing. Once students are in clinical placements they rely on clinicians to draw out the psycho-social aspects or ethical issues of patient's health issues. Students do not make specific portfolio studies of such patients. There was also very little evidence of inter-professional learning (by, with or about others), in either phase of the curriculum.

The School has regulations, processes and staff training in place to support equality, diversity and inclusivity from admissions to graduation. The EEC spoke to students in years 1-3 and 4-6, as well as some graduates. All spoke highly of the positive ethos, atmosphere and support they experienced.

Students were in general accepting of the didactic nature of most of their classes and the requirement to attend all teaching, feeling reassured that they are being taught all that is necessary. There was however the occasional voice who wished for more choice and autonomy in the programme including the opportunity to undertake more student selected components.

There is teaching on EBM, epidemiology, scientific method, research methods, lab practicals, critical appraisal, a required library-based research project in year 4 and optional opportunities to get involved with staff's research projects in later years. The EEC read several of the students' library-based research projects and noted that even the top quality reports did not include a description of the literature research strategy or a critique of the papers.

Several students have published and presented academic papers arising from the extra-curricular research projects undertaken with staff.

Students reported long working days: up to 9 hours of classes in years 1-3 with on average 70% lectures and 30% tutorials and workshops. Students spend a further 2-3 hours in private study daily and approximately 4-8 hours during the weekends.

The first graduates reported that they felt they had been very well trained and were now competent to practise, although their clinical experience so far has been limited; some graduates had not yet started their postgraduate training. Graduates and students noted that they had had a good range of clinical experiences and appreciated the opportunity to contribute to the School's preventative and public health campaigns on a voluntary basis. Approximately 50% of the class get involved in these campaigns. Graduates also felt that the School had provided them with exceptional opportunities that made them very competitive in applying for postgraduate training. Such opportunities included: the year 4 library project, the elective that could be taken anywhere in the world, and extra-curricular research and academic publishing

or presenting. Graduates also commented that on the whole they feel the School listened to them and responded to develop the programme and its resources.

Students reported that they are aware of the need to ensure patient safety and the School asks about this in their regular questionnaires.

Staff reported a need to find ways to keep clinical tutors enthusiastically engaged to ensure sufficient high quality clinical exposure and learning as the future intakes rise to 150/year.

The documentation included governance and quality assurance charts. The differences in roles and responsibilities between the programme and quality assurance committees were not entirely clear, but the staff and students were aware of their existence and how they could contribute. Students reported the programme is well coordinated and administered.

Administrators influence the programme by indirect, informal means but do not sit on the programme committees.

The EEC has not been able to observe clinical teaching yet, but hopes to do so in Cyprus and Barnsley, UK before the end of 2020.

Strengths

- Staff, students and graduates are very satisfied with the education provided and spoke highly of the positive ethos of the School, and the support offered to them.
- The programme is well coordinated and administered.
- Current Graduates feel they have been well prepared and could cope with clinical practice.
- The School has recently started to use its own general practice to good effect to teach students about primary care.
- Students are encouraged to get involved in the School's own health promotion programme to develop understanding of community practice and service to the community, on a voluntary basis.
- The staff 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 of improvement and recommendations

- The description of the programme refers to several frameworks of objectives and intended learning outcomes without explaining their relationships and does not appear to be understood or used by students or staff in teaching or assessment. The School must simplify and clarify the structure and relationships of the learning statements to improve their utility.
- 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 develop active student-centred teaching and learning methods across all components including scientific and clinical areas, and reduce the emphasis on didactic approaches.
- The School must consider how to scale up effective teaching and learning in Years 1-3 to bring efficiencies for both students and staff and allow a healthy work-life balance for both.
- The School must introduce dedicated time for reflection during clinical activities and introduce a portfolio that promotes this across the programme and encourages deeper integrated learning about individual patients.
- The School must provide more education training for all teachers (including clinicians) to ensure the use of active, interactive and constructive student-centred teaching and learning methods, and assessments that encourage students to integrate understanding across disciplines, systems and specialites.

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

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

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 School uses a variety of assessment methods and assesses practical and clinical skills only after year one of the curriculum. The balance of assessment types currently favours written examinations and shifts over the years to include practical examinations such as OSCEs. The emphasis is on MCQ exams – 90% of most of the grades in years 1 to 3.

Assessment is delivered according to disciplines, not integrated into a systems approach and hence not aligned to a horizontal integration of the curriculum. Students are required to achieve passes in each of the disciplines, with contributions from the theoretical, practical, and clinical components being fully compensated.

Perhaps as a result of the discipline-based approach to assessment, there is a total testing time of 22.5 hours in year 1 for MCQs and SAQs alone.

Doctor as a Professional domain of assessment (DAP) assesses primarily students' attendance in teaching sessions including punctuality. Assessment of professionalism is not compensated by the other domains and failure in DAP may lead to an educational intervention or to delayed progress for the student. Formative assessments of skills (OSCEs) are not in use.

Workplace-based assessment (MiniCEX, CBD, ECSA) is used summatively and there was little or no constructive feedback provided in the portfolios that the EEC examined.

A quality assurance cycle for assessment is in place. Examples of psychometric analysis for SBAs and OSCEs were given in Appendix 10.3.5.

Many documents explained the role of external examiners but did not provide evidence of participation of the external examiners in the final assessments of students.

Strengths

- The school uses OSCEs and WPBA formats
- The school uses formative written tests
- The school uses MCQ items from a large item bank
- The school has the autonomy to deviate from the 60% pass mark rule
- Students failing an assessment will receive feedback by meeting with an academic member of staff

- Students failing in professionalism as assessed throught the DAP component cannot be compensated by performance in the coginitive and practical domains.

Areas of improvement and recommendations

- The school must use an evidence-informed procedure of standard setting for assessment items.
- The University must allow external examiners to participate in final exams as a quality assurance measure.
- All staff involved in WPBA must participate in mandatory training to give constructive feedback on performance and to maximise inter-rater reliability.
- The school should continue to develop their use of simulated patients (standardised patients) in formative and summative assessments
- The School must reconsider its use of WPBA to develop and focus on constructive formative feedback and shift the emphasis in students' clinical learning to a more constructive and reflective approach using all components of the Portfolio.
- The School should consider how to reduce the summative assessment burden and create integrated exams across disciplines and across the science-clinical domains.

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

Sub-area		***Non-compliant/Partially compliant / Compliant / Not applicable***
3.1	Assessment methods	Partially compliant
3.2	Relation between assessment and learning	Partially compliant

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 School admits a large number of international students. The admission policy is objective and thoroughly communicated to potential students and the selection process is specific and transparent. The standard academic requirements for admission are not the most demanding in the country. This may be encouraging widening participation but the EEC did not have access to demographic data or progress and graduation rates; the Committee is therefore unable to comment on the appropriateness of the standards.

The admission process is accessible to those with a disability and transition into the Medical School is supported through a specifically designed procedure for admission.

The School has no system in place to take into consideration prior learning and work experiences.

Attendance is mandatory and lectures are delivered in English; in Preclinical years 1-3 students attend lectures and labs on weekdays until 7pm, yet they expressed no concerns and feel confident that they can maintain a good academic performance

The transition year, year 4, comprises both theoretical and practical elements 3 full days of the week.

In years 5-6 the programme is based on clinical placements with students attending the hospital or general practice 5 days a week. In the former the School provides translators twice per week to assist students in speaking directly with Greek-speaking patients and carers.

The school provides counselling and student support and students reported making good use of these services.

Apart from specific entries for WPBA, there is no requirement to keep a portfolio of work or a Personal Development Plan.

Each student has been assigned a personal tutor for support, but if needed can also contact the Associate Dean for Students. Student performance and academic progress is closely monitored by Year Leads and Chief Examiners, Responsible Examiners, Assessment Lead, Course Leads and the DAP team.

There is a network of counsellors who assist, support and guide students with issues or any concerns regarding lack of professionalism amongst peers and staff. Concerns about a student's professionalism at any point throughout the curriculum may result in a formative intervention and/or prevent their progress.

Students have the opportunity to 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. The EEC could not ascertain how student representatives were selected.

Strengths

- Overall students and teachers are satisfied with the admission criteria and processes.
- There is a strong network of academic counselling providing guidance and support to the students.
- Academic advisors are accessible and available.
- Resources are allocated to support students with financial difficulties.
- Career planning is offered as a service.

- Students contribute to decision making through the system of student representatives who sit on the Programme Committee and bring forward student issues at formal meetings and also informally. They are actively involved in evaluating and developing the programme and contributing to the policies, and reforming the Mission and Vision
- The University supports students' research by providing labs and financial support.
- The School plans to review and audit their graduates' attributes, their competitiveness and success in international and home training post applications, and their postgraduate achievements, to assure the quality of education provided against these outcomes. This will help ensure the future competitiveness and sustainability of the MD program offered by the University of Nicosia. The EEC encourages the School to complete this audit.

Areas of improvement and recommendations

- The facilities and resources, including staffing levels, appear sufficient for the current student numbers but the School should monitor this closely as the student intake has risen in recent years.
- The School must review their own progress and graduation data against the admission criteria to ensure the School is admitting students suitably qualified and prepared to complete the programme with the support provided, in a timely manner.
- The School should consider more ways to support students' participation in extra-curricular activities and conferences for their own professional development and for the benefit to the community. More specifically the School might consider how to embed participation in its Mobile Clinic within the curriculum.
- Community outreach is underdeveloped and activities are limited and organised in collaboration with specific stakeholders. The School should consider supporting students to bring forward and implement their own initiatives.
- The School should keep under review the student intake and the adequacy of resources, especially during this time of growth in student numbers.
- The School must clarify the selection methods and independence of student representatives.

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

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

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 school has a clear staff recruitment policy, which defines the academic staff required for the adequate implementation of the programme. Further they have a well-developed structure for yearly follow-up, feedback and competence development plans for each teacher. All teachers are also involved in research and have dedicated time to do that. The number of students per year is rapidly increasing. It was not obvious in the self-evaluation or in the interviews if there is a structured plan on how to scale up the teaching and administrative resources as well as the clinical tutor resources in the health care system in Cyprus.

There was no planning document that included the educational philosophy and pedagogical approaches the School was focussing on through their staff development programme.

Strengths

- The medical School should be recognised for their structured follow-up and support system for the development of the teaching staff.
- The medical School gives clear guidance on % time to be spent on each area of responsibilty

Areas of improvement and recommendations

- The medical school should increase its efforts to establish more combined teaching posts with the health care system. This is a strategy to increase the academic presence in the workplace-based learning settings.
- In contrast to the mission and the core values about active student learning, the interviews, observations and presented schedules show that most of the teaching is lecture based and that all scheduled time is mandatory. To change the learning methods towards more flipped-classroom teaching, other student activating methods and supported self-studies, a programme of pedagogy courses for teachers is needed. These courses for teachers should focus on engaging students in active learning methods in the classroom and online, and also on e-learning activities.

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

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

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

In view of the Coronavirus pandemic since March 2020, the external evaluation committee (EEC) was unable to inspect the facilities of the University of Nicosia Medical School at the time of writing (6.1). The school provided a video recording that showed excellent classrooms, labs and offices.

In addition, given the state of the pandemic, the EEC was unable to inspect the clinical training resources and placements of students (6.2).

When talking to the EEC, students were very satisfied with the resources in the Medical School and the Medical School staff appeared enthusiastic and responsive to students.

The school uses the Learning Management System *Moodle* and has access to Library Search. The University librarians assist students in their library skills and specifically in their literature searches.

The School uses case based learning and virtual patients and have published on their use of the latter.

Based on the examples the EEC observed there appears to be a discrepancy between the faculty's enthusiasm for teaching and student-centredness and their expertise in engaging the students in active and interactive learning.

The EEC observed online lectures (large classes) where not all students were able to ask questions. Interactivity was low, teachers asked yes-or-no questions or factual knowledge type questions that did not promote or induce thinking. A few students were in the lecture room and were able to ask questions but these were not audible to those students using video transmission. None of the teachers we observed repeated the students' questions to ensure all could hear.

The EEC observed a tutorial that was essentially a teacher-led lecture with some student-tutor interaction as some students answered questions but no student-student interaction. The questions and interactivity did not appear to promote or stimulate problem solving amongst the students.

Medical research is offered to students in the form of a self-directed course culminating in the writing of a review article. Doing actual research is voluntary and not a compulsory component of the curriculum.

Simulated (standardised) patients are used to some extent in teaching.

The School has Memoranda of Understanding with other Higher Education Institutions, offering student exchanges for the elective in the Old and the New World. The School has an Erasmus+ Office and is involved in programmes such as IMEX and VSLO. The School encourages students to take the USMLE Step 1 and the Medical School actively supports students in their examination preparation.

The weakly schedules of students in years 1 to 3 revealed days of up to 7 large-group lectures in a row from 09:00 to 17:30

The weekly schedules of students in years 4 to 6 revealed an unhealthy quotient of time for self-study over curricular time: 10 h / 40 h

Strengths

- The student / teacher ratio is low
- On the video of the School, the EEC saw an impressive array of teaching and administrative accommodation and resources including the library facilities

Areas of improvement and recommendations

- The School must ensure students have experience in role play with people as well as mannequins for clinical skills in the early years. Increasing the use of simulated (standardised) patients may provide this systematically.
- The School must consider how to scale up effective teaching and learning to bring efficiency for both students and staff and allow a healthy work-life balance for both.

- The School must provide training of faculty for interactive facilitation of large and small classes and for providing constructive feedback
- The School uses a chat facility to permit students to ask questions during lectures and tutorials but this is not used to its potential. The School should encourage the use of this tool, providing training and support to teachers as required.
- The School must continue to seek the input of external experts into both research and education.
- The School must have autonomy to bring down the very high number of hours of contact time per week. The school must provide sufficient time for independent study. Total work time of 52 hours per week is not appropriate.
- The School should encourage faculty to seek opportunities to observe how simulation is employed in other schools, particularly with standardized/simulated patients.

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	Not applicable
6.2	Clinical training resources	Not applicable
6.3	Information technology	Compliant
6.4	Medical research and scholarship	Partially compliant
6.5	Educational expertise	Partially compliant
6.6	Educational exchanges	Compliant

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 program monitoring and evaluation are in place. Students are required to provide feedback through online surveys relating to the teaching on their programme at the end of each course and systematic end of clinical attachment surveys. Year leads regularly meet with student cohorts in open fora. In addition, there are internal wide-ranging surveys such as the annual Student Experience Survey as well as Focus Groups held by the Associate Dean for Students and the Programme Director if needed, to gain a deeper perspective of issues relevant to the entire MD student body. Students may also utilize the suggestion box of the Medical School. Students are represented in the Programme Committee as well as year-specific curriculum and assessment committees.

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 representatives of the community such as patients.

Programme evaluation reports were requested but were not available. Evaluation of the programme is instead captured in minutes of meetings, but the School reported that in future a more formal evaluation will be carried out annually and reported. 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 changes resulting from their feedback.

There is an organization chart demonstrating a large number of committees at department and programme levels addressing programme development and (separately) quality assurance. It is not clear however how the scope of each committee differs and how the committees interact, particularly with respect to quality management and enhancement within the programme.

Strengths

- The students are highly satisfied and feel well prepared for postgraduate positions
- The students are clear that their contributions to the regular evaluation processes have been heard and responded to.
- There are documents and organisation charts describing membership of committees and responsibilities

Areas of improvement and recommendations

- Programme monitoring and governance should include representatives of other stakeholders including patients and administrative colleagues.

- The School must consider including representatives of the community such as patients on the curriculum focused committees.
- The School must develop more formal Quality Assurance processes and reports instead of relying on committee minutes to capture the evaluation of courses. This will permit clearer transmission of ideas, problems and solutions within the University and across the University-Health Service interface.
- The School must develop a 'SMART' Strategic Development plan with a timeline to help guide and manage more detailed plans. The development 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.
- Anonymity of feedback at the end of clinical placement must be protected in the context of small number of students.
- The School plans to evaluate its graduates' preparedness for work and ability to secure excellent training posts. We encourage the School to undertake this essential work and to audit its graduates attributes against the stated mission and intended educational outcomes of the curriculum.

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

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

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

Several organograms were provided and there are a lot of committees, boards, groups and academic leaders. It was difficult to grasp the management structure, in particular to understand what decisions are made in each committee and who participates in each committee and why? It was clearly shown that there is broad student representation. However, it was not clear if students were elected onto the committees by students or by staff; in other words were they truly independent in their representative role.

The meeting with the administrative staff clarified some of our questions. Their roles and their collaboration with students, teachers and academic leaders appear to function well. They also seem able to contribute to the planning of the programme and its processes at an informal level. They attend programme and quality committees as the secretariat, but they do not have representatives sitting as members of the committees.

The governance of the programme that requires the escalating of committee decisions, or the collaboration and information exchange between committees and across the University-Health Service interface often depends on informal networks, cross-representation of committees and informal verbal communications.

Strengths

- The School has documents that set out to address quality management including the governance structures, and roles and responsibilities for committees and academic leaders.
- There is an enthusiasm and an openness among the academic leaders; they are eager to learn from the evaluation and use it for development of the medical programme and the medical school.
- Students are represented – not sure how independent.

Areas of improvement and recommendations

- The School must clarify the organisation and roles and responsibilities of the committees and simplify where possible, to explain how the University Department, Programme and Quality committees interact with one another and with the Health Service.
- The School must ensure that the governance structures and processes facilitate the formal escalation of issues through both the University and Health Service to Board/Council Level as necessary, and the reporting of outcomes.
- To ensure transparency of the work of programme governance and its decisions especially as the number of students increase, the medical School should strengthen the communication strategy to ensure the programme's business and decisions are widely understood.

- Collaboration with the health care sector should be strengthened with a more explicit educational philosophy and more formal governance structures and processes as previously suggested with formal minutes, quality reports and action plans.
- There are good learning objectives on interprofessional competence. However corresponding learning activities are sparse, especially in the clinical setting. To accomplish clinical interprofessional learning activities at least three actions are needed at the management level.
  1) Establish structured collaboration with other health care undergraduate programmes.
  2) Identify health care departments suitable and willing to host interprofessional student groups that collaborate in patient care.
  3) Establish education for clinical tutors in interprofessional supervision.
  4) Develop methods and clinical tutors' skills to stimulate discussion in interprofessional student groups. Well designed education methods and skills are required to achieve the goals of active and interactive learning, and will be increasingly important as the student numbers increase.

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

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

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 School is to be commended for being willing to undertake this review for accreditation so early in its development.

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 as 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.

EEC heard that the School intends to carry out a Graduate Survey following the graduation of their first cohort in summer 2020.

Being a young School they have not yet had a 5-year Review but that is planned. However, they have undertaken a review of their teaching, learning and assessment in the autumn of 2018. Excerpts from 'ad hoc' committee minutes and an action plan for the assessment strategy provided evidence. As with the regular annual quality assurance of the programme, the reports and action plans are limited.

Strengths

- Plans for a Graduate Survey, amongst the recent first cohort of graduates.
- Plans for a holistic Periodic Review every 5 years with external reviewers and a formal report.
- An early review in 2018 with some limited reporting.
- The enthusiastic staff demonstrate ambition for the School.
- Students and staff are clear that their contributions to regular evaluation processes have been heard and responded to.
- Many Faculty members and Executive Staff hold positions in regulatory bodies of the Health Care system in Cyprus

Areas of improvement and recommendations

- Programme monitoring and governance should include representatives of other stakeholders including administrative staff, members of the public and patients.
- The School must develop a more formal annual Programme Evaluation process with published reports reviewed by the University/Clinical Partner education committees.

- Formal agreements between the University and affiliated Hospitals should be in place to ensure quality assurance and continuous renewal beyond the existing service level agreements
- Social accountability and the role of the School in governmental and nongovernmental organizations should become part of the Quality Assurance system and Governance of the School.
- The School must develop a 'SMART' Strategic Development plan with a timeline to help guide and manage more detailed plans. The development 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 select what is appropriate for the following assessment area:

Assessment area	***Non-compliant/Partially compliant/ Compliant/ Not applicable***
Continuous renewal	Partially compliant

D. Conclusions and final remarks

The University of Nicosia Medical School graduated its first cohort of medical students in summer 2020, from the 6-year MD programme. The graduates we met felt well-prepared though few of those interviewed had actually begun their postgraduate training or had yet taken on responsibility for patients. Graduates and students alike enthusiastically recommended the School and its programme, emphasising the thorough training, small group clinical teaching, and pastoral support.

The school provided very thorough information on all aspects of the accreditation, including a clear self-assessment against all the World Federation of Medical Education Quality Standards, as used by the CYQAA. All staff and leaders we spoke with were enthusiastic with high aspirations for their own research, their students' education and for the School's future. The senior staff of the School welcomed the accreditation visit with an open mind expressing a desire to use the review to develop the School and its education further. All staff and students the EEC met gave their time generously and answered the EEC's questions fully.

Unfortunately due to the ongoing Covid pandemic from March 2020 it has not been possible to visit the School or its clinical partners in Cyprus or Barnsley NHS Trust in the UK. This has no doubt reduced the evidence available for this report and has limited the opportunities to clarify misunderstandings, observe the translation of policy into practice and triangulate perspectives. The School endeavoured to provide suitable alternatives including a video demonstrating the School's excellent facilities, and access to live lectures and tutorials delivered online via video conferencing.

The School has created an inclusive ethos with its students who have been involved in creating the School vision and are well represented across the programme committees. The School should consider now how to involve administrative colleagues, members of the public and patients. It must also simplify its governance and quality assurance structures to reduce the labyrinthine complexity of the Department, Programme and Quality Committees, while increasing the robustness of the process through use of formal reports for review and approval.

Although the students described being guided by the detailed Course learning objectives, there is also a complex web of programme outcomes and objectives and (different) assessment tags which would benefit from being simplified so that staff and students understand the inter-relationships.

The School has a highly qualified faculty who continue to engage in research and/or clinical work as well as teaching. The teachers and senior faculty report an aspiration to encourage active and interactive learning methods but the observed teaching focused on didactics even within a case-based tutorial discussion. The School has engaged international experts to guide their curriculum development and must now refocus efforts to train staff in interactive and constructive methods of learning and teaching. Further exposure to and training in the use of simulation and simulated patients is also required, when the pandemic control measures permit. The students reported very long days at the School often with several hours of compulsory lectures as well as workshops. The School must reconsider the number and value of compulsory lectures, when students might prefer to review recorded lectures in their own time, and both staff and students struggle to achieve a life-work balance.

The School is keen to develop its research and students would appreciate more opportunities to undertake research; the School should explore developing more mentoring networks with established medical schools with expertise in research.

The School is encouraged to continue to develop the use of its own General Practice and public health outreach as compulsory components throughout the medical programme.

Finally the EEC is very grateful to the University and School leadership, and to all staff who provided the required documentation and to staff and students who gave their time generously to answer our questions in the meetings.

E. Signatures of the EEC

Name	*Signature*
Professor Helen Cameron	
Professor Reinold Gans	
Associate Professor Anna Kiessling	
Professor Matthias Siebeck	
Dr Philippos Stylianou	
Eleni Xenophontos	

Date: 28 October 2020