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Doc. 300.1.1/1

External Evaluation Report for Basic Medical Education

Date: Date

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

 In Greek:

 Ιατρική (5 έτη, 300 ECTS, Πτυχίο)

 In English:

 Doctor of Medicine (5 years, 300 ECTS, graduate-entry, Undergraduate medical degree)

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

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].

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A. Introduction

The External Evaluation Committee (EEC) undertook a two day visit of the University and a selection of clinical sites, according to the pre-arranged schedule (see Appendix). This included meetings with the Vice Rector of Academic Affairs, Executive Dean of the Medical School, the Head of Department, Programme Director, Chair of Clinical Education and Professor for Medical Education, Director of Quality Assurance, and Associate Dean of Academic Affairs.

We recognise that the University has considerable experience of delivering both a 6-year standard MBBS programme and an accelerated Graduate-entry 4-year programme. The proposed programme will replace the 4-year graduate entry programme. Given that it is not yet up and running, we viewed elements of the existing programmes as indicators.

In addition to meetings with Senior Academic, Management, Administrative, Teaching Faculty and students on the existing 6-year medical degree programme, we visited the Medical School to see a selection of teaching and learning facilities including Anatomy and Science (including Clinical Skills) Labs, Lecture theatres/Seminar rooms and PBL spaces. We also visited Limassol General Hospital, Ygia Polyclinic and Aretaeion Hospital to view the clinical facilities and learning opportunities available across various disciplines as well as teaching and learning spaces available to students and tutors on the sites. We also talked to members of staff and students.

We did not have the opportunity to visit overseas sites or assess facilities for students on placement for Psychiatry training.

On both days we observed teaching of students on the already established 6-year programme.

External Evaluation Committee (EEC)

Name	Position	University
Prof Deirdre McGrath	Head of School of Medicine, Consultant Respiratory Physician, Chair of Committee	University of Limerick, Ireland
Prof Nicki Cohen	Dean of Educational Partnerships, Consultant Neuropathologist	Kings College London, UK
Prof Anne Herrmann-Werner	Professor of Medical Education, Consultant for Psychosomatic Medicine and Psychotherapy	University of Tuebingen, Germany
Dr Filippos Stylianou	Consultant Cardiologist, Member from the Professional Association	University
Ioanna Papaioannou	Student Representative	Cyprus University of Technology

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.

Findings

The School's Mission appears to have been carefully designed and its development involved a large number of stakeholders including members of statutory and regulatory bodies, clinicians, students and patients. It clearly aligns to the core values of the School which include student-centred education, excellence in teaching and research, professionalism, social responsibility, equality and diversity and promoting and maintaining successful international partners.

Strengths

- We applaud the patient-centred and student-centred approach, and the commitment to holistic learning.
- We commend the approach taken to bolster community-based care through various outreach projects, particularly the Mobile Clinic.

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Areas of improvement and recommendations

- In the student feedback, a variable level of organisation around the operation of the Mobile Clinic was described. We would see this as an opportunity for future students to work together to develop their organisational and leadership skills, through taking a more active role in delivering community outreach projects.

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.

Findings

The new 5-year Graduate Entry MD programme embraces the principles of the School's mission and core values and is closely aligned to regulatory requirements for undergraduate medical education internationally.

The intended learning outcomes are clearly described to students and teachers. They are well-designed according to established methods in medical education, blueprinted to assessment and are mapped throughout the programme in matrix format. There is a solid foundation in the basic sciences in year 1, followed by systems based-contextual learning approach in year 2 and a more integrative approach in year 3. Immersive learning takes place in the clinical environment for years 4 and 5, encompassing all the relevant medical disciplines. Domains and streams run across all 5 years of the programme ensuring an appropriate level of vertical integration. We reviewed the Doctor as a Professional (DAP) domain assessment handbooks for the 6-year programme which provide a clear emphasis on preparedness for practice. A similar programme is anticipated for the new programme.

A wide range of teaching methodologies will be utilised when the programme is up and running, including an adult self-directed learning approach, case-based and problem-based learning, simulation and opportunities for peer-based learning. Digital components of teaching are implemented structurally in routine teaching (e.g. hybrid lectures).

In the course of our meetings, existing students on the 6-year programme described how clinical induction sessions did not always occur at the beginning of each clinical placement block.

There are some opportunities for interprofessional learning but these do not appear to be formally integrated within the curriculum. Learning opportunities relevant to new topics in Medicine (e.g. Artificial Intelligence and Machine Learning) are being developed.

Strengths

- The flexibility of the curriculum and intended design to accommodate additional entry points at a later stage.

Areas of improvement and recommendations

- Ensure that the streams remain identifiable to maintain and highlight the vertical integration and spiral nature of the programme.
- Ensure that students are adequately prepared to benefit from the range of different learning approaches.
- The School should review the regularity of provision of clinical induction, and provide alternative means for clinical induction should clinicians find themselves inadvertently occupied with patients at the allotted time.

- The School should consider integrating interprofessional education (IPE) more formally into its curriculum to ensure a meaningful and valued experience for students as adding this later is well-recognised to be difficult. This should include opportunities for shared learning across a range of healthcare students; recognition of the roles each plays in patient care; and in how all work together to minimise risk and ensure patient safety.

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.

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    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.

Findings

A range of assessment methodologies are to be utilised, in line with the intended learning outcomes and current international best practice for medical education. Assessment authenticity, reliability and deliverability are appropriate and will be appropriately blueprinted and standard set.

There is a clearly-outlined quality assurance process, ensuring a robust and valid assessment process which involves oversight from a Professionalism Grading committee, External Examiner system and a Board of Examiners. Psychometric analysis will be undertaken as part of the quality assurance process and will inform the work of the Assessment Committee. Assessments appear to be scheduled appropriately across the programme to capture knowledge, skills and behaviours. An individualised approach will be taken according to a defined structure to support and remediate failing students. Feedback to students will be provided in a timely fashion through a range of formats with the EEC recognising that formative assessment opportunities are plentiful.

Appeals and Mitigation processes and policies appear appropriate. We have been informed that a national policy prevents institutions from offering exit awards. There is also an appropriate Fitness to Practise Policy in place.

Strengths
- Assessment aligns with current best practice in medical education

Areas of improvement and recommendations
- Continue to monitor the robustness and reliability of short answer questions.
- As the programme grows, consider whether less resource-intensive standard setting methods (e.g. Cohen) may be appropriate.
- Consider opportunities to expand the range of workplace-based assessments to include multi-source feedback (MSF) to prepare students for professional practice once graduated and train all stakeholders involved accordingly.
- Ensure that external examiner input is secured across all years of the future programme
- Consider opportunities to include patients in assessment of students, for example in workplace based assessments and OSCEs.

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

Please note the judgements described below are based on information provided, rather than evaluation of the assessment system up and running for the programme under consideration.

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.

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- 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.

Findings

There is a clearly outlined Selections and Admissions policy which we understand is compliant with national Private Universities Law and University of Nicosia internal regulations and which reflects the University's (and its own) values for openness to diversity. The policy includes opportunities for credit transfer and provision for candidates with special education needs. We were not presented with the ranking process used to select students, but a points-based system approach with an oversight committee was described to ensure the process is transparent and fair. We were advised that the admissions criteria and policy for the programme under review cannot not be published or advertised until accreditation of the programme is in place. An annual review process is clearly outlined in the documentation.

There is a range of services available to support students and their welfare during their programme, which is currently well-communicated verbally and via handbooks to existing Medical School students. This includes regular personal tutor meetings, academic registry services, support for students with academic and physical and learning difficulties, and occupational health services. This is regularly reviewed. There are reasonable adjustments policies and practices to support students in learning and in assessment.

There is a well-established sharing of information practice, which enables the School to share information about its students with its clinical sites. An Information Officer is in place. Students are notified of the need for the centre to share their data on induction to the programme and through the handbooks.

Students are provided with opportunities to feedback regularly through their interaction with management via the School's committee structures, and also anonymously at the end of every teaching module to inform the development of student services. Students are represented on all appropriate committees and subcommittees of the School. The Medical Student Society and year-specific student representatives act as a point of liaison between the student body and the School's administration. There are a range of student societies through which medical students can interact with students on other degree programmes.

In the course of our meetings, existing students on the 6-year programme have expressed challenges with sourcing accommodation at clinical sites and when returning to Nicosia for end of year high-stakes assessments.

The current programmes clearly admit students from a broad range of cultures and ethnicities. While all we have spoken to see this as a positive attribute, occasional students we have spoken to describe that it was difficult for them to integrate across the breadth of the cohort.

Strengths

- There is a purposefully-designed opportunity for credit transfer into year 2 of the proposed programme.
- Alumni mentoring and career development sessions are strategically aligned to support the international aspirations of students.
- Students told us of a peer-designed personal mentoring process which they are working to extend through the current standard 6-year programme.

Areas of improvement and recommendations

- While we recognise that the majority of students have future international aims, the School should ensure that the provision of Greek language lessons is sufficient for graduates of the

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proposed programme to be eligible to apply to work in the local Cyprus system, according to Cyprus Agency of Quality Assurance and Accreditation in Higher Education requirements, and hence contribute to local healthcare workforce needs.

- Explore the opportunities for involving patients / lay representatives in admissions processes, for example multiple mini-interviews.
- We recommend that the School carefully considers the accommodation concerns of its existing students, and puts a plan in place to transparently manage the expectations of future students.
- We recommend that the school continues in its efforts around cultural competency for students and seeks opportunities to encourage all to mix broadly across the cohort and with others on different programmes.

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	Partially compliant

5. ACADEMIC STAFF

Sub Areas

5.1 Academic staff establishment policy

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

5.2 Academic staff performance and conduct

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

5.3 Continuing professional development for academic staff

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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.

Findings

Given the existing footprint of the School and the proposed replacement of the 4-year Graduate Entry programme, academic staffing levels appear appropriate and feedback from teaching Faculty during the visit reflected this finding. A potential need for future staff in the clinical years of the staff has been identified and described by the Medical School.

Most faculty members have formal medical education qualifications. Faculty includes a range of basic science and clinical experts to support the curriculum and governance structure. There is a clearly-outlined induction programme for new staff, a comprehensive faculty development programme to support on-going professional development and identifiable funding to support attendance at courses and other relevant developmental opportunities.

There are clearly-defined performance review processes to ensure all responsibilities are delivered.

The School has clearly addressed a previous recommendation from the UK GMC to establish teaching posts within the healthcare system.

Students from the 6-year programme felt confident that all relevant material was covered, however, they stated that some of the presentations in use were slightly outdated and believe that the PBL approach to be used in the new 5 year programme may address this issue.

Strengths

- There is a passionate and collegial culture amongst staff which is a credit to the School's leadership.
- The EEC was impressed by the ability of staff to adapt to challenges and change.
- The School has a well-defined workload allocation model that ensures that staff are not overburdened in specific areas.
- We heard of a large number of enthusiastic and trained educators at the clinical sites.

Areas of improvement and recommendations

- Continue to review staffing requirements particularly in relation to the clinical training years in advance of delivery.
- Regularly encourage teachers to update their teaching material to foster evidence-based teaching.
- We encourage the School to continue in its efforts to work with the government to progress joint appointments for training and residency. In other countries junior doctors are greatly valued for their capacity and impact in educating medical students. We would see this as a benefit for future UNIC students.
- We encourage the School to continue to work with its clinical partners towards the establishment of more formalised arrangements such as "University Hospitals" across more of the private sector.

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

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

6. EDUCATIONAL RESOURCES

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Sub-areas

6.1 Physical facilities for teaching and learning

The 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.

Findings

There are comprehensive, physical and information resources available within the University, Medical School and on some of the clinical sites visited for students of the 4-year Graduate Entry degree programmes. These will also be accessed by students of the proposed 5-year programme. Facilities include a modern library, lecture theatres / PBL rooms, clinical skills labs etc.

Information resources include access to UptoDate and to evidence-based online journals.

Students have the opportunity to practice clinical skills in a simulated environment both on campus and on clinical sites. In the later years they also have the opportunity to practise on real patients across the required range of generalist and specialist practice settings in hospitals and community settings. They are supported by a wide range of clinical teachers and supervisors, including trained peer teaching mentors.

In an effort to ensure consistency of delivery across clinical sites, curriculum leads, under the Director of the Chair of Clinical Education will appraise regular student and tutor feedback to ensure regular and consistent delivery of the curriculum across the relevant clinical sites.

Current students on the 6-year programme and staff indicated that there is a need for further student space in some of the clinical sites.

Strengths

- The School has comprehensive teaching and learning facilities on campus and across many clinical sites.

Areas of improvement and recommendations

- The School should look to ensure there is consistent availability of clinical skills and learning facilities (including study space) across the clinical sites.
- The School should look to international best practice around diversity of mannequins in its future planning.

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	Partially compliant
6.3	Information resources	Compliant

7. QUALITY ASSURANCE

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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.

Findings

The School has a well-considered and functioning, quality assurance (QA) structure to meet all requirements across current programmes which aligns with University and Government quality assurance policies. This structure includes University, Medical School, Departmental and Programme QA committees as well as a sub-committee in each clinical site that reports into the School to ensure a robust quality assurance process across its dispersed clinical campus.

Academic, professional support and technical staff and student representation is present at all levels within the QA structure.

The Programme Committee prepares an annual Programme Evaluation Report which provides an opportunity for reflection on the previous year's programme delivery and for setting out an action plan for the enhancement of the programme. Through its governance structure the School collectively agrees its priorities, including priorities for programme development, on an annual basis and allocates resources accordingly. There is, in addition, the periodic 5-year review process including external stakeholders. These processes work together to ensure a robust process of review and continuous renewal.

Strengths

- The opportunities for clinical site subcommittees to inform the on-going cycle of quality improvement.

Areas of improvement and recommendations

- We recommend that patients / lay representatives have a clear role in Quality Assurance processes of the future 5-year programme.

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

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

8. GOVERNANCE AND ADMINISTRATION

Sub-areas

8.1 Governance

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

8.2 Student and academic staff representation

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

8.3 Administration

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

8.1 Governance

Guidance:

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

- Ensure that the school has a risk management procedure.

8.2 Student and academic staff representation

Guidance:

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

- Define mechanisms for arranging student and academic staff involvement in governance and administration, as appropriate.

8.3 Administration

Guidance:

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

Findings

The School has well-defined and robust governance and administrative structures which are in line with the University's Charter and internal regulations. The School retains significant autonomy and responsibility for its own budget. The EEC notes that the School operates its own Quality Assurance, Registry and Human Resource services.

There is a robust quality assurance process at both University and School level and the School maintains a Risk Register which is updated at regular intervals. This ensures that risks are escalated where necessary and mitigated appropriately.

Students and staff representation is included in the governance structure of the School and faculty, graduate and student feedback is sought regularly to ensure all voices are heard and to best inform the quality assurance process.

The Medical School has an administrative structure encompassing a Chief Operating Officer and a professional support team of 70 administrative staff. The latter include dedicated administrative staff, funded by the School, embedded within clinical sites. While the administration to support learning and teaching was delineated, we were not provided with information around administration for research.

Strengths

- The process of administrator evaluation and promotion within the School is commendable.

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- The School's autonomy and responsibility for its own budget is a clear strength and an essential component to its success.

Areas of improvement and recommendations

- Administration for research should be represented in the administrative structure of the School.

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	Partially compliant

B. Conclusions and final remarks

The EEC commends the School on its progress to date and wishes it every success with its new 5-year programme. The EEC has no major concerns with regard to the programme proposed and therefore recommends its accreditation by the CYQAA in Higher Education.

We have highlighted commendations, have identified areas for improvement and made a number of recommendations for the School throughout this report.

We would like to wholeheartedly thank all staff members of the University and those at the clinical sites for their care in producing the comprehensive documentation, contributing to discussions and generously giving their time to inform our understanding during the visit. We would also like to thank members of the CYQAA for their support, and current students on the six year programme for their honest and constructive feedback.

C. Signatures of the EEC

Name	*Signature*
Professor Deirdre McGrath	

Professor Nicki Cohen	
Professor Anne Herrmann-Werner	
Dr Filippos Stylianou	
Ioanna Papaioannou	

Date: 25th May 2022

Doc. 600.4

Ref. Number:	07.14.746.001
Programme of study:	Doctor of Medicine (MD)
Institution:	University of Nicosia
Dates of on-site visit:	23rd – 24th May 2022

Subject: External Evaluation Committee (EEC) site visit

The site visit will take place according to the following indicative schedule and it can change according to the EEC's suggestions:

Day 1

All meetings will take place in 2nd floor conference room at UNIC main campus building unless specified otherwise.

10:00 – 10:30

A meeting with the Head of the Institution and the Head or/and members of the Internal

Evaluation Committee. *[30 minutes]*

Duration of presentation: 15-20´   Discussion: 10-15´

Name of presenter(s): Vice Rector for Academic Affairs: Professor Panayiotis Angelides

Name	Role	Email

Prof Panayiotis Angelides	Vice Rector for Academic Affairs	angelides.p@unic.ac.cy
Mr Kyriacos Georgiou	Senior Administrator, Office of the Vice Rector for Academic Affairs	georgiou.k@unic.ac.cy
Prof Andreas Charalambous	Executive Dean of Medical School	charalambous.a@unic.ac.cy
Prof Aleksandar Jovanovic	Head of Dept. of Basic and Clinical Sciences	jovanovic.a@unic.ac.cy
Dr Persoulla Nicolaou	Associate Head of Department	nicolaou.p@unic.ac.cy
Dr Danagra Ikossi	GE MD Programme Director	ikossi.d@unic.ac.cy
Dr Chloe Antoniou	GE MD Associate Programme Director	antoniou.c@unic.ac.cy
Prof Peter McCrorie	Professor of Medical Education	mccrorie.p@unic.ac.cy
Prof Joseph Joseph	Chair of Clinical Education	joseph.j@unic.ac.cy
Prof Adonis Ioannides	Associate Dean for Academic Affairs / UIQAC representative	ioannides.a@unic.ac.cy
Ms Jill Griffiths	Director of Quality Assurance, Medical School / UIQAC representative	griffiths.j@unic.ac.cy

10:30 – 11:30

A meeting with the Dean of the Medical School, the Head of the relevant department and the

programme's coordinator/s.   *[60 minutes]*

Short presentations on:

- o The School's / Department's structure
- o The programme's feasibility study (sustainability plans)
- o The curriculum (i.e. philosophy, allocation of courses per semester, weekly content of each course, teaching methodologies, admission criteria for prospective students, student assessment, final exams)

Maximum duration of presentation(s): 10´   Discussion: 50´

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Name of presenter(s): School / Department: Professor Adonis Ioannides; Programme: Dr Chloe Antoniou

Name	Role	Email
Prof Andreas Charalambous	Executive Dean of Medical School	charalambous.a@unic.ac.cy
Prof Aleksandar Jovanovic	Head of Dept. of Basic and Clinical Sciences	jovanovic.a@unic.ac.cy
Dr Persoulla Nicolaou	Associate Head of Department	nicolaou.p@unic.ac.cy
Dr Danagra Ikossi	GE MD Programme Director	ikossi.d@unic.ac.cy
Dr Chloe Antoniou	GE MD Associate Programme Director	antoniou.c@unic.ac.cy
Prof Adonis Ioannides	Associate Dean for Academic Affairs	ioannides.a@unic.ac.cy
Dr Costas Constantinou	Associate Dean for Students	constantinou.c@unic.ac.cy
Dr Constantina Constantinou	Associate Dean for Research	constantinou.co@unic.ac.cy
Prof Peter McCrorie	Professor of Medical Education	mccrorie.p@unic.ac.cy
Prof Joseph Joseph	Chair of Clinical Education	joseph.j@unic.ac.cy
Prof Paul Finucane	Member of programme development committee	paul.finucane@ul.ie
Ms Jill Griffiths	Director of Quality Assurance, Medical School	griffiths.j@unic.ac.cy

11:30 - 11:45

    Coffee break *[15 minutes]*

11:45 – 12:15

SWOT analysis and degree of compliance with the WFME standards as adopted by CYQAA.

[30 minutes]

Maximum duration of presentation: 15´   Discussion: 15´

Name	Role	Email
Prof Andreas Charalambous	Executive Dean of Medical School	charalambous.a@unic.ac.cy
Prof Aleksandar Jovanovic	Head of Dept. of Basic and Clinical Sciences	jovanovic.a@unic.ac.cy
Dr Danagra Ikossi	GE MD Programme Director	ikossi.d@unic.ac.cy
Dr Chloe Antoniou	GE MD Associate Programme Director	antoniou.c@unic.ac.cy
Prof Adonis Ioannides	Associate Dean for Academic Affairs	ioannides.a@unic.ac.cy
Dr Costas Constantinou	Associate Dean for Students	constantinou.c@unic.ac.cy
Dr Constantina Constantinou	Associate Dean for Research	constantinou.co@unic.ac.cy
Prof Peter McCrorie	Professor of Medical Education	mccrorie.p@unic.ac.cy
Prof Paul Finucane	Member of programme development committee	paul.finucane@ul.ie
Prof Joseph Joseph	Chair of Clinical Education	joseph.j@unic.ac.cy
Mr Demetris Melanthiou	Chief Operating Officer	melanthiou.d@unic.ac.cy

12:15 – 13:15

Teaching, learning, and assessment methods, including use of technology and simulation.

[60 minutes]

Maximum during of presentations: 10'   Discussion: 50'

Name of presenter(s): Professor Adonis Ioannides, Dr Chloe Antoniou

Name	Role	Email
Dr Danagra Ikossi	GE MD Programme Director	ikossi.d@unic.ac.cy
Dr Chloe Antoniou	GE MD Associate Programme Director	antoniou.c@unic.ac.cy

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Prof Adonis Ioannides	Associate Dean for Academic Affairs	ioannides.a@unic.ac.cy
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Dr Constantina Constantinou	Associate Dean for Research	constantinou.co@unic.ac.cy
Mr Demetris Melanthiou	Chief Operating Officer	melanthiou.d@unic.ac.cy
Ms Valentina Ionova	Exams Office Manager and Senior Examinations Officer	ionova.v@unic.ac.cy
Prof Paul Finucane	Member of programme development committee	paul.finucane@ul.ie

13:15 – 14:15

Working lunch of the EEC, with the CYQAA Officer only   *[60 minutes*

14:15 – 15:15

A meeting with members of the teaching staff on each course for all the years of study.

Discussion on the CVs (i.e. academic qualifications, publications, research interests, research activity), on any other duties in the Institution, on teaching obligations in other programmes and on mentoring, development, and appraisal of faculty.

[60 minutes]

Name	Role	Email
Dr Danagra Ikossi	GE MD Programme Director; Stream Co-Lead: Teaching Skills; Stream Lead: Patient Safety; Stream Lead: Ultrasound	ikossi.d@unic.ac.cy

Dr Chloe Antoniou	GE MD Associate Programme Director / Course Lead: GEMD-103, Nutrition and Metabolism	antoniou.c@unic.ac.cy
Prof Joseph Joseph	Chair of Clinical Education; Course Co-Lead: GEMD-203, Movement & Control; Course Co-Lead: GEMD-304, Polymorbidity	joseph.j@unic.ac.cy
Dr Persoulla Nicolaou	Associate Head of Department of Basic & Clinical Sciences; Stream Co-Lead: Pharmacology & Therapeutics (Years 2 & 3)	nicolaou.p@unic.ac.cy
Dr Constantinos Voskarides	Course Lead: GEMD-101, Molecular Basis of Cellular Function and Dysfunction	voskarides.c@unic.ac.cy
Dr Annita Achilleos	Course Lead: GEMD-102, Development, Tissues and Organs	achilleos.a@unic.ac.cy
Dr Katerina Prokopiou	Course Lead: GEMD-104 Basic Physiology and Pharmacology; Stream Co-Lead: Pharmacology & Therapeutics (Year 1)	prokopiou.k@unic.ac.cy
Dr Evgenios Metaxas	Course Lead: GEMD-201, Circulation and Respiration	metaxas.e@med.unic.ac.cy
Dr Agnieszka Swiecicka-Mitsides	Course Co-Lead: GEMD-202, Absorption, Excretion & Endocrine	mitsides.a@unic.ac.cy
Professor Theodoros Kyriakides	Course Co-Lead: GEMD-203, Movement & Control	kyriakides.t@unic.ac.cy
Professor George Tanteles	Course Co-Lead: GEMD-204, Reproduction, Growth & Development	tanteles.g@unic.ac.cy
Dr Myria Galazi	Course Lead: GEMD-303, Cancer	myriagalazi@doctors.org.uk
Dr Costas Constantinou	Stream Co-Lead: Psychosocial Sciences	constantinou.c@unic.ac.cy
Dr Nicoletta Nicolaou	Project Lead (2): Data acquisition, data handling and biostatistics	nicolaou.nic@unic.ac.cy

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15:15 - 15:45

A meeting with members of the administrative staff.   *[30 minutes]*

Name	Role	Email
Prof Andreas Charalambous	Executive Dean	charalambous.a@unic.ac.cy
Mr Demetris Melanthiou	Chief Operating Officer	melanthiou.d@unic.ac.cy
Ms Hero Glykys-Philaniotis	Registrar	glykys.h@unic.ac.cy
Ms Irene Ioannidou	Director of Clinical Education and Programme Management	ioannidou.i@unic.ac.cy
Mr Constantinos Stylianou	Director of Finance	stylianou.c@unic.ac.cy
Mr Constantinos Constantinou	Head of Admissions	constantinou.cons@unic.ac.cy
Ms Carrie Rodomar	Head of the Medical Library	rodomar.c@unic.ac.cy
Ms Sue Chrysostomou	Careers and Alumni Manager	chrysostomou.su@unic.ac.cy
Ms Valentina Ionova	Exams Office Manager and Senior Examinations Officer	ionova.v@unic.ac.cy
Ms Jill Griffiths	Director of Quality Assurance, Medical School	griffiths.j@unic.ac.cy
Ms Penelope Zakou	Senior Administrator	zakou.p@unic.ac.cy

15:45 – 16:00

Coffee break   *[15 minutes]*

16:00 – 17:00

On site visit to the premises of the institution (i.e. library, labs, teaching rooms, research facilities).   *[60 minutes]*

We will provide a tour of relevant facilities at the main campus and the Medical School, as well as to the University's Medical Centre, given its key contribution. There will also be an opportunity to observe students in teaching sessions during this time.

Day 2

8:00 – 13:30

Travel to clinical site

Site visit to the clinical core clerkship rotation sites affiliated with the Medical School.

[330 minutes]

Suggested times:

08.00-09.00	Travel to Limassol
09.00-10.00	Site visit: Limassol General Hospital
10.00-10.15	Travel
10.15-11.15	Site visit: Ygia Polyclinic
11.15-12.15	Travel to Nicosia
12.15-13.15	Site visit: Aretaeion Hospital
13.15-13.30	Return to UNIC

13:00 – 13:30

·Return to UNIC

13:30 – 14:30

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Working lunch of the EEC, with the CYQAA Officer only   *[60 minutes]*

14:30 – 15:30

A meeting with a group of students or/and their representatives from all the years of study.

[60 minutes]

Students from the six-year MD programme.

15:30 – 15:45

Coffee break   *[15 minutes]*

15:45 – 16:00

A meeting only for the members of the EEC in the presence of the CYQAA officer

[15 minutes]

16:00 – 16:30

A meeting only with the Dean of the Medical School and the programme director.

[30 minutes]

Prof Andreas Charalambous	Executive Dean of Medical School	charalambous.a@unic.ac.cy
Prof Aleksandar Jovanovic	Head of Dept. of Basic and Clinical Sciences	jovanovic.a@unic.ac.cy
Prof Adonis Ioannides	Associate Dean for Academic Affairs	ioannides.a@unic.ac.cy
Prof Peter McCrorie	Professor of Medical Education	mccrorie.p@unic.ac.cy
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Notes:

All staff must be available in the School both days of the site visit for any queries that may occur.

It is highlighted that the presentations scheduled in the agenda should remain very short, so that adequate time remains for questions by the EEC members and productive discussion.

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The Medical School must state the actions taken to comply with the WFME standards and provide evidence to the EEC i.e. appropriate documentation, policies, minutes, website links etc. during the whole evaluation process.

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The EEC may determine the number of students for the interviews and the School must not invite selected students but send out a general invitation to all students.

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During the site visit, the EEC will also visit classes or/and laboratories of the programme of study under evaluation. Classroom and laboratory observation will be decided by the EEC during the site visit on the basis of the general weekly schedule of the institution, which should be available upon the EEC's arrival to the institution.