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Date: 9th June 2025

External Evaluation
Report for
Basic Medical Education

- **Higher Education Institution:**

University of Nicosia

Town: Athens

- **Programme(s) of study under evaluation**
  Name (Duration, ECTS, Cycle)

In Greek:

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

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

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

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

Introduction

This part includes basic information regarding the onsite visit.

The onsite visit for the evaluation of the new 6-year Doctor of Medicine (MD) programme evaluation of the proposed University of Nicosia Medical School branch campus in Athens took place on 28th-30 May 2025, recognising that the first cohort of students, subject to all approvals, would start this autumn with the new academic year. The External Evaluation Committee (EEC), appointed by the Cyprus Agency of Quality Assurance and Accreditation in Higher Education (CYQAA), conducted the evaluation based on the national legal framework [Law 136(I)/2015 – Law 132(I)/2021] and the World Federation for Medical Education (WFME) Global Standards for Basic Medical Education (2020 revision).

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

This visit occurred immediately after the same team's evaluation of the parent organisation's 6 year MD and institutional EEC evaluation. The focus for the Athens visit, therefore, allowed for greater appreciation of the opportunities and challenges provided by the branch campus. It was evident how this project is a natural evolution of five years' partnership through clinical placement of Cyprus MD students for the last two years of the MD programmes.

The Medical School of the University of Nicosia (UNIC) was founded in 2011 and hence is the eldest of the three Medical Schools in Cyprus. Given the change in Greek law to allow for the development of private universities in Greece, UNIC, in partnership with Hellenic Healthcare Group (HHG), is uniquely and ideally placed for the development of a high-quality branch campus with global vision, mission and practising alumni. Strategically developed, this project will include a total of six schools and 12 programmes from roll-out in 2025, subject to all necessary accreditations and approvals.

During our visit, we were delighted to meet with the Rector, Executive Vice-President, Health and Dean of the Medical School at UNIC, the President of UNIC Athens and several Associate Deans. Particularly instructive were the meetings with 8 of the newly recruited faculty, excellent administrative team and with enthusiastic clinical educators at the excellent Hygeia and Mitera hospitals, within the Hellenic Healthcare Group. One could feel the positive spirit the opportunity of creating Athens branch campus - and thus the first non-public university in Greece - provides for the whole team.

The committee was provided with material before the visit (self-report, application form) in a timely manner. It was supported by further printed and electronic material at the onsite visit (logbooks, exams, etc.). All necessary evidence was submitted in advance and clearly indexed, ensuring a thorough and transparent review process. This report draws upon information from the material provided as well as from the onsite visits.

A. External Evaluation Committee (EEC)

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

B. Guidelines on content and structure of the report

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

- *Under each assessment area, it is important to provide information regarding the compliance with the requirements of each sub-area. In particular, the following must be included:*

  Findings

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

  Strengths

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

  Areas of improvement and recommendations

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

- *The EEC should state the compliance for each sub-area (Non-compliant, Partially compliant, Compliant),* ***which must be in agreement with everything stated in the report.*** *It is pointed out that, in the case of standards that cannot be applied due to the status of the HEI and/or of the programme of study, N/A (= Not Applicable) should be noted.*

- *The EEC should state the conclusions and final remarks regarding the programme of study as a whole.*

- ***The report may also address other issues which the EEC finds relevant.***

1. MISSION AND VALUES

Sub-areas
1.1 Stating the mission
The school has a public statement that sets out its values, priorities and goals.

1.1 Stating the mission

Guidance:

- Consider the role, audiences and uses of the mission statement.

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

1.1 Stating the mission

Key questions:

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

Findings

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

The UNIC medical school Athens branch campus has a clearly stated mission with four pillars: education, research, social responsibility & service to society, and internationalisation. It tailors to the school's focus and tradition so far. They do not only believe in the best training possible but also in the respective training of staff. Additionally, they strongly emphasise students' well-being. Besides

the classical pillars of teaching and research, the medical school also recognises and celebrates the importance of community outreach and the benefits of international connections The mission explicitly aligns with the standards of the World Federation for Medical Education (WFME) and meets the requirements of both the Cyprus Agency for Quality Assurance and Accreditation in Higher Education (DIPAE) and the Hellenic Authority for Higher Education (HAHE).

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

Public access to the mission statement will be provided via the Medical School's website and internal platforms such as Moodle - and we have seen how this is done effectively in Nicosia. Faculty, students and staff are regularly reminded of the mission during orientation, QA reviews, and strategic planning sessions.

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

Strengths

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

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

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

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

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

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

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

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

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

Areas of improvement and recommendations

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

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

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

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

Directly related to its mission, we note the work of the Nicosia campus to provide comprehensive primary care services and outreach secondary care to 40,000 local residents through the UNIC centre for Rural Medicine at Ormideia Village. As the Athens campus stabilises, it would be wonderful to see an equivalence of this developing at a site that Athens students could contribute to, as part of the developing value to society.

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

Sub-area		***Non-compliant/Partially compliant / Compliant / Not applicable***
1.1	Stating the mission	**Compliant**

2. CURRICULUM

Sub-areas

2.1 Intended curriculum outcomes

The school has defined the learning outcomes that students should have achieved by graduation, as well as the intended learning outcomes for each part of the course.

2.2 Curriculum organisation and structure

The school has documented the overall organisation of the curriculum, including the principles underlying the curriculum model employed and the relationships among the component desciplines.

2.3 Curriculum content

a) **The school can justify inclusion in the curriculum of the content needed to prepare students for their role as competent junior doctors and for their subsequent further training.**

b) **Content in at least three principal domains is described: basic biomedical sciences, clinical sciences and skills, and relevant behavioural and social sciences.**

2.4 Educational methods and experiences

The school employs a range of educational methods and experiences to ensure that students achieve the intended outcomes of the curriculum.

2.1 Intended curriculum outcomes

Guidance:

- Outcomes can be set out in any manner that clearly describes what is intended in terms of values, behaviours, skills, knowledge, and preparedness for being a doctor.

- Consider whether the defined outcomes align with the medical school mission.

- Review how the defined outcomes map on to relevant national regulatory standards or government and employer requirements.

- Analyse whether the specified learning outcomes address the knowledge, skills, and behaviours that each part of the course intends its students to attain. These curriculum outcomes can be expressed in a variety of different ways that are amenable to judgement (assessment).

- Consider how the outcomes can be used as the basis for the design and delivery of content, as well as the assessment of learning and evaluation of the course.

2.2 Curriculum organisation and structure

Guidance:

This standard refers to the way in which content (knowledge and skills), disciplines, and experiences are organised within the curriculum. There are many options and variants, ranging from different models of integration to traditional pre-clinical and clinical phases, involving varying degrees of clinical experience and contextualisation. Choice of curriculum design is related to the mission, intended outcomes, resources, and context of the school.

2.3 Curriculum content

Guidance:

- Curriculum content in all domains should be sufficient to enable the student to achieve the intended outcomes of the curriculum, and to progress safely to the next stage of training or practice after graduation.

- Curriculum content may vary according to school, country, and context, even where a national curriculum is specified. Content from at least three principal domains would be expected to be included:

  - Basic biomedical sciences which are the disciplines fundamental to the understanding and application of clinical science.

- Clinical sciences and skills which include the knowledge and related professional skills required for the student to assume appropriate responsibility for patient care after graduation.

- Behavioural and social sciences which are relevant to the local context and culture and include principles of professional practice including ethics.

- Content of other types may also be included:

  - Health systems science which includes population health and local healthcare delivery systems.

  - Humanities and arts which might include literature, drama, philosophy, history, art and spiritual disciplines.

2.4 Educational methods and experiences

Guidance:

- Educational methods and experiences include techniques for teaching and learning designed to deliver the stated learning outcomes, and to support students in their own learning. Those experiences might be formal or informal, group-based or individual, and may be located inside the medical school, in the community, or in secondary or tertiary care institutions. Choice of educational experiences will be determined by the curriculum and local cultural issues in education, and by available human and material resources.

- Skilfully designed, used and supported virtual learning methods (digital, distance, distributed, or e-learning) may be considered, presented, and defended as an alternative or complementary educational approach under appropriate circumstances, including societal emergencies.

2.1 Intended curriculum outcomes

Key questions:

- *How were the intended outcomes for the course as a whole and for each part of the course designed and developed?*
- *Which stakeholders were involved in their development?*
- *How do they relate to the intended career roles of graduates in society?*
- *What makes the chosen outcomes appropriate to the social context of the school?*

2.2 Curriculum organization and structure

Key questions:

- *What are the principles behind the school's curriculum design?*
- *What is the relationship between the different disciplines of study which the curriculum encompasses?*
- *How was the model of curriculum organisation chosen? To what extent was the model constrained by local regulatory requirements?*
- *How does the curriculum design support the mission of the school?*

2.3 Curriculum content

Key questions:

- *Who is responsible for determining the content of the curriculum?*
- *How is curriculum content determined?*
- *What elements of basic biomedical sciences are included in the curriculum? How are the choices made and time allocated for these elements?*

- *What elements of clinical sciences and skills are included in the curriculum?*
    - *In which clinical disciplines are all students required to gain practical experience?*
    - *How are students taught to make clinical judgements in line with the best available evidence?*
    - *How are the choices made and time allocated for these elements?*
    - *What is the basis for the school's allocation of student time to different clinical practice settings?*

- *What elements of behavioural and social sciences are included in the curriculum? How are the choices made and time allocated for these elements?*

- *What elements (if any) of health systems science are included in the curriculum? How are the choices made and time allocated for these elements?*

- *What elements (if any) of humanities and arts are included in the curriculum? How are the choices made and time allocated for these elements?*

- *How do students gain familiarity with fields receiving little or no coverage?*

- *How does the school modify curriculum content related to advances in knowledge?*

- *How are principles of scientific method and medical research addressed in the curriculum?*

- *Which fields (if any) are elective? How are elective fields decided?*

- *How is student learning assured in disciplines in which they do not get specific experience?*

2.4 Educational methods and experiences

Key questions:

- *What principles inform the selection of educational methods and experiences employed in the school's curriculum? How were these principles derived?*

- *According to what principles are the chosen educational methods and experiences distributed throughout the curriculum?*

- *In what ways are the educational methods and experiences provided for students*

appropriate to the local context, resources and culture?

Findings

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

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

The Athens branch 6-year programme will be a direct replica of the successful newly-modernised 6-year Nicosia programme and we do not feel that there are compelling grounds to mandate any specific adaptations.

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

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

Interprofessional education is a recognised component of the current MD program but appears to rely on shared learning experiences opportunistically during the late(r) phase of the programme. We have learned that while HHG hospitals have extensive programmes of CPD for their workforce, delivered through the excellent HEAL centre, they do not formally train other healthcare professional students, so careful planning is needed in this regard. We recognise that Pharmacy students in the new branch, and in fact those in social sciences, business, law and science / engineering will eventually provide a rich resource of different perspectives for the development of transferable skills which will benefit MD students, though perhaps not quite in the same patient-care context as with a broader range of students from the multiprofessional care team.

Curriculum governance is robust and involves internal quality assurance mechanisms, stakeholder feedback, and periodic external review. Academic staff are involved in regular curriculum evaluation

and development, ensuring adaptability and compliance with local regulations and institutional quality standards.

Strengths

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

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

The curriculum includes modern and socially relevant themes—such as Digital Health, Climate and Health, Leadership in Medicine, Professional Behaviour, and Cultural Competency—reflecting innovation and responsiveness to global healthcare trends, relevant for tomorrow's doctors. The integrated approach of many areas allows for a streamlined approach for more meaningful learning. The Athens branch also plans to implement the very successful student-led initiative of a mobile clinic driving out to the more rural areas around Athens providing basic diagnosis and therapy. The final two years of the programme will remain very similar in Athens to those currently delivered in HHG hospitals, as a clinical site for Nicosia campus MD students.

The programme will make use of valuable traditional approaches such as cadaver prosection (plastination models), as well as new technology such as 3d Organon, VR, Speedwell, Myprogress and Qubecon. The programme is in sync with the MD program in Cyprus.

As physical facilities are still under construction, we would consider these areas currently partially compliant - whilst recognising that the medical school building under construction in Elliniko, due to be completed before the first cohort enrol, is exemplary. We predict that it will become an exemplar in this regard across Europe.

Areas of improvement and recommendations

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

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

maintaining this data. It is highly recommended though to accompany these efforts by a comprehensive evaluation of its acceptance, efficacy and consistency across teaching staff.

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

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

As to interprofessional education (IPE), there are opportunities. Timetabling is the recognised limitation (worldwide). The branch campus, starting across 12 programmes concurrently, should help this as IPE timetabling could be organised prospectively rather than negotiated retrospectively.

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

<u>Sub-areas</u>

3.1 Assessment policy and system

a) **The school has a policy that describes its assessment practices.**
b) **It has a centralised system for ensuring that the policy is realised through multiple, coordinated assessments that are aligned with its curriculum outcomes.**
c) **The policy is shared with all stakeholders.**

3.2 Assessment in support of learning

a) **The school has in place a system of assessment that regularly offers students actionable feedback that identifies their strengths and weaknesses, and helps them to consolidate their learning.**
b) **These formative assessments are tied to educational interventions that ensure that all students have the opportunity to achieve their potential.**

3.3 Assessment in support of decision-making

a) **The school has in place a system of assessment that informs decisions on progression and graduation.**
b) **These summative assessments are appropriate to measuring course outcomes.**
c) **Assessments are well-designed, producing reliable and valid scores.**

3.4 Quality control

a) **The school has mechanisms in place to assure the quality of its assessments.**
b) **Assessment data are used to improve the performance of academic staff, courses and the institution.**

3.1 Assessment policy and system

Guidance:

An assessment policy with a centralised system that guides and supports its implementation will entail the use of multiple summative and formative methods that lead to acquisition of the knowledge, clinical skills, and behaviours needed to be a doctor. The policy and the system should be responsive to the mission of the school, its specified educational outcomes, the resources available, and the context.

3.2 Assessment in support of learning

Guidance:

Feedback is one of the biggest drivers of educational achievement. Students need to be assessed early and regularly in courses and clinical placements for purposes of providing feedback that guides their learning. This includes early identification of underperforming students and the offer of remediation.

3.3 Assessment in support of decision-making

Guidance:

Assessment for decision-making is essential to institutional accountability. It is also critical to the protection of patients. These assessments must be fair to students and, as a group, they must attest to all aspects of competence. To accomplish these ends, they must meet standards of quality.

3.4 Quality control

Guidance:

It is important for the school to review its individual assessments regularly, as well as the whole assessment system. It is also important to use data from the assessments, as well as feedback from stakeholders, for continuous quality improvement of the assessments, the assessment system, the course and the institution.

3.1 Assessment policy and system

Key questions:

- *Which assessments does the school use for each of the specified educational outcomes?*
- *How are decisions made about the number of assessments and their timing?*
- *How are assessments integrated and coordinated across the range of educational outcomes and the curriculum?*

3.2 Assessment in support of learning

Key questions:

- *How are students assessed to support their learning?*
- *How are students assessed to determine those who need additional help?*
- *What systems of support are offered to those students with identified needs?*

3.3 Assessment in support of decision-making

Key questions:

- *How are blueprints (plans for content) developed for examinations?*
- *How are standards (pass marks) set on summative assessments?*
- *What appeals mechanisms regarding assessment results are in place for students?*
- *What information is provided to students and other stakeholders, concerning the content, style, and quality of assessments?*
- *How are assessments used to guide and determine student progression between successive stages of the course?*

3.4 Quality control

Key questions:

- *Who is responsible for planning and implementing a quality assurance system for assessment?*
- *What quality assurance steps are planned and implemented?*

- *How are comments and experiences about the assessments gathered from students, teachers, and other stakeholders?*
- *How are individual assessments analysed to ensure their quality?*
- *How are data from assessments used to evaluate teaching and the curriculum in practice?*
- *How are the assessment system and individual assessments regularly reviewed and revised?*

Findings

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

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

As the Athens branch is new (ie a largely new faculty, with extensive faculty development from Nicosia colleagues) but applies the same assessment strategies and measures, there is the potential for a vivid exchange of assessment material between the two sites improving material quality. We have been assured that standardisation over campuses (Nicosia as primary institution and Athens as the branch) will be managed through standardised schemes and vivid exchange.

It will be essential to establish a cross-campus moderation and examiner calibration system for OSCEs (an internal quality assurance system) in addition to external examiner input, to ensure uniform standards and fairness.

Strengths

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

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

We were advised that students will have study time available before their end of year knowledge tests (3-4 weeks), which allows them to focus on building their knowledge without missing clinical learning experiences.

A full range of mitigating circumstances, appeals and reasonable adjustments is available and Nicosia students report feeling confident in liaising with faculty around this. All of this will be employed in Athens for parity.

Areas of improvement and recommendations

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

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

Despite a very elaborate quality assurance system being in place, the full potential of assessment results as feedback for the curriculum is yet to be explored. It may be helpful to use aggregated assessment data to inform course reviews, faculty development, and curriculum adjustments on a more formalised level. Also, the routine post-assessment inclusion of surveys with students, faculty and (standardised) patients may support this process.

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

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

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

4. STUDENTS

Sub-areas

4.1 Selection and admission policy

The medical school has a publicly available policy that sets out the aims, principles, criteria, and processes for the selection and admission of students.

4.2 Student counselling and support

The medical school provides students with accessible and confidential academic, social, psychological, and financial support services, as well as career guidance.

4.1 Selection and admission policy

Guidance:

- Where selection and admissions procedures are governed by national policy, it is helpful to indicate how these rules are applied locally.
- Where the school sets aspects of its own selection and admission policy and process, clarify the relationship of these to the mission statement, relevant regulatory requirements, and the local context.
- The following admissions issues are important in developing the policy:
  - the relationship between the size of student intake (including any international student intake) and the resources, capacity and infrastructure available to educate them adequately,
  - equality and diversity issues,
  - policies for re-application, deferred entry and transfer from other schools or courses.
- Consider the following issues for the selection process:

- requirements for selection,
- stages in the process of selection,
- mechanisms for making offers,
- mechanisms for making and accepting complaints.

4.2 Student counselling and support

Guidance:

- Students might require support in developing academic skills, in managing disabilities, in physical and mental health and personal welfare, in managing finances and in career planning.
- Consider what emergency support services are available in the event of personal trauma or crisis.
- Specify a process to identify students in need of academic or personal counselling and support.
- Consider how such services will be publicised, offered and accessed in a confidential manner.
- Consider how to develop support services in consultation with students' representatives.

4.1 Selection and admission policy

Key questions:

- *How is alignment determined between the selection and admission policy, and the mission of the school?*
- *How does the selection and admission policy fit with regulatory (accreditation) or government requirements?*
- *How is the selection and admission policy tailored to the school?*
- *How is the selection and admission policy tailored to local and national workforce requirements?*

- *How is the selection and admission policy designed to be fair and equitable, within the local context?*
- *How is the selection and admission policy publicised?*
- *How is the selection and admission system regularly reviewed and revised?*

4.2 Student counselling and support

Key questions:

- *In what ways are the academic and personal support and counselling services consistent with the needs of students?*
- *How are these services recommended and communicated to students and staff?*
- *How do student organisations collaborate with the medical school management to develop and implement these services?*
- *How appropriate are these services procedurally and culturally?*
- *How is feasibility of the services judged, in terms of human, financial, and physical resources?*
- *How are the services regularly reviewed with student representatives to ensure relevance, accessibility and confidentiality?*

Findings

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

The UNIC process for admission, including admitting criteria was explained. Standards for Athens will be at least equal to those in Nicosia, with the only difference being adherence to Greek law regarding minimum standards from public high schools. We would not anticipate this being significant in such a highly competitive programme. We see the use of UCAT in Athens as a positive

addition, which will help international students to consider UNIC Athens in the context of international options available to them.

We note that the exam attainment required for entry into the 6-year MD is rightly the same as for UNIC Nicosia – which is a modernised successful programme. This is somewhat lower than for other Cyprus programmes, but we would consider the emphasis on the interview at UNIC campuses to be a particular strength. It would be useful to evaluate amongst existing Cyprus cohorts whether a candidate with slightly higher exam attainment at entry was more likely to progress smoothly through the 6-year degree. If so, this would provide an argument for increasing the requirement to equivalent to 18.5/20 in the pan-Cyprian exams, which was the minority preference of the panel.

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

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

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

Current UNIC (Y5 and Y6) students at Athens are Greek-speaking students only. While the majority of students at the Athens branch are anticipated to be Greek speaking, this will not be universal and will need to be carefully monitored in terms of interpreter provision, and potentially patient engagement. As with the Nicosia campus, for non Greek speakers, patient contact will have to be either with selected English-speaking patients or accompanied by translation services. We trust UNIC to draw upon its vast experience with this challenge and establish reliable systems to cater for those needs. As in Nicosia, making non-native students take more mandatory lessons in Greek may be helpful - as also suggested by (non-native) Nicosia students.

Strengths

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

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

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

Teaching in the clinical setting (i.e. in the two hospitals) will be in very small groups at excellent facilities of the HHG group offering access to state-of-the art services.

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

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

Areas of improvement and recommendations

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

It will be important to continue to evaluate admissions standards (and international comparability) going forwards - ideally as part of the programme evaluation report process.This also includes measurable indicators or monitoring mechanisms for equity and diversity principles, and establishing a formal, periodic review process of the selection policy involving students and external stakeholders.

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

Sub-area		***Non-compliant/Partially compliant/ Compliant / Not applicable***
4.1	Selection and admission policy	**compliant**
4.2	Student counselling and support	**compliant**

ACADEMIC STAFF

Sub Areas **5.1 Academic staff establishment policy**

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

5.2 Academic staff performance and conduct

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

5.3 Continuing professional development for academic staff

The school implements a stated policy on the continuing professional development of its academic staff.

5.1 Academic staff establishment policy

Guidance:
Determining academic staff establishment policy involves considering:

a) the number, level, and qualifications of academic staff required to deliver the planned curriculum to the intended number of students,
b) the distribution of academic staff by grade and experience.

5.2 Academic staff performance and conduct

Guidance:

- Develop a clear statement describing the responsibilities of academic staff for teaching, research, and service.
- Develop a code of academic conduct in relation to these responsibilities.

5.3 Continuing professional development for academic staff

Guidance:
Develop and publicise a clear description of how the school supports and manages the academic and professional development of each member of staff.

5.1 Academic staff establishment policy

Key questions:

- *How did the school arrive at the required number and characteristics of their academic staff?*
- *How do the number and characteristics of the academic staff align with the design, delivery, and quality assurance of the curriculum?*

5.2 Academic staff performance and conduct

Key questions:

- *What information does the school provide for new and existing academic staff and how is this provided?*
- *What induction training does the school provide for academic staff?*
- *How does the school prepare academic staff, and teachers, and supervisors in clinical settings to enact the proposed curriculum?*
- *Who is responsible for academic staff performance and conduct? How are these responsibilities carried out?*

5.3 Continuing professional development for academic staff

Key questions:

- *What information does the school give to new and existing academic staff members on its facilitation or provision of continuing professional development?*
- *How does the school take administrative responsibility for implementation of the staff continuing professional development policy?*
- *What protected funds and time does the school provide to support its academic staff in their continuing professional development?*

Findings

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

During the site visit and based on the documentation provided, UNIC Medical School demonstrated that it has a clear and structured academic staff establishment policy in place, aligned with the design and delivery of the MD curriculum, for both campuses

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

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

Continuing professional development (CPD) is supported through a range of structured activities, including participation in teaching and assessment training, pedagogy workshops, and engagement with international organisations such as AMEE. Staff are encouraged to pursue research and are supported by internal resources and training in research methodologies. While the CPD framework is well developed, further formalisation of protected time and support for academic development at the Athens campus will be essential to ensure parity with the Nicosia campus.

Strengths

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

Administrative staff is extensively connected between the two sites. There is clear and transparent communication around all aspects of the recruitment process. Onboarding is experienced as professional and satisfactory, both the formal and informal parts.

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

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

Areas of improvement and recommendations

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

There appears to be only limited clarity on the formal allocation of protected time for CPD and research, especially for faculty at the new Athens campus. It is recommended to define and communicate formal policies regarding protected time and funding for CPD and research, with

consistent implementation at the Athens campus, and conduct regular workload reviews to ensure equitable distribution of responsibilities among academic staff..

We would suggest that the Athens branch would benefit from ongoing monitoring and early-stage planning for staff mentoring, academic development coordination, succession management and appraisal practices in Athens.

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

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

5. EDUCATIONAL RESOURCES

<u>Sub-areas</u>

6.1 Physical facilities for teaching and learning

The school has sufficient physical facilities to ensure that the curriculum is delivered adequately.

6.2 Clinical training resources

The school has appropriate and sufficient resources to ensure that students receive the required clinical training.

6.3 Information resources

The school provides adequate access to virtual and physical information resources to support the school's mission and curriculum.

6.1 Physical facilities for teaching and learning

Guidance:

Physical facilities include the physical spaces and equipment available to implement the planned curriculum for the given number of students and academic staff.

6.2 Clinical training resources

Guidance:

Consider the facilities that are required to provide adequate training in clinical skills and an appropriate range of experience in clinical practice settings, to fulfil the clinical training requirements of the curriculum.

6.3 Information resources

Guidance:

Consider the school's provision of access to information resources for students and academic staff, including online and physical library resources. Evaluate these facilities in relation to the school's mission and curriculum in learning, teaching and research.

6.1 Physical facilities for teaching and learning

Key questions:

- *How does the school determine the adequacy of the physical infrastructure (space and equipment) provided for the theoretical and practical learning specified in the curriculum?*

- *Is it appropriate or necessary to supplement or replace classroom teaching by distance or distributed learning methods? If so, how does the school ensure that these offer a commensurate level of education and training?*

6.2 Clinical training resources

Key questions:

- *What range of opportunities is required and provided for students to learn clinical skills?*
- *What use is made of skills laboratories and simulated patients, and of actual patients in this regard? What is the basis of the policy on use of simulated and actual patients?*
- *How does the school ensure that students have adequate access to clinical facilities offering care in the required range of generalist and specialist practice settings?*
- *What is the basis for the school's mix of community-based and hospital-based training placements?*
- *How does the school engage clinical teachers and supervisors in the required range of generalist and specialist practice settings?*
- *How does the school ensure consistency of curriculum delivery in clinical settings?*

6.3 Information resources

Key questions:

- *What information sources and resources are required by students, academics, and researchers?*
- *How are these provided?*
- *How is their adequacy evaluated?*
- *How does the school ensure that all students and academic staff have access to the needed information?*

Findings

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

The EEC toured the teaching hospitals that will be used for early years (and transitional years) exposure, and the inspirational new medical school building in Elliniko, still under construction, which will be finished before the first students enrol. The building will truly set the scene for Europe-leading education. Facilities at the Medical School main building will include 10 PBL rooms suitable for small-group teaching, 16 skills labs booths and 3 simulation suites in total. There will also be appropriate labs for teaching and research as well as a library and enough spaces for social purposes. As in

Cyprus, the anatomy lab will have plastinated cadavers for anatomy teaching. Students will be allowed to access the skills lab after hours.

The teaching hospitals were visited. UNIC secured clinical placements through agreements with major private hospitals in Athens under the Hellenic Healthcare Group, with provisions for clinical skills training, supervision, and assessment. They are equipped with state-of-the art technology (e.g. MRI, CAT-scan; interventional radiology labs etc), and provide excellent access to patients and research opportunities. The clinical educators we met with were excellent and we are sure will provide clinical and professional mentorship in addition to more measurable clinical education.

UNIC Athens branch students will have access to all digital tools and services available for Nicosia students.

The institution's commitment to a consistent quality of resources across both campuses was evident. The actual delivery and implementation at Athens will require careful monitoring as the programme launches.

Strengths

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

The exceptional new building at Elliniko setting the stage for a potentially world-leading medical education environment.

The teaching hospital facilities within the HHG group, and the strong clinical mentorship and education already provided to UNIC students by their staff. The shared ethos and educational values across HHG and UNIC, developed through years of co-working, will provide for a sustainable model for the future.

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.

As student numbers will rise significantly with the new medical school, it may be wise to introduce a monitoring system for clinical site capacity and student-to-patient exposure ratios, with contingency plans for future growth.

In general, it may also be advisable to schedule a post-launch audit of educational resources at the Athens campus to verify full functionality, student satisfaction, and adherence to projected standards. We would be delighted to inspect the completed facilities at Elliniko, should the opportunity arise. The CYQAA may feel that EEC confirmation in these areas, perhaps within the first semester of the programme, is wise.

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	**Partially compliant**
6.2	Clinical training resources	**Compliant**
6.3	Information resources	**Compliant**

6. QUALITY ASSURANCE

Sub-areas

7.1 The quality assurance system

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

7.1 The quality assurance system

Guidance:

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

7.1 The quality assurance system

Key questions:

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

Findings

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

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

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

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

While many quality assurance mechanisms are well established at the Nicosia campus, their replication and operationalisation at the Athens campus is still underway. Further clarity is needed regarding how local feedback from Athens-based students and staff will be collected, reported, and acted upon to ensure continuous improvement at both campuses in parallel.

Strengths

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

Rigorous quality assurance scheme aligned with WFME and CYQAA standards.

The "Feedback Informed Development process" - akin to "you said we did", so that students clearly see where their feedback has influenced future educational practice. Generally, UNIC shows an impressive culture of continuous improvement.

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.

As there is yet limited clarity on how feedback from Athens-based students and faculty will be analysed separately and acted upon, distinct mechanisms to close the feedback loop, showing students and staff how their input leads to change in Athens should be developed.

Despite HHG hospitals being of high standard, a more structured evaluation of clinical training sites would further strengthen quality assurance.

Scheduling annual joint quality review meetings across both campuses to ensure alignment and shared learning would be a useful additional tool in the quality assurance cycle.

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

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

7. GOVERNANCE AND ADMINISTRATION

Sub-areas **8.1 Governance** **The school has a defined governance structure in relation to teaching, learning, research, and resource allocation, which is transparent and**

accessible to all stakeholders, aligns with the school's mission and functions and ensures stability of the institution.

8.2 Student and academic staff representation

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

8.3 Administration

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

8.1 Governance

Guidance:

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

- Ensure that the school has a risk management procedure.

8.2 Student and academic staff representation

Guidance:

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

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

8.3 Administration

Guidance:

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

8.1 Governance

Key questions:

- *How and by which bodies are decisions made about the functioning of the institution?*
- *By what processes and committee structures are teaching, learning, and research governed in the institution?*
- *How is budget allocation aligned with the mission of the school?*
- *What governance arrangements are there to review the performance of the school?*
- *How are risks identified and mitigated?*

8.2 Student and academic staff representation

Key questions:

- *To what extent and in what ways are students and academic staff involved in the school decision-making and functioning?*
- *What, if any, social or cultural limitations are there on student involvement in school governance?*

8.3 Administration

Key questions:

- *How does the administrative structure support the functioning of the institution?*
- *How does the decision-making process support the functioning of the institution?*
- *What is the reporting structure for administration in relation to teaching, learning and research?*

Findings

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

The University of Nicosia Medical School has established a well-defined governance structure that supports the effective design, delivery, and oversight of the MD programme. Excellent strategic leadership is provided by the Dean and Associate Deans, supported by Heads of Departments and programme directors. The administrative organisation is clear and includes dedicated units for admissions, finance, student support, IT, quality assurance, and clinical education. These structures are in place both centrally and at the Athens campus, although the latter is still in the implementation phase. Lines of authority and decision-making processes are documented, and institutional committees meet regularly to guide academic and operational matters. The programme will benefit from cross-campus coordination with mechanisms to ensure consistency and alignment with the

institution's mission and quality assurance policies. However, the effectiveness of this governance model at the Athens campus is yet to be fully demonstrated in practice, especially with respect to administrative readiness, communication flows, and integration of feedback from the new campus into central decision-making.

Strengths

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

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

The administration organisation within UNIC Health, including the Alumni officer, allows for tremendous understanding of the career trajectories and international careers of graduates, who in turn provide ongoing career support and advice to current students. They will in time provide opportunities for philanthropy and research networks which will further enhance the brand and standing of the school. Administrative functions are well-resourced and specialised (e.g. student services, IT, admissions, finance, exams office).

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

The governance reflects strategic alignment with the university's mission and national accreditation requirement, and planning for the Athens campus reflects commitment to institutional expansion with quality and continuity.

Areas of improvement and recommendations

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

While policies and governance at Athens are clear and the principles of parity of experience and reporting line into Nicosia well-articulated, operational structures at the Athens campus are still being developed, with some support services not yet fully staffed or tested. This should be finalised before the first roll-out. Communication flows between Athens and Nicosia teams need time to mature into effective bi-directional feedback loops; this may be supported by establishing formal cross-campus communication protocols and shared digital platforms for administrative coordination.

Student representation in governance structures, especially at the Athens campus, should be formalised and enhanced by ensuring consistent student representation from both campuses in relevant governance.

Integration of external stakeholder input (e.g. from clinical partners, industry, biotech) into administrative decision-making processes could be improved by the implementation of a formal system of involvement in strategic planning and periodic programme review.

UNIC Health, as an organisation well equipped with a strong ethos in quality assurance, is well placed to maintain continuous audit activity to evaluate administrative performance, communication, and integration at the Athens campus.

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

Sub-area		***Non-compliant/Partially compliant/ Compliant/ Not applicable***
8.1	Governance	**Compliant**
8.2	Student and academic staff representation	**Compliant**
8.3	Administration	**Compliant**

C. Conclusions and final remarks

Please provide constructive conclusions and final remarks which may form the basis upon which improvements of the quality of the programme of study under review may be achieved.

We would firstly like to congratulate the UNIC team and their long-term partners within Hellenic Healthcare Group in this excellent development to increase the depth and breadth of clinical academia and practise in Greece. Building on the success of years 5 and 6 of the year 6 MD, which started in 2018, creates a natural partnership and is to be celebrated.

The ambitious project to launch a strategic educational partnership involving six schools but focussed around the medical school has tremendous merit and has been well planned by all partners over the last year. Particular congratulations are due to Professor Charalambous for his inclusive leadership of this project; noting how he has inspired, with Prof. Ioannides, the excellent academic team at the Nicosia branch to develop a forward looking 6-year MD programme which will be implemented at both campuses.

We have a number of commendations:

1. The transplantation of all administrative and academic services including the excellent student support and quality assurance processes to the branch.

2. The palpable enthusiasm within the clinical community is invaluable.

3. The commitment to a high specification new medical building, integrated into the existing healthcare ecosystem will create a flagship model for the future.

4. The commitment that both institutions have shown each other in their future commercial and governance structure.

We have a number of recommendations:

1. That the medical school gears itself for success. We would strongly suggest that the medical school starts with a maximum of about 100 MD students, rather than up to 180, which we feel would be an unnecessary risk for a new department, despite their excellent preparation, academic and administrative staff and previous expertise at HHG. This is also to marshall the expansion in the clinical areas to support the experience of pre-existing Nicosia students. As an accreditor, it is important to underline that the number of students admitted per academic year must remain limited, especially in the early implementation phase. This is not only to ensure manageable student-to-teacher ratios, but more importantly to allow for meaningful clinical exposure, personalised academic support, and the gradual development of professional competence. A controlled student intake will also allow the institution to monitor, evaluate, and improve the Athens Branch's performance in a sustainable and evidence-based manner.

2. Related to this, we sense that the Athens branch is probably less likely than the Cyprus branch to have a truly international student body. While the world needs more doctors, it is evident that postgraduate training opportunities within Cyprus and Greece are unlikely to increase to accommodate these additional students routinely. While greater competition for local training placements will likely enhance the standard of medical care, it will be important that Greek and Cypriot students on this programme recognise that they may not be successful in achieving local training posts at graduation. A firm emphasis on international opportunities will remain important.

3. It is likely that the project could be further de-risked by all 100 MD students being on the 6-year MD, with the 5-year programme being rolled out later, potentially when the campus is complete in 2028, and the 5-year model has benefitted from more of the new 6-year programme innovation. An expansion of numbers up to approximately 180 as currently stated, could be staged effectively over the next few years, accordingly.

4. Depending on the evidence from the existing 6-year programme in Nicosia, further de-risking may come from aligning entry criteria to Pan-Cypriot exam scores of 18.5/20 rather than 18/20 – but we do not see a reason for the campuses to take a different approach here and the additional emphasis on interview performance is excellent.

5. That a more complete consideration of the opportunities and threats of the branch campus development is undertaken, so that the risks can be appropriately marshalled and mitigated by the newly formed academic and administrative teams. This should include planning for contingency arrangements.

6. It may be wise for an early formal review of the facilities once the medical school building has been completed, which we would be delighted to contribute to, if appropriate.

7. The branch campus creates rich opportunities across six schools and programmes, with excellent new faculty, to maximise on interprofessional and transdisciplinary education and research – this is often easier to do "by design" than through retrospective timetable

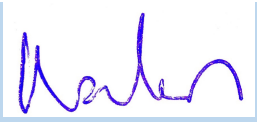
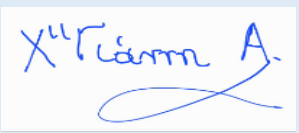
arrangements.

8. Lastly, recognising the unique capabilities and position of HHG, alongside UNIC, we would encourage HEAL and the partnership to continue to proactively and strategically engage with the government and thought leaders to develop junior medical training opportunities (residency programme) within the private healthcare system, for the benefit of healthcare in Greece.

Overall, the programme is built on a solid foundation with clear institutional will to achieve high standards. With careful attention to the implementation of resources and structures at the Athens site, the MD programme is well-positioned to deliver high-quality medical education and to contribute meaningfully to the regional and international medical education landscape.

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

D. Signatures of the EEC

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

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