Doc. 300.1.2/1

Medical School's Response

(Basic Medical Education)

Date: 29 January 2021

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

In Greek:

Πτυχίο Ιατρικής (6 έτη, 360 ECTS)

In English:

Doctor of Medicine (6 years, 360 ECTS, "MD")

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

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 and 2016" [N. 136 (I)/2015 and N. 35(I)/2019].

Guidelines on Content and Structure of the Report

- The Medical School based on the External Evaluation Committee's (EEC's) evaluation report on basic medical education (Doc.300.1.1/1) must justify whether actions have been taken in improving the quality of the programme of study in each assessment area and sub-area.

- The Medical School must respond on the following:
  - the findings, strengths, areas of improvement and recommendations of the EEC
  - the deficiencies noted under the basic and quality development standards
  - the conclusions and final remarks noted by the EEC

- In particular, for each sub-area the Medical School must state the actions taken to comply with the standards **and** provide evidence i.e. the appropriate documentation/policies/minutes/website links/annexes/etc. It is highlighted that the evidence must be provided by indicating the exact page where the information is and **not** as a whole document.

- The Medical School's response must follow below the EEC's comments, which must be copied from the external evaluation report on basic medical education (Doc. 300.1.1/1).

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A. Assessment Areas

1. Mission and Outcomes

Findings

The medical school states its mission in a clear manner and has formulated an adequate set of Core values. The mission is clearly stated on the web site and in the documentation and the official documents contain learning outcomes.

We would like to thank the External Evaluation Committee (EEC) for their positive comments. Our vision, mission and core values have been carefully formulated to reflect our commitment to deliver high-quality education, foster original research and improve the health of the population (https://www.med.unic.ac.cy/about-us/our-mission/).

The School had had autonomy to develop the medical curriculum of this relatively new medical programme and overall it is well described. External expert educators have been involved in the process.

We are very pleased that the EEC considers the Doctor of Medicine (MD) programme curriculum well-described and acknowledges the School's autonomy in its development. Indeed, the Medical School maintains significant autonomy in its operations, including the design and review of its programmes. The MD programme committee is responsible for overseeing the delivery of the curriculum and has the autonomy to make curriculum changes, in line with the institution's regulations and those of the Cyprus Agency of Quality Assurance and Accreditation in Higher Education (CyQAA). This autonomy has allowed us to include external experts in medical education in the design of the programme, enabling us to embed innovation throughout the curriculum.

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

In relation to the School's vision, mission and core values, these have been carefully formulated after consultation with administrative staff and faculty members. Importantly, our students contributed to their development by participating in focus group meetings, held by the Associate Dean for Students earlier this academic year. These meetings were specifically designed to inform the School's developing vision and mission based on our students' perspective. We are committed to regularly reviewing our mission

and values to ensure that they reflect the Medical School we aspire to be. To this end, we welcome feedback from all our stakeholders, including external stakeholders, such as statutory and regulatory bodies, clinicians and patients. We also recognize the importance of engaging further external stakeholders in the development and review of the curriculum.

An important step towards expanding the contribution of external stakeholders to our mission and curriculum review has been the establishment of the International Advisory Board (IAB) (https://www.med.unic.ac.cy/about-us/international-advisory-board-members/). The Board contributes to the Medical School, its mission and vision, through providing external objective guidance and constructive suggestions for improvement, to any aspect of the School's programmes (**Appendix 1.1**: Terms of Reference of IAB). Considering the international orientation of the School and its student population, the IAB comprises internationally-renowned experts in the field of medical education, potential future employers, a medical council representative and a patient representative. We have recently expanded membership of the IAB to include one of our recent MD graduates, who will contribute to the work of the IAB. The IAB has already provided useful guidance in the review of the MD programme and in fact it was agreed during its first meeting that a sub-group of the IAB should convene to specifically advise on integration in the curriculum and assessment of the MD programme (**Appendix 1.2:** Minutes of second IAB sub-committee meeting).

Moreover, we welcome the participation of external stakeholders on an ongoing basis in our programme-specific committees. It should be noted that the Limassol General Hospital Subcommittee, which is responsible for overseeing clinical training at Limassol General Hospital for Years 5 and 6, includes a representative from the State Health Services Organization. Membership at the MD programme committee has now been expanded to include representation from the Cyprus Medical Association and the former Commissioner for Humanitarian Aid and Crisis Management of the European Union (**Appendix 1.3:** Membership of MD programme committee). In this way, external stakeholders play a pivotal role in ongoing programme review and development, consistent with our strategic development plan (**Appendix 1.4:** Strategic Development Plan, Teaching, Learning and Assessment Pillar, pages 6-8 and 14-21).

The aims and intended outcomes address the needs of the society. The outline of aims and intended learning outcomes are described at several levels and with different terminology: General Programme Objectives; Specific Programme Objectives and Intended Learning Outcomes. The School references examples of how the objectives are associated with components of the programme such as basic medical sciences. However, the structure with three partly overlapping levels at programme level

together with two levels of outcomes at course level, where the first is very broad and the second very detailed is confusing and staff and students that the EEC spoke to were unable to explain the relationships between the Objectives and Learning Outcomes and their utility.

We would like to thank the EEC for noting that the programme's aims and outcomes address societal needs. Our aim is to produce safe and competent graduates that meet the demands of clinical practice. We acknowledge that Specific Programme Objectives and the Programme Learning Outcomes have partial overlaps. Following the EEC's constructive comment, we have now simplified the way the overall programme objectives and outcomes are presented. Specifically, we have consolidated the Specific Programme Objectives with the Programme Learning Outcomes to avoid overlap, while maintaining the General Programme Objectives. The General Programme Objectives define the expectations for our graduates, while the Learning Outcomes define more specifically the knowledge, skills and behaviours that students should attain prior to graduation at programme level, in line with the World Federation for Medical Education (WFME) standards (**Appendix 1.5:** MD Programme General Objectives and Learning Outcomes).

The MD programme consists of 52 individual courses delivered over the six years of the programme. Each course has detailed learning objectives. To ensure that students and staff understand the relationship between the programme-level objectives/outcomes and the course-level learning objectives, we have used the Tuning methodology (**Appendix 1.6:** MD Programme Objectives and Outcomes Matrices), which maps the programme-level objectives and outcomes to each of the 52 courses. The matrices have been uploaded on Moodle so that students and faculty have a better understanding of the utility of programme-level objectives and outcomes and course-specific learning objectives. It is also important to note that assessment of each of the 52 courses is based on the course-level learning objectives. Students need to pass each of the individual courses independently in order to graduate. By ensuring appropriate mapping of programme-level objectives and outcomes, with each of the 52 courses, we ensure that our graduates have successfully met the programme-level requirements.

Strengths

- **The medical School has a well formulated mission.**

  We would like to thank the EEC for their positive comment regarding the School's mission, which represents our aspirations in the areas of education, research and contribution to society.

- **The intended outcomes are comprehensive and appear appropriate for the foreseeable future healthcare needs of the community.**

We have made a sincere effort to ensure that the objectives and outcomes of the programme reflect the healthcare needs of the community and we are committed to ensuring that they remain current.

- **An international advisory committee, comprising well-known names in medical education, has provided expertise in setting up the programme.**
  We are pleased to have had such a renowned team of experts contribute to the design of the programme. We are committed to seeking ongoing external expertise in the review of the curriculum. To this end, the School has already received valuable input from the IAB, working towards the integration of the MD curriculum and its assessment, in line with the EEC's recommendations (**Appendix 1.2:** Minutes of second IAB sub-committee meeting).

Areas of improvement and recommendations

- **The School should consider ways to involve stakeholders such as patients and members of the community more explicitly in developing the programme and ensure it disseminates the mission statements more clearly to all including the public and non-academic staff in the hospital.**
  We welcome the EEC's suggestion to involve external stakeholders further in the development of the programme. As mentioned above, our IAB includes representation from renowned experts in medical education, future employers, a medical association representative, a patient representative and more recently one of our MD2020 graduates. At programme-level, the sub-committee that oversees delivery of clinical training at Limassol General Hospital includes representation from the State Health Services Organization. Additionally, we have taken strides towards expanding membership of external stakeholders at the MD Programme Committee by adding a representative from the Cyprus Medical Association and the former Commissioner for Humanitarian Aid and Crisis Management of the European Union (**Appendix 1.3:** Membership of MD programme committee).

  To ensure that our vision, mission and core values are disseminated to all stakeholders, these are posted on our website (https://www.med.unic.ac.cy/about-us/our-mission/). Furthermore, these are clearly posted in the Medical School premises. Based on the recommendation of the EEC, we have now further increased dissemination to our clinical training sites through roll-up banners in Limassol General Hospital and the University of Nicosia Medical Centre. Additionally, we have included our vision, mission and core values in electronic brochures of Medical School programmes, including that of the MD programme (https://www.med.unic.ac.cy/wp-content/uploads/P3182-Updates-P1054-MD_BROCHURE-3-20_WEB.pdf).

- **Although the mission is comprehensive there is still work to do to fully implement it through the programme, especially in relation to the pedagogy of student-centred active learning and fostering practical research skills for original research in the basic, clinical and behavioural sciences.**

  We are pleased that the EEC noted our mission as comprehensive. Our mission provides an important roadmap in guiding our activities, including our aspirations for full implementation of student-centred learning. We have taken significant steps towards achieving this. For example, the programme delivers small-group teaching sessions in all courses, including tutorials, labs and practicals and allows students to take on a more active role in their learning in the clinical environment as they progress through the programme. However, we agree with the EEC that further work is needed in this area. Our strategic development plan (**Appendix 1.4**, Teaching, Learning and Assessment Pillar on pages 6-8 and 14-21) clearly outlines our work towards achieving this further and we have already further embedded student-centred learning in our processes. Some examples are listed below:

  1. Faculty members have been trained extensively, for example through induction training or completion of the Postgraduate Certificate in Healthcare and Biomedical Education (PgCert HBE) of St. George's University of London (https://www.sgul.ac.uk/about/our-education-centres/centre-for-innovation-and-development-in-education/postgraduate-education/pgcert-in-healthcare-and-biomedical-education) to deliver student-centred sessions. Following the EEC's constructive comments, working closely with the University of Nicosia Pedagogical Support Unit, the Centre of Medical Education, the Professor of Medical Education and the Associate Dean for Students, we have now designed a staff development plan (**Appendix 1.7**), which is aimed at encouraging further interactivity and allowing students to take on a more active role in their own learning, by utilizing student-centred teaching methodologies such as flipped classroom and team-based learning. Some of the training sessions have already been delivered by the Associate Dean for Students and the Professor of Medical Education. Our staff development plan also includes sharing of good practice and we have already developed and recorded two webinars on the use of virtual patients and case-based discussion, respectively. Course Leads will pilot the new teaching methodologies in their Spring Semester classes, with further implementation in the new academic year.
  2. To provide further support in the development of student-centred teaching, the peer evaluation form includes items that assess the extent to which student-centred learning activities are utilized (**Appendix 1.8:** Peer review form).
  3. As part of the annual evaluation of faculty, faculty members are now appraised on implementation of student-centred learning in their teaching (**Appendix 1.9:** Faculty performance review form).
  4. The development of the "Student-Led Excellence Awards for Teaching and Administration" by the Medical School Student Society, under the guidance of the Associate Dean for Students, was piloted

earlier in the academic year and it aims at recognizing excellent performance, including student-centred learning from a student perspective. The teachers/administrators with the highest scores win and receive a certificate of achievement (**Appendix 1.10:** Student-led excellence awards) and the awards scheme will be implemented in the current academic year.

5. An important aspect of student-centred learning is allowing flexibility for learners to choose the learning activities that enable them to learn best. Following, the EEC's thoughtful recommendation, attendance at lectures will be optional starting in the academic year 2021-2022, while attendance at small group teaching sessions will remain compulsory. While we will still monitor attendance at lectures through our electronic access card system, non-mandatory attendance will provide flexibility and address different learning needs, in line with student-centred pedagogy. All learning material and associated learning objectives will continue to be available on Moodle at all times to ensure that students all well-supported in their studies.
6. Students are provided with opportunities to make choices about their own learning, for example through choosing their own elective in Year 6.
7. In line with the EEC's recommendations, the introduction of a reflective portfolio in the new academic year 2021-2022, will allow students to take more of a leadership role in their own learning by gaining further insight from learning opportunities, as described more extensively in Area 2 and pages 13-14 below.
8. We aim to embed student-centredness in all our processes, including administrative student support services. To this end, further training will be delivered for staff members in Spring 2021, focusing on performance enhancement and student-centredness.

In regards to further fostering practical research skills, we would like to thank the EEC for their constructive comment. While the programme has a well-developed curriculum in the principles underpinning evidence-based medicine, including dedicated courses in Research Methods and Statistics (Year 1) and Epidemiology and Public Health (Year 4), we agree with the EEC that fostering original research is very important. Students have been active in research as part of their extracurricular activities, including participation in the 'Students in Research' programme, which offered 25 research projects to students under supervision by our faculty between April-July 2020. (**Appendix 1.11:** Students in Research Programme). We have now provided opportunities for students to conduct research as part of the curriculum of the Research Project course in Year 4. The course was originally designed to allow students to carry out a literature search and develop a Narrative Literature Review and it was delivered in this format for the past three years. In the current academic year (2020-2021), the option of the Narrative Literature Review (offered as Pathway A) has been maintained, while we have introduced a new Pathway (Pathway B: Research Project and Poster) for the course (**Appendix 1.12:** MED-405

Handbook for 2020-2021, pages 37-68). This pathway allows students to carry out an original Research Project, study a topic outside the core curriculum in depth and develop critical thinking and self-directed learning skills. Students may carry out a project that involves data collection/ extraction (e.g. by using questionnaires, databases etc.) and qualitative or quantitative analysis of results. The conduct of lab-based projects may also be possible. The outcome of the research project is the development of a scientific poster that meets the published assessment criteria of scientific conferences, written in plain English and accessible by a general professional audience including healthcare professionals, researchers and medical educationalists. Students are encouraged to embrace this opportunity and enrich their medical education through the presentation of their poster in a scientific conference. In the current year we have offered a total of 8 original research projects in Pathway B (**Appendix 1.12:** MED-405 Handbook for 2020-2021, pages 39-52). It is estimated that in follow up years we will offer more original research projects for students, in line with our strategic development plan (**Appendix 1.4**, Research Pillar on pages 9-11, 22-27).

- **The school must restructure the educational outcomes to clarify the relationships between the various levels of Objectives and Intended Learning Outcomes, improve understanding of the utility of the learning statements, and to improve the interpretation and the quality of assessment of outcomes. The School may wish to consider reducing the number of levels as part of the restructuring.**

  As mentioned previously, we have now re-structured the programme-level objectives and outcomes (**Appendix 1.5:** MD Programme General Objectives and Learning Outcomes) and clarified the relationship of the programme-level objectives/outcomes with those at course-level, using the Tuning methodology (**Appendix 1.6:** MD Programme Objectives and Outcomes Matrices). Even though assessment is based at the course-level objectives, effective mapping of course-level objectives to programme-level objectives/outcomes ensures that our graduates have successfully attained the programme-level objectives and outcomes.

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

2. Educational Programme

Findings

The educational programme is clearly described in the documentation.

In years 1-3 there is a fairly traditional programme that includes basic sciences, medical sciences, behavioural sciences and medical ethics and law, along with courses in research methods and statistics. There are also introductory modules in year 2 in Integrated Clinical Practice where students apply their knowledge and practise their skills in a clinical setting (hospital and GP) with patients. Although the courses are discipline-based there is evidence of good horizontal integration achieved by presenting topics to students in a systems-based approach where possible. However, all the modules/courses are assessed separately without integration.

We would like to clarify that even though the MD programme follows a traditional European medical structure, we have incorporated significant innovation in the curriculum, such as ultrasound and cultural competence. Unlike many traditional curricula, the MD programme is enriched by courses in social sciences, such as medical ethics and medical sociology in order to allow students to practise medicine holistically, taking into consideration ethical, legal, psychological and social aspects of patient care.

We appreciate the EEC's finding that the programme achieves good horizontal integration through systems-based delivery, where possible. We acknowledge however that courses are assessed separately. The assessment strategy has been developed to assess each of the 52 different courses independently, which is in line with the current curriculum structure and the requirements of the University. However, we consider integration in the curriculum and in assessment to be of vital importance in medicine. As mentioned previously, we are currently reviewing the MD programme curriculum, under the guidance of the International Advisory Board (IAB) sub-committee, in order to further increase integration in the curriculum (**Appendix 1.2:** Minutes of second IAB sub-committee meeting). This will allow us to develop our assessment strategy further, in line with the more integrated curriculum (**Appendix 1.4:** Strategic Development Plan, Teaching, Learning and Assessment Pillar on pages 6-8, 14-21)

As a first step, we are currently developing integrated case studies for courses taught in the Spring Semester in Years 1-3, which are formative in nature and are based on common material covered in all courses horizontally (**Appendix 2.1:** Integrated cases for Spring 2021). In fact, we have already developed and delivered one such integrated case study during the Fall Semester of Year 3 (**Appendix 2.2:** Meningitis integrated case study), which allowed students to follow an evolving patient case, while

addressing clinical, histopathological and pharmacological aspects, thus allowing students to integrate knowledge across all courses taught in the Fall Semester. Feedback from course leads and students was very positive.

The spiral curriculum revisits the academic disciplines and systems throughout the programme, and increasingly in a clinical context, thereby providing opportunities for vertical integration (science-clinical practice). Year 4 provides a transition from a mainly science-based curriculum to a mainly clinically-based one, with teaching in some subjects such as public health and epidemiology and a library based research project that is achieved mainly through self-directed learning supported by online training materials and advice from librarians on literature-searching skills. In the latter half of year 4 students have transition placements in medicine, surgery and general practice.

We appreciate the EEC's positive comments on vertical integration in the curriculum, which allows for spiral learning and for acknowledging the significance of Year 4 as an important transition year bridging the pre-clinical and clinical years in the MD programme.

We would like to clarify that, in agreement with the EEC's comments in Area 1 on page 5 on further fostering original research, the Year 4 Research Project (MED-405), in addition to allowing students to undertake a narrative literature review, has now been expanded to allow students to carry out short research projects involving data collection/extraction and the statistical analysis of results or short lab-based projects, culminating in a poster, which students are encouraged to present at a scientific conference (**Appendix 1.12:** MED-405 Handbook for 2020-2021, pages 37-63).

During years 5-6 students develop experience across all the major specialties in hospitals and general practice in Cyprus or in Barnsley, UK. There is also a 6-week elective in year 6 when students are encouraged, but not required, to leave Cyprus. The programme information describes the intention that students should become more integrated into the clinical teams and contribute more to patient care, as they progress through the programme This was ratified by students and clinical educators.

The EEC's positive comments on the clinical experience gained in all major specialties in Years 5 and 6 are appreciated. We work very closely with our clinical training partners to ensure that students receive high quality clinical training, with increasing responsibility as students progress through the programme.

The programme attracts a large number of international students and is designed to cater for those staying in the EU, but also offers USMLE Step 1 for those wishing to pursue postgraduate training in

the US, and offers placements in the UK, thus supporting those who wish to move or return to the UK to practise.

We would like to thank the EEC for acknowledging the diverse nature of our student body, which currently comes from 50 different countries. The Medical School places great emphasis on supporting students' diverse career paths through a dedicated Career's Office, which has recently been further developed to Careers & Alumni Office, to better serve the needs of our graduates and extend participation opportunities for our alumni. In light of increasing student numbers, we have recently added an additional member of staff to the Careers & Alumni Office to ensure that we can offer further support to both students and graduates and retain the high standards we have.

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

The MD programme has increased its intake incrementally over the past seven years, which has allowed us to build appropriate capacity planning for expanding student numbers.

We are grateful to the EEC for noting our first graduates, which represent a significant milestone for the programme. We are very proud of the accomplishments of our graduates, whereby 100% employability has been attained, with all graduates having successfully registered with the medical council of the country of their interest.

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

We agree with the EEC's observation that the objectives and outcomes at programme level were presented in a complex manner. As described in Area 1, pages 2-3, in line with the EEC's recommendations, we have simplified the programme level objectives and outcomes, whereby we have combined the Specific Programme Objectives with the Learning Outcomes to avoid overlap (**Appendix 1.5:** MD Programme General Objectives and Learning Outcomes). We would like to clarify that the

reference to mapping the programme objectives and outcomes to areas of the curriculum such as basic, biomedical sciences and behavioural sciences was included in the self-evaluation report prepared as part of the application for re-accreditation, to highlight that our programme level objectives and outcomes cover adequately the different areas outlined in the WFME standards.

We would like to thank the EEC for their comment on assessment, which allows us to clarify that assessment is based on the course-specific learning objectives, which we were pleased to see students found helpful. Our mapping exercise using the Tuning methodology (**Appendix 1.6:** MD Programme Objectives and Outcomes Matrices) ensures that the programme-level objectives and outcomes are assessed by virtue of assessment of learning objectives in each course. To allow better comprehension of the relation of programme-level objectives/outcomes and course-level outcomes we have posted the matrices on Moodle.

In regards to references to the GMC domains of assessment, we would like to clarify that this was adopted to ensure that the overall framework of the assessment strategy has external validity and that our assessment principles, methods and practices ensure assessment in all domains: knowledge (e.g. written exams), skills (e.g. OSCEs) and attitudes (professionalism).

The programme is described as valuing life-long learning and encouraging active, student-centred and reflective learning. There are elements designed to achieve these ends such as the year 4 library-based research project, and the clinical placements, particularly in year 6 which takes the form of assistantships. However, in the early years the emphasis is on didactic transfer of information. Students are required to attend all timetabled events every day and this often includes up to 7 lectures per day along with tutorials and workshops. The time-tabled days generally run from 9am to 5 or 6pm, leaving little time or energy for independent enquiry led learning. The observed tutorial was an extremely well structured and carefully managed case-based discussion but the emphasis was on a tutor-led learning event with tutor-focused discussion and transfer of information. The tutorial format did not encourage student-led discussion or offer opportunities to develop students' transferable skills such as chairing or general group work skills.

We agree with the EEC that while we value and have in fact embedded active, student-centred learning in the programme, further work is needed for its full implementation, particularly in the pre-clinical years, where a large number of lectures are being delivered. While each course encourages active learning through small-group teaching, we acknowledge that further opportunities should be created to reap the full benefits of tutorials. Following the EEC's constructive comments, as described in Area 1, pages 5-7 in collaboration with the University's Pedagogical Support Unit, the Centre of Medical Education, the

Professor of Medical Education and Associate Dean for Students, we have now designed a staff development plan (**Appendix 1.7**) to specifically address these areas for improvement and support teachers in: 1) increasing interaction in their lectures and tutorials by incorporating active learning teaching methodologies such as team-based learning and 2) reducing contact hours by utilizing new teaching methodologies such as flipped classroom and reviewing their courses to place emphasis on core knowledge. Our staff development plan also includes sharing of best practice amongst colleagues.

To further encourage students to take a more active role in their learning, we have revised our attendance policy to provide flexibility based on individual learning styles and needs. Specifically, attendance at lectures will continue to be monitored but it will be optional starting in 2021-2022. Small-group teaching attendance will continue to be compulsory. All learning material and associated learning objectives will continue to be available on Moodle at all times to ensure that students all well-supported in their studies.

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

We are grateful that the EEC acknowledges our ongoing commitment to reviewing and renewing our pedagogical approaches. We would like to clarify that, even though our student numbers have increased, tutorials are still delivered to small groups of students up to 25 to allow interaction with the tutor. Additional tutors have been recruited, where needed so that quality in the delivery of tutorials has not been compromised due to increasing student numbers. However, we do agree that new approaches are needed to ensure active contribution and student motivation. Our staff development plan has been designed to support teachers in this important area, as described above.

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

While the MD programme provides opportunities for reflection throughout the programme, for example through reflective writing on students' own learning style in Year 3 and reflective accounts of performance in patient consultations in the Integrated Clinical Practice (ICP) course in Years 2-4, we recognize that there is a need for a well-developed portfolio that spans all six years of the MD programme. Following the EEC's thoughtful recommendation, we are in the process of developing a reflective portfolio, which will form part of the Doctor as a Professional (DAP) domain with implementation starting in the upcoming

academic year, 2021-2022. Under the guidance of one of the members of the International Advisory Board, we have consulted an expert from Leeds University, which has been extremely beneficial as we develop our own reflective portfolio. The reflective portfolio will cover the following themes:

- Reflection, learning and teaching
- Learning and working effectively within a multi-professional team
- Protecting patients and improving care
- Use of information in a medical context
- Behaviour in keeping with ethical and legal principles
- Communication with patients and colleagues (including effective multi-disciplinary team working)

Additionally, we recognise the need for an e-portfolio and indeed we have recently purchased *My Progress* software in order to establish it. The e-system:

1. Supports workplace assessments in any environment, both online & offline
2. Allows flexibility to support various standards/frameworks
3. Allows management reports to be instantly available
4. Has a secure and verifiable feedback
5. Uses a non-intrusive mechanism to collect feedback data from assessors
6. Empowers students by giving them the ability to measure their own progress

During the pilot phase in the current academic year, we will design all forms and features; and teachers and students will receive extensive training on how to use *My Progress*. This is in fact the same software used at Leeds University and we will receive valuable guidance from experts on how to achieve our aims.

Clinical and communication skills teaching and learning follows a systematic approach using mannequins, peer-examination, simulated patients and learning within a simulated ward but there is no evidence of a simulation strategy and access to a simulation suite with peer observation and constructive debriefing.

We would like to thank the EEC for their comments, which allow us to clarify that the MD programme has a well-defined simulation strategy, which includes peer and tutor observation as well as constructive debriefing starting in Year 2, as part of the Integrated Clinical Practice (ICP) courses. In fact, the majority of communication skills sessions include role plays with simulated patients (SPs) in all years of study. For example, in ICP I, seven communication skills tutorials are delivered with five of them using SPs, while in ICP II, all five communication skills tutorials delivered involve SPs. Students are given the opportunity to elicit histories and practice their communication skills and receive feedback from the tutor, their peers and the SP. Integrated sessions, which involve intimate examinations/procedures, including breast

examination, male catheterization and colonoscopy are also conducted using SPs in Year 3, to allow students to practice their communication skills alongside their clinical skills. We would like to clarify that for clinical skills sessions involving examinations in the pre-clinical years, peer examinations were primarily used since at this early stage in learning, the focus of teaching is on normal, rather than pathological, findings. However, following the EEC's thoughtful comments, we have reviewed our simulation strategy (**Appendix 2.3**) and we have incorporated SPs in clinical skills sessions taught in Years 2, namely in the cardiovascular, respiratory and abdominal clinical skills sessions. This will allow us to further re-enforce the teaching in communication skills early on, while students practice their clinical skills in examination of these important body systems. Finally, we have incorporated SPs in the rectal examination session, which involves an intimate examination. The rectal examination session is aimed at discussing the principles of an intimate examination and performing a rectal examination on a model. The presence of a simulated patient will be important to reinforce the principles of communication for intimate examinations in a sensitive, respectful and professional manner. Overall, the incorporation of SPs in these sessions will allow us to further utilize our purpose-built simulation ward in Block B of the Medical School for tutor and peer observation, followed by constructive debriefing.

Once students are in clinical placements they rely on clinicians to draw out the psycho-social aspects or ethical issues of patient's health issues. Students do not make specific portfolio studies of such patients.

As mentioned in the section above, we recognize the need for a reflective portfolio, which also encompasses consideration of psycho-social and ethical issues related to patients encountered. We have already taken steps towards the development and implementation of a reflective portfolio under expert guidance.

There was also very little evidence of inter-professional learning (by, with or about others), in either phase of the curriculum.

The MD programme provides learning opportunities in Interprofessional Learning (IPL). For example, through the MD programme curriculum, students are introduced to the roles of other members of the multidisciplinary health care team in their courses, such as Sociology, Psychology, Genetics and Epidemiology and Public Health just to name a few. In the clinical years, students have the opportunity to learn within multi-disciplinary teams for the purpose of patient care, including nurses and dieticians. Another example is the community outreach activities of the Mobile Clinic, whereby our medical students interact with students from other healthcare programmes, including Nursing, Dietetics and Physiotherapy.

However, we acknowledge that further work is needed to provide a more systematic approach to IPL. In order to achieve this, we have recently appointed an IPL Academic Lead, who is responsible for formulating an IPL Strategic Plan and coordinating its implementation. Under the leadership of the academic lead, we are currently developing the IPL Strategic Plan (**Appendix 2.4**). The plan aims to foster professionalism and excellence in collaborative multidisciplinary patient care through IPL for future graduates of the MD Programme. The Strategic Plan seeks to achieve enhancements to IPL activities by building on current strengths, seizing key opportunities, and by developing and implementing solutions to current challenges. It aligns with the Strategic Development Plan of the Department of Basic and Clinical Sciences (**Appendix 1.4**, Teaching, Learning and Assessment Pillar, pages 6-8, 14-21) and sets out our priorities and targeted actions in enhancing the three axes of IPL, namely learning about other professional disciplines; learning from other professionals, and learning with other professionals.

The IPL Strategic Plan serves as an important roadmap for our work in each of the four pillars, which is further defined by strategic goals, as shown in the IPL Strategic Plan (page 5-7) and below:

- **Pillar 1: Strategy**
  Strategic Goal: Advance educational excellence through strategic high-quality interprofessional education
- **Pillar 2: Collaboration**
  Strategic Goal: Foster professionalism and excellence in collaborative patient care through interprofessional learning
- **Pillar 3: Teaching**
  Strategic Goal: Nurture faculty professional development about Interprofessional learning
- **Pillar 4: Learning**
  Strategic Goal: Deliver innovative, student-centred and high-quality interprofessional education

The Strategic Plan further defines objectives and specific actions for each of the four pillars/strategic goals and defines the timeframe for completion of each action and responsible person(s). Importantly, measures of achievement are included to allow us to monitor and reflect on our progress. The MD Programme Committee is responsible for monitoring the implementation of the Strategic Plan. We are pleased to note that we have already taken steps towards the implementation of the Strategic Plan. Some examples are shown below:

- **Pillar 1: Strategy.** We have already developed a working version of the IPL Strategic plan, which will be reviewed in the next MD Programme Committee.
- **Pillar 2: Collaboration.** Several University of Nicosia non-physician health professional training programmes have been identified which have a mix of undergraduate (e.g. Pharmacy, Nursing,

Psychology) or graduate (e.g. Nutrition and Dietetics) students currently being trained in English. We have already initiated discussions with the relevant Departments to identify meaningful IPL activities. Furthermore, our recently established University of Nicosia Medical Centre provides opportunities for the development of interdisciplinary clinical activities for students. In fact, discussion and evaluation is undergoing as to the feasibility of the development of a multispecialty and multidisciplinary collaboration through which medical students and physiotherapy students could potentially participate in interdisciplinary learning activities in the pre-clinical or clinical years.

- **Pillar 3: Teaching.** We are currently identifying accessible internal and external resources and training opportunities to aid in optimally training University of Nicosia Medical School Faculty in IPL, including topics such as interprofessional supervision and stimulating discussion in interprofessional student groups.
- **Pillar 4: Learning.** The MD curriculum provides opportunities for IPL, which can be further expanded upon. Evaluation is underway to identify current IPL activities and explore opportunities for enhancement and expansion of IPL activities within courses of the pre-clinical and clinical years of the MD programme.

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

We thank the EEC for recognising our commitment to equality and diversity. It is one of the seven core values of the Medical School and it is integral to our overall approach to create opportunities for all regardless of background. We strive to maintain a supportive learning environment and we are pleased to hear that our students spoke highly of the School.

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

We agree with the EEC that further flexibility could be provided to allow more autonomy based on individual learning needs and interests. We have now revised our attendance policy, with implementation in the following academic year, to make attendance at lectures optional, while maintaining compulsory attendance at all small group teaching sessions. All learning material and associated learning objectives will be available on Moodle at all times to ensure that students all well-supported in their studies.

In regards to student selected components, students may explore a topic of interest as part of in-course assessment in Years 1 and 2, develop a narrative literature review or conduct original research in the Year 4 Research Project and complete their Year 6 Elective in any medical specialty or research area. The Medical School also provides students with opportunities to gain experience in other areas of interest through extracurricular activities, seminars, student clubs and societies (https://www.med.unic.ac.cy/student-life/clubs-and-societies/). During 2019-20, 16 student clubs and societies were registered under the Medical School. Some examples are: Charity club, Mobile Clinic club, Psychology Interest club, the Wellness club, Ultrasound society, and Surgical society. These derived from student initiatives and were supported by the School leading to 992 student registrations. Furthermore, medical students have the opportunity to participate in clubs set up by students on the main campus. These activities serve to enrich student learning in other areas of interest outside of the core curriculum.

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

We would like to thank the EEC for noting the extensive teaching in the subject areas underlying evidence-based medicine. We agree with the EEC that a description of the literature research strategy and critical appraisal of the literature are important in the Research Project Narrative Literature Reviews (NLR). In fact, the importance of the development of a search strategy is discussed thoroughly during the session delivered by the librarian and the two tutorials carried out by the Course Lead. While a literature search strategy may be more suited for a systematic review rather than a NLR, we acknowledge that this is an important skill for students to develop as part of the curriculum. To this end, the MED-405 Research Project Handbook for the following academic year has been revised to include a detailed explanation of the search strategy to be carried out and the need for a section on 'Methodology/Research Strategy' to be included as a separate section in the paper. The marksheet has also been edited so that 10 marks are allocated to the Methods section (**Appendix 2.5:** MED-405 Handbook for 2021-2022, section 4.4.1 and pages 9-11, 19, 22, 32, 38, 41, 42). In addition, a lecture has been added to discuss the search strategy to be used in the current project.

In regards to critique of papers, the importance of the critical appraisal is discussed thoroughly during the two tutorials carried out by the Course Lead. Since critical appraisal may have not been applied effectively in the MED-405 Research Project Handbook, for the following academic year (2021-2022), the handbook has been revised and currently includes a detailed description of the principles of critical appraisal and

how students can use the CRAAP Test to evaluate their resources (**Appendix 2.5:** MED-405 Handbook for 2021-2022, section 4.4.2 and pages 12-13). In addition, a lecture will be added next year to discuss the topic of critical appraisal and how the latter can be implemented by the students in their narrative reviews. The course outline has also been revised to reflect the addition of a search strategy and need for critical appraisal for 2020-2021 (**Appendix 2.6:** MED-405 Course Outline 2021-2022). Additionally, the marking criteria will be revised to ensure assessment of this important skill.

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

Indeed, increasing student research activity is one of our main areas to be expanded, in line with our research strategy outlined in the strategic development plan (**Appendix 1.4**, Research Pillar, pages 9-11, 22-27). We would like to clarify that in addition to extra-curricular research projects conducted by students under the supervision of our faculty (such as projects offered under the 'Students in Research Programme'), Narrative Literature Reviews completed as part of the Research project course (MED-405) have also resulted in student publications. Two examples are shown in **Appendices 2.7 and 2.8**

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

This is duly noted, and as described above (pages 11-12), our staff development plan is aimed at reducing contact hours by utilizing new teaching methodologies and by emphasizing core knowledge in the curriculum. For example, by utilizing the flipped classroom methodology, contact hours will be reduced. Importantly, faculty will be supported, for example by the Professor of Medical Education, as necessary to re-focus the delivered material to minimize curriculum overload.

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

We are pleased to read that our graduates were positive about their experience on the programme and felt competent to practice medicine. We would like to note that all graduates have secured registration with the medical council of their choice and a small number are finalizing arrangements for postgraduate training following the procedures and timelines of the respective councils.

We welcome the opportunity to receive feedback from our graduates and we have developed a formal graduate survey that will be implemented in Spring 2021, which will enable us to gain detailed feedback on their perspectives of the programme now that they are in practice. In particular, we will collate their input on their preparedness for postgraduate clinical training in specific areas/domains. The survey template is included as **Appendix 2.9**.

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

Ensuring patient safety is pivotal and students are taught about the importance of patient safety as early as their first week at the Medical School. We are pleased to see that this was ratified by the EEC through the student meetings and documentation.

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

The delivery of clinical training of the highest quality is a central pillar of the MD programme and the Medical School and this is intrinsically linked with the continuous enthusiastic engagement of clinical tutors who are committed to medical education. The School greatly values its Clinical Faculty and has developed a number of strategies and measures to ensure that this engagement is nurtured and continues to develop in a sustainable manner. The School supports the continuous professional development of clinical tutors by offering a number of scholarships for all three postgraduate Masters programmes (MSc in Family Medicine, Master in Public Health and MSc in Health Services Administration) and the PhD Programme in Medical Sciences. Specifically, for the PhD programme, the School provides guidance and support to clinicians in formulating effective research proposals and puts in place robust arrangements for their supervision by a three-member Committee (two members are faculty of the Medical School and the third member can either be another member of faculty or a supervisor from another academic institution). Beyond the scholarships, the School actively supports the research aspirations of clinical tutors by providing access to relevant research methodology modules (that are part of its postgraduate programmes), encouraging the participation of clinical tutors in research projects coordinated by faculty and supports clinicians' involvement with student research projects. Tutors' academic aspirations are well supported and clinicians are able to apply for formal ranking via the

Medical School's clinical track and we have taken specific measures to ensure that excellence in clinical teaching is recognized by developing the student-led clinical teacher awards. The School also ensures that tutors have access to high quality, evidence-based resources (such as UpToDate) that support clinical training as well as their clinical practice. Finally, our continuous work with the Ministry of Health during the development of the relevant University Hospitals legislation aims to ensure that the role and contribution of clinical tutors is fully recognized and supported.

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

We thank the EEC for providing us with an opportunity to clarify the governance and quality assurance structures of the programme, department and Medical School. **Appendix 2.10** provides a detailed description of the governance and quality assurance structures and the distinct responsibilities of each of the committees. **Appendix 2.10** further illustrates the programme governance (page 7) and departmental structures (page 8) to further clarify the inter-relationship between them.

Briefly, the programme committee has responsibility for decision making and the monitoring of the programme in its entirety. It makes recommendations and decisions about issues raised by any sub-committees (Year Committees, Assessment Committee); receives, and where necessary acts on reports about the quality of the teaching and student experience across all six years; receives reports about student assessment and progression; and acts as a forum for students to raise concerns about the programme, as well as receives reports on student welfare and pastoral support issues. Also, it is responsible for the production of the annual Programme Evaluation Report (PER).

The Programme Committee reports upwards through institutional structures and on matters where it must seek further approval. This extends up to the Department of Basic and Clinical Sciences, the Medical School, and ultimately to the University's Senate as the highest academic body of the University. It should be emphasized that the Department Council, which considers both programmes housed under it, i.e. the MD programme and the PhD in Medical Sciences, has a more overarching role, as compared to programme committees, and is responsible for shaping the Department's strategy in the three pillars of education, research and social contribution. In regards to education, it is responsible for defining the overall educational policy of the Department, for example by proposing strategies for development and creation of new programmes of study. Additionally, it is responsible for developing and monitoring the Department's research and social contribution activities.

In addition, there are Quality Assurance structures in place to provide an added level of scrutiny. Again, these are reflected at departmental, school and university levels to provide appropriate levels of quality assurance monitoring, management and oversight respectively. These provide a degree of objectivity and an additional opportunity to reflect on our provision. Their output contributes to our commitment to processes of continuous enhancement. The work of the Departmental Quality Assurance (QA) committee complements and supports the work of other committees, which form part of our governance structures. For example, the PER is prepared by the MD programme committee and is discussed in detail, leading to approval of the proposed action plan by the Basic and Clinical Sciences QA Committee. The PER is further considered at the Academic Affairs and Quality Management Committee (AAQM), which provides management level oversight of all programmes of the School. Another example of the inter-relationship and synergies of the different committees is in regards to ascertaining faculty needs and the impact of appropriate staffing on delivery of our curricula. Faculty needs are considered at the BCS Department Council, which proposes to the Dean, the hiring of new faculty for the needs of the Department. However, the Department's QA committee would be responsible for monitoring the sufficiency of the number and quality of academic and teaching staff in relation to existing standards and regulations.

As a relatively young Medical School, that is in the process of strengthening the functions of its two departments, we appreciate that some overlap of roles and responsibilities may exist. Although as a medical school we retain significant autonomy from the University, we must remain within regulatory standards and institutional expectations for governance. Hence, on the basis of the EEC's comments, throughout 2020-21, we are reviewing the functions of our committees and overall structures and, where appropriate, will implement changes, and convey them to all students and staff for further clarity. These will be provided within the programme handbook and additionally placed within the School's quality assurance pages on Moodle.

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

We are pleased to be able to explain that this is not the case, and that administrators are very much part of the programme committees, and represented at all levels. For example, course administrators are active members of the Year-specific and programme committee meetings, and administrative functions, such as Finance, Registry and Quality Assurance (amongst others) are represented at the MD assessment and programme committees. This is illustrated in the current membership of these committees, as shown in **Appendix 2.11**.

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

We appreciate that we were able to be evaluated virtually during the global pandemic, and thank the EEC for the time that they dedicated to this and insight that they have shared. It is unfortunate that plans to visit our premises, including clinical sites, have had to be postponed and we look forward to arranging these as soon as epidemiological conditions allow. In the meantime, we would like to thank the CyQAA for giving us the opportunity to share short videos with the EEC of our physical facilities, including clinical training facilities at Limassol General Hospital.

Strengths

- **Staff, students and graduates are very satisfied with the education provided and spoke highly of the positive ethos of the School, and the support offered to them.**

  Delivering high-quality education in a supportive environment is very important to us and it is gratifying to see our students' positive comments.

- **The programme is well coordinated and administered.**

  We would like to thank the EEC for their positive comments on the coordination and administration of the programme. We have an enthusiastic team, consisting of 86 colleagues, based at the Medical School, which is responsible for all administrative aspects, including timetabling, assessment and student support.

- **Current Graduates feel they have been well prepared and could cope with clinical practice.**

  We are pleased to see that our graduates feel well-prepared for clinical practice. This is the ultimate objective of the programme. We look forward to receiving further feedback from our graduates through the Graduate Survey, which will be implemented in Spring 2021.

- **The School has recently started to use its own general practice to good effect to teach students about primary care.**

  Primary care is emphasized in the MD programme due to its crucial role within the healthcare system. The establishment of the University Medical Centre, which is the clinical arm of the department of Primary Care and Population Health, has been instrumental in serving the health needs of the University community and local population under the auspices of the new Cyprus National Health Care System (GESY) and providing a model GP teaching environment for our medical students. Since its opening in September 2019, our Medical Centre has been evolving to employ not only personal doctors but also visiting physicians in cardiology, neurology, gynaecology and general surgery. The healthcare team is

multidisciplinary and also includes nurses, a pharmacist, a dietician, a laboratory assistant, administrative staff and our medical students. Additionally, we continue to expand our digital, online applications for our patients, including telemetry monitoring, which is in development. This evolution of services, expertise and technology is a useful resource for the training of our medical students, which we will continue to utilize.

- **Students are encouraged to get involved in the School's own health promotion programme to develop understanding of community practice and service to the community, on a voluntary basis.**

  Contribution to society is one of the three pillars of our Mission and our students' participation in health promotion programmes, including those of the Mobile Clinic, are of the utmost importance in achieving our goals. Students participated in ten different Mobile Clinic expeditions from September 2019 to February 2020 (**Appendix 2.12**) and we look forward to resuming Mobile Clinic expeditions as soon as the pandemic allows. The commitment of our students in providing service to the community is exemplified by our students' participation during the Covid-19 pandemic to support the activities of the Ministry of Health through operating national telephone helplines, responding to e-mails, assisting with contact tracing and writing/reviewing protocols. Most recently, 66 students are involved in the population screening programme for Covid-19. Furthermore, we have offered, and the Ministry of Health has accepted, the support and extensive expertise of the Medical School in the national vaccination effort against Covid-19. The proposed action plan includes visits of the Mobile Clinic to rural areas of Cyprus to vaccinate the local population and includes the participation of medical students, under the supervision of our clinical faculty. Nursing staff and students are also involved in this initiative, which provides a useful learning opportunity in an interprofessional setting.

- **The staff are accessible to one another and to students.**

  We consider student support, both academic and pastoral, to be one of the strengths of the programme, and our staff and faculty work closely with one another and the students to ensure appropriate support is provided. We are pleased to see that our commitment to supporting staff and students was ratified by the EEC.

- **There are small groups in the clinical placements with enthusiastic, motivated teachers, keen to help the students.**

  We appreciate the EEC's positive comments about our clinical teachers, who are indeed committed to providing excellent clinical training in small groups of students.

Areas of improvement and recommendations

- **The description of the programme refers to several frameworks of objectives and intended learning outcomes without explaining their relationships and does not appear to be understood or used by students or staff in teaching or assessment. The School must simplify and clarify the structure and relationships of the learning statements to improve their utility.**

  As noted earlier, we have revised the programme-level objectives and outcomes and further clarified their relationship, using the Tuning methodology. These can be found attached as **Appendices 1.5 and 1.6**. With regards to assessment, we would like to clarify that assessment is based on the learning outcomes at course-level. Effective assessment of the programme-level objectives and outcomes is achieved through their mapping to course-level outcomes, using the aforementioned Tuning methodology.

- **The school must have the autonomy to make the attendance at didactic lectures voluntary and not mandatory, to permit students the choice on how best to use their time for learning.**

  In line with our aspirations to deliver student-centred education, we agree that providing further flexibility by allowing students to choose the best way to use their time is important. We have therefore revised our attendance policy to make attendance at lectures optional. It is emphasized however that attendance at small-group teaching sessions will remain compulsory and we will continue to monitor attendance at lectures, through our electronic access card system. The provision of all learning material and associated learning objectives on Moodle at all times ensures that students all well-supported in their studies.

- **The School must develop active student-centred teaching and learning methods across all components including scientific and clinical areas, and reduce the emphasis on didactic approaches.**

  We agree with the EEC's constructive recommendation, which is in line with our student-centred strategy. The teaching in clinical years is very much designed to allow active, student-centred learning, however we agree that the didactic approach should be reduced in the pre-clinical years. This can only be achieved through an appropriate staff development programme, which has been designed to provide further training in active learning, including innovative methodologies such as flipped classroom and team-based learning (**Appendix 1.7:** Staff Development Plan).

- **The School must consider how to scale up effective teaching and learning in Years 1-3 to bring efficiencies for both students and staff and allow a healthy work-life balance for both.**

  We recognize the importance of a healthy work-life balance for both students and staff. As described above, we have already taken steps towards reducing the student contact time through the introduction

of new teaching methodologies such as the flipped classroom and by re-focusing the curriculum on core knowledge. These will be piloted in the Spring Semester of 2020/21 and implemented further in the new academic year.

In order to ensure that faculty members maintain a healthy work-life balance, staff have well-defined roles and responsibilities in terms of teaching and any other academic, service and administrative duties and functions that they may have. As a general rule, full time faculty members are expected to engage in teaching, research and service/administrative functions as follows: 20% teaching, 60% service (e.g. leadership and co-ordination; professional development; curriculum enhancement; assessment; student support) and 20% research. Records are maintained of the teaching activities of faculty members and support provided, when needed. For example, in order to accommodate increasing student numbers, while maintaining appropriate teaching hours, which normally range from 6-9 hours or less per week, additional tutors have been recruited. Faculty members are supported to carry out research through several mechanisms including post-doctoral fellows, PhD students and seed grants (**Appendix 2.13:** Research support mechanisms). Finally, administrative support is available through an efficient team comprising 86 staff members (https://www.med.unic.ac.cy/about-us/faculty-and-staff/staff/). The mechanisms in place ensure that faculty members are supported in their roles and an appropriate workload is maintained in all expected areas of responsibilities. Finally, the workload of our administrative team remains appropriate through clear allocation of tasks and responsibilities, which are monitored by line managers and supervisors. We have expanded our administrative team over the years, in line with increasing student numbers, to ensure that students are supported, while allowing a healthy work-life balance for staff.

- **The School must introduce dedicated time for reflection during clinical activities and introduce a portfolio that promotes this across the programme and encourages deeper integrated learning about individual patients.**

  We agree with the EEC that reflective practice throughout the programme is of paramount significance. As described previously (pages 12-13), we are in the process of developing a reflective portfolio, under expert guidance from the University of Leeds. The reflective portfolio will be incorporated in the DAP assessment domain, starting in the following academic year. The themes of the reflective portfolio include: i) Reflection, learning and teaching; ii) Learning and working effectively within a multi-professional team; iii) Protecting patients and improving care; iv) Use of information in a medical context; v) Behaviour in keeping with ethical and legal principles; v) Communication with patients and colleagues (including effective multi-disciplinary team working).

Additionally, an e-portfolio using the software *My Progress* will support reflective learning by enabling workplace assessments in any environment, both online and offline, allowing flexibility to support various standards/frameworks, making management reports instantly available, providing secure and verifiable feedback and empowering students by giving them the ability to measure their own progress. The pilot phase is in progress, with the design of forms, finalization of all features and training for teachers and students due to be concluded in the current academic year so that it can be implemented in the new academic year.

- **The School must provide more education training for all teachers (including clinicians) to ensure the use of active, interactive and constructive student-centred teaching and learning methods, and assessments that encourage students to integrate understanding across disciplines, systems and specialties.**

  As noted above, we agree that staff development is the first important step to achieve full implementation of student-centred learning and we have thus formulated an appropriate training plan (**Appendix 1.7**) in collaboration with the University Pedagogical Support Unit, the Centre of Medical Education, the Professor of Medical Education and Associate Dean for Students.

  In terms of integration in the curriculum and assessment, good horizontal integration is achieved, whenever possible, as acknowledged by the EEC. We do agree however that this is an area for improvement and we have in fact started working in this direction, under the guidance of the International Advisory Board (**Appendix 1.2:** Minutes of second IAB sub-committee meeting). As we achieve further integration in the curriculum, this will enable us to develop our assessment strategy accordingly. As a first step, formative integrated case studies will be delivered in the Spring Semester in Years 1-3, which will cover common material of courses delivered in the Semester (**Appendix 2.1:** Integrated cases for Spring 2021). In fact, we have already developed and delivered one such integrated case study during the Fall Semester of Year 3 (**Appendix 2.2:** Meningitis integrated case study), which allowed students to follow an evolving patient case, while addressing clinical, histopathological and pharmacological aspects, thus allowing students to integrate knowledge across all courses taught in the Fall Semester. The feedback received from both faculty and students was very positive, encouraging us to expand delivery of integrated cases to the Spring semester in 2021.

Please select what is appropriate for each of the following sub-areas: Sub-area ***Non-compliant/Partially compliant / Compliant / Not applicable***		
2.1	Framework of the programme	Partially compliant
2.2	Scientific method	Compliant

2.3	Basic biomedical sciences	Compliant
2.4	Behavioral and social sciences, medical ethics and jurisprudence	Compliant
2.5	Clinical sciences and skills	Compliant
2.6	Programme structure, composition and duration	Compliant
2.7	Programme management	Compliant
2.8	Linkage with medical practice and the health sector	Compliant

3. Assessment of Students

Findings

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

Indeed, a variety of assessment methods are used, based on their assessment utility to ensure that students' application of knowledge, skills and attitudes are thoroughly assessed throughout the MD programme and we are pleased that this was noted by the EEC. We would like to clarify that students have early exposure to clinical and communications skills teaching in the curriculum, starting in Year 2 and thus their assessment after Year 1 is in line with the curriculum.

We are grateful that the EEC noted the shift in the assessment strategy, as the programme progresses, to include more OSCEs. Students are currently assessed by OSCEs in the Fall and Spring Semesters of Years 2 and 3, as part of their ICP courses assessment. In Year 4, assessment in the Spring Semester is solely based on a domain-based OSCE, which marks an important transition to the clinical years. In Years 5 and 6, students are required to pass a comprehensive OSCE in order to progress or graduate, respectively. However, we acknowledge that assessment is heavily based on single-best answer (SBAs) items, resulting in assessment burden. We plan to address this by firstly achieving further integration in the curriculum, under the guidance of the International Advisory Board (IAB) (**Appendix 1.2:** Minutes of second IAB sub-committee meeting). The assessment strategy will be revised to reflect the integrated curriculum.

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

Even though the MD programme follows a discipline-based curriculum, it has been carefully designed to ensure appropriate coordination between different subjects in a systems-based approach, whenever possible. However, we recognize that there is still work to be done to achieve further systems-based integration in the curriculum, which will in turn allow us to revise our assessment strategy accordingly. We are grateful to the IAB who is providing guidance to this end through the IAB curriculum and assessment integration subcommittee.

We would like to clarify that each of the 52 courses of the MD programme is assessed separately and as noted by the EEC, in fact each course needs to be passed independently. This in turn means that there is no compensation between disciplines, courses or clinical components. For example, students cannot compensate for lack of clinical and communication skills in the Integrated Clinical Practice (ICP) course with knowledge in the basic sciences such as Anatomy or Physiology in Year 2.

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

We acknowledge that there is significant assessment burden on the students and have worked to develop a staged plan to reduce this. In fact, the Scheme of Assessment was revised in 2018-2019 to remove summative midterm examinations starting from Year 2. The summative midterms in Years 2, 3 and 4 have been replaced with formative midterms. We have more recently further revised our assessment strategy taking into consideration feedback from a number of sources, including faculty and student feedback. As part of the evaluation process, in-course student performance in examinations as well as progression rates were also considered. The evidence was collected and evaluated by an Assessment and Curriculum Ad Hoc Committee, which comprised senior academic and administrative members of the Medical School. The committee also considered the overall assessment strategy as students progress through the programme. Following this extensive evaluation, approval from the Executive Dean and ratification by the Assessment Committee, changes to the Scheme of Assessment for 2019-2020 were implemented (**Appendix 3.1:** Assessment Strategy 2019-2020). Specifically, Year 1 utilizes a continuous assessment model, appropriate for novice learners, which includes midterms, a coursework component and a final exam. Year 2, maintains a coursework component to equip students with important skills such as development of scientific writing and presentation skills, in continuation of those developed in Year 1, in addition to a final examination in each course. As students progress into Years 3 and 4, assessment comprises one final exam, i.e. formal assessment twice in the year, at the end of each semester for each course. Assessment in Years 5 and 6 comprises end-of-year assessments. While we agree with the EEC that the current strategy relies heavily on SBAs and short answer questions (SAQs) and may represent an assessment burden, it is in line with the current curriculum structure and was formulated after careful consideration.

We look forward to further revising our assessment strategy, in line with a more integrated curriculum, under the guidance of the IAB, which will result in reduced assessment burden and less reliance on SBA-based examinations.

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

We consider assessment of professionalism to be of the utmost importance and we are pleased that the committee has noted the importance of DAP in progression and the fact that this domain needs to be passed independently of the other two assessment domains. We would like to clarify however that in Semester 1-7, in addition to students being assessed on attendance and punctuality, they are assessed on their professional behaviour with equal weight on progression. Academic misconduct (such as plagiarism or cheating), professional incident reports and DAP warning letters form part of the professional behaviour element. The DAP handbook in Year 1 is provided as an example in **Appendix 3.2** (page 6). Starting in Semester 8, DAP also includes the clinical practice portfolio, which comprises of Workplace Based Assessments (WPBA). The DAP handbook for Year 6 is provided as an example in **Appendix 3.3** (page 6). As discussed in Area 2 and pages 12-13, our plans are to further enhance the usefulness of the DAP domain as a learning tool by introducing a reflective portfolio.

Formative assessments of skills (OSCEs) are not in use.

An important aspect of our assessment strategy is the provision of formative assessment. In fact, as mentioned above, summative midterms in Years 2-4 have been replaced with formative midterms. In Years 5 and 6, students are provided with formative assessment items. Additionally, DAP is entirely formative in Year 1 to allow students to familiarize themselves with this mode of assessment. Following the EEC's constructive comment, we will introduce formative OSCEs in Year 2 and 3 as part of the ICP course. Specifically, starting in Fall Semester 2021, formative OSCEs will be delivered at the end of the Fall Semester in Years 2 and 3. We have maintained the summative OSCEs in the Spring Semester, which are cumulative in nature and will allow us to ensure that students have acquired the necessary skills to progress to Years 3 and 4, respectively.

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

We would like to thank the EEC for their comment, which allows us to clarify that even though WPBA forms part of the DAP domain assessment and thus needs to be passed to progress or graduate, the main aim is to provide constructive feedback, helping to chart the learner's progress during a placement. To maximize the usefulness of this approach, there is no upper limit on the number of WPBAs but there is a required minimum per attachment. Students are encouraged and in fact more often than not, complete more than the required WPBAs. In case that a student has not reached the expected competence level

for the stage in their learning, they can repeat the WPBA with no penalty prior to submission of the WPBA at the end of each attachment.

In regards to feedback provided, while students normally receive extensive verbal feedback, we agree that written feedback is important because it allows the learner to reflect on their performance at a later time. We have therefore designed refresher training for our assessors. Assessors have been provided with videos on assessment of mini-CEX, CBDs and DOPS (**Appendix 3.4**). The DAP Lead and Professor of Medical Education will conduct further training to discuss the videos and provide further support. Finally, the introduction of a reflective portfolio is also an important step in making the most of this type of assessment.

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

To ensure that valid and reliable assessments are utilized, a well-defined quality assurance process is in place, including blueprinting of assessments, their review by internal and external moderators, results processing and item performance review through psychometric analysis. We consider the quality of assessment to be one of the strengths of the MD programme.

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

We consider external scrutiny to be important in further ensuring the quality control of assessment methods in Years 5 and 6, where assessments are of the highest stakes. The role of External Examiners (EE) is based on that set out in The Higher Education Academy's publication, A Handbook for External Examining, namely to "be experienced higher education teachers who offer an independent assessment of academic standards and the quality of assessment to the appointing institution". The involvement of an EE was initiated in 2018-2019 i.e. the first time we had students in Year 5. Over his tenure as EE in Year 5 in 2018-2019 and 2019-2020 and Year 6 in 2019-2020, the EE provided feedback on all examination papers, including written exams and OSCEs. Additionally, the EE reviewed student portfolios, which form part of the DAP domain assessments. Our plans were for the EE to attend the Year 5 OSCE in Barnsley Hospital and the Year 6 OSCE in Nicosia in 2019-2020, which we considered of particular importance since this would be our first graduating class. Unfortunately, the pandemic did not allow for this. The EE did however provide constructive feedback on the examination papers, portfolios and assessment process during the Board of Examiners. The EE report for Year 6 in 2019-2020 is included as **Appendix 3.5** as an example. We welcome the EE's further participation and in fact the EE will be involved in the process of piloting standard setting in the current academic year.

Considering the importance of external scrutiny, we have recently expanded the EE scheme to include a second EE that brings with her extensive experience in undergraduate and postgraduate assessment as Head of Exams and Director of the Medical School at University College London and Former Director of Membership of the Royal Colleges of Physicians (MRCP) examination.

Strengths

- **The school uses OSCEs and WPBA formats**

  Indeed, OSCEs are used in the MD programme starting as early as Year 2, while WPBA is used starting in Year 4, which represents an important transition year to the clinical years.

- **The school uses formative written tests**

  An important aspect of our assessment strategy that further drives learning is the provision of formative assessment in each course and we are pleased that this was noted by the EEC. In the pre-clinical years, students benefit from plenary feedback sessions with the Course Leads and individual meetings, if needed. The plenary sessions are scheduled well in advance of summative assessments to ensure that students have adequate time to improve. These sessions help to guide students as to the examination format and content, and in particular to the depth required. During formative examination plenary sessions, the Course Lead discusses each individual question in detail to ensure that students understand why an option is correct or incorrect. Feedback from Course Leads and students indicates that formative assessments are a useful component in preparation for summative assessment. In the clinical years, students are provided with formative questions and given two weeks to attempt them individually before they are provided with the correct responses, accompanied by detailed explanations.

- **The school uses MCQ items from a large item bank**

  We would like to confirm that for written assessments in Years 5 and 6 we use a large question bank through our collaboration with the IDEAL Consortium (www.idealmed.org), which further assures external validity. This is an international partnership of Faculties of Medicine, which administer assessments in English. The Consortium has developed an Item Bank software program, called the IDEAL programme, which allows its members to share a high quality, voluminous assessment bank for medical education. As such, we have access to over 30,000 items and are able to select appropriate SBAs from this bank for our written examinations in Years 5 and 6. These items are subject to the same quality assurance processes as the assessment items prepared in-house, to ensure alignment with our curriculum and assessment format.

- **The school has the autonomy to deviate from the 60% pass mark rule**
  The Scheme of Assessment is reviewed annually and approved by the Assessment Committee. In this way, the Medical School has the autonomy to make changes to assessment, including the pass mark.

- **Students failing an assessment will receive feedback by meeting with an academic member of staff**
  Monitoring student performance and progression is a key aim of our student support mechanisms. Failing students meet with the Course Lead and this ensures that students are provided with academic support, greatly facilitating their success at second attempt.

- **Students failing in professionalism as assessed through the DAP component cannot be compensated by performance in the cognitive and practical domains.**
  We thank the EEC for recognizing that students need to pass the DAP domain independently. We consider the development of professional behaviour to be of paramount importance prior to graduation.

Areas of improvement and recommendations

- **The school must use an evidence-informed procedure of standard setting for assessment items.**
  We agree with the EEC that standard setting must be used in an evidence-based manner. In fact, standard setting is already used in the MD programme for all OSCEs in the clinical years, using either the modified Angoff or Borderline regression methods, depending on cohort size. We recognize the importance of standard setting and we are now in the process of choosing an appropriate standard-setting method for written examinations in Years 5 and 6. The procedure to be followed is shown in **Appendix 3.6** and described briefly below. Specifically, the methods that will be investigated are modified Angoff, Bookmark, Nedelsky, Cohen's and norm-reference method (mean – 1 SD). The Angoff, Bookmark and Nedelsky methods are applied prior to the exam, while the latter two are completed after the exam i.e. taking into consideration student performance. To compare the results of the five different methods, we will be reviewing pass/fail rates, agreement between the methods (percentage and Cohen's kappa) and inter-rater agreement (e.g. Fleiss' kappa, intraclass correlation). External validity of this process is ensured by the involvement of the external examiners. The results will be compiled and discussed at the Assessment Committee so that a suitable method can be implemented in 2021-2022.

- **The University must allow external examiners to participate in final exams as a quality assurance measure.**

We agree with the EEC that external scrutiny is an important quality assurance measure. As described above (page 31), an appropriate External Examiner scheme has been in place for the past two years and we have in fact recently expanded the scheme by appointing a second experienced External Examiner. External Examiners are provided with all relevant examination papers, portfolios and policies and procedures for their review. We consider the constructive feedback from our Externals to be important in further improving our processes and assessment papers. An example of an External Examiner's report is shown in **Appendix 3.5.** Additionally, on-site visits to observe assessments is a key part of the role. Covid-permitting, we look forward to the External Examiner's visit in both Nicosia and Barnsley for the OSCE examinations in Years 5 and 6.

- **All staff involved in WPBA must participate in mandatory training to give constructive feedback on performance and to maximise inter-rater reliability.**

  We agree with the EEC that training of assessors is very important to ensure that students receive not only consistent ratings but also constructive feedback, ultimately allowing them to improve their knowledge and skills. To this end, all assessors must undergo training before they are approved to carry out WPBAs. However, we recognize that while students normally receive extensive verbal feedback, there is scope for improvement on written feedback, which is important because it allows the learner to reflect on their performance at a later time. We have therefore designed refresher training for our assessors. Assessors have been provided with videos on assessment of mini-CEX, CBDs and DOPS (**Appendix 3.4**). The DAP Lead and Professor of Medical Education will conduct further training to discuss the videos and provide additional support.

- **The school should continue to develop their use of simulated patients (standardised patients) in formative and summative assessments**

  We would like to thank the EEC for their comment, which allows us to clarify that standardized patients are used in all summative OSCE examinations, starting as early as Year 2. However, there are currently no formative OSCEs used in the MD programme. Following the EEC's comment, we will implement two formative OSCEs in the new academic year in the Fall Semester of Years 2 and 3. Both OSCEs will utilize standardized patients, as per our normal practice. The addition of the formative OSCEs in this early stage of the students' learning will be invaluable in identifying areas of improvement in preparation for the summative OSCEs in the Spring Semester.

- **The School must reconsider its use of WPBA to develop and focus on constructive formative feedback and shift the emphasis in students' clinical learning to a more constructive and reflective approach using all components of the Portfolio.**

As noted above (page 30), even though WPBA forms part of the DAP domain assessment and thus needs to be passed to progress or graduate, the main aim is to provide constructive feedback, helping to chart the learner's progress during a placement. To maximize the usefulness of this approach, there is no upper limit on the number of WPBAs but there is a required minimum per attachment. Students are encouraged to, and in fact more often than not, complete more than the required WPBAs. In case that a student has not reached the expected competence level for the stage in their learning, they can repeat the WPBA with no penalty prior to submission of the WPBA at the end of each attachment. However, we do agree that a reflective approach will be important to enhance student learning and make the most of this type of assessment. To this end, we are in the process of developing a reflective portfolio, under expert guidance from the University of Leeds. The reflective portfolio will be incorporated in the DAP assessment domain, starting in the following academic year. The themes of the reflective portfolio include: i) Reflection, learning and teaching; ii) Learning and working effectively within a multi-professional team; iii) Protecting patients and improving care; iv) Use of information in a medical context; v) Behaviour in keeping with ethical and legal principles; v) Communication with patients and colleagues (including effective multi-disciplinary team working). The reflective portfolio will be supported in an electronic format using the software *My Progress*, which we are currently piloting, with implementation in the new academic year.

- **The School should consider how to reduce the summative assessment burden and create integrated exams across disciplines and across the science-clinical domains.**

  We acknowledge that there is significant assessment burden on the students and have worked on reducing the assessment burden by replacing summative, with formative, midterm examinations in Years 2, 3 and 4 in 2018. We are committed to continuously reviewing our processes, including assessment, and we have more recently further revised our assessment strategy taking into consideration evidence from a number of sources, including faculty and student feedback as well as student performance and progression. The evidence was collected and evaluated by an Assessment and Curriculum Ad Hoc Committee, which comprised senior academic and administrative members of the Medical School. The committee also considered the overall assessment strategy as students progress through the programme. Following this extensive evaluation, approval from the Executive Dean and ratification by the Assessment Committee, changes to the Scheme of Assessment for 2019-2020 were implemented (**Appendix 3.1:** Assessment Strategy 2019-2020). Our assessment strategy evolves from a continuous assessment model in Year 1, appropriate for novice learners, to end-of-year assessments in Years 5 and 6. While we agree with the EEC that the current strategy may represent an assessment burden, it is in line with the current curriculum structure and was formulated after careful consideration.

We look forward to further revising our assessment strategy, in line with a more integrated curriculum, under the guidance of the IAB, which we expect will result in reduced assessment burden through the development of more integrated assessments.

Please select what is appropriate for each of the following sub-areas: Sub-area *Non-compliant/Partially compliant / Compliant / Not applicable*		
3.1	Assessment methods	Partially compliant
3.2	Relation between assessment and learning	Partially compliant

4. Students

Findings

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

We are thankful of the EEC's acknowledgment of our diverse student body, which currently comes from 50 different countries. The Medical School ensures that its recruitment, selection and admissions processes are transparent and based on objective criteria.

We would like to clarify that the requirements for entry are, at least, on a par with those of other medical schools in the region. While these are the baseline requirements, acceptance into the MD programme is increasingly competitive as the School grows in broader global awareness. Please note that due to our entry requirements, the majority of applicants are disqualified for entry. We have in fact only invited approximately 6.5% of our applicants for an interview during the latest recruitment period.

Reviewing the progression data of our students, including graduation rates in due course, is an important exercise. The progression and retention of students is analysed to understand whether patterns, based on diverse student characteristics, including age, gender, nationality and disability, exist and what their impact may be. Similarly, progression of students is analysed against the admission criteria to assess whether entry criteria remain appropriate and fit for purpose or whether any adaptation is required. Our recent logistic regression analysis of students enrolled in the academic year 2018-2019 showed that there was no significant correlation of high-school certificate score, IB score or GCSE A Level score with progression, suggesting the appropriateness of our academic entry standards. The appropriateness of the entry standards as well as rigour of our assessment process is exemplified by our overall progression rates over the past seven years, i.e. since the launch of the MD programme in 2014 which ranges from 90% to 100% of students; and on average has been 95.4% of students.

We are committed to reviewing student progression against diverse learner characteristics and admissions requirements on an annual basis. The monitoring mechanisms in place will become increasingly important as student numbers grow and will allow us to ensure the appropriateness of our

admissions criteria and to facilitate support for specific student groups that may need it, for example students with disabilities.

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

We are committed to providing inclusive access to medical education and our admissions and selection policy ensures that applications from candidates with a learning difficulty, health condition or disability are considered on the same academic grounds as all other candidates. Upon admission into the programme, the School's Occupational Health (OH) Doctor and the Educational Psychologist (where applicable), evaluate each student to ensure that the relevant level of support is provided promptly.

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

It should be clarified that the Medical School has a well-defined system in place for recognition of prior learning, in line with the University policy. We currently consider applicants from accredited Medical Schools, in good academic standing, for transfer into the second or third year of the MD programme, as clearly stated on our website (https://www.med.unic.ac.cy/admissions/). This ensures that no more than a third of the credits are completed outside the awarding institution, i.e. UNIC, in line with CyQAA guidance. Additionally, transfer candidates are required to meet the English language requirements of the MD programme and pass the multiple mini-interview (MMI), similarly to candidates seeking admission into Year 1.

The Medical School follows a highly selective approach which is based on a thorough examination by an academic panel on a case-by-case basis. Decisions in regards to the transfer of credits are made upon careful review of curricula to ensure equivalence (**Appendix 4.1:** Credit Evaluation Form). Importantly, requirements from other quality assurance agencies, relevant to our students' career paths (e.g. DOATAP in Greece) are also taken into account before reaching a final decision.

In regards to work experience, considering that the programme primarily accepts high school graduates, work experience is considered as part of the MMI that candidates are required to pass. The MMI allows us to establish what relevant experience candidates may have sought out and how this has impacted on their motivation and ability to study and practice medicine.

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

We recognize that students learn best in diverse ways and that flexibility in attendance is an important aspect of student-centred learning. Following, the EEC's thoughtful comments, attendance at lectures will be optional starting in the academic year 2021-2022, while attendance at small group teaching sessions will remain compulsory. Student learning will continue to be supported through provision of all learning materials on Moodle, which is accessible at all times.

We are pleased to hear that our students expressed confidence in their ability to meet the academic requirements of the programme. However, we do agree with the EEC's earlier comments that maintaining a healthy work/life balance is important and reducing the teaching hours is an important step towards achieving this. This will be accomplished through additional faculty training (**Appendix 1.7**), which will allow us to utilize new teaching methodologies such as flipped classroom and by re-focusing the curriculum on core knowledge. Course Leads will pilot the new teaching methodologies in their Spring Semester classes, with further implementation in the new academic year.

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

We would like to clarify that teaching in Year 4 is carried out five days a week, similar to the other years. Indeed, students learn from a combination of theoretical and practical elements, with emphasis being placed on clinical exposure in the Spring Semester in junior attachments in Medicine, General Practice and General Surgery.

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

We would like to confirm that students gain extensive experience in all major specialties of medicine in teaching hospitals and in the community during Years 5 and 6. We thank the EEC for recognizing the School's support for students to interact with Greek-speaking patients and carers. However, we would like to clarify that Greek interpreters are available on a daily basis at our main teaching hospital in Cyprus i.e. Limassol General Hospital. Additionally, interpreters are available at other teaching sites. For example, an interpreter is based at Troodos Hospital, where students undertake some of their training in Primary Care. To further provide support their interactions with Greek-speaking patients, the Medical

School provides students with the opportunity to join Greek language classes for free, throughout the duration of their programme. These are scheduled at times to best fit with the students' schedules.

We would like to emphasize that for those students that are in Cyprus for the duration of the programme, Years 5 and 6 are completed in Limassol, where English is very much used. Indeed, as a result of its former status as a British colony, English is widely accepted on the island and has frequently been used as a shared common language between the Greek Cypriot and Turkish Cypriot populations. Approximately 80% of the local population use English as a second language. Within the hospitals that the University uses, English is commonly spoken, and all signage is in both Greek and English. Furthermore, there is a significant British expat community in Cyprus, many of which are served by the Limassol General Hospital, a large public hospital of 200+ beds in Cyprus' second largest city, where the majority of Years 5 and 6 of the programme takes place. Additional clinical interaction takes place at Ygia Polyclinic (also in Limassol), the largest private hospital in Cyprus, which serves the community of British armed forces and their families that are based within the Sovereign Base Areas of Akrotiri and Dhekelia (British Overseas Territory). This is an arrangement that has been in place in relation to medical needs beyond primary care and since the closure of the Princess Mary's Hospital in 2012.

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

In line with our strategic development plan (**Appendix 1.4**, Teaching Learning and Assessment Pillar, pages 6-8, 14-21), we aim to deliver high quality education in a supportive environment. The provision of pastoral support, including counselling, is an important aspect of student support. Counselling services are offered to students by the Centre for Research and Counselling Services free of charge and we are pleased to hear that the students make good use of these services, as confirmed by the EEC's findings.

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

Even though there are opportunities in the MD programme aimed at promoting reflective practice to support further personal development in specific areas, such as communication skills, students are not required to keep a portfolio of such work. The student portfolio currently only includes WPBA in Years 4-6. However, considering the importance of a reflective portfolio, we are now in the process of developing one, under expert guidance from the University of Leeds. The reflective portfolio will be incorporated in the DAP assessment domain, starting in the following academic year and will be supported in an electronic format, using the software *My Progress*. Further information about the reflective portfolio is provided in Area 2 (pages 12-13).

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

We would like to thank the EEC for their positive comments on the student monitoring and support mechanisms in place in the MD programme.

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

The importance of professionalism is emphasized in the programme as early as orientation in Year 1. In fact, professionalism is one of the Core Values of the School and we expect students, faculty and staff to demonstrate high standards of professionalism at all times. Registry and the DAP team provide extensive support to students to ensure that any concerns about professional behaviour are addressed appropriately, as noted by the EEC.

Students have the opportunity to actively participate in all primary governance committees of the School and thus contribute to the formulation of the mission and outcomes, and to the design, management and evaluation of the programme. The EEC could not ascertain how student representatives were selected.

Students are at the centre of our activities and it is a priority for us that they are involved in the School-wide committees, those of the Department of Basic and Clinical Sciences and the MD programme. We welcome their involvement in guiding our further development. We have set out how the representatives are selected in **Appendix 4.2** (page 2) and provided brief details below. Student elections take place each year, in the Fall semester, and are dependent on the positions that are being filled. For representatives at School and Department levels, the University's Student Union is responsible for carrying out the elections. This is set out in the University's Charter and is the same for all schools. These processes ensure that we have student representation as follows: Department Council (8 students), School Council (1 student), Senate (1 student representing the Medical School). At programme level, students nominate themselves to be a curriculum representative, and student elections are undertaken under the auspices of the Medical School Student Society. These are supported by the Medical School's Student Services team. Additionally, the Medical School Student Society holds elections each year for its

officers, such as the President and Vice-President roles. Evidence of this can be found in **Appendix 4.2** (page 2).

Strengths

- **Overall students and teachers are satisfied with the admission criteria and processes.**
  We are pleased to hear of the students' and teachers' positive views of the admission criteria and processes. We strive to maintain a transparent and objective admissions process, based on rigorous academic standards.

- **There is a strong network of academic counselling providing guidance and support to the students.**
- **Academic advisors are accessible and available.**
  We pride ourselves on the academic support provided to students and it is gratifying that this was recognized by the EEC.

- **Resources are allocated to support students with financial difficulties.**
  Scholarships based on demonstrated financial need have been available to help eligible students partially fund their studies since the launch of the MD programme. Students from certain countries are entitled to financial support from their home governments and, where possible, support is provided to obtain this. More recently, we have introduced academic scholarships awarded on the basis of outstanding academic performance and eligible candidates will be invited to apply after they receive an offer of admission. These mechanisms greatly support students in financing their studies.

- **Career planning is offered as a service.**
  The Careers Office, which has recently been further developed to Careers & Alumni Office, caters to the diverse career path needs of our student body. It provides individual careers support by helping students identify initial career intentions and develop an appropriate individualized career pathway and learning plan to ensure that they are on track for their chosen career pathways as early as Year 1. We are pleased that our career planning services were recognized as a strength by the EEC. The team has recently been strengthened with a further administrator joining the Careers and Alumni Office.

- **Students contribute to decision making through the system of student representatives who sit on the Programme Committee and bring forward student issues at formal meetings and also**

informally. They are actively involved in evaluating and developing the programme and contributing to the policies, and reforming the Mission and Vision.

The EEC's positive comments are well-received. Students are important stakeholders and we welcome their feedback, which we receive through multiple routes, both formal and informal. Student feedback has been instrumental in further developing the MD programme as well as the Mission and Core Values of the Medical School.

- **The University supports students' research by providing labs and financial support.**

  In line with our strategic development plan (**Appendix 1.4**, Teaching, Learning, Assessment and Research Pillars, pages 6-11, 14-27), we aim to broaden the opportunities for students to participate in research projects under the mentorship of faculty members. This entails participation in research as part of the curriculum but also outside of the curriculum. To this end, financial support is available and budgeted on an annual basis. Additionally, students have access to the facilities, equipment and software of the Medical School and its collaborators allowing them to successfully carry out the requirements of their research work.

- **The School plans to review and audit their graduates' attributes, their competitiveness and success in international and home training post applications, and their postgraduate achievements, to assure the quality of education provided against these outcomes. This will help ensure the future competitiveness and sustainability of the MD program offered by the University of Nicosia. The EEC encourages the School to complete this audit.**

  We are indeed committed to evaluating our graduate's preparedness for clinical practice through the Graduate Survey that we have already prepared (**Appendix 2.9**). We consider feedback from our graduates to be key in supporting further development of the programme and we have recently added one of our recent graduates as a member of the IAB. Monitoring our graduates' progress is a priority for the School and the Careers office has now been further developed to Careers and Alumni Office to support this aim. In fact, we have already started evaluating our graduates' success in securing registration with the medical council(s) of their choice and securing postgraduate training having recently graduated our first cohort of students. Our graduates have attained 100% employability and this is testament to our graduates' competitiveness and success. Furthermore, in line with our quality enhancement objectives of the programme evaluation report for 2019-2020 (**Appendix 4.3**, page 23), we plan to strengthen external evaluation of the programme through the dissemination of an employer survey. In this way, we will continue to audit our graduates' performance as an important quality assurance measure using a multitude of evidence sources.

Areas of improvement and recommendations

- **The facilities and resources, including staffing levels, appear sufficient for the current student numbers but the School should monitor this closely as the student intake has risen in recent years.**

  We are grateful that the EEC has recognized the appropriateness of our current facilities and resources. We are very much looking forward to the EEC's on-site visit, as soon as the pandemic allows.

  We would like to confirm that we have increased the intake of students incrementally over the years, after careful consideration at annual capacity planning meetings and this has allowed us to safeguard the delivery of high-quality education in a supportive student environment, based on available resources. Capacity needs are assessed for all stages of the programme on an annual basis, including physical facilities, such as lecture theatres, clinical skills facilities and biomedical laboratories. Additionally, clinical capacity is among the factors taken into consideration during the process of capacity planning and feedback is obtained from the Cyprus Ministry of Health, private local hospitals and international clinical providers in order to ascertain available capacity for clinical training, while at the same time, ensuring that MD students are able to receive the required standard of training and support. This takes place in line with the School's quality assurance processes, and the student training and service level agreements in place with each provider. Considering the increased number of students, we have recently extended clinical training in Cyprus to Paphos General Hospital, where students will have the opportunity for clinical placements in Years 5 and 6 of the MD programme, starting in the new academic year. Based on the recent reorganization of public hospitals in Cyprus, Paphos General Hospital is part of the Limassol-Paphos Directorate of the State Health Services Organization. The Troodos Hospital in Kyperounta, where the School also offers clinical training, is part of the same Directorate. Paphos General Hospital serves the city and district of Paphos, covering a population of approximately 90 thousand. The hospital offers a wide range of services and supports the training of residents, pre-registration trainees and medical students. A significant percentage of patients use English as the main language of communication as there is a large UK expat population in the Paphos district. Additionally, we have recently expanded our collaboration with private healthcare providers in the region, including the Evangelismos Hospital and St George & Blue Cross Private Hospital.

  Beyond facilities, human resource planning is an important aspect of the capacity planning process. Faculty needs were considered at the Faculty Affairs Committee and for the current academic year, we have recruited more tutors, which has allowed us to continue delivery of tutorials, labs and practicals to small groups of students, so that the quality of delivery has not been compromised due to increasing

student numbers. Finally, in terms of administration, the number of administrators has increased significantly over the years and the MD programme is currently supported by a team of 86 colleagues.

- **The School must review their own progress and graduation data against the admission criteria to ensure the School is admitting students suitably qualified and prepared to complete the programme with the support provided, in a timely manner.**

  We agree with the EEC that reviewing the progression data of our students, including graduation rates in due course, is of the utmost importance. As noted above (page 37), progression of students is analysed against the admission criteria to assess whether entry criteria remain appropriate and fit for purpose or whether any adaptation is required. Our recent logistic regression analysis of students enrolled in the academic year 2018-2019 suggested the appropriateness of our academic entry standards since there was no significant correlation of high-school certificate score, IB score or GCSE A Level score with progression. Overall progression rates to the next year, which range from 90% to 100% and average 95.4% of students, remain satisfactory, further confirming the appropriateness of the entry standards as well as rigour of our assessment process. Reviewing student progression against admissions requirements is an important part of our on-going quality assurance mechanisms, which allows us to re-assess our admissions criteria on an annual basis.

- **The School should consider more ways to support students' participation in extra-curricular activities and conferences for their own professional development and for the benefit to the community. More specifically the School might consider how to embed participation in its Mobile Clinic within the curriculum.**

  The School supports student extra-curricular engagement in various ways and student participation and contribution are formally recognised. During 2019-20, 49 events were scheduled by the Student Services Centre, however, 15 were unfortunately cancelled due to Covid-19. The events that took place ranged widely to include day trips, quizzes, dance classes, museum visit, food competition, bowling, sports tournament, indoor rock climbing, charity events and so forth. These events attracted participation from 1360 students.

  In addition, during 2019-20, 16 student clubs and societies were registered under the Medical School (https://www.med.unic.ac.cy/student-life/clubs-and-societies/). Some examples are: Canadian Medical Students club, Charity club, Mobile Clinic club, Psychology Interest club, the Wellness club, Ultrasound society, and Surgical society. These derived purely from student initiatives and were supported by the School. An important example of community outreach is participation of students in Mobile Clinic expeditions. Students participated in ten different Mobile Clinic expeditions from September 2019 to

February 2020 (**Appendix 2.12**) and we look forward to resuming Mobile clinic expeditions as soon as the pandemic allows. 992 students registered in these clubs and societies during 2019-2020. Clubs and societies organised 37 events, which generated 717 student participations. Furthermore, medical students had the opportunity to participate in clubs set up by students on the main campus.

The commitment of our students in providing service to the community is exemplified by our students' participation during the Covid-19 pandemic to support the activities of the Ministry of Health, including operating national telephone helplines, responding to e-mails, assisting with contact tracing and writing/reviewing protocols. Most recently, 66 students are involved in the population screening programme for Covid-19. Furthermore, the Medical School is contributing to the Ministry's efforts in the national vaccination programme against Covid-19 through Mobile clinic expeditions to rural areas in Cyprus. The proposed action plan includes the participation of medical students, under the supervision of our clinical faculty. Nursing staff and students are also involved in this initiative, which provides a useful learning opportunity in an interprofessional setting.

Our students have also been active in research and have successfully presented their work, completed both as part of the curriculum and through extracurricular research projects, at national and international conferences. The Medical School encourages and supports students to present their work in scientific conferences. For example, as part of the Year 4 Research Project course, students have the opportunity to undertake original research projects, culminating in the development of a poster that can be presented in a scientific conference. Another example of how the Medical School encourages conference participation is through our close collaboration with Pantheo Eye Center in Limassol. Our medical students have free access to the Pantheo Eye Center Annual Congress. The congress is held under the auspices of the Cyprus Ophthalmological Society and in conjunction with the Midland Ophthalmological Society, UK and our Medical School. Indicatively, during its last congress, 16 of our medical students presented their work and competed alongside junior trainees for the Alistair Fielder Prize in Ophthalmology. The prize for the best oral presentation went to one of our medical students, while the prize for the best poster went to another two of our medical students. Through our collaboration with Pantheo Eye Center, students are further encouraged to participate in international conferences. For example, five of our medical students, following a competitive entry, were invited to present their posters at the Royal Society of Medicine for the annual Ophthalmology section competition. Furthermore, the School has funded students to present their work at international conferences, such as the Association for Medical Education in Europe conference, and has a budget in place to support students to present their work at conferences.

The Medical School has formalised recognition of student extra-curricular engagement by launching the "Medical School MedPoints Extracurricular Awards Scheme" in summer 2019 (**Appendix 4.4**). The Scheme encourages students to be socially active and covers a wide range of activities, such as participation in, or organization of, an event, setting up of a club or society, participation in conferences and research projects or publication of scholarly work, participation in sports etc. Students accumulate points based on the activity they have been engaged with and they can achieve a Gold, Silver or Bronze award. The School highly values student extra-curricular engagement and is planning to enhance this further. More specifically, the Medical School Student Society, in close collaboration with the Associate Dean for Students, is currently working on formulating a strategy on how students can further take initiatives and engage even more with the community. This strategy will be based on international guidelines as well as best practices elsewhere and on the needs and suggestions of the students at the University of Nicosia Medical School.

In regards to the EEC's thoughtful suggestion about embedding participation in the Mobile Clinic in the curriculum, even though this is an extracurricular activity, we would like to confirm that students have warmly embraced this opportunity and the "Medical School MedPoints Extracurricular Awards Scheme" further encourages student participation. This provides valuable exposure to community outreach activities. Additionally, students gain extensive experience in the community as part of the curriculum and are exposed to different healthcare settings. For example, students have the opportunity to experience rural medicine as part of their training in Primary Care at the Troodos Hospital, which is part of the Limassol-Paphos Directorate of the State Health Services Organization and located in Kyperounta village.

- **Community outreach is underdeveloped and activities are limited and organised in collaboration with specific stakeholders. The School should consider supporting students to bring forward and implement their own initiatives.**

  As described above, community outreach is well-developed at the Medical School, with many activities being student-led. Some community outreach activities are provided below:

  1) **Support for Asylum Seekers and Refugees:** Our Medical students visited the Asylum Seekers and Refugee Reception Centre in Kofinou, Cyprus to:
     a. *Provide diagnostic tests:* Students worked under the guidance of a member of the Clinical Faculty of our Medical School, to elicit medical histories and common risk factors, such as smoking, hypertension and diabetes. Additionally, measurement of body mass index, blood pressure, heart rate and plasma glucose were carried out. Spirometry tests were also performed for assessment of lung functional capacity.

a. *Raise awareness about post-traumatic stress disorder (PTSD)*: This was led by our Active Minds campus chapter of the American non-profit mental health awareness organization Active Minds, Inc. The students discussed PTSD, what it is, how it manifests itself in potential patients, and how this information could be relevant to refugees and asylum seekers, who may be at risk of experiencing PTSD. Audience members were provided with information on local counselling and psychological resources.
b. *Enlighten refugees on health issues*, covering the areas of basic personal hygiene and sexually transmitted diseases. The presentations were held in two groups, one for males and one for females, and in three languages: English, Arabic and French. The initiative that was led by our students was warmly received by the attendees.

2) **Hope for Children UNCRC Policy Center:** Our medical students performed ECGs, under supervision of our clinical faculty, at the Hope for Children Shelter in Nicosia where 40 unescorted teenage refugees were residing. This was an important experience not only for the medical students but also for the residents, who were very excited to see our medical students and to get their ECGs interpreted.
3) **Cervical cancer prevention campaign for rural communities:** The Medical School together with Business Professional Women, Cyprus, and with the support of the Ministry of Health, embarked upon a nationwide cervical screening programme for rural communities in the districts of Limassol, Larnaca and Famagusta in Cyprus. The aim of the campaign was to inform and to offer free Pap tests to women between the ages of 25 and 65. Our clinical faculty member was supported by our medical students and staff volunteers. The response from women was very positive and, as a result, more than 500 women were examined free of charge during the first year of the programme.
4) **Cervical cancer prevention campaign for domestic workers:** In the second year of the cervical cancer prevention campaign, the Mobile Clinic undertook the screenings for domestic workers in Cyprus. Twenty Filipina women were examined on a monthly basis by the Medical School's Clinical Associate Professor for Obstetrics and Gynaecology, who was assisted by medical student volunteers. The successful programme was executed in collaboration with the Filipino Association Obreras Empowered and with the support of the Histopathology and Cytology Medical Centre.

As described on page 45, during the previous academic year, students actively participated in events organized by the Student Services Centre, which attracted participation of 1360 students, in 34 different events. Additionally, 16 student clubs and societies were registered under the Medical School (https://www.med.unic.ac.cy/student-life/clubs-and-societies/) in 2019-2020, which derived from student initiatives. These are well-received by students and 992 students registered in the clubs and societies during 2019-2020. A number of the clubs and societies have a focus on community outreach activities

and some examples include the Charity club, Cancer Awareness club and Women's Health Awareness club. Clubs and societies organised 37 events, which generated 717 student participations in the previous academic year. Furthermore, medical students had the opportunity to participate in clubs set up by students on the main campus. However, we agree with the EEC that engagement with the community is of the utmost importance and the Medical School Student Society is working closely with the Associate Dean for Students on formulating a strategy based on international guidelines and best practice, which additionally addresses local community and student needs to further support student-led initiatives.

- **The School should keep under review the student intake and the adequacy of resources, especially during this time of growth in student numbers.**
  We agree with the EEC that capacity planning is important, especially in light of increasing student numbers. To this end, capacity planning takes place annually and considers the adequacy of physical facilities, including clinical training sites, and human resources, including both administrative and academic personnel, as described in more detail above (page 44). Appropriate capacity planning has allowed us to incrementally increase student numbers over the past six years and we are committed to maintaining appropriate capacity planning to ensure the delivery of high-quality education in a supportive learning environment, in line with our strategic development plan (**Appendix 1.4**, Teaching, Learning and Assessment Pillar, pages 6-8, 14-21).

- **The School must clarify the selection methods and independence of student representatives.**
  We are pleased to clarify the different types of election process for the student representatives (**Appendix 4.2**, page 2). These take place each year, in the Fall semester and are student-led. Specifically, for representatives at School and Department levels, the University's Student Union is responsible for carrying out the elections, as set out in the University's Charter. These processes ensure that we have eight student representatives in the Department Council, one in the School Council and one medical student at the Senate. Curriculum representatives at programme level are self-nominated and the elections are undertaken under the auspices of the Medical School Student Society, with support from the Medical School's Student Services team. Finally, the Medical School Student Society holds elections each year.

Sub-area		***Non-compliant/Partially compliant/ Compliant / Not applicable***
4.1	Admission policy and selection	Compliant
4.2	Student intake	Compliant

4.3	Student counselling and support	Compliant
4.4	Student representation	Partially compliant

5. Academic Staff/Faculty

Findings

The school has a clear staff recruitment policy, which defines the academic staff required for the adequate implementation of the programme. Further they have a well-developed structure for yearly follow-up, feedback and competence development plans for each teacher. All teachers are also involved in research and have dedicated time to do that.

Our staff recruitment and selection process ensures that highly-qualified academic staff are recruited to support the School's mission to promote excellence in student-centred teaching, research and clinical practice. We greatly appreciate the EEC's acknowledgment of our robust staff evaluation and development process. Finally, we would like to confirm that the Medical School ensures that the balance of capacity between teaching, research and service functions allows for both the fulfilment of the requirements of the programme as well as personal and professional development and we are pleased that dedicated time to carry out research was ratified by the EEC.

The number of students per year is rapidly increasing. It was not obvious in the self-evaluation or in the interviews if there is a structured plan on how to scale up the teaching and administrative resources as well as the clinical tutor resources in the health care system in Cyprus.

We would like to clarify that we have increased the intake of students incrementally over the years. The student intake size was agreed after careful consideration at annual capacity planning meetings and this has allowed us to safeguard the delivery of high-quality education in a supportive student environment, based on available resources. In addition to planning for physical facilities, including lecture theatres, clinical skills facilities and biomedical laboratories, staffing requirements are evaluated at minimum on an annual basis so that additional needs are met in good time. Faculty needs are considered at the Faculty Affairs Committee and for the current academic year, we have recruited more tutors, which has allowed us to continue delivery of tutorials, labs and practicals to small groups of students, so that the quality of delivery has not been compromised due to increasing student numbers. In terms of administration, the number of administrators has increased significantly over the years and the MD programme is currently supported by 86 colleagues (https://www.med.unic.ac.cy/about-us/faculty-and-staff/staff/).

We also agree with the EEC that monitoring and planning for clinical tutor resources is a key component of the capacity planning process. In fact, feedback is obtained from the Cyprus Ministry of Health, the State Health Services Organisation, private local hospitals and international clinical providers in order to ascertain available capacity for clinical training and seek further clinical training sites, whenever needed.

Considering the increased number of students, we have recently extended clinical training in Cyprus to Paphos General Hospital, where students will have the opportunity for clinical placements in Years 5 and 6 of the MD programme starting in the new academic year. Additionally, we have recently expanded our collaboration with private healthcare providers, including the Evangelismos Hospital and St George & Blue Cross Private Hospital.

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

We would like to thank the EEC for their observation, which allows us to clarify that the focus of our staff development plan in terms of educational philosophy and pedagogical approach is based on the student-centred framework (**Appendix 5.1:** Student-Centred Education: A Brief Introduction and Staff Development Framework).

Strengths

- **The medical School should be recognised for their structured follow-up and support system for the development of the teaching staff.**
  We are very pleased that our staff development and support system was recognized by the EEC.

- **The medical School gives clear guidance on % time to be spent on each area of responsibility.**
  We would like to confirm that the balance of responsibilities and duties is well-defined for each faculty member and the Medical School ensures engagement of its academic staff in teaching, research and service/administration, which allows for delivery of the MD programme, while promoting personal and professional development.

Areas of improvement and recommendations

- **The medical school should increase its efforts to establish more combined teaching posts with the health care system. This is a strategy to increase the academic presence in the workplace-based learning settings.**
  The landscape of healthcare delivery in Cyprus has been transformed by the introduction of the National Healthcare Scheme which has brought closer together the private and public sector for the benefit of the patient. This has resulted in a relative redistribution of clinical workload enhancing clinical training opportunities across a range of healthcare providers. The Medical School is well placed to benefit from these developments as there are already a number of key faculty members with both academic

appointments and clinical roles in the private sector. We fully agree with the EEC that combined posts are essential in embedding an educational philosophy into the healthcare setting and we will continue to expand these key appointments.

Moreover, one of the most important developments in the successful collaboration between the academic and healthcare sectors is the pending ratification by parliament of the legislation that will govern the relationship between hospitals and academic institutions. The proposed legislation addresses the full range of relevant issues such as research, education and service delivery. A key component of this proposed legislation in the ability of academic institutions to appoint clinical academics to combined posts in the public hospitals; a development that will significantly enhance the academic presence in the hospitals and benefit our students. Most importantly, the three medical schools in Cyprus have collaborated closely to put forward a joint set of proposals and we continue to work with the Ministry of Health and other stakeholders to support this process which is progressing.

- **In contrast to the mission and the core values about active student learning, the interviews, observations and presented schedules show that most of the teaching is lecture based and that all scheduled time is mandatory. To change the learning methods towards more flipped-classroom teaching, other student activating methods and supported self-studies, a programme of pedagogy courses for teachers is needed. These courses for teachers should focus on engaging students in active learning methods in the classroom and online, and also on e-learning activities.**

  As described in Area 1, pages 5-7, we recognize the need to work towards achieving our aspirations for full implementation of student-centred and active learning, in line with our Mission and Core Values. We have taken significant steps towards achieving this, for example through the incorporation of small-group teaching sessions in all courses, including tutorials, labs and practicals. Additionally, the MD programme allows students to take on a more active role in their learning in the clinical environment as they progress through the programme. Our strategic development plan (**Appendix 1.4**, Teaching, Learning and Assessment Pillar, pages 6-8, 14-21) clearly outlines our work towards achieving this further. We agree with the EEC that a faculty training development plan is of the utmost importance and we have now provided further training opportunities through a comprehensive plan (**Appendix 1.7**) to further support academic teachers, in collaboration with the University's Pedagogical Support Unit, the Centre of Medical Education, the Professor of Medical Education and the Associate Dean for Students. The training plan is aimed at encouraging further interactivity and allowing students to take on a more active role in their own learning, by utilizing student-centred teaching methodologies such as flipped classroom, e-learning and team-based learning. Some of the training sessions have already been delivered by the Associate Dean

for Students and the Professor of Medical Education. Our staff development plan also includes sharing of good practice and we have already developed and recorded two webinars on the use of virtual patients and case-based discussion, using e-learning resources. Course Leads will pilot the new teaching methodologies in their Spring Semester classes, with further implementation in the new academic year. We will continue to monitor the implementation and quality of student-centred learning through the peer evaluation form, which now includes items that assess the extent to which student-centred learning activities are utilized (**Appendix 1.8:** Peer Review Form) and as part of the annual evaluation of faculty, where faculty members are now appraised on implementation of student-centred learning in their teaching (**Appendix 1.9:** Faculty Performance Review Form).

Finally, as noted by the EEC, currently all scheduled time is mandatory. We recognize that an important aspect of student-centred learning is allowing flexibility for learners to choose the learning activities that enable them to learn best and we will implement optional attendance at lectures starting in the academic year 2021-2022, while attendance at small group teaching sessions will remain obligatory. All learning material and associated learning objectives will be available on Moodle at all times to ensure that students all well-supported in their studies.

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

6. Educational Resources

Findings

In view of the Coronavirus pandemic since March 2020, the external evaluation committee (EEC) was unable to inspect the facilities of the University of Nicosia Medical School at the time of writing (6.1). The school provided a video recording that showed excellent classrooms, labs and offices. In addition, given the state of the pandemic, the EEC was unable to inspect the clinical training resources and placements of students (6.2).

Thank you for recognising the facilities that are currently in place for our students. As noted, it is unfortunate that we were unable to arrange on-site visits to our campus and the clinical training sites, in either Limassol, Cyprus or Barnsley, UK, as a result of the pandemic and look forward to welcoming the EEC when this is possible. In the meantime, we would like to express our gratitude to the CyQAA for facilitating the sharing of short recordings of the Main Campus, the Medical School and the clinical training facilities at Limassol General Hospital with the EEC.

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

We greatly appreciate the recognition of our students' satisfaction with the resources available. We remain committed to enhancing these wherever appropriate and in line with developments in Medicine. The EEC's positive comments on the enthusiasm and responsiveness of staff are noted.

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

All students are enrolled on Moodle, which in addition to providing a platform for all required course material, offers a wide range of activities and resources to encourage constructive collaboration, formative assessments and peer assessment. Furthermore, we confirm that the Medical School provides access to Library Search, a single search interface that enables all students and staff to have 24-hour access to a wide range of full text medical e-journals, databases and thousands of e-books. Our librarians are dedicated to supporting students not only in their literature searches but also in providing guidance and training on good academic conduct and how to avoid plagiarism.

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

We strive to deliver the curriculum using instructional methods, which are based on well-founded pedagogical principles of medical education, including contextualized learning through case-based learning and virtual patients. As part of our aspirations to foster original research in medical education, we are committed to utilizing innovative methodologies in the MD programme, evaluating their effectiveness and disseminating our findings internationally through peer-reviewed publications.

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

Following the EEC's constructive comment, we have designed a staff development plan (**Appendix 1.7**) to further support teachers to deliver student-centred education, whereby students are actively engaged with the tutor, their peers and learning resources to navigate their learning. As described in Area 1 (pages 5-7), the plan was developed in collaboration with the University's Pedagogical Support Unit, the Centre of Medical Education, the Professor of Medical Education and Associate Dean for Students, and aims at increasing interaction in lectures and tutorials by incorporating active learning teaching methodologies, such as team-based learning and flipped classroom.

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

It is acknowledged that further work is needed to bring to fruition full implementation of student-centred education. We are committed to supporting our staff to develop further in this area. In addition to the aforementioned training programme, we will continue to peer review teachers on an annual basis, at minimum. The peer review form (**Appendix 1.8**) addresses the points raised by the EEC, including interactivity with students and opportunities for students to ask questions, think, question and feedback. Peer evaluation is a valuable quality assurance measure particularly at this time, where the pandemic has necessitated hybrid delivery of the curriculum, with some students attending online and some face-to-face. In addition to training received by faculty members on hybrid delivery, the peer evaluation process will allow us to provide feedback and support to our faculty in all aspects of hybrid delivery, including repeating student questions to ensure that all students, including those at home, have heard the question.

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

Even though the current epidemiological situation, which necessitates social distancing in the classroom, has inevitably affected student-student interaction in tutorials, it is acknowledged that further work is needed to support faculty to deliver active and interactive tutorials and our staff development plans described above address this need.

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

We recognize the significance of conducting research as part of the core curriculum in the MD programme. In addition to students being able to carry out research as part of their Year 6 Elective course, as noted in Area 1, page 6, we have now provided opportunities for students to conduct research as part of the Research Project course in Year 4. The course was indeed originally designed to allow students to carry out a literature search and develop a Narrative Literature Review and it was delivered in this format for the past three years. However, in the current academic year (2020-2021), the option of the Narrative Literature Review (offered as Pathway A) has been maintained, while we have introduced a new Pathway (Pathway B: Research Project and Poster) for the course (**Appendix 1.12:** MED-405 Handbook for 2020-2021, pages 37-68). This pathway allows students to carry out an original research project, study a topic outside the core curriculum in depth and develop critical thinking and self-directed learning skills. Students may carry out a project that involves data collection/ extraction (e.g. by using questionnaires, databases etc.) and qualitative or quantitative analysis of results. The conduct of lab-based projects may also be possible. The outcome of the research project is the development of a scientific poster that meets the published assessment criteria of scientific conferences and students are in fact encouraged to present their findings in a scientific conference. In the current year we have offered a total of eight original research projects in Pathway B (**Appendix 1.12:** MED-405 Handbook for 2020-2021, pages 39-52). Our plan is to offer increasingly more original research projects for students over the next five years, in line with our strategic development plan (**Appendix 1.4**, Teaching, Learning and Assessment Pillar, pages 6-8, 14-21).

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

As noted in Area 2, pages 13-14, following the EEC's observation, we have re-evaluated the simulation strategy in the MD programme. Our simulation strategy includes peer and tutor observation as well as constructive debriefing starting in Year 2, as part of the ICP courses. In fact, the majority of communication

skills sessions include role plays with SPs in all years of study. For example, in ICP I, seven communication skills tutorials are delivered with five of them using SPs, while in ICP II, all five communication skills tutorials delivered involve SPs. Additionally, the integrated sessions in Year 3, involving intimate examinations, also utilize SPs. This provides students with valuable experience in eliciting histories and practicing their communication skills. Importantly, students receive feedback from the tutor, their peers and the SP. As part of the review of our simulation strategy, we have incorporated SPs in clinical skills taught in Year 2 in the cardiovascular, respiratory, abdominal and rectal examination clinical skills sessions, where peer or model examination was previously used (**Appendix 2.3**). Although, the actual rectal exam is still carried out on a model, the addition of a SP for this intimate examination is of particular importance in allowing students to apply the principles of communication for such examinations in a sensitive, respectful and professional manner.

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

We thank the EEC for recognising the agreements in place to encourage students to study overseas. We are committed to developing student understanding of medicine within a global context and these opportunities serve to support this. Additionally, our staff and faculty benefit from participation in collaborative programmes such as IMEX, which provided valuable exposure into teaching innovations outside of our own curriculum. In regards to USMLE Step 1, we are grateful that the EEC has recognised the support that we provide to students in their preparation for this important licensing examination.

The weekly schedules of students in years 1 to 3 revealed days of up to 7 large-group lectures in a row from 09:00 to 17:30. The weekly schedules of students in years 4 to 6 revealed an unhealthy quotient of time for self-study over curricular time: 10 h / 40 h.

As previously noted in Area 2, pages 11-12, we acknowledge the busy student schedules and long days in the pre-clinical years, which impacts on the time available for self-study. We have already taken steps to reduce the teaching contact time through introduction of new teaching methodologies such as the flipped classroom and by re-focusing the curriculum on core knowledge. These will be piloted in the Spring Semester and implemented further in the new academic year. In regards to the clinical years (Years 4-6), students obtain valuable exposure to clinical practice in all major fields of medicine by attending clinical placements. Due to the increasing level of responsibility as students progress in the clinical years, they are able to take a more active role in their own learning, with self-directed learning being an integral component of clinical placements.

Strengths

- **The student / teacher ratio is low.**
  We are pleased that the overall teacher to student ratio was recognised as low by the EEC. Our teacher: student ratio compares positively to international standards (1:12) and we have ensured that each type of teaching session is delivered to an appropriate number of students. For example, tutorials are delivered in small group tutorials up to 25 students, as per CyQAA regulations, communication and clinical skills sessions are delivered in even smaller groups (of a maximum of eight students), while clinical teaching involves even smaller numbers of students, with typical rotation groups of up to seven students and theatre training involving only one or two students per tutor.

- **On the video of the School, the EEC saw an impressive array of teaching and administrative accommodation and resources including the library facilities.**
  We are grateful for the EEC's recognition of this and look forward to being able to welcome the EEC in person in due course.

Areas of improvement and recommendations

- **The School must ensure students have experience in role play with people as well as mannequins for clinical skills in the early years. Increasing the use of simulated (standardised) patients may provide this systematically.**
  As noted in Area 2, pages 13-14, following the EEC's observation, we have re-evaluated the simulation strategy in the MD programme in the teaching of clinical skills. Even though, our simulation strategy includes peer and tutor observation as well as constructive debriefing starting in Year 2, as part of communication skills and integrated sessions in the ICP courses, we recognize the value in extending the use of SPs in clinical skills taught in Years 2, 3 and 4. As an initial step, SPs will be used in the cardiovascular, respiratory and abdominal clinical skills sessions, where peer examination was previously used. Finally, we have incorporated SPs in the rectal examination session, which involves an intimate examination on a model and discusses the principles of communicating with patients during intimate examinations, which could be distressing for patients (**Appendix 2.3**).

- **The School must consider how to scale up effective teaching and learning to bring efficiency for both students and staff and allow a healthy work-life balance for both.**
  As described in Area 2, pages 24-25, we agree that a healthy work-life balance for both students and staff is of paramount importance. We expect that the reduction of student contact time, for example

through introduction of new teaching methodologies such as the flipped classroom and by re-focusing the curriculum on core knowledge is an important step towards achieving that important balance.

Faculty members maintain a healthy work-life balance through well-defined roles and responsibilities and the close monitoring of teaching and any other academic, service and administrative duties and functions that they may have. This ensures that full-time faculty engage in teaching, research and service/administrative functions as follows: 20% teaching, 60% service (e.g. leadership and co-ordination; professional development; curriculum enhancement; assessment; student support) and 20% research. Records are maintained of the teaching activities of faculty members and support provided, when needed. In fact, this year, we have recruited additional tutors to ensure that teachers maintain appropriate teaching hours. Faculty members are also supported to carry out research (evidence of which is provided in **Appendix 2.13**) and perform their administrative duties. For example, the Medical School has recently recruited post-doctoral fellows and admits PhD students, who provide valuable support for faculty to engage in research. Finally, administrative support is available through a dedicated team comprising 86 staff members (https://www.med.unic.ac.cy/about-us/faculty-and-staff/staff/). The mechanisms in place ensure that staff members are supported in their roles and an appropriate workload is maintained in all expected areas of responsibilities.

- **The School must provide training of faculty for interactive facilitation of large and small classes and for providing constructive feedback.**

  As previously noted, we acknowledge the need to increase interactivity in both large- and small-group teaching. This can only be achieved through an appropriate staff development plan, which we have now designed in collaboration with the University's Pedagogical Support Unit, the Centre of Medical Education, the Professor of Medical Education and Associate Dean for Students to specifically address this need, as described in Area 2, pages 11-12 and shown in **Appendix 1.7.**

- **The School uses a chat facility to permit students to ask questions during lectures and tutorials but this is not used to its potential. The School should encourage the use of this tool, providing training and support to teachers as required.**

  The pandemic has necessitated hybrid delivery of the curriculum, with some students attending online and some face-to-face. All faculty members are invited to attend training provided by the IT department to support them in the use of Webex, the software used to live stream sessions, prior to delivery of teaching. These training sessions support faculty members in how to use the features of Webex, including the chat facility. The IT department also offers dedicated support at the time of delivery. However, we recognize the difficulties with delivering teaching that caters to the needs of students in the lecture

amphitheatre and at home simultaneously. To further support faculty members to use the chat facility, weekly schedules sent to faculty members, now include information to further encourage use of the chat facility. Additionally, peer evaluation is a valuable quality assurance measure, particularly at this time, which further allows us to support our faculty in all aspects of hybrid delivery, including how to best utilize the chat box.

- **The School must continue to seek the input of external experts into both research and education.** We consider input from external experts to be of the utmost importance, with some examples provided below:

Research

In regards to research, the Medical School is currently involved in several research projects with international partners. Through its collaboration with international partners, the Medical School constantly seeks input from experts in research in an effort to further enhance and develop its research strategy and increase its research output. A detailed description of ongoing research projects and associated partners is shown in **Appendices 6.1 and 6.2.**

The list of research projects with international partners in basic medical sciences is shown below:

1. C-MOR – Research Consortium and Platform for Monitoring Overall and Cause-Specific Mortality Resulting from the COVID-19 Pandemic
2. Epidemiological and clinical characteristics of hospitalised COVID-19 patients in Cyprus: a descriptive and comparative study
3. Collaborative Research on Acute Traumatic brain Injury in 61ntensive care medicine in Europe (CREACTIVE) (FP7 Project completed)
4. Integrated inter-sector framework to increase the thermal resilience of European workers in the context of global warming (HEAT SHIELD) (Horizon 2020)
5. Platform for Biosciences and Human Health in Cyprus: MicroCT Enabled and Synchrotron Radiation Enabled Analyses (BIOMERA)
6. Shriners Hospitals for Children Genomics and Precision Medicine Project
7. Human pluripotent stem cells for modelling Alport disease (HUSMAD)

Please see below a list of research projects with international partners in medical education:

1. The effect of pharmacology teaching on diverse learners in a problem-based learning medical curriculum (PharmPBL)

2. Curriculum Development using VR technology to enhance empathetic communication skills in future health care professionals (EmpathyInHealth)
3. An evaluation of an online patient simulation training tool to improve the clinical decision-making skills of medical students (e-CREST)
4. Medical students' expectations of the future: a multi-site, longitudinal study (EXPECT)

In addition, the School's newly appointed International Advisory Board (IAB) consists of a group of experts who advise the Medical School not only on matters of education but also research, as shown in the IAB's terms of reference (**Appendix 1.1**). As noted previously (Area 1, page 2 and Area 2, page 8), the focus of the IAB is currently to provide objective guidance and constructive suggestions for improvement of the MD programme and it will in due course support our efforts to further enhance research practice.

The Medical School will continue to seek expertise in research and we will include external experts from academia and industry as advisors in the Medical School Research Committee in the following academic year i.e. 2021-2022. In addition, faculty will continue to be supported through the development of agreements with international academic institutions that will lead to the launch of new research collaborations and increase the school's research output. It is expected that the development of new state of the art laboratory facilities in the upcoming academic year will attract and sustain fruitful international research collaborations. Lastly, faculty will be informed with regards to available national and international grants that will help them form collaborations with international partners.

Education

Continuous innovation and development of our curricula, in line with the best current pedagogical principles, is a priority for the Medical School. To achieve this, we are committed to seeking input from external experts and we have established several mechanisms by which we do so on a continuous basis. Some examples currently in place are shown below:

1. *Collaborative partnerships:* The University acknowledges the advantages of pursuing academic partnerships, given the necessity for a global approach to education, which provides opportunities to exchange knowledge, develop expertise, and at the same time, boost the institution's prestige, all which in turn improve the student learning experience. An indicative list of ongoing partnerships is given below:
    a. University College London (UCL), UK. Through this collaboration with UCL, we have embedded in the curriculum of Year 6, as part of the General Practice and Geriatrics course (**Appendix 6.3:** MED-606 General Practice and Geriatric Medicine Handbook, pages 23-24), virtual patient cases

(https://eCREST.uk), which have not only enhanced the learning experience of our students but also resulted in a research collaboration with UCL on the effectiveness of this digital tool.

b. St. George's University of London (SGUL). The Medical School delivers the undergraduate MBBS programme in collaboration with SGUL (https://www.nicosia.sgul.ac.cy/). This provides important insight into current practices in medical education in the United Kingdom, in line with the standards of excellence expected from the General Medical Council. This collaboration affects positively the MD programme since most faculty teaching on the MD programme, also teach on the MBBS programme.

c. University of South Carolina (USC). Through our collaboration with USC, we have recently commenced the integration of ultrasound technology in the curriculum of the MD programme in Year 2 of the MD programme in the Anatomy Course. Our plans are to further incorporate ultrasound in the curriculum in a vertical strand which will allow students to not only gain a better understanding of taught subjects through ultrasound methodology but also allow them to become competent in this important clinical skill.

d. University of Oviedo and Karolinska Institutet. The European Commission has approved funding for the Erasmus + application of a partnership composed of the Universidad de Oviedo (Spain), Karolinska Institutet (Sweden), and the University of Nicosia (CY), among other Universities and Health and Emergency Aid Organisations, for the delivery of high-quality education and training in the field of Public Health in disaster situations through an Erasmus Mundus Joint Master Degree in Public Health in Disasters. The role of UNIC Medical School in this partnership is to offer those courses that lead to the specialization track 'Epidemiology and Research in Disasters' and which are drawn from its own MPH degree.

2. *Visiting professors:* The Medical School attracts Visiting Professors, which are characterized by their contribution and international recognition in their field of study. In this way, external expertise is utilized in the MD programme on an ongoing basis.

3. *Staff educational exchanges:* According to the Foundation for the Management of European Lifelong Learning Programmes (IDEP: http://www.erasmusplus.cy/BD1), the University of Nicosia has been ranked in first place in terms of mobility numbers amongst the private universities in Cyprus during the last three academic years prior to the pandemic. UNIC is also ranked first in terms of international mobility, with a focus on countries outside the European Union and representing one of the newer initiatives by the European Commission regarding the Erasmus+ Program. Indicatively, the Erasmus+ Office has for the third time in a row secured funds of more than half a million Euros for student and staff mobility. Staff mobility opportunities are available for both academic and administrative personnel. For example, this has facilitated 13 faculty exchanges between 2016-2019, including to University College London, University of East Anglia, Royal College of Surgeons in Ireland, Durham

University, University of Madrid, University of Crete and St. George's University of London. Through Erasmus+ staff mobility exchanges, faculty members identify common areas of interest for research and work towards securing joint external funding for research projects. For example, the aforementioned collaboration with UCL was the outcome of an Erasmus+ staff mobility exchange. In 2019-2020, seven applications for Erasmus+ staff mobility exchanges were approved, which were unfortunately cancelled due to the Covid-19 pandemic.

4. *International Advisory Board:* The appointment of the IAB has been an important development for the Medical School and the IAB has provided important guidance in the review of the MD programme, as described extensively in this report.
5. *Collaborative research in Medical Education:* As described above (page 61) and shown in **Appendices 6.1 and 6.2**, we are currently collaborating with international partners to complete innovative research in medical education. This ensures that international expertise positively affects the MD programme through the fostering of original research, which informs delivery of the curriculum.

- **The School must have autonomy to bring down the very high number of hours of contact time per week. The school must provide sufficient time for independent study. Total work time of 52 hours per week is not appropriate.**

  We agree with the EEC's comment and as mentioned above (page 60), we have taken steps to reduce contact time through a staff development plan that will allow teachers to utilize new teaching methodologies, such as the flipped classroom, which will allow for increased amounts of independent study. Delivery of the training programme has already commenced and will be concluded within this academic year. Course Leads are piloting these methodologies and re-focusing the material taught in the Spring Semester 2021, with further implementation in the new academic year, 2021-2022.

- **The School should encourage faculty to seek opportunities to observe how simulation is employed in other schools, particularly with standardized/simulated patients.**

  As shown in **Appendix 2.3**, the Medical School has extensive experience with standardized/simulated patients and we have utilized them extensively in the MD programme in Years 2-6. We have gained extensive experience through collaborations with other universities, including St. George's University of London and University of East Anglia and through our participation in exchange programmes such as Erasmus and IMEX, which we have applied into our current practice. Additionally, through our focus on collaborative medical education research, we continue to gain valuable exposure to innovative use of simulation to enhance the teaching using virtual reality (**Appendix 6.2**, page 16). However, we agree with the EEC and we will continue to seek expertise in all areas, including the utilization of SPs, to ensure that our practice remains up-to-date.

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

7. Programme Evaluation

Findings

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

Thank you for recognising the above routes that contribute to the myriad ways that students' evaluation and feedback takes place. We believe involving students, as key stakeholders, is integral to our monitoring processes. With student-centredness at the heart of our activities, we are committed to actively listening to them and working with them as drivers for enhancement.

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

Monitoring the performance of our students is an important aspect of our quality assurance process in assessment. This includes tracking performance of students against the learning objectives of each course. The process starts through blueprinting of assessments, whereby every question in the examination is mapped against the learning objectives of the course. The template used for blueprinting is shown in **Appendix 7.1**. The learning objective (LOB) for each question is recorded in Column K. Blueprinting in the clinical years is additionally based on the subject area, presentation and priority skill (such as history, diagnosis or management). An example of the template used for blueprinting the MED-606: General Practice and Geriatrics course is shown as **Appendix 7.2**. Through the blueprinting process, it is ensured that assessments cover knowledge, skills and attitudes relevant to the students' learning stage, and in line with the learning objectives of each course, and by extension, the programme.

Psychometric analysis evaluates the performance of each individual examination item individually. For example, for written examinations consisting of SBAs, psychometric analysis determines the facility, discrimination and point biserial for each item individually. The internal consistency reliability of the assessment is determined via the Kuder-Richardson Formula 20 (KR20). In this way, the performance of

students in each learning objective assessed by exam items is determined and monitored. Examples of psychometric analysis for SBAs and OSCEs were provided to the EEC and are shown in **Appendix 7.1,** pages 3-5.

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

We welcome this comment and we recognize the importance of involving external stakeholders, including patients, as representatives of the community, in monitoring and reviewing the programme. The School's newly appointed International Advisory Board (IAB), which as described in Area 1, page 2, contributes to the Medical School, its mission and vision, through providing external objective guidance and constructive suggestions for improvement, has been revised to include a patient representative from the Thalassemia International Federation (https://www.med.unic.ac.cy/about-us/international-advisory-board-members/). The IAB has already provided useful guidance in regards to the review of the MD programme and we look forward to continuing this work.

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

As part of our on-going commitment to foster systematic evaluation of programmes, we have recently introduced a formal Programme Evaluation Report (PER). This was in development at the time of the EEC's virtual visit and we have since provided to the EEC the MD programme PER for the academic year 2019-2020, following its review at the Department Quality Assurance Committee in Fall 2020 (**Appendix 4.3**). During the current academic year 2020-21, the Academic Affairs and Quality Management Committee (AAQM) is monitoring the roll-out of the PERs across our programmes, and will receive proposals for any changes to the template that arise from its first implementation. For example, to ensure that the template captures pertinent information and reflects any regulatory changes, and is tailored better to our different programmes (e.g. MD, postgraduate programmes, Distance Learning programmes). A short description of the scope of the PER is provided below.

Previously, reports have largely been provided verbally at Programme Committee and/or Quality Assurance meetings. The PER format allows for a more formal written record of programme developments at the Medical School. In the first term of each academic year, each respective Programme Director, in collaboration with the programme's governing committee submits an annual PER, which sets out details based on the previous academic year. The PER considers the following, and includes a summary of the effectiveness of delivery of teaching, learning and assessment.

- Student evaluations of the programme and faculty;
- Data on student enrolment, performance, withdrawal rates and employment;
- Comments by employers of programme graduates, where applicable;
- Comments of Accreditation/Registration teams that have evaluated the programme during the period under review;
- Feedback from faculty who teach in the programme and reports from Course/ Module Leads;
- Relevant committee meetings minutes;
- Faculty needs;
- Teaching and learning resources and evaluations;
- Social contribution and accountability.

Furthermore, the report sets out any areas that will be the focus for quality improvement activity in the following year, with particular focus on enhancing the student experience. For the MD programme, this is based on the WFME standards as shown in **Appendix 4.3**, pages 23-24. In the following year's report, those areas of focus are revisited and the effectiveness of any specific actions evaluated. The PER is submitted to the relevant Department Quality Assurance (QA) Committee in the autumn term and thereafter to the AAQM. Both QA committees provide comments on the report and discuss further enhancements that could be made as well as identify and commend good practice. Update reports are provided by the Programme Director on any actions being taken, and further monitoring throughout the academic year will be undertaken by the Department QA Committee and reported to AAQM. Overall, the introduction of the PER strengthens our monitoring and evaluation processes already in place.

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

We thank the EEC for acknowledging that students are informed of changes resulting from their feedback. This is the result of effective communication channels between the School and the students. The School collects student feedback through a multitude of routes and any changes informed by feedback are communicated back to the students. Some examples by which feedback is collected and actions are reported back to the students are provided below:

1. *Student representation on committees:* As recognized by the EEC and described further in Area 4 (pages 41-42), students are represented on programme, department, school and university committees. This ensures that students have access to evaluation reports and are kept abreast of any development plans that are informed by student feedback and other evidence sources. For example, the MD PER is discussed at the Department Quality Assurance Committee and the

Academic Affairs and Quality Management Committee, both of which have student representation (**Appendix 7.3**), enabling us to engage them in the process. Student representatives are liaisons between the student body and the School's administration and report developments back to all students.

2. *Open Fora:* Year Leads meet regularly with student cohorts for open fora, in order to ensure that any concerns are adequately addressed in a timely manner. All comments, suggestions and concerns raised are addressed during the meeting and a written reply is subsequently posted on Moodle, which outlines any steps the School has taken in response to student feedback.
3. *Student briefings:* In addition to the annual student briefings, ad hoc student briefings are scheduled to appraise students of changes in the programme, which will impact upon the way they learn or are assessed. For example, following the recent review of our assessment strategy (**Appendix 3.1**), which also considered student feedback, the Programme Director and Associate Dean for Students held briefing sessions for each cohort to inform students of the outcome of the review process and the revised Scheme of Assessment.
4. *Meetings with the Associate Dean of Students:* The Medical School Student Society representatives meet monthly with the Associate Dean for Students. Medical School Student Society year representatives feed developments back to all students.
5. *Suggestion box:* Students utilise the suggestion box of the Medical School, which is available in physical and digital format. All suggestions are reviewed by the relevant academic or administrator and responses are made available to all students on Moodle.
6. *Course-specific feedback.* When evaluating the curriculum, students are required to provide feedback at the end of each course, both in the pre-clinical and clinical years, through online surveys on the quality of teaching received. We have recently reviewed how to effectively close this feedback loop and starting in the current academic year, we have now provided to students a summary of changes made to each course through the semester handbooks. An example is shown for Semester 1 (**Appendix 7.4**, page 8). The changes are additionally re-iterated during the student briefings with the Year Lead.
7. *Student Voice*. In cases where a student wishes to raise a sensitive issue, we have made an alternative feedback route available, namely the 'Student Voice' page on Moodle. This allows students to report concerns in three areas: patient safety, educational incidents, and concerns about a fellow student (**Appendix 7.5**). Students may submit a concern anonymously; the School provides a response of actions taken to the concerned student(s), should they wish to include their name.

There is an organization chart demonstrating a large number of committees at department and programme levels addressing programme development and (separately) quality assurance. It is not

clear however how the scope of each committee differs and how the committees interact, particularly with respect to quality management and enhancement within the programme.

We appreciate that the committee structures may appear convoluted and we have welcomed the EEC's comments as an opportunity to refine these with the aim of simplifying how our reporting and governance structures are depicted. To ensure that our structures remain in line with institutional and regulatory expectations, we review our committees annually and, where appropriate, roll out any changes with the start of a new academic year. This is so as to avoid any confusion at a mid-point in an academic year and to ensure that appropriate approvals have been gained. We have set out, in the paragraphs that follow, a short explanation of the interplay between the different committees within our governance structure.

In line with this, a document containing the committees chart is shared (**Appendix 2.10**, pages 7 and 8) to illustrate the governance and quality assurance structures in place. This also includes the committees' membership lists and terms of reference at the Programme level (page 9). Those at Department and School levels are also included as **Appendix 7.3** which provides a detailed description of the terms of reference of each of the committees.

Overall, the Programme Committee has responsibility for decision-making and the monitoring of the programme in its entirety. As described in detail on page 20, it makes recommendations and decisions about issues raised by its sub-committees; receives, and where necessary acts on reports about the quality of the teaching, student assessment and progression and student welfare and support across all six years; and acts as a forum for students to raise concerns about the programme. The Programme Committee reports upwards through institutional structures and on matters where it must seek further approval. This extends up to the Department of Basic and Clinical Sciences, the Medical School, and ultimately to the University's Senate as the highest academic body of the University. The Department Council, in addition to shaping the educational strategy of the Department, across its programmes, has the additional remit of developing, implementing and monitoring the Department's research and social contribution strategies.

In addition, there are Quality Assurance structures, which complement and support the work of the other committees. Again these are reflected at departmental, school and university levels to provide appropriate levels of quality assurance monitoring, management and oversight respectively. Having these as separate sub-committees allows a level of objectivity to quality assurance activity in the institution and further opportunities to reflect on our provision. However, there remains continuity of information provision through representation and membership at these committees. For example, the Programme Director is a

member of the Department Quality Assurance Committee and the Academic Affairs & Quality Management Committee (AAQM). The Director of Quality Assurance is also a member of these, as well as at the University's Internal Quality Assurance Committee. The Medical School is committed to continuous enhancement across all of its endeavours and has a Quality Assurance team to work across all of the School's programmes to support this. An example of the inter-play of the programme-level committees and the Quality Assurance committees is the annual Programme Evaluation Report, which is prepared by the Programme Committee, while approval and monitoring of the action plan lies with the Basic and Clinical Sciences Department Quality Assurance committee. It is further considered at the School-wide AAQM committee.

As a relatively young Medical School, that is in the process of strengthening the functions of its two departments, we appreciate that some overlap of roles and responsibilities may exist. Although as a medical school we retain significant autonomy from the University, we must remain within regulatory standards and institutional expectations for governance. Hence, on the basis of the EEC's comments, throughout 2020-21, we are reviewing the functions of our committees and overall structures and, where appropriate, will implement changes, and convey them to all students and staff for further clarity. Details of all pertinent committees are shared with students via their programme handbooks and uploaded to Moodle, and in the same way any changes to these will be.

Strengths

- **The students are highly satisfied and feel well prepared for postgraduate positions.**
  We thank you for identifying this. We commit significant efforts to continuously improve the students' learning experience and prepare them for clinical practice. Each student is supported to achieve their career aspirations and we have recently added an additional member of staff to the Careers & Alumni Office to ensure that we can offer further support and retain the high standards we have for our rising student numbers.

- **The students are clear that their contributions to the regular evaluation processes have been heard and responded to.**
  We believe that our students being heard and, where appropriate, that their feedback being acted upon, is key. As described above on pages 68-69, students provide feedback to the School through several routes and we strive for feedback loops to be effectively closed.

- **There are documents and organisation charts describing membership of committees and responsibilities.**

  We maintain an annual review cycle of all of our committees, along with their membership and terms of reference, in our efforts for them to remain fit for purpose. We have appreciated the opportunities provided by the EEC's comments to ensure that they are clearer as we move forward and, where possible, to streamline these in the next year (as illustrated in **Appendix 2.10**).

Areas of improvement and recommendations

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

  We strongly support the expansion of stakeholder involvement in our monitoring and governance activities. With regard to administrative colleagues, we are pleased to confirm that administrative functions have always been appropriately represented by staff, and we hope that this is clarified by way of **Appendix 2.10**. For example, course administrators are active members of the Year-specific and programme committee meetings, and administrative functions, such as Finance, Registry and Quality Assurance (amongst others) are represented at the MD assessment and programme committees. In regards to patient representatives, we welcome the participation of this important stakeholder group and we have a patient representative from the Thalassemia International Federation as an active member of the International Advisory Board (IAB), which is currently providing guidance in the review of the MD programme.

  We further welcome participation from other stakeholders and as explained on page 2, the IAB includes potential future employers, a medical council representative, experts in medical education and one of our recent graduates. Moreover, and as described previously on page 2, external stakeholders are represented on programme-specific committees with representation from the State Health Services Organization and the Cyprus Medical Association. In this way, external stakeholders play a pivotal role in ongoing programme review and development.

  The School must consider including representatives of the community such as patients on the curriculum focused committees.

  We welcome the EEC's recommendation. We have commenced action on this recommendation during the most recent IAB meeting (**Appendix 7.6:** Extracts of minutes from the second IAB committee meeting), where we have discussed inclusion of patient representatives and other stakeholders, to the MD programme committee. It was agreed that invited stakeholders need to be carefully selected and

thoroughly briefed beforehand so that they can contribute in a meaningful way. Membership is currently under review to enhance patient involvement in a meaningful way.

- **The School must develop more formal Quality Assurance processes and reports instead of relying on committee minutes to capture the evaluation of courses. This will permit clearer transmission of ideas, problems and solutions within the University and across the University-Health Service interface.**

  The School has significant quality assurance processes in place and we have taken this recommendation to be an opportunity to focus on specific areas where enhancements can be made. This has been extended beyond the annual reporting expectation (e.g. PERs) and **Appendix 7.7** sets out in detail the other ways in which the evaluation of our programmes takes place. A summary of the type of evaluations is shown on page 7 of **Appendix 7.7.**

- **The School must develop a 'SMART' Strategic Development plan with a timeline to help guide and manage more detailed plans. The development plan must focus on the development of research and education within the School against its current resources, along with plans on how to scale up in response to increased student numbers. This plan should be communicated to all stakeholders.**

  We are pleased to share the Strategic Development Plan (SDP) of the Department of Basic and Clinical Sciences (BCS), under which the MD programme is housed (please see **Appendix 1.4**). As part of our efforts to strengthen our department structures, this has been created specific to the focus of BCS for the next five years. The SDP seeks to enhance growth and reputation in medical education and research by building on current strengths, seizing on several key opportunities, and by developing and implementing solutions to the department's challenges and threats. The SDP is in line with the School's mission and its core values and sets out our priorities and targeted actions on the programmes of the department – the MD programme and the doctoral programme, PhD in Medical Sciences - as well as on its strategies for the further development of research activities and output. It also reflects the department's ambitions in relation to the third educational pillar of social responsibility. This plan has been based on an internal SWOT analysis and has also taken into account feedback received from our students and staff, as well as that of external experts, such as our IAB and the EEC. The SDP serves as an important roadmap for our work in each of the three pillars and identifies strategic goals, objectives and specific actions for each of the three pillars. The SDP defines the timeframe for completion of each action and responsible person(s). Importantly, measures of achievement are included to allow us to monitor and reflect on our progress throughout the 5-year period. The BCS Department Council is responsible for monitoring the implementation of the SDP and, through their membership in the Council, it is ensured that the SDP is

communicated to key stakeholders, including all teaching research faculty, representatives of special teaching faculty, post-doctoral fellows and elected student representatives.

The school must track performance of cohorts of students in relation to intended educational outcomes by assessment blueprinting.

As explained above (pages 66-67), the monitoring of student performance against the learning objectives of each course is our normal practice as part of the quality assurance mechanisms of assessment. As a first step, every question in the examination is mapped against the learning objectives of the course through blueprinting (**Appendix 7.1**). Blueprinting in the clinical years is additionally based on the subject area, presentation and priority skill (such as history, diagnosis or management), as evident from **Appendix 7.2**. Subsequently psychometric analysis evaluates the performance of each individual examination item, examples of which are provided in **Appendix 7.1**. In this way, the performance of students in each learning objective assessed is determined and monitored.

Anonymity of feedback at the end of clinical placement must be protected in the context of small number of students.

We would like to assure the EEC that all feedback sought from students is conducted anonymously. We appreciate that Year 4, 5 and 6 students, who are placed in very small learning groups in clinical placements, could potentially be identifiable by the comments that they make. However, we expect our students to feedback in a mature, constructive manner and those colleagues that receive the feedback to interpret it with a positive mindset and as an opportunity to enhance provision.

However, we also understand that a student may wish to raise a sensitive issue and that the placement survey may not be the most appropriate route in which to do so, should they wish to remain anonymous. With this in mind we have made alternative feedback routes available, such as adding a 'Student Voice' page on Moodle, which allows students to report concerns in three areas: patient safety, educational incidents, and concerns about a fellow student (**Appendix 7.5**).

- **The School plans to evaluate its graduates' preparedness for work and ability to secure excellent training posts. We encourage the School to undertake this essential work and to audit its graduates' attributes against the stated mission and intended educational outcomes of the curriculum.**

  Monitoring our graduates' progress is a priority for the School and the Careers Office has now been further developed to Careers and Alumni Office to support this aim. As described during the meetings with the EEC, the graduate survey has already been prepared and can be found as **Appendix 2.9**. As

our first graduates commenced their new roles from Summer 2020 onwards, we have deliberately allowed them some months to settle in to their new roles. We are looking forward to receiving their feedback and learning from their responses to consider further programme enhancements. In the meantime, through our careers and alumni services, we have already started evaluating our graduates' success in securing registration with the medical council(s) of their choice and securing postgraduate training positions. We are proud to report that our graduates have attained 100% employability and this is testament to our graduates' competitiveness and success. It should be noted that we maintain contact with our graduates and are delighted to hear how they have utilised their learning in clinical practice. In fact, we have recently added one of our recent graduates as a member of the International Advisory Board, which provides another route for feedback from our graduates. Finally, in line with our quality enhancement objectives of the Programme Evaluation Report for 2019-2020 (**Appendix 4.3**, page 23), we plan to strengthen external evaluation of the programme through the dissemination of an employer survey. This aims to widen the scope of the feedback that we will receive and therefore give us more opportunities to improve, based on our graduates' performance and feedback.

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

8. Governance and Administration

Findings

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

We wish to thank the EEC for bringing to our attention that our structures for governance and reporting did not appear to be clear. As noted in Area 7: Programme Evaluation, we have used the EEC's comments to reflect on this, and are pleased to include (as **Appendix 2.10**) a revised document which we hope clarifies the structures. These illustrate the reporting lines as well as the respective roles and responsibilities that individuals and committees have at the Medical School, and in particular in relation to the MD programme.

With regard to student representation on our committees, this was addressed as part of Area 4: Students, page 41, whereby we are pleased to confirm that students are responsible for the election of their representation. For UNIC Senate, School Council and Department Council, this is managed by the University's Student Union. At programme level, there are two positions per year group for students to elect their student representatives, as indicated by **Appendix 4.2** (page 2). Both processes – those of the Student Union and the Medical School Student Society – ensure that these are led and managed by students. Where students are part of committees, they are full members with voting rights. The only areas where they may not be involved are when individual student cases are discussed. In such instances, this would be moved to 'closed business' to ensure student anonymity.

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

There is a large number of dedicated administrators at the Medical School, who work to support the MD programme. Given the significant autonomy from the University, it means that there are departments that specifically serve the Medical School, including Registry; Enrolment Services; Programme Management;

Clinical Education; Examinations; Careers; Library; Finance; Facilities (including Laboratory Services); Student Services; Quality Assurance; Communications; Human Resources; and Information Technology. Representatives from the various departments contribute to the different committees of the Medical School and they are active members of the MD programme, Assessment and Year-specific committees, which we have illustrated in **Appendix 2.11**. Hence, we are happy to clarify that administrative staff have voting rights at appropriate committee level and do not simply function in them as secretariat.

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

Good governance of the programme relies on the effective communication between its various management structures allowing appropriate escalation, feedback and accountability. This principle is particularly relevant in relation to structures that function across the Medical School-Healthcare provider interface where effective governance is essential for the quality of medical education.

Two key examples of such structures are the Joint Steering Committee and the site-specific committees which operate at different levels but complement each other and allow for appropriate escalation. The former is responsible for the smooth implementation of the high-level student training agreement between the Ministry of Health/ State Health Services Organisation and the Medical School. The latter is a committee operating at clinical training sites and chaired by the local academic lead (representing the clinical training provider) with the participation of local clinical leads, students as well as faculty and staff from the Medical School. This local committee has overall operational responsibility for the effective delivery of clinical training at the site and feeds into the various programme committees all the way to the School's Executive Dean who is also a member of the Joint Steering Committee alongside the Director of Medical and Public Health Services of the Ministry of Health. This exemplifies the formal manner in which key issues can be effectively communicated and escalated between different governance structures and committees, particularly involving the University-Health Service Interface.

Recently, the overall responsibility for the operation of the public hospitals has been devolved from the Ministry of Health to the State Health Services Organisation and, consequently, the responsibility for clinical training has also been passed to them. More specifically, matters relating to clinical education are now addressed at high level at the Scientific Committee of the Limassol/ Paphos Directorate of which the Associate Dean of Academic affairs of the Medical School is a member. Medical education issues have

become a standing item at the meetings of this committee which can deal with issues escalated from the local governance structures.

We agree with the EEC that there are a number of examples of cross-representation across the various governance structures and, inevitably, this plays a role in communication and escalation of issues. However, as described above, there are well-defined levels of governance that allow for formal escalation/ communication and we are fully committed to working to enhance the effectiveness of these processes.

Strengths

- **The School has documents that set out to address quality management including the governance structures, and roles and responsibilities for committees and academic leaders.**
  We thank the EEC for recognising this. Achieving high quality standards has been a priority for the Medical School since its inception. This permeates all aspects of our work; hence we have a developed quality assurance framework for the Medical School as well as quality management standards per programme. These set out responsibilities for colleagues with respect to quality management, with ultimate responsibility held by the Executive Dean and delegated to the Associate Dean for Academic Affairs in relation to programmatic quality management.

- **There is an enthusiasm and an openness among the academic leaders; they are eager to learn from the evaluation and use it for development of the medical programme and the medical school.**
  We wish to thank the EEC for identifying this. The dedication of faculty and staff in leadership roles to their responsibilities is a key strength at the Medical School. We strive to embed an ethos of quality assurance and enhancement to enable us to continuously develop and improve.

- **Students are represented – not sure how independent.**
  We hope that we have addressed the concern that the EEC may have had about the independence of student representatives in our response above, in Area 4, page 41 and in **Appendix 4.2**, page 2. We would like to reassure the EEC that student representatives remain independent and are appointed by their peers. As part of their roles, student representatives are expected to engage the student body and/or their respective cohort in providing constructive feedback and to actively contribute to the continuous processes of enhancement.

Areas of improvement and recommendations

- **The School must clarify the organisation and roles and responsibilities of the committees and simplify where possible, to explain how the University Department, Programme and Quality committees interact with one another and with the Health Service.**

  As noted above, the School recognises that further clarifying the structures in place would be of benefit to many, including our students. Having grown significantly over the past ten years, it is appropriate that we take a step back to reflect on how our committees can support our work over the coming years, in particular to contribute to achieving the strategic development plan that the department has produced. Each year we review the function of our committees and where appropriate amend this, though the comments of the EEC have encouraged us to further reflect on these. Any proposals for new committee structures will be taken forward for 2021-22 (as referred to in Area 2, page 20). In the meantime, we hope that further clarity of existing structures is provided by **Appendix 2.10**.

- **The School must ensure that the governance structures and processes facilitate the formal escalation of issues through both the University and Health Service to Board/Council Level as necessary, and the reporting of outcomes.**

  We agree with the EEC that this is essential for the delivery of high-quality medical education and effective oversight. As explained in the previous section on pages 70-71, the various governance structures and committees allow for formal communication, escalation and feedback of key medical education issues. We will continue to work to enhance the effectiveness of these mechanisms. In the case of the local site committees, we will introduce a more systematic review of the local delivery of training based on the responsibilities of the various stakeholders as these are defined by the relevant Service Level Agreements in relation to the quality of medical education. Such detailed accounts will be formally reported up the management structure of the programme and will serve to identify key areas for improvement as well as good practice and which can eventually be formally fed into the higher committees such as the State Health Services Organisation scientific committees for further consideration and resolution as appropriate.

- **To ensure transparency of the work of programme governance and its decisions especially as the number of students increase, the medical School should strengthen the communication strategy to ensure the programme's business and decisions are widely understood.**

  We would like to clarify that decisions taken at programme governance level are informed by faculty, staff and student feedback. Additionally, staff, faculty and students are represented on governance level committees. In this way, all stakeholders are engaged in the decision-making process and kept up-to-

date on decisions, which may have an impact on their work, for staff and faculty, and learning experience, for students.

However, we agree with the EEC that this is another area where we could develop further and we thank the EEC for identifying this as an area for enhancement. Having grown significantly as a Medical School, it is important that we ensure that staff, faculty and students are appropriately kept abreast of progress and developments, across all of our business. To further enable this, we are investing time to develop an intranet for our faculty and staff, where we will house appropriate decisions, news, committee minutes and other shared information. This will help to further embed an ongoing open approach to our work as we develop further over the coming years and foster improved communication. Further, it will enable us to provide periodic updates on the implementation of departmental development plans. For our students, and as described in Area 7, we work very hard to ensure effective communication channels. In addition to student representation on our committees, student briefings are scheduled, when appropriate, to communicate changes to students in the programme or its assessment. Ongoing updates are further provided by email communication and in the e-newsletters that are produced on a monthly basis to provide students with news, updates and reminders specific to their programme. In addition to programme-specific newsletters, the bi-annual publication of *MedNews*, ensures that key Medical School developments and activities, such as new partnerships, student and faculty research activities and community outreach events are shared with faculty, staff and students. Nonetheless, we appreciate that there are always opportunities to improve how we communicate with students and this is integral to successfully delivering on student-centredness. We are committed to updating our MD students on the curriculum developments that we are making and we have recently reviewed the way we feedback to students changes in their courses informed by their feedback. We have now included short descriptions of changes to each course in semester handbooks. An example is shown in **Appendix 7.4**, page 8.

- **Collaboration with the health care sector should be strengthened with a more explicit educational philosophy and more formal governance structures and processes as previously suggested with formal minutes, quality reports and action plans.**

  We agree with the EEC that effective collaboration with the health sector is key to the delivery of high-quality clinical training. Commitment to excellence in the delivery of education underpins this collaboration as exemplified by the detailed Service Level Agreements (SLA) signed with clinical training providers and which lay out the key responsibilities of the hospitals, as well as the Medical School, for the delivery of safe and effective clinical education. As previously explained, and in addition to the formal minutes and actions generated by the committee meetings, we plan to formalize the periodic reporting of compliance with the standards described in the SLAs with these reports being considered and actioned upon by the

programme and School structures and ultimately the high-level committees at the University-Clinical interface. Such reports will appropriately slot into the educational section of the State Health Services Organisation scientific committee meetings and will be the basis of an annual action plan in relation to educational issues at the various sites.

In the future, the collaboration between the Medical School and the healthcare sector will be greatly enhanced by the passing of the new legislation governing the collaboration between hospitals and universities. The Medical School has worked in unison with the other Medical Schools in Cyprus to facilitate the completion of this process, which will ensure that medical education is placed at the core of the operation of healthcare providers.

- **There are good learning objectives on interprofessional competence. However corresponding learning activities are sparse, especially in the clinical setting. To accomplish clinical interprofessional learning activities at least three actions are needed at the management level.**
    1) **Establish structured collaboration with other health care undergraduate programmes.**
    2) **Identify health care departments suitable and willing to host interprofessional student groups that collaborate in patient care.**
    3) **Establish education for clinical tutors in interprofessional supervision.**
    4) **Develop methods and clinical tutors' skills to stimulate discussion in interprofessional student groups. Well designed education methods and skills are required to achieve the goals of active and interactive learning, and will be increasingly important as the student numbers increase.**

We thank the EEC for acknowledging the learning opportunities in IPL in the MD Programme. For example, through the MD programme curriculum, students are introduced to the roles of other members of the multidisciplinary health care team in their courses, such as Sociology and Psychology. In the clinical years, students have the opportunity to learn within multi-disciplinary teams for the purpose of patient care, including nurses and dieticians.

We are grateful to the EEC for illustrating how we can develop IPL further within the curriculum. In order to achieve this, we have recently appointed an IPL Academic Lead, who is responsible for formulating a Strategic Plan and coordinating its implementation. As described in more detail in Area 2, pages 14-16, under the leadership of the academic lead, we are currently developing the Strategic Plan for IPL (**Appendix 2.4**), which aligns with the Strategic Development Plan of the Department of Basic and Clinical Sciences (**Appendix 1.4**, Teaching, Learning and Assessment Pillar, pages 6-8 and 14-21). The IPL Strategy sets out our priorities and targeted actions in enhancing the three axes of IPL, namely learning

about other professional disciplines; learning from other professionals, and learning with other professionals.

The IPL Strategic Plan serves as an important roadmap for our work in each of the four pillars, which is further defined by strategic goals, as shown in the Strategic Plan (pages 5-7) and below:

- **Pillar 1: Strategy**
  Strategic Goal: Advance educational excellence through strategic high-quality interprofessional education
- **Pillar 2: Collaboration**
  Strategic Goal: Foster professionalism and excellence in collaborative patient care through interprofessional learning
- **Pillar 3: Teaching**
  Strategic Goal: Nurture faculty professional development about Interprofessional learning
- **Pillar 4: Learning**
  Strategic Goal: Deliver innovative, student-centred and high-quality interprofessional education

The IPL Strategic Plan further defines objectives and specific actions for each of the four pillars/strategic goals and defines the timeframe for completion of each action and responsible person(s). Importantly, measures of achievement are included to allow us to monitor and reflect on our progress. The MD Programme Committee is responsible for monitoring the implementation of the Strategic Plan. We are pleased to note that we have already taken steps towards the implementation of the Strategic Plan, with some examples provided on pages 15-16.

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

9. Continuous Renewal

Findings

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

We thank the EEC for the time spent on the evaluation process and for their many constructive comments and opportunities to enhance our work. We are truly grateful for their work, given the challenging circumstances of the Covid-19 pandemic during which the re-accreditation is taking place, and the actions required to mitigate the impact on the process.

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

We are pleased that the EEC has recognised the spirit in which we aim to engage with quality assurance. We are committed to an ethos of welcoming constructive criticism and regard it as a positive opportunity to develop.

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

We are grateful to the committee for recognizing that our staff and students engaged with the evaluation process in a transparent manner. This is truly important in utilizing the evaluation process to its full extent to inform improvements in the MD programme.

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

We hope that the provision of extensive documentation, in the application and upon request during the virtual visit, has been beneficial in providing insight into our MD programme, thus supporting the work of the EEC in its evaluation. We welcome the EEC's comments to provide further documentation in: 1) quality assurance of assessment, 2) staff development plan,3) student wellbeing and 4) staff wellbeing. Please see our response for each area below:

1) **Quality assurance of assessment**

To ensure that valid and reliable assessments are utilized, a well-defined quality assurance process is in place. This is outlined below:

Step 1: Blueprinting. The topics of the examination items are based on a learning objective of the course being assessed to ensure mapping to the curriculum. The template used for blueprinting is shown in **Appendix 7.1**. The learning objective (LOB) for each question is recorded in Column K. Blueprinting in the clinical years is additionally based on the subject area, presentation and priority skill (such as history, diagnosis or management). An example of the template used for blueprinting the General Practice and Geriatrics course (MED-606) is shown as **Appendix 7.2**. Through the blueprinting process, it is ensured that assessments cover knowledge, skills and attitudes relevant to the students' learning stage, and in line with the learning objectives of each course, and by extension the programme.

Step 2: Question writing. Questions are written, conforming to the format of the exam, such as SBAs for written exams or OSCE stations to assess clinical and communication skills. Prior to exam preparation, question writers undergo extensive training to ensure that examination items are of high standard and in the expected format. For example, for SBAs, each item starts with a short clinical scenario, followed by a lead-in question and five homogeneous options. Questions are designed to assess application, rather than recall, of knowledge. For our written examinations in Years 5 and 6, we are additionally able to select appropriate SBAs from the IDEAL question bank. This further assures the external validity of these high-stake examinations.

Step 3: Item review. Test items are evaluated for clarity, structure, factual correctness and appropriateness for the students' stage in learning. Content validity is established during the review stage. For Years 1-4, examinations undergo rigorous scrutiny by an internal moderator, with content expertise. For example, the Anatomy examination is written by the Anatomy Course Lead and reviewed by another faculty member, with expertise in Anatomy. Following the review by the content expert, the Chief or Responsible Examiner reviews and provides further comments or approves the paper for printing. The items obtained from the IDEAL question bank for Years 5 and 6 are subject to the same quality assurance processes as the assessment items prepared in-house, to ensure alignment with our curriculum and assessment format. In addition to internal scrutiny, for Years 5 and 6, where assessments become even higher-stake, an external examiner system is in place to further ensure the quality control of assessment methods across clinical sites. The role of External Examiners (EE) is based on that set out in The Higher Education Academy's publication, A Handbook for External Examining, namely to "be experienced higher education teachers who offer an independent assessment of academic standards and the quality of assessment to the appointing institution". As part of the role, EEs participate in on-site visits during examinations.

Step 4: Standard-setting. For assessments, where standard-setting is employed i.e. OSCEs, the pass-mark is set, using the modified Angoff method or borderline regression, depending on the cohort size. We recognize the importance of extending standard setting to our written assessments and, as described on page 33, we are now in the process of choosing an appropriate standard-setting method for written examinations in Years 5 and 6, which will be implemented in 2021-2022.

Step 5: Marking and results processing. For examination formats, which require marking by assessors, e.g. SAQs or written reports, student scripts are denoted by candidate number, rather than name. All assessors are trained to mark fairly and consistently, based on detailed pre-determined marking schemes. Marking is then moderated internally. For example, for SAQs in Anatomy, marking is moderated by the internal content expert, who marks independently a sub-set of student scripts, across a range of student performances, with special emphasis on borderline students. The marks are discussed and if significant marking variation is noted, additional action is taken, e.g. re-marking of scripts. For OSCEs, where the identity of the candidate cannot be concealed, examiners are highly trained and instructed in the use of pre-determined marking criteria. An example of how assessor variability is monitored through statistical analysis is provided in **Appendix 9.1**. The processes in place prevent the conflict of interest on the part of the examiners. For SBA-based examinations, mark sheets are processed electronically and the Exams Office conducts checks to ensure accuracy of results.

Step 6: Psychometric analysis of results. Psychometric analysis is carried out for all exams. For written examinations consisting of SBAs, psychometric analysis determines the facility, discrimination and point biserial for each item individually. The internal consistency reliability of the assessment is determined via the Kuder-Richardson Formula 20 (KR20). Decisions are made by an assessment panel after each assessment, based on psychometrics analysis (e.g. item removal) to further ensure fairness. The panel consists of the Year Lead, Course Lead, Assessment Lead and Programme Director. Psychometric analysis of OSCE stations also allows to evaluate assessor variability. Examples of psychometric analysis for SBAs and OSCEs are shown in **Appendix 7.1** (pages 3-5).

The overall process is managed by the Examinations Office, which ensures that academics are supported to produce high quality examination papers, within the required deadlines. An example of the instructions provided by the EO for the Anatomy exam is shown in **Appendix 9.2**.

2) **Staff Development Plan**

We welcome the opportunity to provide more documentation in regards to the educational philosophy and pedagogical approach of our staff development plan, which is based on the student-centred framework and shown in **Appendix 5.1**. The specific staff development plan with a focus on further

enhancing interactivity and active learning in large- and small-group teaching, following the EEC's observations, is shown as **Appendix 1.7**.

3) **Student wellbeing**

Even though, student support is evident at all levels, as ratified by the EEC, we have recently developed a comprehensive 'Student Health and Well-being Strategy' to further strengthen this and provide a structured and holistic approach to support our international and diverse student body both within Cyprus and at our affiliated clinical sites. Our strategy directly supports the Medical School's Mission and Core Values, which aims to develop inclusiveness and to promote a supportive community (staff and students) in achieving good health and wellbeing (physical, mental and social) in support of a student-centred learning and wider experience. This is attached as **Appendix 9.3.**

4) **Staff wellbeing**

In regards to staff wellbeing, we recognize that this is of paramount importance, especially during these unprecedented times. Our staff wellbeing strategy aligns with the six pillars of Lifestyle Medicine (Guthrie GE. What Is Lifestyle Medicine? American Journal of Lifestyle Medicine 2018;12(5):363-364), namely nutrition, physical activity, stress management, sleep, social connection and avoiding risky substances. The Medical School has recently recruited an expert in Lifestyle Medicine in the Department of Primary Care and Population Health (PCPH), who is leading the School's work in the area of staff wellbeing, including formulating the School's formal strategy in this key area. The activities coordinated by the Medical School's Department of PCPH in support of faculty and staff wellbeing in 2020, along with those scheduled for 2021 to-date, are shown in **Appendix 9.4**. Some indicative examples of activities, based on the six pillars of lifestyle medicine, are shown below:

1) **Nutrition:** Healthy cooking social media campaign; Healthy cooking for busy people
2) **Physical Activity:** Walking group, American Public Health Association's Billion Steps Challenge
3) **Stress Management:** Jazz dance, Yoga and meditation
4) **Sleep:** Yoga and meditation; Healthy lifestyle tips and resources during social distancing
5) **Social Connection:** Short stretch and un-stress breaks, jazz dance
6) **Avoiding Risky Substances:** Tools to succeed in quitting smoking; What can help prevent cancer?

Considering the pandemic, the majority of these activities were delivered virtually. It should be noted that they were also open to students, patients and the community.

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

As noted in Area 2, this is provided as **Appendix 2.9**. We are looking forward to receiving the results of the graduate survey in Spring 2021, which will enable us to gain detailed feedback on their perspectives of the programme now that they are in practice. We are also developing an employer feedback survey so that, as our graduate numbers grow, we seek to triangulate information about our graduates' preparedness for postgraduate training and clinical practice.

Being a young School they have not yet had a 5-year Review but that is planned. However, they have undertaken a review of their teaching, learning and assessment in the autumn of 2018.

In line with university structures and our commitment to continuous renewal, we are expected to undertake an internal evaluation of our programmes. We thank the EEC for acknowledging our recent work on the review of the MD programme. We are currently undertaking further work for a more holistic review of the programme and this is taking place by way of our work with the International Advisory Board (IAB). A major focus of this review is to further enhance integration in the curriculum and its assessment. This will, we envisage, provide the students with a more innovative curriculum that further puts students at the centre of its delivery, nurturing their development.

Excerpts from 'ad hoc' committee minutes and an action plan for the assessment strategy provided evidence. As with the regular annual quality assurance of the programme, the reports and action plans are limited.

We recognise that the EEC felt that the reports and action plans provided were limited in their scope. Hence, we have used this as an occasion to improve the ways in which we document both our plans and their achievement. This is covered in more detail in the section above, where we have committed to sharing developments more widely with the team and key stakeholders. We have provided again the Programme Evaluation Report (**Appendix 4.3**), and are pleased to include here the Department of Basic and Clinical Sciences Strategic Development Plan (**Appendix 1.4**) to demonstrate our planned actions for the coming five years. We have put in place milestones at which the Department Council will receive updates on the progress of delivery of the Plan. Likewise, any changes to the curriculum, that arise from the review that is underway, will be communicated to the team and students via the Programme Committee.

Strengths

- **Plans for a Graduate Survey, amongst the recent first cohort of graduates.**
  We confirm that we have plans in place for dissemination of the graduate survey in Spring 2021 and we have attached the survey as **Appendix 2.9**.

- **Plans for a holistic Periodic Review every 5 years with external reviewers and a formal report.**
  While we are committed to ongoing monitoring and evaluation, we plan to undertake a holistic periodic review every 5 years, in line with University expectations. This also includes seeking input from external experts. We have already initiated a holistic review of the MD programme, under the guidance of the IAB, as described within this report.

- **An early review in 2018 with some limited reporting.**
  We thank the EEC for acknowledging our recent work on the review of the MD programme. We acknowledge the need for more formal reports to further enhance planning, monitoring and dissemination of developments. We have developed an annual Programme Evaluation Report (**Appendix 4.3**), which we have implemented this year. Additionally, the Departmental Strategic Development Plan (**Appendix 1.4**) further demonstrates our planned actions for the coming five years. We have put in place milestones at which the Department Council will receive updates on the progress of delivery of the Plan.

- **The enthusiastic staff demonstrate ambition for the School.**
  We are pleased to hear that our enthusiasm and high aspirations for the School were evident to the EEC.

- **Students and staff are clear that their contributions to regular evaluation processes have been heard and responded to.**
  We strive to operate in an inclusive environment and it is gratifying to hear of our students' and staff's positive comments.

- **Many Faculty members and Executive Staff hold positions in regulatory bodies of the Health Care system in Cyprus.**
  Constructive interaction of the Medical School staff with, and within, the healthcare sector leads to a mutually beneficial collaboration. This interaction allows us to make positive contributions to the healthcare sector and receive recommendations and feedback from clinical professionals and regulators, which helps us improve the quality of medical education.

Areas of improvement and recommendations

- **Programme monitoring and governance should include representatives of other stakeholders including administrative staff, members of the public and patients.**

  We are keen to involve external stakeholders further in programme monitoring and governance. As described in Area 1, page 2, our IAB, which is currently guiding the review of the MD programme, includes representation from renowned experts in medical education, future employers, a medical association representative, a patient representative and more recently one of our MD2020 graduates. At programme-level, the sub-committee that oversees delivery of clinical training at Limassol General Hospital includes representation from the State Health Services Organization. Additionally, we have taken strides towards expanding membership of external stakeholders at the MD Programme Committee by adding a representative from the Cyprus Medical Association and the former Commissioner for Humanitarian Affairs of the European Union (**Appendix 1.3:** Membership of MD programme committee). Finally, we are currently in the process of reviewing inclusion of patient representatives to the MD programme committee to ensure that their involvement is productive and meaningful, under the guidance of the IAB, as shown in **Appendix 7.6:** Extracts of minutes from the IAB committee meeting.

- **The School must develop a more formal annual Programme Evaluation process with published reports reviewed by the University/Clinical Partner education committees.**

  As described in Area 7, pages 67-68, we have now implemented a systematic evaluation process for all our programmes through the introduction of a formal Programme Evaluation Report (PER). The PER is prepared by the Programme Director, in collaboration with the programme's governing committee, in the first term of each academic year and sets out details based on the previous academic year. The PER for the MD programme for 2019-2020 is shown in **Appendix 4.3**. The PER includes a summary of the effectiveness of delivery of teaching, learning and assessment, taking into consideration data on student enrolment, performance, withdrawal rates and employment; feedback from all stakeholders, including students, faculty, graduates and their employers and accrediting bodies; relevant committee meetings minutes; faculty needs; teaching and learning resources; and social contribution and accountability. Importantly, the report sets out any areas that will be the focus for quality improvement activity in the following year, with particular focus on enhancing the student experience. For the MD programme, this is based on the WFME standards as shown in **Appendix 4.3**, pages 23-24. In the following year's report, those areas of focus are revisited and the effectiveness of any specific actions evaluated.

  The PER is submitted to the Department of Basic and Clinical Sciences Quality Assurance Committee in the autumn term and thereafter to the Academic Affairs and Quality Management Committee (AAQM) and updates and further monitoring is undertaken by the Department QA committee and reported to

AAQM. We believe that the introduction of the PER strengthens our monitoring and evaluation processes already in place. Through cross-membership we share any developments, including those arising from evaluations. This takes place within the wider university, for example, both a senior professor of the Medical School and the Director of Quality Assurance are members of the University's Internal Quality Assurance Committee. The findings of the PER and relevant actions inform our work with our clinical partners for example, at the level of the Scientific Committee of the Directorate.

- **Formal agreements between the University and affiliated Hospitals should be in place to ensure quality assurance and continuous renewal beyond the existing service level agreements.**

  We are pleased to confirm that there are formal Student Training Agreements in place with our affiliated hospitals, and in the case of the public hospitals, with the Ministry of Health/ State Health Services Organisation. Within these high-level agreements, there is an explicit commitment to the quality standards of the University, with ongoing compliance expectations. As described on page 77, at the governance level, the Joint Steering Committee is responsible for the smooth implementation of the high-level Student Training Agreement. In this way, key issues can be effectively communicated and addressed within the MD programme governance structures in a formal manner. The Service Level Agreements that are in place provide an operational context to delivering these standards, and set out which party is responsible for specific expectations. As described previously (pages 77-78), the site-specific committees are responsible for the overall operational aspects of clinical training at each site. In addition to the formal minutes and actions generated by the committee meetings, we plan to formalize the periodic reporting of compliance with the standards described in the Service Level Agreements, with these reports being considered and actioned upon by the Programme and School structures and ultimately the high-level committees at the University-Clinical interface i.e. the Joint Steering Committee and the Scientific Committee of the Limassol/ Paphos Directorate. These reports will be the basis of an annual action plan in relation to the delivery of clinical training.

  Collectively, the formal Student Training and Service Level Agreements define the expectations for quality assurance, and are monitored by the Joint Steering Committee and the clinical-site committees and we are fully committed to working to enhance the effectiveness of these processes.

- **Social accountability and the role of the School in governmental and nongovernmental organizations should become part of the Quality Assurance system and Governance of the School.**

  Thank you for this comment, which has allowed us to further embed social accountability in our quality assurance and governance structures of the School. Social contribution is the third pillar of our Mission

and part of our Core Values and we are committed to serving and improving the health of the population. At programme-level, social accountability is now recorded formally in the annual PER (**Appendix 4.3**, pages 5-6, section 8) which is reviewed at the Department QA Committee and the AAQM. Following the EEC's constructive comment, monitoring of connections with health-related sectors of society is now reviewed at the BCS Council, as reflected in its Terms of Reference (**Appendix 7.3**). A standing item on social contribution has been added for Council meetings. Additionally, the BCS Council will be monitoring the implementation of our strategic development plan (**Appendix 1.4**), which sets out our goals, objectives and action plan in the pillar of social contribution, in addition to those in the pillars of education and research. Through these mechanisms we will be able to monitor our social contribution activity both at programme and department levels.

- **The School must develop a 'SMART' Strategic Development plan with a timeline to help guide and manage more detailed plans. The development plan must focus on the development of research and education within the School against its current resources, along with plans on how to scale up in response to increased student numbers. This plan should be communicated to all stakeholders.**

  As per this suggestion, we are pleased to have developed a Strategic Development Plan for the Department of Basic and Clinical Sciences, as described in Area 7, pages 73-74. Since we were undertaking efforts to strengthen the role of our departments, the timing of this has been helpful in contributing to this. In devising the plan, it has required us to reflect on our progress to date, as well as to discuss openly where we hope to be in five years.

  The plan has been based on the three pillars of education, research and social responsibility, with overarching goals and an associated action plan to achieve our goals and objectives. The associated actions that we are taking forward have been set out using the principles of SMART: Specific, Measurable, Achievable, Relevant, and Timebound. As referred to above, there will be regular progress and milestone updates provided to the Department Council, which is responsible for monitoring the Plan's success. Through membership in the Council, it is ensured that the SDP is communicated to key stakeholders, including all teaching research faculty, representatives of special teaching faculty, post-doctoral fellows and elected student representatives.

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

  The expertise of the EEC is evident in the items that they have raised throughout the preceding sections and we are truly grateful for their constructive comments. We believe that these will help drive us forward with our plans and, in achieving them, ensure our MD programme continues to provide a sound, up-to-date medical qualification for engaged and engaging students.

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

B. Conclusions and Final Remarks

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

We would like to thank the EEC for conveying this and for recognising the enthusiasm that our students, past and present, have for the programme. As we have clarified in our response, all graduates have secured registration with the medical council of their choice and a small number are finalizing arrangements for postgraduate training following the procedures and timelines of the respective councils. As a School, we are very proud to have graduated our first class of doctors from the MD Programme and are enjoying hearing of their progress and further development.

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

As we hope has been conveyed throughout the virtual visit and our response herein, we have welcomed the opportunity that the re-accreditation process has provided us. We have been able to reflect on our provision and have already taken strides to implement the constructive recommendations of the EEC.

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

We would like to thank the CyQAA for facilitating the re-accreditation visit remotely and the EEC for recognizing the School's endeavours to provide evidence to support their work, under these challenging circumstances. We are very much looking forward to welcoming the EEC to the Medical School and its clinical partners as soon as the pandemic allows.

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

The EEC's positive comments on the ample opportunities in the programme for student representation are appreciated. We hope that our response has clarified that administrative staff are well-represented in our committees at all levels, including year-specific, programme and assessment committees. Furthermore, we value the views of members of the public and patients and we have expanded membership in the IAB to include a patient representative from the Thalassemia International Federation. In regards to the governance and quality assurance structures, we welcome the EEC's feedback which is important as we continue to monitor the effectiveness of these relatively new structures.

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

We agree with the EEC's observation that the objectives and outcomes at programme level were presented in a complex manner. We have now simplified the programme level objectives and outcomes, whereby we have combined the Specific Programme Objectives with the Learning Outcomes to avoid overlap. In regards to assessment, this is based on the course-specific learning objectives, which we were pleased to see students found helpful. As described previously, our mapping exercise using the Tuning methodology, ensures that the programme-level objectives and outcomes are assessed by virtue of assessment of learning objectives in each course. To allow better comprehension of the relation of programme-level objectives/outcomes and course-level outcomes we have posted the matrices on Moodle.

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

School must reconsider the number and value of compulsory lectures, when students might prefer to review recorded lectures in their own time, and both staff and students struggle to achieve a life-work balance.

It is gratifying that the EEC has recognized the qualifications and aspirations of our faculty members. A staff development plan is of paramount importance and we have now designed a training programme to complement previous training and specifically support teachers in delivering the curriculum, based on the principles of active- and student centred-learning. As we develop our faculty further to incorporate novel teaching methodologies in their classroom and re-focus their material, this will lead to reduced contact hours for our students. Aligned with the principles of student-centred learning, we have now made attendance to lectures, but not small-group teaching sessions, optional, to allow for a more flexible learning environment. We will continue to support students in their learning and the provision of all learning material on Moodle greatly facilitates this.

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

We place research at the core of our academic activities and we are committed to the promotion of medical research for the benefit of the international community. The development of the SDP has allowed us to formulate our plans in this area, with clear objectives, goals and actions. Expanding opportunities for students in research is key and it is included in our SDP. We have already taken strides towards engaging students further in research through incorporation of original research in the curriculum and provision of extracurricular research projects. Seeking expertise is important in helping us achieve our aspirations in this area and we have extensive international collaborations and clear plans for expansion of relationships with external experts from academic and industry, as mentioned within the report.

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

We would like to confirm that we are continuously developing the use of our University Medical Centre. Since its opening in September 2019, our Medical Centre has been evolving to employ not only personal doctors but also visiting physicians in cardiology, neurology, gynaecology and general surgery. The healthcare team is multidisciplinary and also includes nurses, a pharmacist, a dietician, a laboratory assistant, administrative staff and our medical students. Additionally, we continue to expand our digital, online applications for our patients, including telemetry monitoring, which is in development. This evolution of services, expertise and technology is a useful resource for the training of our medical students, which we will continue to utilize.

In regards to the EEC's thoughtful suggestion about embedding public health outreach in the curriculum, we would like to clarify that students gain extensive experience in the community as part of the curriculum and are exposed to different healthcare settings. For example, students have the opportunity to experience rural medicine as part of their training in Primary Care at the Troodos Hospital, which is part of the Limassol-Paphos Directorate of the State Health Services Organization and located in Kyperounta village. Additionally, students have warmly embraced extracurricular opportunities to participate in community outreach, for example through Mobile Clinic expeditions and the "Medical School MedPoints Extracurricular Awards Scheme" further encourages student participation.

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

We remain very grateful for the insightfulness shown by the EEC and wish to thank them for their considerable time during what has been a very challenging period. We are confident that implementation of the EEC's recommendations has further improved the MD programme.

C. Higher Education Institution Academic Representatives

Name	*Position*	*Signature*
Full Name 1	Position 1	
Full Name 2	Position 2	
Full Name 3	Position 3	
Full Name 4	Position 4	
Full Name 5	Position 5	
Full Name 6	Position 6	

Date:Click to add Date

D. Appendices

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