

Doc. 300.3.2

Date: 06 December 2022

# Higher Education Institution's Response

(Departmental)

- Higher Education Institution:  
University of Nicosia
- Town: Nicosia
- School/Faculty: Medicine
- Department: Primary Care and Population Health
- Programme(s) of study under evaluation  
Name (Duration, ECTS, Cycle)

## Programme 1

### In Greek:

Programme Name

### In English:

Family Medicine

(1.5 years, 90 ECTS, Master of Science, E-learning)

## Programme 2

### In Greek:

Programme Name

### In English:

Programme Name

## Programme 3

### In Greek:

Programme Name

### In English:

Programme Name

- Department'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 to 2021 [L.136(I)/2015 – L.132(I)/2021].**

## A. Guidelines on content and structure of the report

- *The Higher Education Institution (HEI) based on the External Evaluation Committee's (EEC's) evaluation report (Doc.300.3.1) must justify whether actions have been taken in improving the quality of the department in each assessment area.*
- *In particular, under each assessment area, the HEI must respond on, without changing the format of the report:*
  - *the findings, strengths, areas of improvement and recommendations of the EEC*
  - *the deficiencies noted under the quality indicators (criteria)*
  - *the conclusions and final remarks noted by the EEC*
- *The HEI's response must follow below the EEC's comments, which must be copied from the external evaluation report (Doc. 300.3.1).*
- *In case of annexes, those should be attached and sent on a separate document.*

## 1. Department's academic profile and orientation

### Sub-areas

- 1.1 Mission and strategic planning
- 1.2 Connecting with society
- 1.3 Development processes

### Findings

#### *1.1 Mission and strategic planning (including SWOT analysis)*

The mission statement is very good. In terms of strategic planning we think there could be some improvements – e.g. in research, development of the discipline. There are well-formulated ideas, but they're not so far in the context of an operational plan with clear milestones, targets and timeframe. The programmes reflect the profile and skills of the academics, but in terms of alignment with European and international practice there could be more information and specifics – and there is some non-compliance with European regulations for training in general practice, but this could be readily achieved in the future (if critical). Great involvement of academic community, we are less certain about the broader profile of stakeholders – e.g. the exact nature of the relationship with RCGP/contact with local and internal scientific organisations. In terms of collecting data, the urgent issue is patient data in the medical centre – this is a potentially valuable resource which is, at present, under-utilised and under-developed. So it can't fulfil its societal task. Conversely the metrics of academic performance of the department are transparent and thorough.

In terms of coherence and compatibility we were, on the whole, impressed. There seems to be good buy-in from members of academic and admin staff to the department's vision, and good sharing of information and skills. Across the 3 programmes there are many modules which integrate well, allowing students to 'mix and match' through electives. This is enhanced by a benevolent and supportive organisational culture, which actively promotes coherence and collaboration.

#### *1.2 Connecting with society*

In terms of assessing needs and demands of society, it's difficult. They are serving both a global and Cypriot community. There isn't much available data to measure global health impact of family medicine initiatives – so the challenge arises more from lack of data than through any fault of the department. In terms of 'positive impact', again there aren't many valid indicators to measure impact, despite the best efforts of the department. Ideally the department might serve as a catalyst to encourage development of better indicators. There are good communication mechanisms with graduates – there should be pro-active efforts to nurture this graduate community and secure their ongoing engagement. The careers office seems to be an excellent initiative – their activities are reflective of best international practice.

#### *1.3 Development processes*

There do appear to be difficulties in attracting family doctors, but this is being actively addressed.

This, to some extent, reflects global pressures and workforce shortages. 1.3.2 – we didn't get a lot of information about staff professional development. We wondered about broadening the recruitment base – with a focus beyond Europe and North America (although this may have already been considered). We didn't ask specifically about internal funding transfers and budgets. Overall the medical school appears to be in good financial shape, and we didn't hear any concerns about lack of funds inhibiting ambitions. There were good, and well-funded, induction procedures for new staff.

Additionally, write:

- *Expected number of Cypriot and international students*

Based on the past three intakes (2019, 2020 and 2021) the percentage of students from Cyprus in the MSc Family Medicine is 7%, for the MPH 13% and for the MSc in Health Services Administration 33%. The majority of students are from international countries. Examples include Canada, Nigeria, the UK, Caribbean countries and Germany. The programmes currently have students from 40 different countries.

- *Countries of origin of international students and number from each country*

Programme	% of students from each country
MSc in Family Medicine	Nigeria (17%), Iraq (10%), Lebanon (8%), Cyprus (7%), Trinidad and Tobago (7%), Greece (5%), India (5%), Pakistan (5%), United Kingdom (5%).  <5% p/ country: Canada, Seychelles, Kenya, Egypt, Ireland, Malaysia, Malta, Palestine, Sudan, Sweden, Syria, Jamaica, Bahamas, Barbados, Dominica, Fiji, Israel, Libya.
Master of Public Health	Greece (25%), Nigeria (15%), Cyprus (13%), Canada (6%), Dominica (6%), Germany (5%), United Kingdom (5%).  <5% p/ country: Bahamas, Lebanon, Belgium, Congo, Egypt, Fiji, Italy, Malaysia, Rwanda, India, Israel.
MSc in Health Services Administration	Cyprus (33%), Greece (22%), Bahamas (11%), Lebanon (11%), Nigeria (11%), Jordan (6%), Ukraine (6%).

### Strengths

Overall we were very impressed. The administrative guidance for procedures (in areas such as induction, mentoring etc.) seem excellent. We've highlighted further strengths above – we'd particularly emphasise the care that is taken over nurturing staff and students. Their success in attracting students from around the world is great to see – and we are pleased to see there are positive mechanisms to broaden access. Their academic mission is ambitious, recognising that international development of family medicine is a significant challenge; further, in Cyprus, there is a health system in transition which is still defining roles for primary care. This presents very considerable challenges for department staff, but this is being met with a thoughtful and rigorous approach, enthusiasm and commitment.

### Areas of improvement and recommendations

It's important that staff have access to mechanisms to keep up to date with FM developments internationally and in Cyprus. Access to health data (including primary care data) is imperative in this environment. We see potential for departmental staff to be real agents for change in this regard – they are well-placed to persuade government and policy makers of the benefits of developing their health data infrastructure, both in terms of basic health intelligence and monitoring/surveillance, and in research. The development of an equivalent to CPRD, and the capacity to link health data sets, would be game-changing in Cyprus. Information systems within primary care practices are an integral component to this. To teach the complete spectrum of primary care, and to emphasise evidence into practice, more family doctors, with appropriate support, would really help.

UNIC response:

We wish to thank the External Evaluation Committee (EEC) for their positive approach throughout the evaluation and subsequent report, and for recognising the many strengths of the department's academic profile and orientation.

We welcome the opportunity to provide some clarifications and further information in relation to the areas raised by the EEC:

- For compliance with European regulations for training in general practice, the curriculum of the MSc in Family Medicine (MSc FM) programme has been mapped against the core competences of a family medicine practitioner as defined by the World Organization of National Colleges, Academies and Academic Associations of Family Medicine (WONCA). Furthermore, the first two semesters of the programme have been mapped against the requirements of the Royal College of General Practitioners of the UK (RCGP).
- The department's relationship with the Royal College of General Practitioners of the UK (RCGP) extends back to 2014, during the curriculum planning stage of the MSc in Family Medicine (FM) and then to support the development of the Cyprus International Membership Examination (MRCGP [INT]), which they accredit. It remains an important collaboration, with a shared vision of contributing to the development of Primary Care in Cyprus and the Eastern Mediterranean and Middle East area, and increasing the quality of primary care education and delivery globally.
- The department's faculty are active in national and international scientific organisations, such as those developing the nation's health data infrastructure and clinical research at the governmental level. Indicatively, the Associate Head of the Department is a key member of the NHS medical leadership committee, Chairman of the coordination committee for the establishment of the National Centre for Clinical Evidence, and a member of the Cyprus Patients Associations Scientific Committee. The Director of the University's Medical Centre is a member of the secretariat involved in the contextualisation of clinical excellence guidelines for Cyprus, and actively contributing to projects of the Health Insurance Organisation in Cyprus.

With regard to the recommendations provided by the EEC, we welcome these as opportunities to enhance activity as well as our emerging departmental strategic plan. Where appropriate, we have provided further information in the following paragraphs, about existing processes in place:

The Medical School provides on an annual basis to both clinical and teaching faculty substantial travel grants for participating in European and international scientific conferences and networking events so as to keep abreast with developments. They also have access to the highest quality and most recently published medical and scientific literature through the extensive onsite and electronic resources of the University of Nicosia Health Library. Further, special seminars are conducted on a regular basis throughout the academic year by field experts in an array of medical fields, including family medicine, in collaboration with the Department of Basic and Clinical Sciences, so as to inform and educate faculty (and students alike) on advancements.

In regard to access to health data (including the development of an equivalent to the UK's Clinical Practice Research Datalink CPRD), Cyprus' new National Health Insurance system has established a comprehensive universal Electronic Patient Record (EPR) system, albeit with some recognised limitations in terms of support of retrospective and prospective public health and clinical studies. We agree with the EEC regarding the imperative for access to this data and, in the Department's efforts to serve as a catalyst for promoting its access and use, faculty members are taking forward changes through their involvement in key advisory medical committees. We expect that incoming changes, that will enable the collection and analysis of anonymised patient data, to be implemented in 2023. This will provide us with access to the records of the almost 6000 registered patients at the University's own Medical Centre, creating a wealth of research opportunities.

Initiatives that will further enhance access to health data will serve as a catalyst for propagating better health indicators for the local population. Such developments will contribute to us meeting our enhanced research activity aims and those in relation to social contribution, that form part of the department’s strategic objectives.

In relation to the appointment of more Family Medicine doctors, we are pleased to clarify that there are nine full-time General Practitioner (GP) faculty in the department, seven of which have active involvement in the delivery of the Family Medicine programme. Following a recent international call to recruit two additional GPs, by Spring of 2023, there will be eleven full-time GP faculty. We further point out that we draw upon the regular teaching contributions and expertise of a wide network of General Practitioners, located both at our University Medical Centre, as well as in centres affiliated to the Medical School that are based throughout Cyprus.

Sub-area	<i>Non-compliant / Partially Compliant / Compliant</i>
1.1 Mission and strategic planning	Compliant
1.2 Connecting with society	Partially Compliant
1.3 Development processes	Compliant

## 2. Quality Assurance

### **Sub-areas**

**2.1 System and quality assurance strategy**

**2.2 Quality assurance for the programmes of study**

### Findings

#### *2.1 System and quality assurance strategy*

Research is inhibited by poor data infrastructure, although QA mechanisms can't really alleviate this. Metrics on research are readily available. There is a paucity of FM research (compared to other areas) but this can hopefully be addressed as the department grows and better data become available. As we've previously mentioned, we are impressed with mechanisms for student feedback; we're less clear on how the extensive student feedback data are used to effect change.

#### *2.2 Quality assurance for the programmes of study*

2.2.2: there is a degree of subjectivity to student assessment – this might be expressed more explicitly. We acknowledge this is a problem which is common to all institutions working in this field. As previously discussed, we're not entirely clear on how student feedback actually modifies and refines the curriculum. We're a little unclear about how student objections to a grade are dealt with – are students included in the ongoing process of working through a complaint. In terms of mentoring, we only have limited information on programmes outside the FM masters. The number of permanent teaching staff may not be sufficient to provide adequate mentoring for such a large student body (particularly if undergraduate students included). We weren't really provided with info needed to comment on doctoral studies. We also emphasise that the vast majority of information we received related to the FM masters – we have received written info on other masters programmes but there wasn't time to discuss. So our comments are based largely on our impressions of the FM teaching. We also had very limited discussion of the undergraduate curriculum. These aren't criticisms – just caveats to our comments. We note that research QA doesn't appear to feature heavily in these QA topics, despite being central to the department's mission.

As described above, we were, overall, very impressed with QA mechanisms in place. There is a prevailing culture at UNIC medical school of transparency and openness, with rigorous and frequent assessment of all academic activities.

### Strengths

As described above there are numerous strengths. There are robust processes in place.

### Areas of improvement and recommendations

We've highlighted a small number of areas – largely relating to clarity and transparency. Strengthening research QA might be a priority going forward.

### UNIC response:

We are pleased to see that the EEC has found the department compliant in both sub-areas of the Quality Assurance criteria. They have recognised the numerous mechanisms in place for quality assurance activity and these remain central to our approach of continuous enhancement across all aspects of our work.



With regard to data infrastructure, as detailed in section 1, we will welcome the improvements to the national patient records system in order to realize the full potential of health data collected within the new Cyprus healthcare system for both clinical and research activities.

In order to provide clarity to the EEC, regarding how student feedback is used to effect enhancements. Extensive feedback is collected upon the conclusion of each course which is shared with relevant faculty and administration. Collectively, decisions are made on the necessity and nature of any changes to be made to a course, for example, updating and/or refinements to curriculum content and/or assessment. A summary of feedback and any feedback-informed changes are compiled into the annual Programme Evaluation Report (PER) and shared via the QA Committee with PCPH Department Council and the Academic Affairs & Quality Management Committee. For example, when students undertaking the Research Methods course noted that they would benefit from more research methods skills, the curriculum and delivery of webinars was refined so as to include three additional support sessions focusing on such skills, as well as three additional formative assessments for enhancing student-tutor interaction and, ultimately, student performance. The above changes were implemented in the following academic year and have since been well received by students based on their feedback.

In respect to student assessments, the system and criteria for assessing students' performance are communicated to the students through the Scheme of Assessment, and via the Programme Handbook and Study Guides, all of which are made readily available via the Moodle platform. Specifically, during each course, candidates receive detailed written feedback for each coursework component submitted. At the end of each semester, feedback to candidates includes their overall result (i.e., their Letter Grade), their percentage mark for each individual assessment component and the course overall, the average mark of the cohort for the assessment, and the range of scores in that cohort.

We are pleased to clarify that there are well-established formal processes for appeals as well as complaints. The principles of the Appeals Procedure are in line with our student-centred ethos to provide robust student support mechanisms, through provision of an opportunity to appeal against the grade outcome received. Students may appeal in the event of an administrative error or assessment irregularity, however, no appeals can be accepted for academic judgment.

With regard to mentoring, departmental faculty serve as Academic Mentors to the department's students. The average number of postgraduate students per mentor is 3:1, providing ample opportunity to support our students sufficiently. Mentors also have access to the assessment results of their students, so that they can appropriately advise and support their mentees.

In relation to doctoral studies, the Medical School offers a PhD in Medical Sciences, providing eligible candidates with an interest in epidemiology and/ or public health to pursue cross-departmental research opportunities between the Departments of PCPH and that of Basic and Clinical Sciences. A detailed description of the programme may be found at the following link: <https://www.med.unic.ac.cy/education/phd-in-medical-sciences/#tab-introduction>.

Finally, for strengthening research QA, we welcome the EEC's suggestion to enhance our approach to monitoring and assuring research activity, and view this as an opportunity to further highlight the quality, quantity and range of research output. An example of existing activity includes an annual review of Scopus indexed publications from the faculty of the department. Going forward, and incorporated as one of the actions in our strategic plans, we will extend this to include more direct mapping to the criteria of the ESG and CyQAA in relation to Research so that we can identify further opportunities for monitoring and audit. This will, we believe, help us to prioritise the importance of research and raise its profile alongside existing quality assurance activity.



Sub-area	<i>Non-compliant / Partially Compliant / Compliant</i>
2.1 System and quality assurance strategy	Compliant
2.2 Quality assurance for the programmes of study	Compliant

### 3. Administration

#### Findings

We have scored every domain 5. We were very impressed with the administrative team we met. They appear to function well as a team, and have well-delineated functions and roles. We didn't have the time to discuss these issues in detail with the team, but these are the impressions we formed based on those we did meet, and the written materials we received.

As above.

#### Strengths

As above, we see this as a particular strength of the department.

#### Areas of improvement and recommendations

In all honesty, we couldn't identify areas of improvement. We were impressed.

#### UNIC response:

We appreciate the positive comments provided by the Committee regarding the administration of UNIC Health and its integral role in the execution of the PCPH Department's activities.

Assessment area	<i>Non-compliant / Partially Compliant / Compliant</i>
3. Administration	Compliant

## 4. Learning and Teaching

### Sub-areas

#### **4.1 Planning the programmes of study**

#### **4.2 Organisation of teaching**

### Findings

#### *4.1 Planning the programmes of study*

The planning process seems impressive to us. As previously discussed, there is effective integration of theory and practice in the programme. Much of the 'practice' does, of course, happen in distant and diverse settings, and it's challenging to assess such a diverse range of 'practice' environments.

#### *4.2 Organisation of teaching*

Overall, again we were impressed. In terms of 'the teaching staff of the Department has regular and effective communication with their students, promoting mutual respect within the learner teacher relationship' we base this on what we saw in the FM masters. We have very limited information on the undergraduate programme. We didn't see a lot of examples of student-centred learning, but that may be just lack of information we had access to.

See above, we have rated this domain highly.

### Strengths

There are numerous strengths, as we've highlighted – based largely on the course we examined (MSc Fam Med). Most processes seemed to work very well, with robust mechanisms for collecting student feedback. The wide range of teaching methodologies is impressive – although we lacked granular detail on individual methods in individual topics.

### Areas of improvement and recommendations

More explicit expression of student-centred learning might be an area for development – although what we saw in the FM masters looked impressive.

### UNIC response:

We are pleased that the EEC have identified both sub-areas as compliant with the criteria.

Regarding student-centred learning, the pedagogical approach used is that of the Constructivist Model which is deemed to be most appropriate for meeting eLearning programme needs. It provides students with more control over the learning process since their education and training rely heavily on self-directed learning, learning through discovery and experience, and learning through interaction (student-tutor, student-material, and student-student interactions), always under the auspices and guidance of tutors and Course Leads. We utilize a combination of interactive tools so as to best enhance interactive self-directed student-centered learning: a) the course material is delivered to students via live webinars, recorded lectures, case studies, and additional resources of interest, such as scientific papers, educational videos, and/or scientific materials published on scientific society websites; b) tutors interact with students via live webinars and chats, and additionally deliver educational materials and guidance to students via recorded lectures, course forums, wikis and Q&A fora, as well as tutor-student meetings and email; and c) other fellow students interact amongst each other via live webinars, chats, wikis and Q&A forums.



Given that student-centred learning is a priority area, we welcome the EEC's suggestion for it to be more explicitly expressed and be emphasised further. We will use our strategic development plan as a catalyst to encourage more prominence, by setting an objective to develop better sign-posting to student-centred learning opportunities.

<b>Sub-area</b>	<b><i>Non-compliant / Partially Compliant / Compliant</i></b>
4.1 Planning the programmes of study	Compliant
4.2 Organisation of teaching	Compliant

## 5. Teaching Staff

### Findings

As we've previously highlighted, the number of GPs on the faculty is a problem. While there is a strong case for a multidisciplinary team for teaching a FM masters, GP input is critical. We struggled with some of these answers as they require a level of detail we don't have. We gather that the number of students exceeds the capacity of the teaching staff, and many students are sent away for placements, but we don't have a detailed grasp of this problem – our medical student colleague relayed that students complain about clinical experience in the undergraduate courses.

Clearly universities need to think carefully about capping numbers of students on Cyprus.

*Also, write the following:*

- *Number of teaching staff working full-time and having exclusive work: 17*
- *Number of special teaching staff working full-time and having exclusive work - Number of visiting Professors: 1*
- *Number of special scientists on lease services: 0*

As described above, we are generally very impressed but there are some teaching challenges, particularly around capacity and profile of staff.

### Strengths

We've already provided a number of strengths.

### Areas of improvement and recommendations

Capacity development, caps on undergraduate students, aligning students to staff capacity.

### UNIC response:

We are pleased to see that the EEC is impressed with our faculty and recognises the strengths of the Department having a multidisciplinary academic team.

By way of clarification, we have 17 full-time faculty, of which nine are General Practitioners (GPs). As noted previously, the department has recently strengthened its faculty numbers, with a tenth full-time faculty General Practitioner joining us in February 2023 and an eleventh full-time GP faculty member in the process of finalising their on-boarding date. Of the nine, seven are actively involved in the delivery of the MSc in Family Medicine programme. (Please see Appendix 1: General Practitioners in PCPH). We can confirm further that we draw upon the regular teaching contributions and expertise of a wide network of GPs. The current ratio of GP faculty to the number of Family Medicine students is 1:6, illustrating that the number of faculty is more than adequate for the number of students to support constructive student-teacher relationships. We wish to clarify, also, that the placements for undergraduate medical students are shared among a widespread network of trained GPs in Cyprus.

Finally regarding synergies of teaching and research, faculty are encouraged to blend research experiences and activities into their teaching. First, staff recruitment efforts place an emphasis on staff with a strong track record in teaching and/or research experience. Second, faculty are encouraged each semester to invite undergraduate and eLearning programme students to engage in their research activities through research courses and projects at the undergraduate level, as well as the Student in Research Programme (undergraduate level) and Research Project / Thesis (graduate level). Finally, faculty are encouraged to draw upon their experiences and findings from research as case-based scenarios for teaching relevant

topics/modules based on real world scenarios. This is achievable on an ongoing basis by virtue of the Medical School's faculty being actively involved in research, shown through contributing over 30% of the university's publications record in 2021.

Assessment area	<i>Non-compliant / Partially Compliant / Compliant</i>
Teaching staff number, adequacy and suitability	Partially Compliant
Teaching staff recruitment and development	Partially Compliant
Synergies of teaching and research	Partially Compliant

## 6. Research

### Findings

In terms of research policy there was some detail missing - particularly, aspirations around capacity development, capacity to deliver a variety of research methods etc. While there is clearly an aspiration to grow research, there might have been more detail on funding bodies to target, a research framework etc. There are very few areas of relevance to primary care/general practice – e.g. diagnosis, primary care-based trials, health services research, management of multimorbidity, data-driven innovation in primary care, quality of life etc. However, it is a young department, and opportunities to focus on research are just becoming available. Recent increases in research time available for staff are welcome. We would like to have seen more complete information on papers, and needed to go to Google Scholar in some cases. There's good outputs on the public health side (for example in diabetes, adolescent health, obesity) but we struggled a little to get a comprehensive picture over overall research output content and performance. It would be good to know if there's a Cyprus equivalent to the UK's Research Excellence Framework – and how the department would score. Perhaps a mock REF, applying international criteria would be a useful exercise. The lack of GP research at present represents a real opportunity for the future. Note on 6.9: we saw examples of internally-funded research but struggled to make judgements over its compliance with stated regulations. We lack the benchmarks to judge how well the department is doing in comparison with other similar departments.

As above, we've found some strengths. It is a young department, and research is just beginning to gain traction. There is a paucity of FM research, as discussed. There are numerous methodological strengths in public health and epidemiology – so primary care research would be well-supported.

### Strengths

Public health research, good research leadership from head of department.

### Areas of improvement and recommendations

As described above. Development of a more detailed strategy, and building primary care research should be particular priorities.

### UNIC response:

We thank the EEC for identifying the research leadership and public health as strengths of the department. Indeed, the development of research infrastructure and leadership has been enhanced at a number of levels of UNIC Health. For example, recently the Council of Ministers of the Republic of Cyprus appointed two of our faculty to serve as President and member of the National Board for Research and Innovation (NBRI), the principal advisory body for defining Research and Innovation (R&I) strategy in Cyprus. Further, the newly elected Associate Dean for Research at the Medical School is both a faculty member of the PCPH department and a practising General Practitioner. Also, the Curriculum Lead for the Family Medicine programme and a senior Clinical Professor is acting as mentor to junior faculty for research in General Practice.

With regard to research mechanisms at departmental level, PCPH has developed a Research Strategy Plan which details not only its main pillars of research fields (including chronic disease epidemiology, infectious disease epidemiology, clinical and primary care research, environmental health, biostatistics and research methodology, and public health policy), but also its cross-departmental interactions and support actions provided to other areas of the Medical School, as fully aligned under the principles of One Health. Its aspirations for capacity development include the further strengthening of epidemiology and public health related research activities so as to concomitantly also best support the development of clinical and primary care research activities. As soon as the national electronic patient record system will allow, we will have



access to the records of the close to 6000 patients registered at the University’s Medical Centre, further boosting our opportunities for clinical research.

As indicated in the previous section, our commitment to research is evidenced through the Medical School delivering the highest research output - over 30% of the total - of the University’s eight schools. This is possible through our strong research focus and support, which we continue to strengthen. For example, through the recent recruitment of a full-time Infectious Diseases specialist, we will be able to strengthen the project, “International comparative study on the direct and indirect mortality burden of COVID-19 since the start of the epidemic” (CMOR) that we lead on behalf of 60 countries and 80 contributing institutions. This Professorial role, starting in January 2023, and working with the University’s own Medical Centre, will enable us additionally to establish a centre of research excellence, focusing on the effects of long-Covid.

Additionally, access to data-driven research in primary care, will be strengthened through the opportunities that the Cyprus National Centre for Clinical Evidence (NCCE) will provide. A €3 million fund has been received from the EU resilience and recovery fund to facilitate the establishment and work of this independent institute, and as Chair of the committee establishing the NCCE, we have faculty that will be responsible for the quality improvement framework of the new national health system via the development and implementation of clinical guidelines, national clinical audits, site inspections, and peer reviews etc.

With regard to external and internal funding, within the context of the aforementioned Research Strategy framework, the funding bodies targeted for an array of research activities include those within the Medical School (i.e., the Medical School Seed Fund Grant), at the national (i.e., the Cyprus Research and Innovation Foundation Excellence Grants), and regional (i.e., European Commission Horizons 2021-2027 Grants) levels. Appendix 2: PCPH Research provides information on recent research of the department’s faculty. Detailed descriptions of all funded projects and publications related to departmental faculty can be found at the UNIC Research Portal (<https://pure.unic.ac.cy/>) and the Medical School website (<https://www.med.unic.ac.cy/research-mission-vision-and-values/research-projects-and-cost-actions/>).

We welcome the EEC’s suggestion to complete a mock-Research Excellence Framework activity. This will help us to identify opportunities to enhance our output, as well as to set milestones and targets for specific areas of research, such as those arising from primary care research as it develops at the national level.

Finally, with regard to support for research, faculty are supported through allocated time for research (30% for research, 50% course development/ administration, and 20% teaching). This will increase to 40% of their time in 2023. The Medical School offers several funding opportunities for supporting and supplementing research activities, for example, the Medical School Seed Fund Grant, fully-funded PhD scholarships with stipends, Postdoctoral Fellowships, and travel support for attending and presenting research outputs at regional and international scientific conferences. The University also has strategies and initiatives in place, including, on an annual basis, the Research Recognition Policy Award to faculty, which is a monetary award for faculty exhibiting exemplary scientific accomplishments at the international level.

<b>Assessment area</b>	<b><i>Non-compliant / Partially Compliant / Compliant</i></b>
Research mechanisms and regulations	Partially Compliant
External and internal funding	Partially Compliant
Motives for research	Partially Compliant
Publications	Partially Compliant

## 7. Resources

### Findings

We generally struggled with these questions. We didn't go into detail about finances in the department and their deployment. Our impression is one of very good administrative support, and compliance with regulations. We know much less about strategic deployment of funds to support research.

### Strengths

Very strong admin support.

### Areas of improvement and recommendations

Difficult to say based on our knowledge.

### UNIC response:

We welcome the EEC's recognition of the administrative support as a strength. We see the administration as a true asset to UNIC Health. With regard to resources, as indicated in the application, the Medical School has significant independence both financially and administratively from the wider University. Its autonomy in these areas enables it to make strategic decisions around the deployment of funds, including those to support research. Further, it enables the development of specific resources, unique to university's in Cyprus, such as the dedicated UNIC Health Library and the University's Medical Centre. As referred to previously, the Medical School allocates a specific budget to provide funding opportunities for supporting and supplementing the research activities of its faculty: the Medical School Seed Fund Grant, fully-funded PhD scholarships and Postdoctoral Fellowships, as well as support for attending and presenting research outputs both regionally and internationally.

Assessment area	<b><i>Non-compliant / Partially Compliant / Compliant</i></b>
7. Resources	Partially Compliant

## B. Conclusions and final remarks

As you can see from this report we are very impressed by the Department of Primary Care and Population Health. It is a young department with great ambitions, and staff who are dedicated and passionate in all they do. The University of Nicosia provides an excellent environment in which the department can thrive; all of the necessary infrastructure is there, from student support services to research support facilities of a very high standard. The prevailing culture at the university and medical school is one of excellence and support.

The students we met on the MSc Family Medicine programme (a total of 4 students) described their involvement in the programme in very positive ways – indicating it had had a profound effect on their personal and professional development. They came from a variety of countries including Jamaica, Iraq and Kenya. Despite their dispersed locations they all felt a strong bond with UNIC. Their sense of belonging to a ‘group’ of fellow students was expressed strongly.

We are impressed with the efficacy of the administration of the department – the processes we observed functioned well, and contributed to the smooth running of the department. Throughout the document we highlight many strengths of the department. As a combined department of primary care and population health, there is a broad and multi-disciplinary faculty, including epidemiologists, statisticians and social scientists. Our focus was on evaluating the primary care element, and one of its flagship postgraduate programmes (the MSc in Family Medicine). There are noticeably few GPs in the department, although

We’ve made some recommendations throughout the document. They are in a number of areas:

### Research

- Definition of research themes, and development of primary care components
- Primary care is relatively under-developed, with modest research outputs inhibited, to some extent, by poor research infrastructure (particularly availability of data). It would be good to see a trajectory outlining future ambitions for primary care research – for example, capacity building, PhD students, links to the health service, targets for funding applications etc.
- We note there is a reasonable number of core-funded academic staff with protected research time (now 30% or more). This gives some scope to realise ambitions around growth. From what we know competitive research funding is limited in Cyprus, but we’d hope to see a stronger portfolio of externally-funded posts and projects in the years ahead.

### Teaching

- As can be seen in our evaluation of the Masters of Family Medicine programme, we were impressed with the programme and its ambitious agenda.
- We’ve made comments on the scope of the course, in both clinical and non-clinical areas. The content of the course might be the subject of more ongoing review – nevertheless, we are impressed by the continuous overall evaluation of the courses
- We really appreciated the myriad of teaching methods used in the department

### Staff

- We noted high morale, and a team of people signed up to the department’s mission. They are driven by a shared belief in the department’s mission. The international focus of the department is both challenging and enriching for the staff – they need to engage with students and colleagues around the world.
- As mentioned a number of times in the document, there is a need for more GPs in the department. We recognise the challenges of GP recruitment – particularly GPs with academic credentials. Ideally the GP staff in the department should cover a broad range of primary care topics

### Clinical Service

- We noted the good links with primary care practices on the island. The medical centre is clearly a beacon of excellence, and a great facility for clinical teaching.
- We've made recommendations on improving the data infrastructure within the centre and, more broadly, in primary care across the island. Improvements in the registration system would also help.

In conclusion, we have found it a privilege to evaluate the Department of Primary Care and Population Health Sciences. Every indication suggests this is a department on an upward trajectory, with a bright future – ably supported by its medical school and university. We would like to thank staff for their amazing efforts in providing information for this review. The day of presentations was extremely informative – the pride and the passion of staff really shone through. We look forward to seeing how the department develops in the years ahead.

### UNIC response:

On behalf of the Department, we sincerely thank the Committee for the opportunity to be evaluated by expert members of the field. Their invaluable constructive insights and recommendations provided, which are rich in both breadth of scope and depth of expertise, will be instrumental for us to realise our aspirations, collective mission and goals, so as to best serve our academic and patient communities, as well as impact global health.

We are pleased that the Committee have recognised the many positives of the department, and as evidenced in the sections above, we will be using their recommendations to enhance our efforts, such as those being set out in the department's strategy plan. Similarly, we are pleased that the committee have recognised the importance of the contribution and the potential of the University's Medical Centre. We are committed to strengthening the Centre across the various pillars of its activity including the addition of appropriately qualified General Practitioners to further support service delivery and teaching and the continuous engagement with all relevant stakeholders, ensuring that the centre can develop into a paradigm for the conduct of high-quality clinical research in the fields of primary care and population health.

### C. Higher Education Institution academic representatives

<b>Name</b>	<b>Position</b>	<b>Signature</b>
<b>Dr Elena Critselis</b>	Head of Department	
<b>Professor George Samoutis</b>	Associate Head of Department	
<b>Professor Joseph Joseph</b>	Interim Associate Dean for Academic Affairs	
<b>Dr Christiana Demetriou</b>	Master of Public Health Programme Coordinator	
<b>Dr Dionysis Vaidakis</b>	MSc in Family Medicine Programme Coordinator	
<b>Ms Jill Griffiths</b>	Director of Quality Assurance	

Date: 06 December 2022

