

Doc. 300.3.2

Date: 04 September 2023

Higher Education Institution's Response

(Departmental)

- **Higher Education Institution:**
University of Nicosia
- **Town:** Nicosia
- **School/Faculty:** Medical
- **Department:** Basic and Clinical Sciences (BCS)
- **Programme(s) of study under evaluation**
Name (Duration, ECTS, Cycle)

Programme 1

In Greek:

Διδακτορικό στις Ιατρικές Επιστήμες (3 Έτη / 180 ECTS, Διδακτορικό)

In English:

Doctoral Degree in Medical Sciences (PhD, (3 years / 180 ECTS, Doctoral Programme)

Programme 2

In Greek:

Programme Name

In English:

Programme Name

Programme 3

In Greek:

Programme Name

In English:

Programme Name

- **Department's Status:** Choose status



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

The overall situation is strong. There are some limitations and room for the improvement but in general the Department is compliant in each section.

Strengths

1. Attention to Quality and Quality Assurance
2. Active recruitment strategy, as exemplified by the actual faculty recruited.
3. We heard of excellent funded opportunities for faculty development
4. The way in which the faculty have involved their alumni, with 44% contributing to guidance for final year medical students on world-wide working. We look forward to hearing of similar activities with PhD students in due course.

Areas of improvement and recommendations

1. Stakeholder involvement at the Departmental level, with a view to using this as a tool to enhancing patient / public partnership and with GHS colleagues.
2. Long-term goals and explicit attention to career track ambition.
3. While outside the power of the University, we would strongly encourage all stakeholders to work towards more effective partnership between Academia and GHS Hospitals, for mutual benefit. This may include dual appointments, funding and performance review, for example.

While we feel that the Department is compliant throughout the section above, the two areas highlighted above provide opportunity for further strengthening.

UNIC response:

We are grateful to the External Evaluation Committee (EEC) for the time and effort that they made during their evaluation of the Department of Basic and Clinical Sciences. We are delighted that the EEC found the department to be in a strong position, and compliant in all areas, and that they highlighted some of the department's positive achievements throughout their report.

Regarding those areas where they have identified that further enhancements could be made, we have taken each of these under consideration.

1. Stakeholder involvement at the Departmental level, with a view to using this as a tool to enhancing patient / public partnership and with GHS colleagues.

Regarding widening the participation of external stakeholders in our departmental activity, we are pleased to confirm that a patient representative is an active member of our [International Advisory Board \(IAB\)](#), that the President of the Cyprus Medical Association is a member of our Medicine programme committees and representatives of the State Health Services Organisation are participants at our clinical sub-committees.

We have taken the EEC's suggestion as a good opportunity to strengthen this further and have added an agenda item for the next meeting of the IAB, taking place in Fall 2023. This is in order to create a working sub-group of the IAB that will identify areas across all aspects of our work - teaching, research and social contribution – where we can enhance patient/ public involvement. Additionally, we have added a patient representative to the Medical School's Research Committee.

Furthermore, in recognising that engaging patients and the public in general decision-making processes will lead to more patient-centered care, better health outcomes, and increased trust in the healthcare system, and in support of this, there are several ways by which the department and, more widely, the School are enhancing the patient/public partnership within the General Healthcare System (GESY), such as:

- Direct contact with Patient Advisory Group representatives who provide valuable insights and perspectives on healthcare needs, best practices and gaps to be studied. These viewpoints are also fed in to departmental activity through, for example, stakeholder input at boards and committee meetings.
- Ensuring that the patient and public advisory groups that we work with are diverse and inclusive, representing different demographics and health conditions. This diversity helps us to capture a wider range of perspectives and experiences. For example, together with the Biobank-Cy, we are preparing a proposal for a pilot study on the 'characterization of non-communicable diseases (NCDs) in primary care in Cyprus (Cardiometabolic, Diabetes-Obesity, Respiratory (Asthma-COPD) and Mental Health), with the recruitment of patients at the UNIC Medical Centre, with the aim of this becoming the basis for multiple cohort studies. Similarly, we have prepared a Memorandum of Understanding for our work with the Cyprus Respiratory Society to create the Cyprus Severe Asthma Registry, which in turn will help us to support clinical studies, such as the recent opportunity to participate in a European pragmatic clinical trial for respiratory patients in primary care.

The growth of the UNIC Medical Centre enables us to further build on our engagement with the public and patients and for this to inform developments at the Medical School and more specifically within the department. For example, in regards to opportunities to enhance clinical research, we have organised research training for the doctors at the Centre, taking place between October and December 2023, through which we will support them in developing their own research ideas and proposals for studies to be conducted at the Centre. We will also be involving medical students with an interest in clinical/primary care research projects in this (to date 28 students have signed up to this.)

Furthermore, our faculty's direct involvement in external advisory groups, enables us to gain important feedback from patients, advocates and stakeholder groups. For example, the recent appointment of the Medical School's Associate Dean for Research as the national delegate of the [International Primary Care Respiratory Group](#) (which undertakes research and education programmes).

2. Long-term goals and explicit attention to career track ambition.

Through the annual faculty appraisal procedure, faculty interests and values, and their long-term career goals and ambitions are discussed and reported. Similarly, their contributions to education, research and society are assessed and discussed. Based on this information, and regular monitoring mechanisms, the School and its constituent Departments understands the requirements for teaching, administration and research, and aims to ensure that the balance across all areas is fair and proportionate. Indeed, based on the current review mechanism, we have implemented a change to the amount of time spent on research, so that 40% of the week can now be dedicated to research. At this stage, a universal approach is applied across full-time faculty in an effort to motivate them to increase their research activities and networks, and consequently to grow the research output of the School/Department.

However, we recognise and embrace the notion that our faculty should be able to develop their career aspirations based on their unique talents and strengths, personal values amongst other factors, and in the future we would consider research-focussed faculty appointments. Our teaching- and leadership-oriented faculty would be provided with increased opportunities to focus on their interests and values. For example, these colleagues would have the opportunity to focus on medical education research, which in turn will enhance excellence in teaching. To enable us to best identify those with more research-focused or teaching-focussed aspirations, we have added a question to the faculty appraisal template that will specifically aim to gather this data.

3. While outside the power of the University, we would strongly encourage all stakeholders to work towards more effective partnership between Academia and GHS Hospitals, for mutual benefit. This may include dual appointments, funding and performance review, for example

In Cyprus, we have continued to benefit from the introduction of the national health insurance scheme (GESY) and its expansion in recent years, providing us with access to increased numbers of doctors working under the auspices of GESY. As such we are currently working with in excess of 300 clinicians in Cyprus, and we retain strong links with clinical colleagues who work within GESY, who contribute to the clinical teaching of our students.

We still await the ratification, through the parliamentary processes, of the draft legislation that will permit joint appointments in the state hospitals and academic institutions, further strengthening of the relationships we have and increasing opportunities for shared clinical research and the development of clinical academics in Cyprus. During this time, we have been working in unison with the other Medical Schools in Cyprus to lobby for, and provide support to the ratification of this initiative. Nevertheless, in the interim, we have ensured that we have a clear plan for joint appointments and have focused on supporting faculty appointments in the hospitals with which we work. This has been through established close relationships and the provision of benefits such as access to professional development in medical education and teaching. Some examples include:

- Expansion of combined clinical/academic appointments in our own University of Nicosia Medical Centre (UNMC). The UNMC serves the healthcare needs of the community under the auspices of GESY and provides a model teaching environment for our medical students. Since its opening in September 2019, the Medical Centre has been evolving to employ not only personal doctors but also visiting physicians in cardiology, neurology, endocrinology, gastroenterology, interventional radiology, gynaecology and general surgery. Currently, the UNMC employs six general practitioners and eight visiting specialists in combined clinical academic posts.
- We have appointed a further six full-time clinical academics, as well as more than 100 additional clinical associates in our affiliated clinical sites. In the last year, 27 clinical teachers

have also benefitted from the clinical track ranking processes of the University (an almost fourfold increase compared to the previous year). These are combined academic/clinical posts, which further increase academic presence in the healthcare setting, where our medical students are trained.

- Introduction of ‘Academic Clinical Fellowship’ positions. These roles have been designed to provide motivated clinical trainees with opportunities to develop their pedagogical, clinical and research skills and knowledge. Through training and development, and with support and mentorship throughout the term of their posts, the Fellows are able to gain practical experience in clinical and educational environments, enhance their patient care skills, and develop essential competencies for future medical practice. As they are hosted jointly between the Medical School and private hospitals/medical centres, we are able to increase the academic presence in the workplace, where under guidance and mentorship they undertake clinical work as well as clinical teaching.
- An important recent strategic development is to jointly advertise for clinical academic positions, which will be partly funded by the Medical School. This has commenced with one of our key partner clinical sites, where the physician will contribute to both teaching and research, and will also be responsible for organising everyday teaching for our students whilst placed at the clinical site.

In expanding joint academic/clinical posts, we have ensured that we have a close working relationship, which is mutually beneficial. For example, we have provided scholarships to 14 doctors who work within the state health services organisation (OKYPY) to complete postgraduate degrees, such as the MSc in Family Medicine and the PhD in Medical Sciences, offered by the Medical School.

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

The Department, generally, is very strong in this area and provided an insightful and considered approach. We would encourage them to consider what additional data relating to the successes of its alumni it could publish. This may still be an area in evolution given the relatively young nature of the programmes and that no PhD student has yet graduated.

We do feel that there is more that the Department can do to explore how to involve society in their research and educational programmes. This would be assisted by stronger links with GHS colleagues, which we would recommend the University assists them with.

Strengths

1. The strategic plans around the growth of the University of Nicosia Clinic, with potential for integration of clinical care and research, potentially including clinical trials work alongside the biobank facility are excellent and will be a source of major impact in the future. This is likely to impact reciprocally on the quality of clinical research staff the Department attracts, its future partnerships with GHS colleagues and future funding or industry partnership potential.

Areas of improvement and recommendations

See under findings.

UNIC response:

We thank the EEC for recognising the strategic plans of the UNIC Medical Centre, the clinical arm of UNIC Health, and the potential impact that its growth will have on the department in being able to strengthen its research activities.

1. The Department, generally, is very strong in this area and provided an insightful and considered approach. We would encourage them to consider what additional data relating to the successes of its alumni it could publish. This may still be an area in evolution given the relatively young nature of the programmes and that no PhD student has yet graduated.

In regards to our alumni successes, we are pleased to refer the EEC to the webpage that celebrates the achievements of a number of our graduates: <https://www.med.unic.ac.cy/student-life/alumni/>. We have an active alumni team, that regularly track the career progression of our graduates, enabling us to understand the different pathways taken and encouraging their contribution in activities of the School, including the noteworthy number that provide advice and support to students in applying for postgraduate training, and share their own experiences. To recognise those providing significant input, we have developed an [Annual Alumni Award](#). We are now extending our alumni activity to regional events to bring together graduates, initially in Tel Aviv, Chicago and London where we have a number of graduates. As the number of graduates entering research increases, we will be able to encourage international networks that can collaborate on a wide-range of research priorities. These initiatives will apply to our PhD students once we have graduates.

2. We do feel that there is more that the Department can do to explore how to involve society in their research and educational programmes. This would be assisted by stronger links with GHS colleagues, which we would recommend the University assists them with.

We recognise the importance of patients and their representatives being involved in educational and research activities, and we continue to incorporate this principle throughout our work. Indeed, patients are at the heart of the planning of the school through representation at the International Advisory Board (IAB).

The IAB 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. 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, a patient representative and a graduate of our 6-year MD programme. For example, in developing the curriculum of the graduate entry 5-year MD programme, medical expertise was partly drawn from the membership of the IAB and the contribution of the School's alumni was aimed at ensuring input that specifically bridges the gap between undergraduate education and postgraduate training in medicine. The IAB now plays an integral role in the ongoing development of the programme throughout its initial roll-out and will be invited to review the programme in due course.

We have recently further strengthened patient input in decision-making by adding a patient representative to the Medical School's Research Committee and, as noted in section one, we are seeking the expertise of the Board in identifying additional areas in research, education and social contribution, where we can increase patient involvement.

As well as patients, we actively seek the input of other stakeholders, such as healthcare professionals. As a representative of clinical employers, and future employers of our graduates, the President of the Cyprus Medical Association is a member of our MD programme committee. Moreover, by having a clinical arm of the medical School, namely the UNIC Medical Centre, we are in the fortunate position of working closely with clinicians within the general healthcare system. Moreover, in working with over 300 clinical colleagues across Cyprus in the delivery of our programmes, we maintain a strong link to the healthcare needs of society.

In reviewing new curricula, we seek a broad range of stakeholder input. For example, when developing the aforementioned graduate-entry programme, we sought constructive feedback from future employers at both national and international levels, including representation from the School's partner sites, representatives of the Cyprus Medical Association, representatives of patient organisations and members of the public. The makeup of the review committee ensured that feedback was sourced widely and that individual components of the proposal were scrutinised from each relevant perspective. The work of the review committee was fed back to the development team for analysis and relevant adaptations and enhancements made to the programme's proposal. This ensured that the programme is appropriate to the social context of the School.

In regards to society involvement in teaching and assessment within our curricula, there are naturally numerous sessions that involve real patients, in particular throughout clinical and communication skills sessions, as well as where real patients are used for assessments, such as in OSCEs.

Moreover, in terms of extracurricular opportunities, for example, a session led by a patient advocate, titled "Listening to the patient's narrative – The Road to Empathy" is provided to Year 2 MD students with Nursing students.

Similarly, with regards to research, on an ongoing basis we expand our activities that involve society and local general healthcare system (GESY) clinicians. Some examples of recent and ongoing initiatives include:

- Preparing a pilot community telemonitoring study in collaboration with the Strovolos Municipality in Nicosia. Commencing in the autumn, it will be the first to be conducted in Cyprus involving patient research with GESY clinicians in telemedicine. Moreover, through our Medical Centre we are currently involved in ongoing research projects, for example a study on nutrition and cognitive function: <https://www.unic.ac.cy/medicalcentre/2023/05/18/meleti-diatrofis-kai-gnostikis-leitoyrgias-se-enilikes-45-65-eton-meleti-nutrico/>.
- The UNIC Mobile Clinic has recently extended its community outreach activities to research activities, taking part in the rECORD study, an epidemiological study of the 'Prevalence of rheumatic and musculoskeletal diseases in Cyprus and their impact on daily functionality and quality of life'. Other partners include the Cyprus University of Technology, the Cyprus Rheumatology Society and the Rheumatology Patients Association <https://www.med.unic.ac.cy/2019/10/04/mobile-clinic-joins-record/>.
- Building partnerships and collaborations with local scientific and professional societies, with which we can promote clinical research and educational programmes. As part of this, we have already been linked with the local primary care physicians societies, the Cyprus Respiratory Society and the Cyprus Rheumatological Society to promote research.
- Partnering with national and international organisations. For example, through our partnership with the International Thalassemia Federation based in Cyprus, we have recently launched two research projects, and will extend our network to other international and national governmental and non-governmental organizations.
- Our partnership with the Cy-Biobank is another development that will facilitate our efforts for research programmes involving patients and also clinicians within our Medical Centre, and also from our affiliated hospitals. The ultimate goal of this activity is to develop a large prospective cohort study in Cyprus.
- Along these lines, the School has developed research training courses for clinicians and healthcare professionals, including the offer of statistical courses for the last two years, and aims to create a more extensive research training programme for clinicians in the upcoming years.

As of September 4th 2023, we will also operate a University Medical Centre in Ormideia, a village in the Larnaca district. It will serve the village and neighbouring rural communities (a population of around 25,000), addressing inequalities in healthcare provision. At the same time it will serve as a Centre for Rural Medicine, fostering an environment that supports rural medical research and education, empowering the community and the broader field of medicine.

The new centre will provide us with opportunities to explore new areas of research activity, the outcomes of which will have a direct impact on local society, such as:

- Access and Delivery: Studying the barriers and solutions to healthcare access in rural communities, including telemedicine, mobile clinics, and community outreach.
- Chronic Disease Management: Looking at the prevalent chronic diseases in rural areas and devising strategies for early detection, management, and prevention.
- Cultural Competency: Understanding the unique cultural, traditional, and socioeconomic factors that impact health in rural communities and developing tailored intervention strategies.
- Healthcare Workforce Development: Investigating the specific challenges in recruiting and retaining healthcare professionals in rural settings and identifying strategies to mitigate this.

- Environmental Health: Researching the specific environmental factors affecting health in rural areas, such as agricultural practices, and developing mitigation strategies.
- Mental Health: Addressing the challenges of mental health in rural settings, focusing on access, stigma, and tailored interventions.
- Maternal and Child Health: Exploring maternal and child health needs specific to rural areas and devising strategies to enhance care.
- Aging Population: Focusing on the health needs of the elderly in rural areas, from chronic disease management to palliative care.
- Healthcare Technology Integration: Exploring the role of technology, including telemedicine and health information systems, in enhancing rural health outcomes.
- Community Engagement: Developing strategies to actively engage rural communities in their health and wellness, building trust and fostering collaboration.

In line with our mission and values, we remain committed to exploring all avenues that provide opportunities to actively work with, and to support, society at large in our endeavours. We have added a monitoring requirement to the Department Council’s standing agenda item on Contributions to Society, and strengthened the question relating to social responsibility in the annual Programme Evaluation Report template, with an expectation that programme directors report on how patients and society are involved in our educational programmes.

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

The administration of the Department appears exemplary, and we would like to highlight the efforts of all involved in achieving this. Diverse background of staff is a strength, and this was highlighted by the people we met. The staff described their work as rewarding.

Strengths

1. We observed that Faculty and Administrative staff work together incredibly well, with a harmonious supportive community basis.
2. We were struck by very transparent lines of communication and sense that all were involved, without siloes or strict hierarchy.
3. The internationalisation of the Department in terms of students, academic work and management (the NEOLAiA Alliance) is a strength likely to bring significant awards in the future.

Areas of improvement and recommendations

None listed

UNIC response:

We appreciate the EEC's positive comments about the hard work of our administrative staff as well as their recognition of how administrative and academic teams work well together. We view the diversity and global outlook of our staff, and indeed our students, as a real benefit in achieving our work and goals.

We are pleased to update the EEC with regard to the European University Alliance [NEOLAiA](#) following the recent approval of a total budget of €14.25 million funding from the European Commission. This will enable the Alliance to drive forward its ambitious plans and open up further opportunities for collaboration.

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

The scores awarded are based on the documentation provided as well as previous experience, rather than detailed discussion.

Strengths

Please see above.

Areas of improvement and recommendations

1. The UNIC Health structure provides the potential for interprofessional / interdisciplinary teaching and learning across the schools, for the benefit of its students particularly related to transferable skills. This would provide graduates with a notable unique selling point for employment.
2. Projects such as this also provide opportunities for pedagogical research. Given the diversity of the student population, UNIC Health is well placed to develop in this area.
3. Given the modern approach of the Department and its Faculty, we suggest that consideration is made to the development of an MD PhD Programme to develop research potential alongside clinical skills (running modules and/or programmes synchronously rather than sequentially, to aid learning to ensure all skills are current at the time of graduation). This would enhance the research potential of the school and provide notable opportunities for applicants and help to propel UNIC to the forefront of medical education internationally.

UNIC response:

1. The UNIC Health structure provides the potential for interprofessional / interdisciplinary teaching and learning across the schools, for the benefit of its students particularly related to transferable skills. This would provide graduates with a notable unique selling point for employment.

We are pleased to confirm that we have made significant progress in implementing a systematic approach to interprofessional learning (IPL) and interprofessional education, under the leadership of the appointed IPL Academic Lead in the past two years. The IPL Strategic plan has served as an important roadmap for our work in enhancing the three axes of IPL, namely learning about other professional disciplines; learning from other professionals, and learning with other professionals, at this stage specifically in the department's MD programme. There are more than a dozen IPL opportunities in the programme, across each of the six years. Some examples of existing collaborations include, the three-part session on Outbreak Investigation in the Multidisciplinary Team jointly held with Nursing programme Year 3 and Year 4 students (and faculty); the role of Diabetes Clinic Nurses. The Nicosia General Hospital Diabetes Clinic Nurses hosted Year 4 MD programme students whilst on their Primary Care Attachment, along with the Year 2 and Year 4 Nursing students in an interprofessional session to learn about the role of a nurse in Diabetes care while also allowing interaction between the nursing and medical students; and, a joint pilot case-based tutorial session held between medical students from Year 3 taking the Systematic Pharmacology course and the Pharmacy programme students.

Alongside this we have increased the number of extracurricular activities, that are interprofessional in nature, such as through the Medical School's mobile clinic and its multiple health promotion events and health screening primarily in remote communities. Medical students have been accompanied by, in addition to members of our clinical faculty, other healthcare professionals such as physiotherapists, nurses and nursing students. Further, participation in the mobile clinic combines service to the community with rich learning opportunities about other health professions and alongside other learners and allows participation in a multidisciplinary effort.

In the PhD programme there are examples of cross-School projects that encompass the Medical School and School of Life & Health Sciences, investigating the role of allied health workers in the education of patients in Malawi; and an example of the Medical School and School of Veterinary Medicine, undertaking research into the role of the gut microbiome in Cypriot cattle farming.

However, as noted by the EEC, we recognise that the unique structure of UNIC Health, enables us to expand on this. For example in line with the updates to the department's Strategic Development Plan, we will be:

- Identifying further IPL opportunities for medical students to learn alongside the veterinary medicine, nutrition and pharmacy students.
- including an expectation to align research priorities with the other departments of UNIC Health and develop interdisciplinary research. In turn, this will broaden the PhD projects that the department offers, as well as increase opportunities for inter-department pedagogical research.

Further, joint endeavours, through mechanisms such as our annual PhD Scholarship calls, will be opened to submission by other Schools under UNIC Health for joint projects. More widely in regard to seed funds for research, submissions have been recently opened to the faculty of the School of Veterinary Medicine to apply for seed funds.

We have also set dates for our bi-weekly joint research meetings, providing a regular opportunity for faculty across UNIC Health Schools to discuss and identify further opportunities. Each will commence with a 20-minute presentation by a faculty member, followed by questions, discussion and networking. Faculty have been invited and these will commence Wednesday 04th October 2023.

In supporting our faculty members to further develop in IPL, three different training sessions by the Centre for the Advantage of Interprofessional Education (CAIPE) have been provided, with the training sessions attended by both Medical School and Nursing faculty members.

We continue to keep track of IPL activities through regular monitoring of the Strategic Development Plan.

2. Projects such as this also provide opportunities for pedagogical research. Given the diversity of the student population, UNIC Health is well placed to develop in this area.

We welcome this suggestion from the EEC. Indeed the structures of UNIC Health provide a fertile environment in which to devise medical education projects and enhance the delivery of our programmes. Our medical education team actively contributes to pedagogical training, research, and development initiatives and, with aligned UNIC Health research priorities, as well as increased cross-department activities (such as interprofessional teaching and learning), we intend to harness this opportunity for pedagogical research.

We have examples of collaborative pedagogical research between the department's faculty and those from the Human Biology programme, that has been presented at the Association for Medical Education in Europe (AMEE) conference (including most recently in Glasgow in August 2023). Further, an abstract related to our work on delivering IPL activities has been selected to be

presented at the 11th International Conference on Interprofessional Practice and Education “All Together Better Health” (ATBH XI), taking place in Qatar, in November 2023. This is joint work from Medical School and Nursing Programme faculty members.

Similarly to our approach to IPL teaching and learning, a more systematic approach, such as the bi-weekly research meetings, provides us with additional opportunities, that will be monitored regularly through the Strategic Development Plan.

3. Given the modern approach of the Department and its Faculty, we suggest that consideration is made to the development of an MD PhD Programme to develop research potential alongside clinical skills (running modules and/or programmes synchronously rather than sequentially, to aid learning to ensure all skills are current at the time of graduation). This would enhance the research potential of the school and provide notable opportunities for applicants and help to propel UNIC to the forefront of medical education internationally.

We thank the EEC for their suggestion to offer an MD PhD programme, however at this current time the legal framework does not permit such integration of research and clinical education. We hope that in due course this is revisited as we agree that it will provide opportunities to improve our contributions to both medical education and clinical research. Not least since medical science is rapidly evolving and this leads to the continuous incorporation of innovations into doctors’ daily practices. To ensure incorporation of new knowledge and translation of new technology into the clinic, as well as ongoing leading research in our (university) affiliated medical centres, we need medical professionals that can work at these intersections as clinician-scientists. Hereto, the Medical School considers developing an integrated training trajectory that provides motivated and talented students the education needed to develop their scientific skills and ambitions and, thereby, embed sufficient numbers of talented clinician-scientists both in Cyprus and abroad.

In this ambitious programme, a fully-funded research period and a number of research courses are embedded into the regular six years of Medicine, offering medical students the unique opportunity to combine their Medicine educational training with PhD-training in an innovative research field, in a shorter timeframe compared to performing MD and PhD studies separately.

Ultimately, successfully graduated MD/PhDs will perform postdoctoral research during their residency/specialist years and play a critical role in translational medicine and clinical research, connecting basic research findings to healthcare applications and adding scientific developments into their selected clinical fields. A possible approach would be to offer a competitive integrated programme, where students complete the first four years of their MD degree, then a three-year PhD research programme, before returning to complete the wholly clinical Years 5 and 6 of the MD programme. This is in line with a number of MD PhD programmes offered across Europe. The research areas available would be those emerging from our research strategy as our strengths, as we develop as a centre of excellence in specific research areas.

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

5. Teaching Staff

Findings

The teaching staff have excellent qualifications and experience and there is a sufficient number of teachers to support the students. Everything appeared transparent.

Strengths

1. The ambitions of the Department are echoed in the enthusiasm and drive dedicated in its academic and administrative staff. They described themselves as hard working people.

2. We are enthused by the way faculty encourage and respond to feedback.

Areas of improvement and recommendations

None listed.

UNIC response:

We thank the EEC for recognising the depth and breadth of experience and knowledge of our faculty. Year on year we continue to grow, extending the range of expertise in the department, as well as through supporting the development of existing colleagues.

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

6. Research

Findings

Having reviewed the documentation and information provided at talks, including the SWOT analysis, we have no major concerns relating to compliance, but have highlighted a number of areas where improvement may be possible.

Strengths

1. We are impressed by the strategic attention paid and transparency of research output.
2. We are particularly struck by Times Higher Education Impact Rankings: Good Health and Wellbeing.

Areas of improvement and recommendations

1. Opportunities to apply for funding nationally should be increased. Funding is currently mostly internal and European, which potentially limits the opportunity for research-informed teaching, as explained in the application document.
2. A more strategic approach to publication and publication journals would help the department evolve and target their research areas more towards impact in the future.
3. We would encourage the University to work with the Government to ensure that a proportion of income the island sees from its students and their visitors is assigned back into financial resources to drive the output of the university.
4. We would suggest that the Department leverages its international teaching partnerships to be more proactive in applying for international funding of research.
5. We would suggest a clear, well-publicised Research Integrity Policy was established. There are some processes in place (and we note the National Bioethics Committee approach), but some of this training appears voluntary in nature. PhD students appeared not to be fully aware of the meaning of research integrity. A course early on could be helpful, or clear guidance to all materials available.

UNIC response:

Providing a positive impact to the health and well-being of our university community, local society and on global stage is an important part of our mission, that cuts across all three tenets of our work: teaching, research and social contribution, and we thank the EEC for recognising our efforts towards this.

1. Opportunities to apply for funding nationally should be increased. Funding is currently mostly internal and European, which potentially limits the opportunity for research-informed teaching, as explained in the application document.

We are grateful to the EEC for identifying opportunities to enhance further our research efforts. Our research team, along with the Research and Innovation Office at the university, maintain an active role in disseminating all funding calls, and alerting faculty to any new opportunities that become available.

Whilst beyond our direct control, we would welcome any increases to national funding not just for our own research priorities and to positively impact teaching, but to support inter-university research collaborations across the island. Both as part of UNIC as well as together with the other Medical Schools in Cyprus, we take an active role in lobbying for improvements to research, including for funding as well as in terms of infrastructure. Further, 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, which enables us to be at the forefront of decision making about research at a national level.

2. A more strategic approach to publication and publication journals would help the department evolve and target their research areas more towards impact in the future.

We acknowledge that developing a strategic approach to publication and selecting the right journals for our research is crucial for increasing the visibility and impact of the School/ Department. Publishing high-impact scientific research in reputable scientific journals is a core objective of the University of Nicosia and the Medical School in particular. The School has in place a process by which a certain budget is allocated to fund the publication fees for articles published in Open-Access and/or Non-open Access in Scopus-Indexed Journals and ranked between 50-100 percentile (%) (1st and 2nd Quartiles). In addition, there is a central University Research Recognition Policy (RRP) which encourages and recognizes the efforts and success of faculty in publishing in peer-reviewed scholarly journals with significant reach and impact where the monetary award increases as the Scopus-Indexed Journal rank increases.

Nonetheless, we are mindful that impact factor/journal metrics is just one measure and should not be the sole criterion for selecting a journal, and therefore steps are being agreed for a more strategic approach, starting with involving the Health librarian to develop a strategic publishing guide and resources and tools to assist researchers with their strategic planning, submission, access and promotion of publications, and also the addition of a bibliometric analysis tool (e.g. VOSviewer <https://www.vosviewer.com/>) for visualizing our scientific landscape.

3. We would encourage the University to work with the Government to ensure that a proportion of income the island sees from its students and their visitors is assigned back into financial resources to drive the output of the university.

The University, through the Rectors' Conference, plays an active role in lobbying for increased research funding in Cyprus. Further, through the participation of Medical School academics in the advisory committee of the National Board for Research & Innovation, we are encourage government to provide further support and infrastructure for research, such as the proposal for a cross-island innovation hub that all educational institutions in Cyprus could benefit from.

4. We would suggest that the Department leverages its international teaching partnerships to be more proactive in applying for international funding of research.

Each of our international teaching partnerships is unique and has been developed to suit a specific need primarily for the students involved but also for the School/Department and researchers. We acknowledge that institutional impact collaborations are primarily found at the research level, and this may include, but is not limited to, joint research projects, co-authoring of research papers and the sharing of resources through joint research grants and research equipment use. The quality of the student training and teaching has been the priority of the Department for the past years however we are now making steps to increase the number of joint research projects and co-authoring of research papers, mainly through our students in research programme which serves as the bridge

between researchers of the different institutions. For example, through leveraging our international teaching partnerships we have worked with our external teaching partners of various hospitals to increase the number of projects that are offered to students, that are co-supervised with an internal faculty member and a clinician. In extending this work, we have found further common grounds and exchanged ideas for additional proposals as well as opportunities to take part in consortiums and shared funding applications. Indeed, we have published a number of articles with international collaborators of our School and faculty, recognising that international collaboration increases the reach and impact of a country's research and has significant career implications for researchers and institutions.

Additionally, our School has been actively involved in defining health research priorities within the NEOLAIA consortium for the past year and we recently hosted a two-day meeting among representatives of health/ medical science schools from different universities where decisions have been taken on how we could best benefit from this alliance for joint research grants and sharing of specialized equipment and expertise for multidisciplinary research. This approach and actions to be taken can be also applied with our teaching partnerships and even connect those with our NEOLAIA partners. It is very positive that the consortium has been recently funded and we anticipate driving forward its ambitious plans and open up further opportunities for research collaborations.

5. We would suggest a clear, well-publicised Research Integrity Policy was established. There are some processes in place (and we note the National Bioethics Committee approach), but some of this training appears voluntary in nature. PhD students appeared not to be fully aware of the meaning of research integrity. A course early on could be helpful, or clear guidance to all materials available.

The Medical School supports and promotes scientific integrity in several ways including but not limited to the following: 1) nurturing a supportive environment with diversity and inclusion as well as with transparent, and responsible policies for assessing, appointing, and promoting researchers; 2) providing competent supervision and mentoring offered to young researchers; 3) ensuring that data practices are compliant with the guidelines of the University Research Ethics Committee, the National Policy of the Republic of Cyprus for Open Science Practices, and the Cyprus National Bioethics Committee and EU legislation of GDPR, and that for all research activities an application for an ethics review and approval is made; 4) ensuring that research collaborations are done responsibly and requiring having policies and procedures e.g. signed MoUs and data sharing agreements etc.

The Medical School's Research Committee has approved a Research Integrity Policy Statement, in line with the principles of good research practices of the [European Code of Conduct for Research Integrity](#). The policy statement is aimed at faculty, staff and students and its ongoing implementation will be monitored by the Research Committee.

The details of the policy statement and its principles will supplement existing mandatory training that is provided to faculty and students, such as the Ethics in Research & Publishing, Data Protection & Confidentiality webinar that forms part of the Research Skills Development Programme (RSDP).

Further, we have created a dedicated page on our learning platform (Moodle) to disseminate, to PhD students and supervisors, the policy statement. Additional Scientific integrity resources, such as [The European Code of Conduct for Research Integrity - ALLEA](#), and the Guideline for Promoting Research Integrity in Research Performing Organisations as developed by the [SOPs4RI](#) consortium, as well as links to free online courses have already been added to the Moodle page, and students have been made aware of this. There is now a requirement for all students that are involved in clinical research to complete a certificate in Good Clinical Practice, available through the University of Oxford at: <https://globalhealthtrainingcentre.tghn.org/ich-good-clinical-practice/>.



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

7. Resources

Findings

From the documentation provided, we have been able to judge 7.6 and 7.7, but did not discuss this specifically during the visit.

Strengths

1. The Department has developed significant educational and research impact, supported by the University, despite relative paucity of national funding.

2. The strategic union of schools to form UNIC Health will be a major source of impact in the future.

Areas of improvement and recommendations

1. While we note the external audit procedure is excellent, we note the recommendation in the documentation for an appointment of an internal auditor.

UNIC response:

1. While we note the external audit procedure is excellent, we note the recommendation in the documentation for an appointment of an internal auditor.

We thank the EEC for recognising our impact to date. Further, we are pleased to clarify that the external auditor's recommendation to appoint an internal auditor, as referred to above by the EEC, had already been completed. Indeed, to maintain objectivity, the university outsources this additional audit function to another auditing specialist.

Assessment area	Non-compliant / Partially Compliant / Compliant
7. Resources	Compliant

B. Conclusions and final remarks

It is clear that UNIC is a nimble, ambitious and successful university, and the recent development of UNIC Health is testament to its strategic development and potential for the future. The culture and values clearly demonstrated by Faculty and Administrators within the Medical School are markers for future potential and have enabled its successes to date across research and education.

Plans such as the expansion of the UNIC Health Clinic and the Biobank are exciting and strategically align with the potential for sizeable international impact. We have identified two factors that would drive future successes at scale, both of which seem outside UNIC's immediate influence:

A. Ability to draw upon enhanced national funding, through a partial re-investment in local economic growth caused by students and visitors, for research and university funding. This may, for example, support high impact work such as a prospective cohort study alongside the biobank, which could be aligned with the national healthcare needs of Cypriot society.

B. Governmental support in developing closer synergy to alleviate the tension between Academic and GHS clinicians through appointments and planning, funding and appraisal. This would promote a richer community for clinical research and better support educational endeavours. UNIC Health provides excellent opportunities for development of further educational programmes. Developing a combined MD PhD programme would be a clear signal of its potential to develop graduates who will be excellent clinicians, able to lead research and drive the research economy of Cyprus and Internationally through alumni networks. There are also possibilities around interdisciplinary and interprofessional education which would be beneficial for the Faculty to explore.

At the Departmental level, the strategic growth of international academic staff has been successful, such that the Department is now able to offer a wide range of research projects to both medical and PhD students. We recognise the Departmental vision to identify areas of true strength and to move, in time, to a more structured / selective approach to research endeavours. We would anticipate that this, together with the opportunity of staff to move towards education or research-dominant careers will be effective, and would encourage the Faculty to explore other Universities promotion criteria in order that academic excellence can be celebrated in different ways.

The harmonious, diverse and supportive nature of the Department is a sure sign of future success and we would like to thank all for their transparent and enthusiastic approach to the visit.

UNIC response:

We are very grateful to the External Evaluation Committee (EEC) for recognizing the many positives of the department and the potential of the UNIC Health strategic alliance. Similarly, we are pleased that the committee have recognised the importance of the contribution and the potential of the University's Medical Centre as well as the School's collaboration with the Cy-Biobank to create an island wide repository of biobanking activity. Furthermore, we appreciate the EEC's positive comments about how the administrative and academic teams work harmoniously and drive the School's success.

A. Ability to draw upon enhanced national funding, through a partial re-investment in local economic growth caused by students and visitors, for research and university funding. This may, for example, support high impact work such as a prospective cohort study alongside the biobank, which could be aligned with the national healthcare needs of Cypriot society.

B. Governmental support in developing closer synergy to alleviate the tension between Academic and GHS clinicians through appointments and planning, funding and appraisal. This would promote a richer community for clinical research and better support educational endeavours.

With regard to the two areas above (A & B) that the EEC recognise are beyond our control, namely, increasing national funding for research and the synergies that could develop between academic and GESY clinicians, we actively seek funding opportunities not just for our own research priorities but to support inter-university research collaborations across the island. We participate in several funded projects at the national and international level as showcased on our website (<https://www.med.unic.ac.cy/research-mission-vision-and-values/research-projects-and-cost-actions/>).

As noted in our response in Areas 1 and 2, we are also working towards developing a closer synergy between academic and national healthcare scheme (GESY) clinicians to help them develop their career aspirations based on their unique talents, personal values, ideal lifestyle and several other factors, and in the long-term, we are hoping to get to the stage where faculty may be recruited or grouped according to their research or teaching preferences.

Although an MD PhD programme, cannot be implemented at this time due to the current legal framework in Cyprus, we hope that in due course this is revisited as we agree that it will provide opportunities to improve our contributions to both medical education and clinical research.

On behalf of the Department, we wish to sincerely thank the Committee for the opportunity to be evaluated by expert members of the field. The invaluable constructive insights and recommendations that they have 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, and so as to best serve our academic and patient communities, as well as impact global health.

C. Higher Education Institution academic representatives

<i>Name</i>	<i>Position</i>	<i>Signature</i>
Professor Aleksandar Jovanovic	Head of BCS Department	
Dr Soulla Nicolaou	Associate Head of BCS Department	
Professor Joseph Joseph	Associate Dean for Academic Affairs	
Dr Nicoletta Nicolaou	PhD Programme Director	
Dr Danagra Ikossi	GE MD Programme Director	
Dr Chloe Antoniou	GE MD Assistant Programme Director	
Professor Paola Nicolaidis	MBBS Course Director	
Ms Jill Griffiths	Director of Quality Assurance	
Mr Constantinos Christodoulides	Quality Assurance Officer	

Date: 04 September 2023

