

Doc. 300.3.2

Date: 4/12/2024

Higher Education Institution's Response

(Departmental)

- Higher Education Institution: European University Cyprus
- Town: Nicosia
- School/Faculty: School of Medicine
- Department: Medicine
- Programme(s) of study under evaluation
Name (Duration, ECTS, Cycle)

Programme 1

In Greek:

Ιατρική (6 Έτη/360 ECTS, Πτυχίο, M.D)

In English:

Medicine (6 Years/360 ECTS, M.D. Doctor of Medicine)

Programme 2

In Greek:

Ιατρικές Επιστήμες (3-8 Έτη/180 ECTS, Διδακτορικό)

In English:

Medical Sciences (3-8 Years/180 ECTS, Ph.D.)

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

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

Findings

Papers were provided describing the recruitment strategy. The process and criteria for promotion were explained. These are transparent, appropriate and understandable. EUC engages regularly in activities with the (Cypriot) public as an orderly outreach to society, e.g. with information (Covid) or free short lectures etc.

Strengths

The rapid expansion of the work of the department in recent years has been effective, while the "family feel" of the department remains.

Areas of improvement and recommendations

To align with the strategic plans of the department, we would suggest careful external recruitment of further full professors in key areas to strengthen the research capacity of the department and international reach.

EUC Response:

The Department is actively advancing its faculty recruitment and development efforts in alignment with its strategic priorities. Currently, we are advertising for several full-time faculty positions in key areas critical to the School's growth, including Emergency Medicine, Pathology, Nephrology, ENT and Psychiatry. These Positions, most of which are open to applicants at any academic rank, are widely promoted through leading international platforms such as "Academic Positions", "Euraxess", "ResearchGate", "Job.ac.uk" and "LinkedIn", among others, to attract a diverse and highly qualified candidate pool.

Additionally, to bolster representation of full professors with the Department, three promotion applications to the rank of full professor are under active review in the disciplines of Plastic Surgery, Endocrinology and Pediatrics. These recruitment and promotion efforts are part of a comprehensive strategy to enhance our clinical training excellence, expand research capabilities, and strengthen our global visibility.



The School implements an annual recruitment strategy, during which departmental needs are systematically assessed to identify priority areas for faculty expansion. This deliberate approach ensures that new appointments are aligned with the School's overarching goal of advancing its academic profile and reputation.

2. Quality Assurance

Sub-areas

- 2.1 System and quality assurance strategy
- 2.2 Quality assurance for the programmes of study

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

Findings

The effective running of the department and quality assurance of programmes was readily transparent and of high quality.

Strengths

Student support also includes grievance counselling. Compulsory meetings are in place if GPA drops. The logbook was transferred from paper to electronic. Also, the open-door policy is highly commendable.

Areas of improvement and recommendations

We could not identify any areas for Departmental improvement at present.

EUC Response:

We thank the EEC for recognizing the Department's clearly outlined quality assurance strategy and processes. We are pleased that no recommendations for improvement were identified at this time, and we remain committed to maintaining and enhancing our standards moving forward.

3. Administration

	Sub-area	Non-compliant / Partially Compliant / Compliant
3.	Administration	compliant

Findings

The administrative team was passionate, committed and rightly extremely proud of their institution, and the EEC congratulates the department on providing culture and structures for this development.

Strengths

We anticipate that the historic knowledge carried by the administrative team has been a major part of the success of the new department growing and succeeding so rapidly.

Areas of improvement and recommendations

We could not identify any areas for improvement at present.

EUC Response:

We take immense pride in our administrative team, whose exceptional contributions have been integral to our growth and success. We are delighted that no recommendations for improvement were noted at this time, and we remain steadfast in our commitment in upholding and continually enhancing our standards.

4. Learning and Teaching

Sub-areas

4.1 Planning the programmes of study

4.2 Organisation of teaching

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

Findings

The system for assessments was demonstrated and explained in great detail.

Strengths

We have heard how the Department's open-door policy is recognised by all as a position of strength. It was highlighted by both staff and students alike as a key feature of the department.

Areas of improvement and recommendations

As discussed in verbal feedback, we feel that the reliability of the OSCE, as a high-stakes clinical assessment should be evaluated to ensure that it stands up to defensible international practice.

EUC Response:

We appreciate the committee's feedback on our OSCE assessments and the suggestions for enhancement. As outlined in detail in the **MD Report, Section 3 (Assessment)**, we recognize the need to expand and diversify OSCEs to ensure a more rigorous and holistic evaluation of clinical competence. Our planned improvements include:

1. **Expansion of OSCE Contact Time and Stations:**

- **Midterm:** Adding one extra OSCE station per student per course for early skill assessment.
- **Final:** Increasing stations to 3-4 per student per course for broader skill evaluation.

2. **Enhanced Station Design:**

- Extending station duration to 10 minutes with a 1-minute reflection period for complex scenarios.
- Introducing interdisciplinary stations covering core competencies like communication, ethics, and organization.

3. **Capacity Building:**

- Expanding trained staff through a "Train the Trainers" program and increasing facilities for simultaneous OSCE stations.

4. **Technology Integration:**

- Exploring AI-driven OSCE solutions for enhanced assessment.

5. **Logbook Optimization:**

- Using the logbook to assess advanced clinical competencies, with pilot implementation at select clinical sites.



These changes aim to increase OSCE exposure to 10-12 stations per semester, improve result reliability, promote interdisciplinary collaboration, and align assessments with advanced competency frameworks.

We remain committed to continuously improving our assessment processes to ensure the highest standards of clinical competence and patient safety.

5. Teaching Staff

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

Findings

The entire faculty - full-time, clinicians with additional teaching obligations and visiting faculty - was demonstrated in depth including their qualifications and career trajectories.

Strengths

Full-time faculty were well-qualified, enthusiastic and committed. We also commend the enthusiasm of clinical educators at hospital sites who recognise the need of all doctors to contribute to the future worldwide workforce.

Areas of improvement and recommendations

We recognise that clinical teachers are highly motivated, however, relying on altruism for the longterm sustainability of the programme, alongside elements such as the convocation ceremony, etc, may be insufficient incentives for long-term security.

EUC Response:

Clinical Instructors and Clinical Faculty play an essential role in the success of our program, and we are pleased that the EEC acknowledged their exceptional motivation and dedication. Clinical Faculty enjoy access to University recourses, receive a University Business Card and have opportunities for rank advancement, as outlined in our **Institutional Report Section #1 (Academic Profile)**. Additionally, both Clinical Instructors and Clinical Faculty are compensated for their contributions to clinical training and instruction. This reimbursement is provided directly by EUC or through their affiliated hospital, depending on the specific agreement established with our partnered institution.

There is benefit to be gained from educating clinical students from different universities in the same department, for shared best practice, but the impact this may have on clinical educator demand must be balanced.

EUC Response:

We appreciate the EEC's observation regarding the benefits of educating clinical students from different universities within the same department, particularly for fostering best practice sharing. EUC students do, in some limited cases, train alongside students from other institutions, which has proven valuable for collaborative learning. While we are in favor of promoting collaborative learning while prioritizing the sustainability and excellence of our clinical training programs, such arrangements are subject to the availability of clinical educators and resources, which must be carefully managed to ensure the quality of training is not compromised. We work closely with clinical partners to balance these opportunities with educator capacity and resource demands.

Clinical teachers (particularly those early in the careers) should be encouraged and enabled to pursue a further academic career with EUC.

EUC Response:

As noted in our ***Institutional Report Section #1 (Academic Profile)***, we firmly believe Clinical Instructors play a vital role in the Medical School's teaching team by guiding students through the transition from classroom learning to hands-on application, effectively bridging the gap between the theoretical knowledge and clinical practice. For Clinical Instructors who hold external clinical positions and who seek a more formal academic affiliation, the School offers the opportunity to serve as "**Clinical Faculty**".

Clinical Faculty members contribute to the advancement of teaching excellence, educational leadership and clinical scholarship. They engage in clinical teaching, service and scholarly activities, while primarily practicing their professions outside the University, and in affiliated partnered hospitals or clinics. Clinical Faculty appointments are available at the ranks of Clinical Lecturer, Clinical Assistant Professor, Clinical Associate Professor and Clinical Professor with clear criteria for selection and promotion. Appointments are made by the School of Medicine and subject to ratification by the University Senate. We have shared the documentation in the Institutional Review.

We would consider Pathology to represent an area with huge potential for research output. We recognise the current vacancy in this specialty and would support timely recruitment to this important post, recognising the enthusiasm for biomedical research.

EUC Response:

We fully agree on the importance of Pathology as a core subject. The vacancy created by the recent Departure of a staff member has been prioritized, and the post has already been opened for replacement.

6. Research

Sub-area	Non-compliant / Partially Compliant / Compliant
Research mechanisms and regulations compliant	compliant
External and internal funding compliant	compliant
Motives for research compliant	compliant
Publications	compliant

Findings

Both the research opportunities for MD students and PhD students (see separate evaluation) were presented.

Strengths

There is a clear policy to foster research.

Areas of improvement and recommendations

We see opportunities for improvement in the development of research skills in MD students during the three-year preclinical programme - which would benefit MD students and supervisors alike. Also, students might profit from a more structured leadership training throughout the entire program. Considering the international reach of EUS, joining and engaging in the Medical branch of AIESEC could represent a valuable option.

EUC Response:

We greatly appreciate the EEC's suggestion to engage students in research early in their education. As outlined in detail in **MD Report, Section 2 (Curriculum)**, briefly we already integrate research and data interpretation skills from the first year, such as through hands-on labs in biochemistry, genetics, and biostatistics, alongside courses in epidemiology and research methods. These courses not only build foundational research skills but also prepare students to apply scientific inquiry to clinical practice.

To further encourage research involvement, we are launching initiatives such as the Research Day, where faculty present ongoing projects and highlight opportunities for student participation. Additionally, our Summer Externship Program offers students valuable research experiences at leading international institutions, including Oxford University and Johns Hopkins, further strengthening their exposure to cutting-edge research and clinical environments.

We are also formalizing the collaboration between medical students and PhD students to promote mentorship and interdisciplinary research. This will be supported by expanding and advertising summer research opportunities through the Research Committee. These efforts, along with the required Medical Thesis, will provide our students with the skills and experiences necessary to pursue advanced research opportunities, reinforcing our commitment to developing their research acumen and supporting our evolving research profile.

We also acknowledge the value of structured leadership training for MD students. As outlined in detail in **MD Report, Section 2 (Curriculum)**, briefly we have attempted to integrate leadership development into our student's education. Students already gain significant leadership experience

through organizing events such as the International Multidisciplinary Biomedical Congress and the Cyprus Annual Medical Students Meeting, where they collaborate with faculty and international peers. To build on this, we are introducing a dedicated leadership module within the MD curriculum that will focus on essential skills such as team dynamics, ethical decision-making, patient communication, and healthcare crisis management.

Additionally, we are encouraging student participation in AIESEC, a global organization with a medical branch that offers leadership opportunities and international exposure. We also plan to expand peer-teaching roles and increase community outreach initiatives, providing students with opportunities to develop leadership skills in real-world settings. To further support their growth, we will formalize recognition for leadership achievements through certifications or awards. These initiatives aim to better equip our students with the leadership skills needed for success in healthcare.

7. Resources

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

Findings

Exemplified annual budgets were presented.

Strengths

The provision of a balanced budget suggests that the Medical School is financially sustainable.

Areas of improvement and recommendations

With its growth, the Medical School may consider opening an office for philanthropy; soliciting donations, endowments, and foundations, eventually approaching successful alumni.

EUC Response:

We appreciate the EEC's insightful recommendation which would facilitate diversified and sustainable income streams that can support our strategic initiatives and foster innovation. We recognize the importance of cultivating relationships to bolster funding for research and education, among others initiatives, which could include engaging alumni, as well as various organizations and sponsors, with the aim of supporting the university's mission and strategic priorities.

B. Conclusions and final remarks

The European University Cyprus is a relatively young university that is most certainly on an upward trajectory. The EEC was impressed by the convincing motivation of faculty and students involved as well as the excellent facilities at hand. There seemed to be distinctive structures in place to secure smoothly operated processes with maximum quality assurance.

The Medical School of EUC has developed and delivers a modern MD curriculum with a successful start 2013. A PhD program with three branches was started in 2021. It is currently going through an episode of rapid growth that, for the time being, is managed very well.

Everybody, including faculty, students, administration and clinical teachers in the associated hospitals seemed to be passionate about their workplace. The three principal groups involved (see above) repeatedly mentioned considering themselves as family. EUC has embraced state-of-the-art teaching and outcome measures, aligned with European and US standards.

EUC Response:

We are pleased that the EEC recognized the strong motivation, passion and engagement of our students, staff and faculty. We have strived to foster a collaborative and supportive culture, and we are proud to this reflected consistently across both our preclinical and clinical environments. Maintaining the highest standards in our facilities and learning environment has always been a priority, and we take great pride in the enriching educational environment we have cultivated. We deeply appreciate the EEC's acknowledgment that these collective efforts have successfully aligned our program and educational practices with international standards.

Students are well taken care of through selection, enrollment and the programme itself. However, the PhD students would profit from a mentor not involved in their PhD studies. Since the PhD program is in its inception with the first students graduating at the end of this academic year (spring 2025), it is too early to assess the program. Thus, a re-evaluation in about five years time is suggested.

EUC Response:

As detailed in our response to the **PhD program evaluation**, we fully agree with EEC's suggestion that our PhD students would benefit from having a mentor who is not directly involved in their PhD studies. While both the School and the University have established mentoring programs primarily designed for new faculty, we will build upon these frameworks to develop a dedicated mentoring program tailored specifically for Medical Sciences PhD students. This will be similar in context to the Academic Advisors applied in the Medical Program, whereby academics not involved in the PhD will serve to support PhD students achieve their goals, provide technical advice and other support which may reduce the stresses associated with their doctoral work.

For medical students, the learning environment, especially the skills lab, is state-of-the-art with plentiful mannequins and low and high-fidelity simulation. Teaching goals are transparent. The first three years provide a comprehensive preclinical curriculum. Nevertheless, the EEC feels that the education could profit from authentic face-to face contact with real patients during these three years - despite the excellent skills lab/mannequins, even if this were to be short. There is work to

be done in clinical assessments to enable the programme to assure itself that the high-stakes OSCE is sufficiently robust to produce reliable results, and this has been discussed in the document and in our face-to-face feedback (see separate MD program evaluation).

EUC Response:

As outlined in the MD Response (Conclusion and Final Remarks), the School deeply appreciates the committee's positive feedback on the program's structure, learning materials, and transparency of teaching goals. We will investigate incorporating patient contact during the preclinical years of our program, in addition to the hospital visits that already take place in year 1 Clinical Practicum, we will assess the possibility of scheduled visits under the peer mentoring of senior (6th year) medical students in their presidency year. Additionally, and as part of a public outreach initiative, we are exploring the option of organizing regular a day or a week of outpatient clinics in several medical specialties, where accepting patient visits 'Pro bono publico'. The aim here is to serve both the need for 1-3 year students to have face to face interaction with real patients, and also society outreach.

Regarding OSCE assessments, we recognize the need for further enhancements to ensure their robustness and reliability. As outlined previously in the same report (Section #3 Assessment), we have developed a comprehensive plan to expand OSCE contact time and stations, improve station design, and integrate new technologies. These measures aim to provide a more rigorous, holistic assessment of clinical competencies, further strengthening the program.

The EUC has identified research as a strategic area for future development and one of its unique selling points (a view shared by external stakeholders). The EEC welcomes this idea and would like to make some suggestions: For those interested in research, the EUC could provide the option to engage early on in research, eg. during the first three years. One possibility would be a facultative summer school, which would also benefit advanced MD students with an embedded research experience to fuel their MD thesis. Ideally, some of these students may wish to continue with EUC on a PhD after graduation. Such a scenario would substantiate the research profile and research output that in turn will enable more staff to obtain extramural research funding.

EUC Response:

We greatly appreciate the EEC's suggestion to engage students in research early in their education. As outlined in detail in **MD Response Section 2 (Curriculum)**, we already integrate research and data interpretation skills from the first year, such as through hands-on labs in biochemistry, genetics, and biostatistics, alongside courses in epidemiology and research methods. These courses not only build foundational research skills but also prepare students to apply scientific inquiry to clinical practice.

To further encourage research involvement, we are launching initiatives such as the Research Day, where faculty present ongoing projects and highlight opportunities for student participation. Additionally, our Summer Externship Program offers students valuable research experiences at leading international institutions, including Oxford University and Johns Hopkins, further strengthening their exposure to cutting-edge research and clinical environments.

We are also formalizing the collaboration between medical students and PhD students to promote mentorship and interdisciplinary research. This will be supported by expanding and advertising

summer research opportunities through the Research Committee. These efforts, along with the required Medical Thesis, will provide our students with the skills and experiences necessary to pursue advanced research opportunities, reinforcing our commitment to developing their research acumen and supporting our evolving research profile.

On a different note, an office soliciting donations, foundations or endowments would diversify income and raise resources for the further growth of EUC as a whole, especially in research.

EUC Response:

As noted in our previously **in Section #7, (Resources) and in Institutional Response (Conclusion and Final Remarks)**, we appreciate the EEC's insightful recommendation which would facilitate diversified and sustainable income streams that can support our strategic initiatives and foster innovation. We recognize the importance of cultivating relationships to bolster funding for research and education, among others initiatives, which could include engaging alumni, as well as various organizations and sponsors, with the aim of supporting the university's mission and strategic priorities.

The EEC could see the need for some of the expert hospital partners to become formal teaching hospitals or university hospitals, for recognition, reputational and stability benefits. This process can only be successfully accomplished with the support of government.

EUC Response:

As noted also in the **Institutional Report**, we deeply appreciate the EEC's insightful recommendation. Our institution places significant emphasis on identifying teaching hospitals, recognizing their critical role in supporting not only the medical school, but also other programs such as nursing, physiotherapy, among others. This aligns with our commitment to fostering more effective interprofessional training activities in the future. Currently, the formal designation of "University Hospitals" is contingent upon the approval of proposed national legislation aimed at incorporating both public and private hospitals, something which is supported by CYQAA. In the meantime, we are collaborating closely with our clinical partners to ensure alignment with the requirements for such a designation.

We would like to thank the EUC for their hospitality and the willingness to openly share and discuss all relevant issues. We strongly believe that the department and its academic and administrative staff are doing a great job of securing optimal conditions for the faculty and its students to thrive.

EUC Response:

We would like to express our sincere gratitude to the External Evaluation Committee for sharing their valuable expertise and providing thoughtful suggestions for further improvement. We are gratified by the EEC's recognitions of the strengths of our Department and the unwavering commitment of our academic and administrative staff in fostering an optimal educational environment where students, staff and faculty can thrive and achieve their full potential.

C. Higher Education Institution academic representatives

Name	Position	Signature
Prof. Elizabeth Johnson	Dean	<i>Elizabeth Johnson</i> Elizabeth Johnson (Dec 3, 2024 16:53 GMT+2)
Theodore Lytras	Chairperson	<i>Theodore Lytras</i> Theodore Lytras (Dec 3, 2024 16:46 GMT+2)
Dimitris Papadopoulos	Program Coordinator	<i>Dimitrios Papadopoulos</i> Dimitrios Papadopoulos (Dec 3, 2024 17:08 GMT+2)

Date: 4/12/2024

