Doc. 300.1.2/1

Date: 14/4/2025

Medical School's Response
(Basic Medical Education)

- **Higher Education Institution:**
  European University Cyprus
  School of Medicine-Frankfurt Branch
- **Town:** Frankfurt, Germany
- **Programme(s) of study under evaluation Name (Duration, ECTS, Cycle)**

In Greek:
Πτυχίο Ιατρικής (6 years/360 ECTS, M.D.)

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

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

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

Guidelines on Content and Structure of the Report

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

- The Medical School must respond on the following:

  - the deficiencies under the findings and areas of improvement
  - the recommendations, conclusions and final remarks noted by the EEC.

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

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

Contents

A. ASSESSMENT AREAS

1. MISSION AND VALUES

	Sub-area	Non-compliant / Partially Compliant / Compliant
1.1	Stating the mission	compliant

Findings

As for the EUC in Nicosia, the Frankfurt Branch is a very progressive forward-looking school of medicine with strong leadership and a very good team of academic staff and highly motivated students, sharing the same visionary dean. The mission and general strategy of the MD programme has been presented. It is also published and regularly disseminated. The EUC seems to particularly follow an inclusive approach by integrating stakeholders broadly. The mission is well placed with the external stakeholders.

The institution meets local and European accreditation standards and fosters research-driven education and clinical training partnerships.

Strengths

EUC has a clear mission/vision which is known to its stakeholders. It has made a concerted effort, admirably, to include other frameworks such as ACGME and WFME. The school has strong values of inclusivity, respect and dedication to excellence. The Frankfurt Branch has rigorously duplicated the facilities and processes from Nicosia. EUC employs the American & British Medical standards for an MD as the benchmark in shaping their MD program. The program is streamlined (synchronised) between the mother institution in Nicosia and the Frankfurt Branch, exchanging initiatives for improvement etc. and excellent quality assurance between the sites as standard.

It delivers:

- High-Quality Medical Education – Competency-based curriculum with early clinical exposure.
- Clinical Training Excellence – Partnerships with top hospitals and advanced simulation labs.
- Student-Centered Learning – Multicultural environment, mentorship programs, and financial aid.
- Community Engagement – Public health initiatives, ethical training, and support for students with disabilities.
- Innovative Teaching Methods – Problem-Based Learning (PBL), telemedicine, and digital
  health integration.

Areas of improvement and recommendations

EEC Recommendation:

The program is active for 2 ½ years now, i.e. the most advanced students are in their 3rd year. The planning for the pending clinical years has been completed. It is imperative that (local) clinical faculty is appointed in line with the mission and strategic goals of EUC.

EUC Response:

We greatly appreciate the EEC's recommendation to appoint local clinical faculty, further develop our unique selling points (USPs) and enhance student research experiences. The Frankfurt Branch is very pleased with the clinical faculty from our teaching hospitals, and their eagerness to engage our students. We intend a careful recruitment of clinical faculty, not only to promote the MD program, but with their involvement in research, namely as supervisors of clinically oriented PhD students. As noted above in the PhD Response (300.1.2 section 3: Teaching Staff) and as suggested by the EEC, we anticipate that clinical faculty who are affiliated faculty with German Institutions will also be able to serve as Dr. med. Thesis supervisors, in addition to PhD supervisors. We anticipate that this could serve as an important steppingstone for Dr. med. students to pursue a PhD

EEC Recommendation:

Since the mastering of the German language including the German Medical terminology is a prerequisite for actively participating during the clinical placements in Frankfurt, EUC should not falter in their efforts to teach German to their students. It can be considered another USP for the school.

EUC Response:

We are pleased that the EEC recognizes our efforts to ensure our students master the German language. With the assistance of the EUC Language Center, we are able to offer an intensive on-line Medical German Language platform offering German language courses. We also offer Medical German (beginning and advanced). The online German Language Platform has been designed based on the Medical Greek Platform used in Nicosia, as well as our New Medical English Platform (for incoming students). We are pleased that the EEC believe that this could be considered as a unique selling point (USP) for the School.

EEC Recommendation:

We have heard that medical students are keen to pursue courses to support the development of research skills, and to be able to contribute to research, even as an additional (optional) element.

EUC Response:

EUC students are excited with the potential of research, which aligns with research being a strategic area of the School. We actively attempt to promote student research development, by integrating 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. These efforts, along with the required Medical Thesis, 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.

EEC Recommendation:

As the programme matures, there will be benefit in diversifying the clinical experiences available to students in the first three years of the programme, so that they may better understand the profession they have chosen.

EUC Response:

We greatly appreciate the EEC's recommendation to promote diverse clinical experiences in the preclinical years of study so that students have a better grasp of the medical profession. Across the first 2 years of operation of our program in Frankfurt, we are able to offer our students hospital contact during the preclinical years of our program, particularly with the hospital visits that already take place in Year 1 (semester 1) with the Clinical Practicum. Additionally, and as part of a public outreach initiative, we have now planned organizing more regular 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. This could be similar to that which was achieved with the Community Outreach Program organized and held by our Frankfurt students for Health Prevention. The Health Prevention Day, which included students, faculty and community doctors, provided health prevention services for COPD, breast cancer, myocardial infarction, circulatory disorders, digestive tract diseases, chronic back pain and stroke for 85 members of the community. Additionally, in collaboration with our teaching hospitals, our students in Frankfurt have been offered opportunities to serve as student surgery assistants, with stipend placements across the year. We agree with the EEC that these experiences will become more plentiful and diverse as we mature.

2. CURRICULUM

	Sub-area	Non-compliant / Partially Compliant / Compliant
2.1	Intended curriculum outcomes	compliant
2.2	Curriculum organisation and structure	compliant
2.3	Curriculum content	compliant
2.4	Educational methods and experiences	compliant

Findings

The Frankfurt MD program follows the same structure and outlines as the Cyprus model. The curriculum is in line with the requirements for basic medical education as outlined in the relevant Cypriot Law as well as certain German regulations also applying to the EUC Frankfurt Branch. There is a strong exchange between faculty at Nicosia and at Frankfurt to guarantee an alignment of the teaching at both sides. We note that a few recent Nicosia graduates have been employed at Frankfurt as educators alongside undertaking their early clinical practice, and would see this as a strength (for both campuses). The curriculum is based on European standards and follows the approach of a competency-based integrated-spiral curriculum. It is divided into three phases:

- Phase I: Foundations of Medicine (Years 1-2) – Covers basic biomedical sciences and
  early clinical exposure.
- Phase II: Foundations of Clinical Practice (Year 3) – Focuses on pathophysiology, clinical reasoning, and diagnostics.
- Phase III: Clinical Medicine Core (Years 4-6) – Includes core clinical rotations, electives,
  and a pre-internship phase.

The horizontal and vertical integration of subjects ensures students progressively apply their knowledge in clinical contexts, reinforcing their learning through case-based teaching and problem solving. The curriculum was designed to align with EUC's mission of producing competent, ethical, and research-oriented physicians.

The curriculum content is determined by the Curriculum Committee, composed of faculty members, medical education experts, and accreditation bodies, ensuring alignment with EU Directive 2005/36/EC and CYQAA requirements. Scientific research and methodology are integrated throughout the program, with students engaging in research projects, systematic reviews, and academic presentations. Elective fields, including advanced clinical specialties and laboratory-based research, are chosen based on student interests and faculty expertise. For areas with limited direct patient exposure, students utilize simulation-based learning, virtual case studies, and interdisciplinary training, ensuring comprehensive competency development.

The educational methods and experiences are designed based on evidence-based pedagogy, emphasizing active learning, clinical reasoning, and critical thinking.

To ensure relevance to local healthcare needs and resources, the school incorporates evidence-based medicine, interdisciplinary teamwork, and digital learning platforms. Clinical training is contextualized through real-world patient interactions, case studies, and structured hospital rotations, reinforcing practical skills and professional ethics. Additionally, virtual learning tools and telemedicine training are integrated to enhance flexibility and accessibility, especially in emergency scenarios or remote learning situations. These educational strategies prepare students to adapt to diverse medical settings while maintaining high standards of medical competence and patient care.

As we have previously heard, the curriculum is very student-oriented with an emphasis on critical thinking development from early on as well as very low student-staff-ratios throughout the curriculum. There is a sophisticated training environment including state-of-the-art high and low fidelity simulation, mannequins. Students are followed with a bespoke electronic logbook.

As yet there hasn't been any patient-facing training as the first cohort is only in year three. However, preparatory measurements have already been taken and non-native students have training classes in German (currently up to level B2) to be able to have the full patient experience at the attached hospitals. Digital learning activities are systematically included for students via blackboard. Students also have the opportunity to access commercial material (e.g. AMBOSS) with supplemented rates which are useful for external exams, particularly the USMLE.

Strengths

Well thought-out, transparent curriculum with clear endpoints. A drop in grades (GPA) triggers an obligatory meeting with the academic supervisor - a go-to faculty member every student has assigned from day 1.

As in Cyprus, we have heard in Frankfurt, too, that, beyond this compulsory meeting, the open-door policy of faculty is highly regarded by students who highlight it as "faculty being alongside them". It strengthens the "family feel" that runs through the school and enhances student experience and professional values.

There are already excellent opportunities for preclinical students to experience clinical work (such as the surgical assistant posts). With developing clinical training, we anticipate that the EUC Frankfurt Branch will be able to draw upon well-established paths such as the elaborate externship system and ERASMUS programme providing exciting opportunities for students to further grow their clinical expertise in countries and/or specialities of their choosing.

Areas of improvement and recommendations

EEC Recommendation:

The curriculum is designed to build strong foundations in the first three years of applied knowledge alongside clinical skills and simulation-based expertise. Given that the programme leads to an MD with a mandatory thesis in year 6, we would suggest that opportunities should be provided in the first three years to ensure basic scientific / data interpretation skills were sound, to greater prepare students for future research.

EUC Response:
We sincerely appreciate the EEC's recognition of the strong foundation we provide to our students in clinical knowledge, skills and simulation-based training during their preclinical years. We fully agree with the importance of developing robust scientific and data interpretation skills early in their medical education to prepare them for future endeavors.

Currently, our preclinical curriculum is carefully designed to integrate basic and translational research skills and data analysis into various courses, including:

- **Biochemistry, Cell Biology, Genetics (Year 1 and 2):** Through wet labs in biological sciences and hands-on molecular biology techniques, students are immersed in the practical aspects of scientific investigation, equipping them to bridge basic science and clinical application. Students are also exposed to reviewing literature and presenting scientific posters
- **Biostatistics (Year 1):** Students are introduced to statistical principles and gain hands-on experience using software such as "R" for biostatistical analysis, focusing on medical research applications.
- **Epidemiology (Year 2):** This course emphasizes understanding study design and interpreting epidemiological data, providing a foundation for population-level health research. They develop critical thinking skills through presentation and discussion of case studies.
- **Research Methods (Year 3):** Students engage in the process of conducting systematic literature reviews and critical appraisal, along with exposure to qualitative and quantitative research methodologies.

Beyond coursework, we also actively encourage research engagement from the outset of the program. During the incoming **Student Orientation**, all medical students are introduced to the research opportunities available within the School. Building on this, we are launching a dedicated "Research Day", where faculty members will present their ongoing research projects and highlight opportunities for student involvement.

We have also planned to enhance collaboration between medical students and Ph.D. students (pending approval of the new Ph.D. program) within the School, to create mentorship opportunities and promote interdisciplinary research. To this end we will develop a close collaboration between the two programs just like we have done at the Nicosia campus.

It should be noted that our students benefit significantly from the **Summer Externship Program**, which provides access to leading international hospitals, research institutions, and laboratories worldwide. Notably, nearly 40% of our students have participated in externships at prestigious institutions such as Oxford University, Johns Hopkins University, and Shriners Hospital for Children. These placements often include working in laboratories led by Nobel Laureates, offering unparalleled exposure to cutting-edge research and advanced clinical environments. These experiences not only prepare our students for future research but also strengthen ties between our School and global academic leaders. Attached please find a list of the typical Summer Externships offered to EUC Medical Students (please see **Appendix I).**

These initiatives, in addition to the required **Medical Thesis**, collectively underscore our commitment to cultivating the research acumen of our students, preparing them for success in both clinical practice and academic medicine.

EEC Recommendation:

We would strongly urge the faculty to develop a more expansive and authentic interprofessional teaching paradigm. We recognise that this is difficult as there are not other Frankfurt clinical programmes currently, but recognise that this is likely to evolve in the future. Hospital placements should provide opportunities for implicit and explicit teaching units around IPE.

EUC Response:

We acknowledge the critical importance of interprofessional education (IPE) in preparing students for collaborative practice within the healthcare workforce. While our dedicated IPE course in their second year introduces foundational domains and principles of interprofessional healthcare—such as values and ethics, roles and responsibilities, interprofessional communication, and team-based care—we recognize the need to expand these efforts.

While there are no other clinical programs currently in Frankfurt, we plan to work with programs at the Nicosia campus through virtual events. EUC in Nicosia is actively enhancing its English-language Health Sciences programs, including nursing, physiotherapy, and other allied health disciplines.

The School of Medicine is committed to Interprofessional Education (IPE) as a core element threaded throughout its curriculum, ensuring that students develop the skills necessary to work effectively within multidisciplinary healthcare teams. The integration of IPE across all years of study aligns with the School's Mission, Vision, and Values, fostering professionalism in patient care and promoting collaboration across disciplines.

<u>Integration of IPE Across the Curriculum</u>

Preclinical Training

- Clinical Practicum (Year 1): Early exposure to collaborative clinical settings, communication soft skills, among others.
- Simulation & Skills Training (Years 2–3):
    - High-fidelity simulations with multidisciplinary teams, particularly in collaboration with nursing students, (e.g. focusing on team-dependent scenarios, such as cardiac arrest response.)
- Dedicated IPE Course (3rd Semester):
    - One of the few medical schools in the region to offer a dedicated Interprofessional Education course, emphasising teamwork through case-based learning.
    - Students engage in scenario-based training that highlights the critical role of interdisciplinary collaboration in patient care.

Clinical Training (which will initiate in the Fall 2025)

- Clerkships in Clinical Sites:
    - Students work alongside nurses, physiotherapists, radiotherapists, and other healthcare professionals, gaining firsthand experience in multidisciplinary teamwork
- Hospital Grand Rounds:

- EUC clinical years students engage in regular discussions with faculty and clinical instructors on patient cases. Grand Rounds incorporate perspectives from various healthcare specialties to enhance understanding of interprofessional collaboration and optimal patient care.

Postgraduate Training & Research

- The development of the PhD program in Frankfurt is expected to attract professionals from multiple disciplines, including laboratory scientists, medical and health professionals. By encouraging communication between PhD students and MD students we can engage in some inter-professional activities providing medical students with opportunities to experience communication with laboratory scientists for diagnostics and other health professionals involved in patient care from different perspectives.

IPE as Strategic Initiative of the Medical School in collaboration with the International Network for Healthcare Workforce Education (INHWE):

- As noted above, the School plays an active role INWHE, which as a multi-healthcare workforce education platform focuses primarily on IPE. Keynote lectures and IPE workshops are available for both faculty (so as to better implement in their pre-clinical and clinical teaching program) and interested students.
- IPE and training is core to the Mission of INWHE, which the School is tightly partnered. Faculty have the opportunity to participate in IPE working groups aimed at promoting best practice, creating a community of educators and practitioners and supporting innovation in IPE and training.
- To this end EUC faculty facilitated an international session on Interprofessional Education which included presentations on:
    - *The Salutogenic Personal Leadership Framework*
    - *Designing an Effective Online Interprofessional Learning Environment*
    - *Perceptions of Nursing and Medical Students Towards Interprofessional Education*
    - *Multi-Institutional Virtual IPE (VIPE)*

<u>IPE as a Strategic Initiative in One Health Research</u>

- One Health Research

    - The University and the School of Medicine have prioritised *One Health*. One health is an approach to designing and implementing programs, policies, legislation and research in which multiple sectors communicate and work to together to achieve better public health outcomes.

    - EUC and INHWE have embraced One Health initiatives. This was addressed in the Dean's keynote lecture at the joint Academy of Medical Educators (AoME)–INHWE meeting "Advancing One Health: A New Challenge in Healthcare Education"

    - Research Outcomes:
        - Planetary Health Survey – education gap analysis. This is a joint project between the School of Medicine, and World Veterinary Association to review interdisciplinary

collaboration and awareness between medicine, veterinary medicine, dentistry, nursing public health, among others with relation to one-health objections

- Statement paper jointly prepared by EUC, World Veterinary Association, One Health Working Group, World Association for Disaster and Emergency Medicine, INHWE, and Planetary Health Alliance "Modernising Health Education: the Need to Address Planetary Health by Taking One Health Approach" published in World Medical Journal, Nr 3, September 2023.
- PhD Scholarship Award for a graduate student conducting interdisciplinary research in One Health, bridging medicine, dentistry, and veterinary medicine.

By embedding Interprofessional Education (IPE) throughout the curriculum, clinical training, postgraduate education, and research, the School ensures that its students develop the necessary skills to work within multidisciplinary healthcare teams, fostering collaboration, professionalism, and excellence in patient care.

EEC Recommendation:

The same accounts for the integration of artificial intelligence (AI): there is a definite need to use AI as a tool (e.g. learning analytics in the electronic logbook, AI as simulated patient) as well as prepare students for the understanding and usage of new technologies in the field of healthcare. The committee appreciates that as a first step an "AI in Medical Education Committee" has been formed to monitor further proceedings in Cyprus - this should also be expanded to the Frankfurt branch. The EEC suggests that the Frankfurt branch should prioritise and rapidly implement the teaching of AI use wherever suitable. This also includes policies on the actual usage of AI by students and staff (e.g. plagiarism, choice of tools).

EUC Response:

We sincerely thank the EEC for recognizing the establishment of the "AI in Medical Education Committee" as a first step toward integrating artificial intelligence (AI) into our educational framework. This is a joint committee which includes faculty from both the Frankfurt Branch and the Nicosia Campus. In fact, many of our committees have faculty representatives from both campuses, which enhances the committees' experiences and helps address issues at both campuses simultaneously.

We also deeply value the committee's recommendations to prioritize and accelerate the implementation of AI in teaching, develop policies for its responsible use, and prepare students for the transformative impact of AI in healthcare. EUC acknowledges the rapidly evolving role of AI in healthcare and education. As the Committee noted, AI offers unprecedented opportunities for enhancing learning experiences, such as through learning analytics, simulation tools like AI-driven virtual patients, and innovative healthcare technologies. While our initial efforts, including the creation of the AI committee, have provided a foundation, we recognize the urgency to expand these efforts and establish a comprehensive framework for both the teaching and governance of AI.

Current **Efforts & Action Plan** of the AI Committee are outlined below:

1. Integration of AI into the Curriculum

- Course Development: Introduce foundational AI courses for medical students, focusing on practical applications such as clinical decision support systems, imaging analytics, and personalized medicine.
- Hands-on Training: Incorporate AI tools in clinical simulations, to enhance diagnostic and treatment planning skills. Investigate AI-patient simulation solution
- Interdisciplinary Approach: Collaborate with computer science and data science faculties to provide joint programs and electives, enabling students to develop competencies in healthcare technology.

2. **AI-Enhanced Learning Tools**

BlackBoard learning platform has several AI tool for staff and students. A recent training session was offered by the Chair of the EUC Digital enhanced Learning (DeL) Committee Prof. Loucas Louca on “Blackboard AI capabilities for Teaching and Learning. This training session was recorded and is available under professional development section.

The BB AI Design Assistant provides the following generative AI-facilitated functionalities in Learn Ultra:

- Generate keywords for the royalty-free image service in Learn powered by Unsplash – Suggests keywords to the Unsplash search for efficiency.
- Generate learning modules – Assists instructors by suggesting a course structure.
- Generate learning module images – Creates and suggests images for each learning module.
- Generate authentic assignments – Provides suggestions for assignments using your course context
- Generate test questions and question banks – Inspires instructors by suggesting a range of questions in a test or building a question bank.
- Generate discussions and journals – Provides instructors with prompts to encourage class interaction
- Context picker – Uses the course context you choose to generate content for many of our AI features
- Language selector - Selects output language from among any of the languages supported by Learn
- Generate a rubric – Suggests a grading rubric with structure and criteria against a given assessment, which creates instructor efficiency and provides grading transparency to students.
- Generate an AI conversation - Creates a conversation between a student and an AI persona in a Socratic questioning exercise or role play scenario
- Generate Document images – Generates images to use within a Document, making Documents more visually appealing to students.

3. **Policy Development and Ethical Guidelines**

- Responsible AI Use: Develop institutional policies addressing the ethical and practical usage of AI tools by students and staff, including guidelines on plagiarism, AI-generated content, and appropriate tool selection.
- AI Literacy: Provide faculty and student workshops on the ethical implications of AI in healthcare, emphasizing issues like data privacy, bias, and accountability.

- Plagiarism and Tool Selection: Create an official policy for the use of AI tools in academic work, clarifying acceptable practices and ensuring integrity.

4. **Faculty Development** (as per previous)
   - AI Training for Educators: Organize faculty development programs to train educators on integrating AI tools into teaching and research.
   - Mentorship Programs: Establish mentorship initiatives where faculty members proficient in AI can support colleagues in adopting these technologies.

EEC Recommendation:

As there hasn't been a clinical curriculum yet, we can't make any comments on whether challenges found at Nicosia will also transfer to Frankfurt. But the EEC highly recommends to have more patient contact in the first three years - even if it was just through a designated simulated persons programme guaranteeing more standardization than the improvised "faculty or peers as patients"-concept we encountered at Frankfurt.

EUC Response:
As noted in our Institutional Response (300.2.2, Conclusions), our efforts are to expose students to standardized, simulated and real patient contact in the preclinical years.

Simulated patient contact have been initiated leveraging two learning approached adapted in the main campus:

- **AI-Based Virtual Simulations**: advanced AI-driven simulations to provide students with a controlled and interactive environment to practice diagnostic and therapeutic skills. (SimConverse)

- **Standardized Patients and Role-Playing**: Using standardized patients portraying various conditions, enabling students to gain hands-on experience in patient interviewing and diagnosis.

Additionally, we are now incorporating patient contact during the preclinical years of our program, in addition to the hospital visits that already take place inYyear 1 Clinical Practicum, by increasing 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 organizing more regular 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 (such as that in the Community Outreach Program the Frankfurt Students held for Health Prevention).

EEC Recommendation:

MD students benefit from learning in non-technical skills but in addition may benefit from a more structured leadership training. One platform, especially meant for industry and business but also with a Medical branch would be AIESEC, a student organisation for future leaders.

EUC Response:

We agree with the EEC that leadership training is important for our medical students. For this, we leverage on some of our existing activities (such as outreach, community service activities, and student clubs) which actively encourage our students to develop leadership skills through a variety of roles and initiatives. During these evenst, students not only gain organizational experience, but also engage the public through health-related activities.

Additionally, students from Frankfurt will organize a parallel Meeting with that offered by students from Nicosia campus, the **Cyprus Annual Medical Students Meeting (CAMeSM)**, May 16-17, 2025. Thes events are by the students and for the students, serving as a platform for student-led academic discourse, helping participants hone their leadership and interpersonal skills through collaboration with faculty and external stakeholders.

While we already incorporate opportunities for developing non-technical skills (such as in the clinical practicum, and the new course “Communication Skills”, we are exploring means to provide a more **structured and comprehensive leadership training framework** tailored to medical students, including the following:

1. **Introduce Structured Leadership Training**:
    - Develop a dedicated leadership module within the MD curriculum, focusing on:
        - Team dynamics and collaboration in healthcare.
        - Ethical decision-making in clinical settings.
        - Communication skills for patient care and interdisciplinary teamwork.
        - Managing healthcare crises and public health leadership.

2. **Leverage Existing Platforms like AIESEC**:
    - **Encourage Student Membership**: Promote participation in AIESEC, a global organization specializing in leadership development for youth. Its Medical branch offers industry-specific leadership opportunities and international exposure.
    - **Institutional Collaboration**: The university can establish formal partnerships with AIESEC, enabling students to participate in global healthcare projects and leadership training programs.

3. **Expand Peer-Teaching Roles**:
    - Formalize and expand peer-teaching opportunities across courses, providing a platform for students to lead, mentor, and collaborate with their peers.

4. **Community Leadership Opportunities**:
    - Increase involvement in community outreach initiatives, such as public health campaigns and volunteer healthcare services, to enable students to develop leadership skills in real-world contexts.

5. **International Exposure**:
    - Enhance access to leadership roles through existing externship programs and international collaborations, allowing students to gain insights into global healthcare leadership practices.

6. **Recognition of Leadership Achievements**:

- Implement a system to formally recognize leadership contributions, such as certifications, awards, or transcripts highlighting leadership roles and achievements.

With measures such as these, we believe that the MD program can provide students with the tools to emerge as competent, confident leaders in medicine and healthcare.

3. ASSESSMENT

	Sub-area	Non-compliant / Partially Compliant / Compliant
3.1	Assessment policy and system	compliant
3.2	Assessment in support of learning	compliant
3.3	Assessment in support of decision-making	compliant
3.4	Quality control	compliant

Findings

We have heard how assessment at the Frankfurt branch follows that of Nicosia, with identical end of-term and very similar mid-term assessment. Differences in mid-term assessment arise because of differing weekly timetables at the two campuses, because of variation in national holidays. The same passing standards are rigorously applied across the two cohorts. We note, however, how the smaller Frankfurt cohort may be bimodal in its distribution in assessments, particularly in the early years, due to the student mix. We have heard how, in contrast to Nicosia students, approximately 50% students have a prior degree - which may include PhDs. Prior learning in the Frankfurt cohort may result in differential scores and these should be tracked as the cohorts mature.

We understand and have previously commented on the Cyprus assessment strategy, and commend EUC for the rapid improvements it has made to its OSCE paradigm. We have heard how initial plans for the Frankfurt OSCE will involve standardised patients speaking English, which is a pragmatic initial approach. We understand that standardised patients have not as yet been incorporated into the branch campus teaching model, but would welcome this when it is feasible, noting the strong community backing that the campus appears to have secured.

A dedicated Internal Quality Assurance Committee oversees assessment quality, ensuring exams are valid, reliable, and aligned with curriculum objectives. Regular student feedback surveys and faculty reviews inform continuous improvement. Assessment data is used to evaluate teaching effectiveness and curriculum design, with periodic external and internal reviews to maintain accreditation compliance and uphold high educational standards.

Strengths

Virtually everybody describes the atmosphere as familial, with a strong sense of identity - in part due to the small size of early cohorts and accompanying small faculty numbers. Everything is under one roof, there is an open-door policy. Since we received an in-depth explanation/demonstration of the proceedings in Nicosia, we assume the same for the Frankfurt Branch: The ability of students to request review of exam questions of a previous paper, for learning (as opposed to a re-mark based on reconsideration of the answers they provided). The bespoke student e-logbook to capture clinical activity and workplace-based assessments / supervised learning events. The quality assurance processes for written / single best answer exams. Students are made aware of cultural differences in the following way: “understand, not necessarily agree”.

We commend EUC for the rapid and thorough improvements it has made to OSCE assessments in Nicosia.

The program specifically addresses and accommodates Neurodivergence (e.g. ADH, dyslexia).

Areas of improvement and recommendations

EEC Recommendation:

While the facilities provided are excellent, the lack of standardised patients (SP) in Y3 is an area for improvement.

EUC Response:

As with Nicosia Campus, our preclinical training environment in the Frankfurt Branch includes high and low fidelity simulation, mannequins and standardized patients (in reality, senior students and other staff members) to foster skills training during year 3 when students have pathophysiology. We will be able to initiate this arm next term in Frankfurt, with the availability of senior clinical students and more staff members.

As also noted in our Institutional Response (300.2.2, Conclusions), our efforts are to expose students to standardized, simulated and real patient contact in the preclinical years.

Simulated patient contact leverages two learning approaches also adapted in the main campus:

- **AI-Based Virtual Simulations**: advanced AI-driven simulations to provide students with a controlled and interactive environment to practice diagnostic and therapeutic skills. (SimConverse)

- **Standardized Patients and Role-Playing**: Using standardized patients portraying various conditions, enabling students to gain hands-on experience in patient interviewing and diagnosis.

Additionally, we will now incorporate more 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 provide 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 have now planned more regular 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 (such as that in the Community Outreach Program the Frankfurt Students held for Health Prevention.)

EEC Recommendation:

The library is not open at weekends, and during week days is not open 24/7. As a key learning environment, if feasible to deliver, students should be asked whether it would be important to them to have access at least during the weekends. We recognise that feasibility may relate to the terms of the building owners or perhaps the availability of external contractors and have heard how there are challenges in this respect.

EUC Response:

As noted in the Institutional Response (300.2.2, Quality Assurance), as a relatively new program, currently in its third year with small cohort size, there has been limited demand for weekend access to the Medical School building. However, with the program's steady growth — including the upcoming launch of a postgraduate track — we recognize the evolving academic needs of our students and faculty.

In response, the University will extend access to the building during weekends and select holidays. This will be implemented in a phased manner to ensure that students and staff who wish to engage in study, research, or other academic activities have the necessary space and support

EEC Recommendation:

Some students who do have to work for a living have raised concerns regarding last minute changes in the curriculum not allowing them to adjust their work schedule.

EUC Response:

We appreciate the Committee's comments. As many aspects of the curriculum are in implementation for the first time with new faculty, some scheduling adjustments were required during the program. Any changes are immediately noted on Blackboard in the class announcements, and the Administrator sends an email to students to ensure that they are informed. However, as this year we are completing our first run through the preclinical arm of the curriculum, we do not foresee this to be an issue moving forward.

4. STUDENTS

	Sub-area	Non-compliant / Partially Compliant / Compliant
4.1	Selection and admission policy	compliant
4.2	Student counselling and support	compliant

Findings

Admissions criteria and selection processes are clearly stated by the school and are available to prospective students on the website. Candidates from all countries are invited to apply, allowing for rich cultural diversity. Currently, the school admits 100 students per year (increasing from 40 in 2021) which is in line with their capacities and resources. We have heard of careful planning behind MD student selection to highlight all prerequisites for a future doctor in clinical practice. Although a threshold of academic attainment must be met, great emphasis is placed on the panel interview and on additional conversations that the candidate has as part of the selection process.

Tuition (30k€/year) is not considered a problem by the students: good return for money, especially given the access to faculty provided. Housing in Frankfurt is a problem. Students have a strong voice at EUC, they are equipped with essential tools for use of technology in learning.

The school offers comprehensive student support services, ensuring students receive academic, psychological, social, and career guidance tailored to their needs. Academic support is provided through student advisors, faculty mentorship, and tutoring services, helping students navigate their studies effectively. The university has a dedicated psychological support center. Support services are publicized through orientation sessions, university websites, and student representatives, ensuring accessibility. The feasibility of these services is regularly reviewed based on student feedback, faculty input, and resource availability.

Only a few candidates declared a learning disability or neurodivergence after selection, we are unclear how much this relates to an unwillingness to come forwards and how much the supportive and inclusive learning environment.

Strengths

- Transparent and Fair Admission Process – A structured, merit-based selection ensures equal opportunities for all applicants.
- Diverse and Global Student Body – Students from over 40 countries, enhancing cultural competency and international medical perspectives.
- Multistage Selection Process – with structured interviews playing a crucial role to assess motivation and competency.
- Alignment with Workforce Needs – Admissions policy ensures students are selected based on local and global healthcare demands, preparing them for medical careers.
- Flexible Admission Pathways – Offers conditional acceptance, transfer options, and reapplication policies, allowing for greater access to medical education.
- Extensive Publicity of Admission Policy – Information is widely available via university websites, open days, international recruitment events, and presentations.

- Regular Review and Updates – The Admissions Committee periodically reviews and updates selection criteria to reflect regulatory changes and healthcare sector demands.
- Comprehensive Support Services – Covers academic, psychological, social, and financial assistance, ensuring student well-being.
- Dedicated Psychological Support Center – Provides counseling, therapy, crisis intervention, and referrals for specialized care.
- Personalized Academic Advising – Each student is assigned an academic advisor for guidance on coursework, learning strategies, and career planning.
- Active Involvement of Student Organizations – Students collaborate with the administration to develop and improve support services.
- Accessible and Confidential Services – Support is provided through multiple channels, ensuring privacy and ease of access.
- Regular Feedback and Service Improvement – Student feedback is actively collected and used to enhance counseling, academic support, and mental health initiatives.

Learning German as a second language is highly encouraged by supplying adequate learning tools and courses, including German Medical Terminology. There is a culture of inclusivity and embracing equality and diversity at EUC, including the Frankfurt Branch.

So far, no transfers onto other programmes have been necessary. Individual students were able to switch from Cyprus to Frankfurt on pastoral grounds - this was made possible by the identical programme alignment.

Students are part of all relevant committees and their voices are heard and highly appreciated.

Areas of improvement and recommendations

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EEC Recommendation:

There are mixed opinions regarding the challenges faced by students in identifying suitable housing in Frankfurt. Whereas local students and perhaps those from elsewhere in Germany or those with prior university experience would not benefit, it is clear that some would find it reassuring. Some communication, and help if required, would be beneficial.

EUC Response:

We appreciate the Committee's comments, and also realize that there are always difficulties associated with students finding housing in a new environment. During our "Open Day" events, we have booths with experts offering advice and information to prospective students about housing options. As we grow, existing students are encouraged to share their experiences with incoming students and assist them with housing based on their experiences. This has been effective both during the student lead events in "Open Day" events, as well as during "Student Orientation". This serves much like a "Big brother, Big Sister" program, where students of Y2-Y6 can serve as a peer mentor to incoming students and help them towards a smooth transition in all aspects including housing.

5. ACADEMIC STAFF

	Sub-area	Non-compliant / Partially Compliant / Compliant
5.1	Academic staff and establishment policy	compliant
5.2	Academic staff performance and conduct	compliant
5.3	Continuing professional development for academic staff	compliant

Findings

The European University Cyprus School of Medicine – Frankfurt Branch follows a rigorous faculty selection process, ensuring that the number and characteristics of academic staff align with curriculum delivery, student needs, and accreditation requirements. The university determines faculty needs based on student enrollment trends, new program offerings, faculty approaching retirement, and regulatory requirements. Faculty selection prioritizes academic qualifications, clinical experience, research output, and teaching excellence. The university also promotes a diverse faculty recruitment strategy, ensuring a balance of local and international experts in both basic and clinical sciences.

EUC provides continuous professional development (CPD) opportunities through faculty development programs, research incentives, and academic leave policies. Academic staff are encouraged to engage in national and international research collaborations, attend conferences, and pursue advanced certifications in medical education.

New staff are trained in a personally-tailored programme to support teaching responsibilities which includes hospital-based supervision for those involved in clinical teaching. We are confident that the capacity of Academic staff in Frankfurt to undertake research will develop with time.

The academic staff strongly identifies with their workplace, mentioning faculty as family on several occasions. For new faculty members there is a comprehensive induction week to help understand the mission and vision of the entire EUC.

Strengths

The number of full-time faculty is increasing as is the number of visiting academics for certain areas of clinical expertise.

To create a common vision amongst faculty on both sites allies for a certain exchange of teachers as needed.

Areas of improvement and recommendations

EEC Recommendation:

The EUC Frankfurt Branch is surrounded by several excellent German Universities/Medical Schools as well as (teaching) Hospitals. The leadership should increase their efforts to recruit academics, especially clinical academics for education. We see two opportunities for this:

i) Well-known professors of any discipline to provide the Frankfurt Branch with some "big names" - these could be newly emeritus.
ii) A greater number of local medical staff may be incentivised to contribute to EUC through the provision of academic titles for supervising the clinical teaching at their respective local hospital. We would anticipate that this will expand as clinical training is delivered - but would caution against over-reliance on visiting staff, for reasons of sustainability.

EUC Response:

We thank the Committee for their suggestion and their candid discussion during the site visit. The Frankfurt Branch is very pleased with the clinical faculty from the teaching hospitals, and their eagerness to engage with our students. As we noted in the Ph.D. Response (300.1.2), we carefully recruit our clinical faculty, not only to promote the MD program, but also to secure their involvement in research, namely as supervisors of clinically oriented PhD students. As noted previously and as suggested by the EEC, we anticipate that clinical faculty who are affiliated faculty with German Institutions will also be able to serve as Dr. med. Thesis supervisors, in addition to PhD supervisors. We anticipate that this could serve as an important steppingstone for Dr. med. Students to pursue a PhD in the future.

While we welcome visiting faculty, we are also committed to strengthening the program through new full-time hires. Below are the newly recruited full-time faculty for the Frankfurt Branch:

- **Dr. Vasiliki Papadopoulou** – Assistant Professor of Haematology with focus on Molecular Signalling in Cancer, leukaemia, and genetics. (contract pending, starting Fall 2025)
- **Dr. Anne Freund** – Lecturer in Surgery with focus on General Surgery, Minimally Invasive Techniques, Surgical Education, Patient Safety, Obesity, Metabolism, Biochemical Pathways and Clinical Nutrition (starting Fall 2025)
- **Prof. Karim Dib** – Professor in Immunology/Microbiology with focus on the molecular mechanisms of cancer and infection. (starting Fall 2025)
- **Dr. Christina Karantanou** – Lecturer in Immunology/Microbiology with expertise in immunology and cancer biology and leukemia. (started Spring 2025)
- **Dr. Ahmed Elsanhoury** – Assistant Professor in Pharmacology with focus in immunomodulation and antiviral therapies. (starting Fall 2025)
- **Dr. Katrina Augustin** – Assistant Professor in Public Health, with a broad background in Public health, as well as Neuroscience, Pharmacology, Metabolic and Neurological Disorders. (contract pending, starting Fall 2025)
- **PD Prof. Anastasia Athanasoulia-Kaspar** –Professor in Endocrinology with expertise in Thyroid Cancer, Diabetes Mellitus, and Hormonal Regulation. PD Dr. Athanasoulia-Kaspar, received her habilitation from LMU, Germany. (contract pending, starting Fall 2025)

EEC Recommendation:

All are keen that clinical faculty recruitment should continue so that ratios of 2-3 students per supervisor continue as the school reaches its full capacity.

EUC Response:

We are in full alignment with the Committee's suggestion. As noted above, not only are we keen on clinical faculty recruitment, but also new full time faculty recruitment. The ultimate aim is to provide an outstanding medical education experience for our students with careful maintenance of an appropriate instructor/student ratio.

EEC Recommendation:

Consideration is due regarding the opportunities for junior doctors to contribute to medical students: the panel would see this as an opportunity that would benefit all, and help to further integrate the Frankfurt branch into the local medical community.

EUC Response:

We are grateful to the EEC for recognizing the role that junior doctors can play in contributing to the medical education experience of our students. We experienced the impact junior doctors have had on our students, both with the Clinical Practicum and the Health Prevention Community Outreach. Junior Doctors, under the auspices of the Senior Section Chiefs provide an important element of mentoring, bridging often the "age gap" between more senior clinicians and our students, facilitating communication, understanding and overall motivating students.

Moreover, as noted by the EEC in the Institutional Response (300.2.2, Teaching Staff) where it was commented that "The use of recent alumni from Cyprus as teachers in Frankfurt is warmly received and an elegant way of ensuring consistency between the two programmes.", we find that the inclusion of EUC Alumni has been beneficial both for our students and our graduates. These alumni who are also junior doctors pursuing residency training in Frankfurt have effectively facilitated not only practical training in the laboratories, but also student activities in the hospitals.

6. EDUCATIONAL RESOURCES

	Sub-area	Non-compliant / Partially Compliant / Compliant
6.1	Physical facilities for teaching and learning	compliant
6.2	Clinical training resources	compliant
6.3	Information resources	compliant

Findings

The university buildings are modern and well-equipped to deliver the requirements of the curriculum to date, and the number of students currently enrolled. The site works well and has been able to be adapted to the demands of the new programme, but we recognise the benefits that the new campus, in time, will provide, including related to outside space. The simulation rooms with the mannequins are advanced with recording capabilities and debriefing areas. The facilities and laboratories are state-of-the-art.

The EUC Library – Frankfurt Branch provides students and faculty with extensive digital and physical information resources. The library contains over 47,000 print titles and more than 300,000 electronic books, ensuring access to a broad spectrum of medical literature. Students and faculty benefit from 120+ subscribed databases, including Medline, CINAHL Plus, Elsevier Freedom Collection, Springer, and ProQuest, enabling evidence-based research and academic excellence.

To ensure accessibility, students can use OpenAthens, a single sign-on system that allows remote access to all library resources. The library operates six days a week, with extended hours, and offers orientation sessions, search strategy training, and faculty-led research workshops to enhance information literacy. The adequacy of these resources is regularly evaluated through student feedback, faculty reviews, and technological updates, ensuring they align with the school's mission and curriculum requirements.

Strengths

- Modern Lecture Halls
- Advanced Computer Laboratories – Provide anatomy, histology, and physiology simulation software to enhance digital learning.
- Integrated Distance Learning – Recorded lectures and virtual platforms ensure flexible learning and revision opportunities.
- High-Fidelity Simulation Labs –for realistic clinical training scenarios and particular focus on the debrief in simulation learning
- Hospital Ward Simulation Area – Features ventilators, patient monitoring systems, and emergency care units for realistic hands-on training.
- Diverse Clinical Placements – Offers both hospital-based and community-based rotations, ensuring broad exposure to primary and specialized care.
- Extensive Library Collection and Database Access – ensuring comprehensive academic resources.

Areas of improvement and recommendations

EEC Recommendation:

The vast majority of simulation mannequins that we observed were caucasian. Given the diversity of students on the MD programme, we would encourage the school to find opportunities to diversify the external characteristics of its mannequins as expansion and/or replacement is required.

EUC Response:

We are committed to providing a diverse and inclusive simulation experience that mirrors the varied backgrounds of our student body and the broader geopolitical context of our location. We acknowledge the EEC's feedback regarding the predominance of Caucasian mannequins in our current collection. We are actively addressing this issue to ensure that our training tools reflect the diversity of our student population.

At present we have task training models, that are include:

Specialty Models:

- IV training arms in black and white skin tones
- Arterial blood gas (ABG) trainers in black and white skin tones

As with the main Campus in Nicosia, we strive to maintain and augment a diverse collection to ensure representation of different ages, genders, and ethnic backgrounds, providing students with realistic and inclusive training scenarios. We remain committed to further diversifying our resources as part of our continuous improvement efforts.

EEC Recommendation:

The EUC might consider offering more opportunities for their students to practise basic skills on mannequins (e.g. auscultation, ear examination) aside from the official teaching classes. This might also tailor well with the schools intention to further strengthen the peer-teaching aspect.

EUC Response:

We appreciate the recommendation to enhance opportunities for students to practice basic clinical skills outside of formal teaching sessions. To address this, we have planned implementing the following:

1. **Extend Simulation Lab Hours**: Increase the operational hours of simulation labs to allow students access beyond scheduled sessions.
2. **Dedicated Practice Areas**: Allocate specific spaces within the simulation center equipped with mannequins and basic clinical tools for unsupervised practice, with appropriate safety and maintenance protocols.
3. **Skills Competency Checklists**: Develop detailed checklists to guide independent practice and peer-teaching activities, ensuring structured learning outcomes.
4. **Feedback Opportunities**: Introduce mechanisms for students to receive constructive feedback from peer tutors or faculty during independent practice sessions.

These initiatives will support skill development, align with our commitment to peer teaching, and foster a culture of continuous learning and self-improvement.

7. QUALITY ASSURANCE

	Sub-area	Non-compliant / Partially Compliant / Compliant
7.1	The quality assurance system	compliant

Findings

The European University Cyprus School of Medicine – Frankfurt Branch has implemented a robust quality assurance system that governs educational, administrative, and research activities. The system is clearly outlined in official documents and is accessible to faculty, staff, and students, ensuring transparency and accountability.

The Internal Quality Committee (IQC) oversees the implementation of quality assurance policies, with representatives from all faculties, administrative leadership, and student bodies. The Programme Evaluation Review (PER) process is used to monitor, assess, and enhance the curriculum, teaching methodologies, and student outcomes. Resources for quality assurance are allocated through the Academic Affairs Office, ensuring ongoing evaluation and compliance with national and international accreditation standards.

The school actively involves external stakeholders, including healthcare professionals, employers, and accreditation agencies, to ensure that the curriculum remains relevant to evolving medical and healthcare needs. The quality assurance system is continuously updated based on feedback from students, faculty, and external experts, ensuring ongoing improvements in educational design and institutional effectiveness.

The entire medical curriculum is coined a “living document”, using the principles of continuous improvement - even at this early stage of the branch.

Being a branch from the Cyprus campus, external stakeholders are first and foremost the same as in Nicosia: they consist of members from the local government, the Cyprus Medical Association, and the Royal College of Physicians/European Union of Medical Specialists (UEMS), students (from other universities), patient representatives, industry, and previous graduates from EUC. Professional networks are often used to source overseas learning opportunities for students. There is currently no involvement of local stakeholders in the process at Frankfurt. Related to this, alignment between undergraduate and postgraduate medical training opportunities would benefit from alignment.

Strengths

- Structured and Transparent Quality Assurance System – Clearly documented policies governing education, administration, and research.
- Dedicated Internal Quality Committee – Ensures continuous monitoring and compliance with accreditation standards.

- Programme Evaluation Review Process – Regular curriculum assessment and faculty performance reviews for ongoing improvement.
- Stakeholder Involvement – Active participation of students, faculty, healthcare professionals, and external accreditation bodies in quality enhancement.
- Data-Driven Decision-Making – Uses student feedback, faculty evaluations, and performance metrics to refine teaching methodologies.
- Resource Allocation for Quality Assurance – Dedicated funding and administrative support for continuous educational improvement.

Areas of improvement and recommendations

The EEC highly recommends the involvement of local stakeholders from Frankfurt to foster a wider recognition and outreach. Those from institutions involved in contributing to a Dr. med programme for German EUC students (of either campus) would be particularly valid.

EUC Response:

We appreciate the recommendation to include local stakeholders in effort to expand our recognition and outreach. In this regard, we have reached out to individuals from Institutions and Hospitals that can contribute to a Dr. med. Program for our German students.

8. GOVERNANCE AND ADMINISTRATION

	Sub-area	Non-compliant / Partially Compliant / Compliant
8.1	Governance	compliant
8.2	Student and academic staff representation	compliant
8.3	Administration	compliant

Findings

The European University Cyprus (EUC) School of Medicine – Frankfurt Branch has a structured and transparent governance model that ensures efficient decision-making and resource allocation. Decision-making is carried out through committees at the Department, School, and Institutional levels, with oversight from the Internal Quality Committee. The institution follows a risk management procedure, ensuring the stability and sustainability of its operations.

Students and academic staff are actively involved in institutional governance and academic planning. The Student Representation System includes undergraduate and graduate representatives in key committees, allowing them to contribute to educational planning, student assessment policies, and quality assurance activities. Faculty members participate in Programme Evaluation Review processes, ensuring continuous curriculum development and improvement.

EUC provides comprehensive administrative support to facilitate teaching, learning, and research. The School Secretariat and Administration Office manage academic records, student support services, faculty appointments, and operational logistics. Administrative processes are designed to enhance student experience, including academic advising, international student support, and financial aid management.

The EEC received information on the budget which demonstrates that the allocation of resources to the various activities is sound. Financial support, distinct from academic / pedagogic support is provided by the group behind EUC (Gallileo Global).

Strengths

- Well-Structured Decision-Making Model – Governance is managed through departmental, school, and institutional committees ensuring efficient decision-making.
- Transparent and Accessible Governance – Policies and processes are clearly documented and available to all stakeholders, promoting institutional accountability.
- Active Student Representation – Students have designated representatives in academic committees, allowing for direct input on curriculum, assessment, and quality assurance.
- Faculty Participation in Curriculum Development – Academic staff play a key role in reviewing and updating the curriculum through Programme Evaluation Review processes.
- Inclusive Decision-Making – Students and staff are engaged in institutional governance without social or cultural restrictions, fostering a collaborative academic environment.

- Efficient Administrative Support System – The School Secretariat and Administration Office provide academic, financial, and student services to ensure smooth operations.
- Comprehensive Student Services – Includes academic advising, career guidance, international student support, and financial aid management.
- Technology-Driven Administrative Processes – Digital platforms streamline student records, faculty appointments, and academic operations, improving efficiency.

Areas of improvement and recommendations

EEC Recommendation:

Some students described that they would like to provide anonymous feedback to academic and clinical teachers - the issue of anonymity is contentious across European institutions, but a formal position on this should be reached by the school and communicated to student accordingly.

EUC Response:

Our aim is to always welcome feedback from the students as we see it as an opportunity for continuous improvement. Starting this year, anonymous feedback is provided with the same system done in Nicosia. Towards the end of each semester the students are asked to evaluate each of their courses online. Submission is anonymous and the time it takes to fill out the evaluation form is around 10-15 minutes. The survey pertains to all aspects of the course and the overall learning experience of the student (hence named the Survey on 'Student Feedback on their Learning Experience' -SFLE), such as the course structure and content, the faculty performance, the facilities involved, the administrative support, etc. The information received is aggregated in a different way based on the type of question. Questions that have a specific scale of grading (e.g., from 0-5) are averaged. All answers to questions that require text input are simply appended as one large paragraph. These results are then forwarded to faculty to review and act accordingly. The Chairperson of the Department and the Program Coordinators also review the aggregated information per course and make recommendations where needed.

EEC Recommendation:

Consideration around how to bring stakeholders from institutions local to Frankfurt into the stakeholder panels is advised.

EUC Response:

As mentioned above, we appreciate the recommendation to include local stakeholders in effort to expand our recognition and outreach. In this regard, we have reached out to individuals from Institutions and Hospitals that can contribute to a Dr. med. Program for our German students, as well as the overall development of the Frankfurt Campus.

B. CONCLUSIONS AND FINAL REMARKS

We would like to thank the EUC Frankfurt Branch for their hospitality and the willingness to openly share and discuss, as before, all relevant issues. We strongly believe that the institution is doing a great job of securing optimal conditions for the medical faculty to thrive, under the energy, commitment and expertise of the Dean.

Based on the success of the European University Cyprus in Nicosia, itself also a relatively young university, the EUC opened the Frankfurt Branch in 2021. Its most advanced students are currently in year 3 and it is thus rather difficult to gauge the MD programme as a whole. EUC is successfully aligning and sharing all aspects of the MD programme between the two sites. It is currently going through an episode of rapid growth which is managed very well. Everybody, including faculty, students, administration and clinical teachers in the associated hospitals seemed extremely motivated. The enthusiasm and dedication of the clinical staff we met at the university and in the hospitals was tremendous. Academics and administrative staff alike repeatedly mentioned considering themselves as family. EUC has embraced state-of-the art teaching and outcome measures, aligned with European (especially British) and US standards. There seemed to be distinctive structures in place to secure smoothly operated processes with maximum quality assurance.

The local language and medical language is taught as part of the curriculum to those students who are not fluent. This is a prerogative to actively participate in the (future) clinical placement/teaching. The clinical teaching cannot be assessed since the first students will enter Y4 in autumn 2025. Recruitment of key clinical teachers is ongoing.

Students are well supported through selection, enrollment and during the programme. Learning materials, especially the skills lab are excellent with all kinds of mannequins and low and high fidelity simulation. Teaching goals are transparent. The first three years provide a comprehensive preclinical curriculum with clinical tasters. Element such as simulated patients will be valuable to further integrate clinical experience into the preclinical years (as is common in many European programmes).

We had the pleasure to meet with the future clinical instructors/future faculty for the clinical disciplines in two of the three sites envisioned for the Y4-Y6 clinical placements. The colleagues we met with were universally highly motivated and extremely competent. Many of them are used to MD students since the hospital is already a teaching hospital for the University (of Frankfurt) and/or individual departments are an integral part of the clinical training with rotating students and/or residents from the University hospital. Several are also still part of a Medical Faculty elsewhere with teaching responsibilities.

We strongly encourage EUC to make some additional strategic appointments, especially of senior/recently retired professors of any discipline. These seasoned individuals would make great mentors for clinical teaching and research. A need to bolster capacity and impact across the spectrum of research had been rightly identified by the school, particularly to support the recruitment of ambitious faculty. Through this approach, EUC could take advantage of a speciality of the German academic medical system: those in the ranks of an associate professor or above still part of a medical Faculty elsewhere would be able to accept Medical students for an “Dr. med.” Academic

degree that would not be part of the EUC but given out by the Medical Faculty/University of that particular faculty member.

This would serve several purposes:

1. It would provide students receiving an MD degree from EUC (at either campus) wishing to continue an academic career in Germany (Austria, Switzerland) the entry academic degree necessary to start an academic trajectory at a University Hospital;
2. It would also provide the EUC Frankfurt Branch Faculty with “free” (unpaid) students pursuing research - outside the curriculum. Such a “Dr. med.” project can be started as an MD student and can even become part of the MD thesis work compulsory within the EUC MD program. Such scientific work can be the foundation of a future PhD as well (if not paving the road to the German “Habilitation”).
3. It may be possible for Cyprus branch MD students to complete their studies but pause graduation in order to undertake a Dr. med with a suitable supervisor in Frankfurt, perhaps while undertaking some teaching duties at EUC - which would add to the EUC community.

We would see this as an additional incentive for applicants from German countries to apply to EUC (either campus), and it would also strengthen the relationships of the branch campus with the local medical community - with benefits to the sustainability of the branch campus.

EUC Response:

We thank the committee for their suggestion and their candid discussion during the site visit with regards to the clinical faculty recruitment and the Dr med. qualification. As mentioned previously, we are very pleased with our clinical faculty from the teaching hospitals, and their eagerness to engage with our students. As we also noted in the PhD Response (300.1.2), we follow a careful recruitment of clinical faculty, not only to promote the MD program, but also to encourage their involvement in research, namely as supervisors of clinically oriented PhD students. As was suggested by the EEC, we anticipate that clinical faculty who are affiliated faculty with German Institutions will also be able to serve as Dr. med. Thesis supervisors, in addition to Ph.D. supervisors. We also anticipate that this could serve as an important steppingstone for Dr. med. students to pursue a Ph.D. in the future. We found this valuable suggestion of the EEC as means to ensure that our students who wish to pursue an academic career in Germany are competitive with the regional standards, and in general, making the program attractive to those interested in entering academia in Germany as clinical faculty.

We sincerely thank the EEC for their thorough and insightful review. We greatly appreciate the recognition of our efforts, and we are grateful for the EEC’s guidance in ensuring our ongoing compliance and excellence. We remain committed to continuously improving our educational program and research initiatives.

C. HIGHER EDUCATION INSTITUTION ACADEMIC REPRESENTATIVES

Name	*Position*	*Signature*
Elizabeth O. Johnson	Dean	Elizabeth Johnson Elizabeth Johnson (Apr 14, 2025 14:09 GMT+3)
Efterpi Kostareli	Chairperson	Efterpi Kostareli (Apr 14, 2025 14:54 GMT+3)
Dimitrios Papadopoulos	Program Coordinator	Dimitrios Papasdopoulos Dimitrios Papasdopoulos (Apr 14, 2025 14:46 GMT+3)

Date:14/4/2025

D. APPENDICES

1. MISSION AND VALUES APPENDIX

n/a

2. CURRICULUM APPENDIX

Appendix 1 Summer Externships

3. ASSESSMENT APPENDIX

n/a

4. STUDENTS APPENDIX

n/a

5. ACADEMIC STAFF APPENDIX

n/a

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6. EDUCATIONAL RESOURCES APPENDIX

n/a

7. QUALITY ASSURANCE APPENDIX

n/a

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8. GOVERNANCE AND ADMINISTRATION APPENDIX

n/a

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Appendix I

List of Institutions (Summer "Externship") for the Students of The School of Medicine, EUC, Summer 2024

No	University/ Specialty	Country	
1	University of Rome "Tor Vergata" **(English Speaking)** Surgery, Cardiology, Internal Medicine, Medical Biochemistry/ Research	Italy	
2	University of Southampton Medical Nutrition/Research	UK	
3	Barts and the London School of Medicine Queen Mary, University of London. Neuroscience, Neurotrauma and Neurodegeneration / Research	UK	
4	AHEPA Thessaloniki Neurology/Neuroimmunology/Research	GR	
5	Shriners Hospitals for Children SHC Springfield Massachusetts (SHC Springfield can provide in hospital housing and meals at no charge) Pediatrics, orthopedics /Research	USA	

6	**Aristotle University of Thessaloniki** **Thessaloniki Greece** **Obstetrics - Gynecology -** **Maternal Fetal Medicine**	GR	
7	**AHEPA Hospital** **Aristotle University of Thessaloniki** **Internal Medicine**	GR	
8	**Hippokrateion General Hospital** **Aristotle University of Thessaloniki** **Neonatology**	GR	
9	**Hippokration Hospital** **Aristotle University of Thessaloniki** **Pediatrics – Infectious Diseases**	GR	
10	**Papageorgiou General Hospital** **Aristotle University of Thessaloniki** **Orthopedics**	GR	
11	**Aristotle University of Thessaloniki** **Forensic Medicine and Toxicology**	GR	
12	**Molecular Microbiology and Immunology** **Alpert Medical School and Brown** **University** **Rhode Island Hospital**	USA	

13	**American University of Beirut,**	Lebanon	
14	**Golestan University of Medical Sciences**	IRAN	
15	**Oxford Medical** **Transplant Surgery**	UK	
16	**Pediatrics/Neonatology, Sidra Organization**	Qatar	
17	**Oxford Medical** **Cardiology/Research**	UK	
18	**University Clinical Halle (Saale)** **Institute for Medical Immunology**	Germany	
19	**Thrombosis and Hemostasis Center** **Service d'Hematologie Biologique, Hopital Tenon, Group Universitaire de l'Est Parisien,** **INSERM U938, Research Group "Cancer-Hemostasis-Angiogenesis. Faculty of Medicine Sorbonne University, Paris**	France	
20	**Neuroimmunology Unit and MS Center at Hadassah and the neuroimmunology laboratory**	**Israel**	
21	**Cardiology** **Thessaloniki AHEPA**	GR	
22	**Orthopedics** **Larissa**	GR	

23	**Weizman Institute of Science, Hebrew University of Jerusalem**	**Jerusalem Israel**	
24	**German Oncology Center Oncology**	Limassol Cyprus	
25	**NIKON-Center of Excellence; Medical University of Graz, Austria**	**Austria**	
26	**Johns Hopkins, USA New therapeutic approaches Oncology Research**	**USA**	
27	**Henry Dunant Hospital Cardiology**	**GR**	
28	**Humanitas Research Hospital, Cardiology**	**Milan Italy**	
29	Technion - Israel Institute of Technology in Haifa	**Haifa Israel**	
30	**Larissa University Hospital Cardiology**	**Larissa Greece**	
31	**Naval Hospital Athens Invasive Cardiology**	**Athens Greece**	
32	**The Donald and Barbara Zucker School of Medicine at Hofstra/ Northwell in NY**	**USA**	
33	**Anesthesiology; Pain clinic Centre in Nicosia**	**Nicosia Cyprus**	
34	**Anesthesiology; Institute of Pain Medicine, Tel Aviv Medical Centre in Israel**	**Tel Aviv Israel**	
35	**Neuroimmunology Unit at Hadassah and the neuroimmunology laboratory**	**Israel**	

36	**Medical College of Wisconsin** **Department of Anesthesiology**	**USA**	
37	**Invasive Radiology** **ULB, Brussels, Belgium**	**Belgium**	
38	**Birmingham Hospital** **Royal Derby Hospital** **Hematology /cancer**	**UK**	
39	**Houston Shire Hospital Orthopedics**	**USA** **Houston**	
40	**University of Applied Health Sciences, Zagreb, Croatia** **Dermatology**	**CROATIA**	
41	**Touro College of Osteopathic Medicine**	**USA, NY**	
42	**General Hospital of Attika** **Cardiology**	**GR**	
43	**Bristol** **Experimental cardiovascular Medicine**	**UK**	
44	**Diabetes Renal Clinic** Guy's and St.Thomas' NHS Foundation Trust	**UK**	
45	**Imperial College NHS trust** **Sport cardiology**	**UK**	
46	**Aristotle University** **Thessaloniki** **Internal Medicine**	**GR**	
47	**International institute of cryosurgery** **Vienna, AUSTRIA**	**Austria**	

48	**IASIS Hospital Hania** **Emergency Medicine**	**CRETE**	
49	**Heart of England** **Part of Bermingham Hospital** **Infectious Heamatology** **Orthopedics**	**UK**	
50	**Iatriko, Athens** **Internal Medicine** **Hematology**	**Greece**	
51	**IASO** **Robotic Surgery**	**Greece**	
52	MITERA (Athens) Pediatrics	Greece Athens	
53	**Ippokrateio Athens** **Pathology-hepatology**	**Greece** **Athens**	
54	**Naval Hospital Athens** **Cardiothoracic surgery**	**Athens** **Greece**	
55	**University of Thessaly, Larissa** - Gynecology -Maternal Medicine	Larissa Greece	
56	**University of Alexandroupoli** - Gynecology -Maternal Medicine	Alexandr. Greece	
57	**Medically Assisted Reproduction Unit GENESIS OF ATHENS-THESSALIA, Larissa**	Larissa	

58	**Hematology** **Laboratory: Cambridge Stem Cell Institute, Jeffrey Cheah Biomedical Centre** **Cambridge, UK**	UK	
59	**IASO** **Gynecology**	GR	
60	**Laiko** **gastroenterology**	**GR**	
61	**American Heart** **Cosmetic Surgery**	**CY**	
63	**Reproductive Gynecologist** **MITERA and YGEIA Hospitals**	**Greece**	
64	**Heart, Vascular and Thoracic Institute** **Cleveland Clinic Cleveland OH 44195 USA**	**USA**	
65	**Cardiology/lipidimia** **Euroclinic Hospital,, Athens,**	**Greece**	
66	**Cardiosurgery** **Endoscopic mitral valve repair** **Interbalkan Medical Center,**	**Thessaloniki Greece**	
67	**Laser Vision center**	**Athens**	
68	**Australian Institute for Musculoskeletal Science**	Australia	
69	**American Hospital Dubai** **General/ hematology /bone marrow transplantation**	Dubai	