ΔΙΠΑΕ CYQAA
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CYPRUS AGENCY OF QUALITY ASSURANCE AND ACCREDITATION IN HIGHER EDUCATION
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Follow-up Report

(for a CYQAA accredited Institution/Department/ Programme of study)

Date: 07 August 2023

- **Higher Education Institution:** University of Nicosia
- **Town:** Nicosia
- **Type of Evaluation:** Programmatic
- **Accredited on CYQAA Council's Summit Number:** 07.14.336.042
- **Date of Accreditation: 29/11/2021**

If applicable:

- **School/Faculty:** Medical School
- **Department:** Basic and Clinical Sciences
- **Programme of Study Name (Duration, ECTS, Cycle)**

  Programme
  In Greek:
  Πτυχίο Ιατρικής (6 έτη, 360 ECTS, Πτυχίο)
  In English:
  Doctor of Medicine (6 years, 360 ECTS, Undergraduate Medical Degree)

- **Programme's type:** Conventional
- **Language (s) of instruction:** English

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 (CYQAA), 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] and the European Standards and Guidelines (ESG).

A. Internal Quality Assurance Committee

Name	***Position***	***Rank***
Professor Aleksandar Jovanovic	Head of Dept. of Basic & Clinical Sciences	Professor
Professor Joseph Joseph	Associate Dean for Academic Affairs	Clinical Professor
Dr Soulla Nicolaou	Associate Head of Department; MD Programme Director	Associate Professor
Dr Nicoletta Nicolaou	PhD in Medical Sciences Programme Director	Associate Professor
Dr Danagra Ikossi	GE MD Programme Director	Clinical Associate Professor
Dr Chloe Antoniou	GE MD Associate Programme Director	Associate Professor
Professor Paola Nicolaides	MBBS Course Director	Clinical Professor
Ms Jill Griffiths	Director of Quality Assurance	N/A
Mr Constantinos Christodoulides	Quality Assurance Officer	N/A

B. Guidelines on content and structure of the Follow-up Report

- *CYQAA has a consistent follow-up process for considering the action taken by the institution toward the improvement and further development of the CYQAA externally evaluated and accredited institution / department / programme of study. The present Follow-up Report should recount, synoptically, institutional action taken toward the implementation of the remarks indicated in the CYQAA Final Report.*

- *The Follow-up report should provide evidence ~~(~~via website links~~)~~ and appendices at the end of the report on how the remarks of the Council of CYQAA have been adhered to.*

- *The remarks indicated in the CYQAA Final Report should be copied from the corresponding report and be followed by the institution's response.*

- *The institution may add any other institutional action taken towards the implementation of ESG aiming at the improvement of the institution / department / programme of study.*

1. Remarks on the CYQAA Final Report

The Agency requires the Medical School to report on the implementation of the developed and approved policies, identified in the following assessment areas 3 – 7 (*EEC report*) and in the sub areas 6.1,6.2, 6.4 ,6.5 (EEC'S clinical report**) and «Additional Areas for improvement and recommendations" stated in this report.**

The reports will be submitted to the CYQAA in one year, that is at the end of the Spring semester of the academic year 2022-2023.

Assessment area 3: Assessment of Students – clinical learning

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

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

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

Assessment area 4: Students' admission

The School must review students' own progress and graduation data against the admission criteria to ensure the School is admitting students suitably qualified and prepared to complete the programme with the support provided, in a timely manner. The standard academic requirements for admission should be more demanding in the country

Assessment area 5: Academic Staff/Faculty

The medical school should increase its efforts to establish more combined teaching posts with the health care system. This is a strategy to increase the academic presence in the workplace-based learning settings

Assessment area 6: Educational resources:

- The School must ensure students have experience in role play with people as well as mannequins for clinical skills in the early years. Increasing the use of simulated (standardized) patients may provide this systematically.

- The School must consider how to scale up effective teaching and learning to bring efficiency for both students and staff and allow a healthy work-life balance for both.

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

Assessment area 7: Programme evaluation

The School must develop more formal Quality Assurance processes and reports instead of relying on committee minutes to capture the evaluation of courses. This will permit clearer

transmission of ideas, problems and solutions within the University and across the University-Health Service interface

Additional Areas for improvement and recommendations:

1. Developments in the hospital must take account of the needs of clinical teaching. [Standards 6.1, 6.2 and 8.5]

2. The Portfolio should be developed further, with more focus on constructive feedback and students' reflections; written feedback should be explicit. [Standard 2.8, 3.2, 5.2, 6.2, and 6.5]

3. The School must continue to develop a systematic and longitudinal faculty development programme for both academic and clinical teachers that includes the following: patient-centred communication and clinical practice; clinical teaching that encourages student-patient interactivity, and moves away from a didactic approach; working with a translator in the consultation; feedback to learners using a modern framework; collaborative learning amongst students; student-teacher interactivity; and use of the 'flipped classroom', especially where the session with experts should focus on application of knowledge such as skills and communication sessions, revision quizzes and problem-solving workshops. [Standards 2.5, 2.8, 3.2, 5.2, 6.5 and 8.5]

4. The School should consider embarking on interprofessional education in the clinical setting. [Standards 2.4, 2.5 and 2.8]

5. The School should consider requiring students to be able to speak Greek to their patients, even if the teaching is in English/ or to apply effective alternatives that will be approved by the CYQAA. [Standards 2.4, 2.5 and 2.8]

2. Institution's Response

Assessment area 3: Assessment of Students – clinical learning

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

Training of WPBA assessors is very important to ensure that students receive not only consistent ratings but also constructive feedback. This allows students to chart their progress during a placement, ultimately allowing them to improve their knowledge and skills. To this end, all assessors must undergo training before they are approved to carry out WPBAs. The need for ongoing WPBA training is considered as part of our faculty development plan. Most recently, WPBA training needs were also considered as part of a comprehensive faculty training plan for the academic year 2022-2023. The 2022-2023 faculty training plan is discussed in more detail in Additional Area item 3, on page 22.

As an update following the EEC's constructive visit, we have continued to provide assessors with extensive training on WPBA, including refresher training for more senior tutors. As a first step, we have provided videos on assessment of Mini-Clinical Examinations (mini-CEX), Case-based Discussions (CBD) and Direct Observation of Procedural Skills (DOPS). This was followed by extensive in-person training delivered by the Doctor as a Professional (DAP) Domain Lead and Chair of Clinical Education. Indicatively, seven WPBA training sessions have been delivered with physical presence in the academic year 2022-2023. It should also be noted that we continue to provide individualized support and feedback during on-site visits by the Chair of Clinical Education, which take place twice a month.

In regard to feedback, we have taken further actions to enhance the usefulness of WPBA through the provision of both verbal and written feedback. In the academic year 2021-2022, written feedback was made mandatory for Semester 8, as a first step. This worked very well, with tutors providing feedback on areas of strength and areas for improvement. In 2022-2023, following our experience with mandatory feedback in Semester 8, we made written feedback on WPBA mandatory for Years 5 and 6.

Additionally, the systematic approach to reflective learning we have implemented, following the EEC's feedback, has further ensured that benefits from feedback are maximized for WPBA. Our approach to the reflective portfolio, which runs longitudinally in the six years of the MD programme, is described in Additional Area item 2, on page 21. For Years 5 and 6, students are required to electronically submit the Learning Outcomes Record (LOR) at the end of each clinical rotation (Appendix 1: LOR Template). This reflective exercise offers students the opportunity to record information on patient cases seen on a weekly basis and to consider what they have learnt and how this impacts their future actions. The LOR is signed off by the clinical lead, who provides additional verbal and written feedback, at the end of each clinical placement. A student's overall performance in WPBA is also discussed with the clinical lead at sign-off, so that students receive holistic feedback on their performance across the clinical placement.

As part of our rigorous quality assurance processes, the quality of feedback provided during WPBA is also scrutinized. For example, the DAP Lead reviews student submissions and may

provide feedback and guidance to both students and clinical tutors upon submission of portfolios and WPBAs. Importantly, our external examiner scheme ensures that there is additionally external oversight. The external examiners are provided with a sample of WPBAs and LORs for their feedback and consideration. Feedback from our external examiners has been very positive and the level of the assessment was found to meet the standards required.

Overall, the continuous training of WPBA assessors, the formative but compulsory written feedback and approach to reflective writing have allowed us to further enhance the usefulness of WPBA in supporting student development in their clinical training.

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

We have continued to review our simulation strategy in the curriculum and assessment in the MD programme. The developments in teaching are described in Assessment Area 6: Educational Resources, page 12 .

Summative Assessment. As described in this report (see page 12), simulated patients (SPs) are utilized extensively in clinical communication skills teaching. We have now enhanced the usefulness of this approach to support students in the early stages of their learning by including a reflective report as summative assessment in the Integrated Clinical Practice (ICP) I and II courses, in Year 2. Specifically, students are required to reflect on their experience with role-playing in one of their teaching sessions and submit a report to their tutor, whereby they reflect on their experience and identify aspects that went well, areas for improvement and future actions. Students are provided extensive feedback from their peers and tutors during the teaching sessions, and additionally upon submission of their summative reflective report, they receive further feedback from their clinical communication tutor. Furthermore, in ICP I and II, we have introduced an end-of-semester summative practical examination, whereby students perform an examination or carry out a procedure on a simulated patient. In addition to their marks for each task, students are provided with written feedback by the examiner that further supports the development of their clinical skills.

In regards to summative OSCE examinations in Years 3-6, we have continued to use SPs in all exams. Indicatively, in the academic year 2022-2023, SPs have been used in all of the OSCE stations. As part of our well-formulated quality assurance mechanisms, SPs receive detailed scripts for their tasks as well as standardization briefings. Examiners may additionally provide feedback on the performance of SPs. Importantly, the use of SPs during summative assessments is also under external scrutiny in the clinical years, where external examiners are asked to specifically comment on the quality of SPs (Appendix 2: External Examiner Report Form). In academic years 2021-2022 and 2022-2023, we have been able to resume on-site visits during OSCEs following the lifting of Covid-19-related restrictions. External examiners have provided extensive feedback on the summative OSCEs, including SPs. Notably, our external examiners have indicated that our SPs are well-trained, consistent and able to facilitate the process as required. The standardization session, with SPs from all circuits with examiners, was identified as an example of good practice by the external examiners.

Formative assessment. In regards to formative assessment and the use of SPs, following the EEC's constructive comments, we have placed even more emphasis on formative feedback. The approach to reflection based on role plays with SPs in clinical communication skills teaching described for Year 2 above, is also applied in Year 3, albeit as a formative exercise, to support learning in pre-clinical years, through role plays, peer and tutor feedback and reflective practice. Furthermore, starting in the academic year 2021-2022, i.e. for the past 2 academic years, we have added a formative OSCE in the Fall Semester of Year 3, as part of assessment of the ICP courses. This has been invaluable in identifying areas for improvement in preparation for the summative OSCE in the Spring Semester of Year 3. The formative OSCE utilizes SPs, as per our normal practice. The quality assurance process followed for summative OSCEs is followed for the formative OSCE as well.

Overall, the balance of formative and summative assessment and appropriate use of SPs, has allowed us to ensure that students have formative learning opportunities, that allow for reflection, feedback and skills development, while ensuring that students have met the required standard to progress in their studies.

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

We have continued to work on enhancing the usefulness of WPBA to ensure that students receive constructive feedback, helping them develop their professional competences during a placement. As described above, we have delivered extensive WPBA assessor training, which further reinforces the importance of feedback in WPBA, and we have made the provision of written feedback mandatory during the sign-off process and for WPBA.

Furthermore, in working towards a more constructive and reflective approach to clinical training, we have introduced the LOR, as described above, in Years 4, 5 and 6. In fact, we have now fully implemented a reflective portfolio across the six years of the MD programme. Our strategy for reflective learning has been designed to introduce the principles of reflective writing as early as Year 1. This ensures that students start developing the necessary reflective skills early on and are well-placed to benefit from the LOR in the clinical years and in their WPBA. The overall reflective strategy for the MD programme is described in Additional Area item 2, on page 21.

For the clinical years, students are required to complete the LOR on a weekly basis. This is aimed at helping students reflect on the clinical material they have seen and also guide their learning. We recognize that reflective practice is a skill that requires practice to be effective and thus students are required to embed reflective practice as part of their day-to-day education. Students are provided with extensive support from the DAP Lead on what is required and how to achieve this. This includes a briefing session and a detailed handbook for reference. Briefly, students are expected to move beyond simply describing what happened, to analysing why it happened, what they felt and thought, what they have learnt as a result and how this impacts on their future practice. Additionally, the forms that students have to complete have been structured in such a way to explicitly require students to reflect

on these experiences, rather than to simply state them. Specifically, students are required to record the name of the attachment, the number of patients seen and the type and setting of the activity. They are then required to reflect on their experiences, using evidence-based reflection models such as Gibb's reflective cycle, based on the themes of the reflective portfolio. Specifically, the themes of the reflective portfolio include: i) Reflection, learning and teaching; ii) Learning and working effectively within a multi-professional team; iii) Protecting patients and improving care; iv) Use of information in a medical context; v) Behaviour in keeping with ethical and legal principles; vi) Communication with patients and colleagues (including effective multi-disciplinary team working). Students are encouraged to consider all themes and even though not all themes will apply for each week, by the end of the attachment, students should have reflected on all themes. Students are required to discuss their reflective work with the clinical lead as part of the sign-off process for each attachment.

As part of on-going monitoring, the DAP Lead reviews samples of student LORs and provides feedback, if necessary. Furthermore, external examiners receive LORs for their feedback and consideration. The reflective portfolio, over the six years of the MD programme, is discussed at the MD programme committee, which receives reports from the DAP lead. Actions may be set to address any areas for improvement. This is described further in Additional Area item 2, on page 21.

Assessment area 4: Students' admission

- **The School must review students' own progress and graduation data against the admission criteria to ensure the School is admitting students suitably qualified and prepared to complete the programme with the support provided, in a timely manner. The standard academic requirements for admission should be more demanding in the country.**

We have continued to review our admission criteria to assess whether entry requirements remain appropriate and fit for purpose or whether any adaptation is required. Even though we have set baseline requirements for admission, acceptance into the MD programme is increasingly competitive, as the School has grown in broader global awareness. Due to our entry requirements, the majority of applicants are disqualified for entry. Indicatively, for students admitted to the programme in the previous academic year i.e. in 2022-2023, we have only invited approximately 5.6% of our applicants for an interview.

Progression of students. Reviewing the progression data of our students is an important exercise. In fact, this is now carried out on an annual basis, as part of the MD programme evaluation report (PER). The progression and retention of students are analysed to understand whether patterns, based on diverse student characteristics, including age, gender, nationality and disability, exist and what their impact may be. Similarly, the impact of admission qualifications on the progression of students is now also considered as part of our annual monitoring. As part of the PER for the academic year 2021-2022, we analysed the progression rate of all students enrolled in Years 1-6 for the previous three academic years (i.e. 2019-2020, 2020-2021 and 2021-2022), based on academic admission requirements. Our findings indicated that there were no significant differences in progression rates based on the type of academic qualification. These results, combined with the previously reported

logistic regression analysis of students enrolled in the academic year 2018-2019, which showed that there was no significant correlation of high-school certificate score, International Baccalaureate (IB) score or GCSE A Level score with progression, further support the appropriateness of our academic entry standards. We will continue to monitor the appropriateness of our minimum admission requirements on an annual basis, as part of the PER and this will be enhanced further in the 2022-2023 PER to include admission requirements on English language, performance in the interview and the appropriateness of baseline admission requirements.

The appropriateness of the entry standards as well as rigour of our assessment process is exemplified by our overall progression rates. For example, as part of the latest PER, on average the progression rate over the past three academic years has been 96.5% of students.

Graduation data. Monitoring the graduation rates of our students is an important aspect of our quality assurance processes, with the most recent rate, for those graduating in 2023, being 89.3%. We have now carried out statistical analysis to determine whether our admission requirements are appropriate, based on the academic performance (i.e. cumulative point average-CPA) and admission qualifications of three graduating cohorts, namely the classes of 2020, 2021 and 2022. Our statistical analysis, using the independent-samples Mann-Whitney U test, has shown that there is no significant difference between the CPA of graduates who met the minimum academic admission criteria and English proficiency requirements, and those who exceeded the minimum admission requirements. Similarly, there was no correlation between academic performance (i.e. the CPA) and the minimum required interview score. Qualifications at the admission stage additionally did not significantly affect the classification of the MD degree awarded. Further analysis, using the independent-samples Kruskal-Wallis test, showed that there was also no significant difference in the academic performance of graduates (as measured by the CPA) based on the type of academic admission qualification i.e. GCE A' levels, High school leaving certificate, IB or other.

Collectively, our results suggest that baseline admission requirements are appropriate, ultimately facilitating students to progress and graduate. We are committed to reviewing student progression and graduation rates against diverse learner characteristics and admissions requirements on an annual basis. The monitoring mechanisms in place continue to allow us to ensure the appropriateness of our admissions criteria and to facilitate support, where appropriate.

Performance of graduates. The employment rates and accomplishments of our graduates is further testament that our admissions requirements support students and graduates to pursue successful careers after graduation. In fact, the employment rate for the graduates of 2020, 2021 and 2022 is 100%. An overall 94% have secured postgraduate training positions and 6% have decided to undertake research roles. Overall at the School (i.e. including graduates of the MBBS medical programme), the undergraduate employment rate is 99.9%.

Assessment area 5: Academic Staff/Faculty

- **The medical school should increase its efforts to establish more combined teaching posts with the health care system. This is a strategy to increase the academic presence in the workplace-based learning settings.**

In Cyprus, we have continued to benefit from the introduction of the national health insurance scheme (GESY) and its expansion in recent years, providing us with access to increased numbers of doctors working under the auspices of GESY. The introduction of GESY has also seen somewhat of a redistribution of the numbers of patients being treated across the state hospitals and private hospitals and facilities. Together this enables student access to a wider range of clinical teachers, and in turn smaller groups of students are allocated at any given time. This is achieved by adopting a “hub and spokes” approach to clinical training through which, students gain the majority of their clinical exposure in public hospitals, specifically at Limassol General and Paphos General Hospitals, whilst training is reinforced with exposure to patients in the private setting. As such we are currently working with in excess of 300 clinicians in Cyprus.

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

- Expansion of combined clinical/academic appointments in our own University of Nicosia Medical Centre (UNMC). The UNMC serves the healthcare needs of the community under the auspices of GESY and provides a model teaching environment for our medical students. Since its opening in September 2019, the Medical Centre has been evolving to employ not only personal doctors but also visiting physicians in cardiology, neurology, endocrinology, gastroenterology, interventional radiology, gynaecology and general surgery. Currently, the UNMC employs six general practitioners and eight visiting specialists in combined clinical academic posts.
- We have appointed a further six full-time clinical academics, as well as more than 100 additional clinical associates in our affiliated clinical sites. In the last year, 27 clinical teachers have also benefitted from the clinical track ranking processes of the University (an almost four fold increase compared to the previous year). These are combined academic/clinical posts, which further increase academic presence in the healthcare setting, where our medical students are trained.
- Introduction of ‘Academic Clinical Fellowship’ positions. These roles have been designed to provide motivated clinical trainees with opportunities to develop their pedagogical, clinical and research skills and knowledge. Through training and development, and with support and mentorship throughout the term of their posts, the Fellows are able to gain practical experience in clinical and educational environments, enhance their patient care skills, and develop essential competencies for future

medical practice. As they are hosted jointly between the Medical School and private hospitals/medical centres, we are able to increase the academic presence in the workplace, where under guidance and mentorship they undertake clinical work as well as clinical teaching.

- An important recent strategic development is to jointly advertise for clinical academic positions, which will be partly funded by the Medical School. This has commenced with one of our key partner clinical sites, where the physician will contribute to both teaching and research, and will also be responsible for organising everyday teaching for our students whilst placed at the clinical site.

In expanding joint academic/clinical posts, we have ensured that we have a close working relationship, which is mutually beneficial. For example, we have provided scholarships to 14 doctors that work within the state health services organisation (OKYPY) to complete postgraduate degrees, such as the MSc in Family Medicine and the PhD in Medical Sciences, offered by the Medical School. Our collaboration has extended to other joint work as well. For example, the Medical School participates in scientific committees, such as that at the Evangelismos Private Hospital in Paphos, where they are introducing an audit process when critical incidents take place. Through the attendance of our Chair of Clinical Education, and subsequently actively involving colleagues such as the Curriculum Leads, we can increase our academic input into the workplace. It should be noted that Medical School faculty, including the Chair of Clinical Education and Doctor as a Professional Lead, visit our sites on regular occasions. Their visits serve to ensure that we provide appropriate training, remain familiar with any particular strengths and weaknesses at our sites, keep our clinical faculty engaged, and identify, and plan for, when additional clinical academic recruitment might be necessary.

In summary, we have focused our efforts on expanding the academic presence in our own UNMC as well as affiliated clinical sites, through additional combined academic/clinical teaching posts, which ultimately benefit our students.

Assessment area 6: Educational resources

- **The School must ensure students have experience in role play with people as well as mannequins for clinical skills in the early years. Increasing the use of simulated (standardized) patients may provide this systematically.**

SPs are used systematically in both teaching and assessment of clinical communication and clinical skills in the MD programme. Our work on assessment was described above in Assessment Area 3: Assessment of Students, on page 7. In regards to teaching, we use SPs systematically across the MD programme. Indicatively, in the academic year 2022-2023, 25 (out of 29) clinical communication skills tutorials were delivered using SPs. Students are given the opportunity to elicit histories and practice their clinical communication skills and receive feedback from the tutor, their peers and the SP. As described above on page 7, to fully maximize role plays and SPs, students are required to submit reflective reports to their tutors and they subsequently receive feedback.

In regards to clinical skills teaching, as noted by the EEC, we follow 'a systematic approach using mannequins, peer examination [and] simulated patients'. For clinical skills sessions involving examinations in the pre-clinical years, peer examinations were primarily used since at this early stage in learning, the focus of teaching is on normal, rather than pathological, findings. Furthermore, mannequins are appropriately used for the learning of procedures, such as intravenous cannulation and phlebotomy, in pre-clinical years. Following the EEC's useful feedback, adaptations to the delivery of clinical skills in Year 2, include SPs in 7 out of 14 clinical skills sessions, namely the cardiovascular (I&II), respiratory (I&II), abdominal (I&II) and rectal examination clinical skills sessions (https://www.med.unic.ac.cy/wp-content/uploads/MED-205_Integrated-Clinical-Practice-I.pdf; https://www.med.unic.ac.cy/wp-content/uploads/MED-210_Integrated-Clinical-Practice-II.pdf). In Year 3, integrated sessions, which involve intimate examinations/procedures, including breast examination, male catheterization and colonoscopy are also conducted using SPs, to allow students to practice their communication skills alongside their clinical skills. The presence of a simulated patient is very important in reinforcing the principles of communication, particularly for intimate examinations, in a respectful and professional manner. The revised overall strategy with further incorporation of SPs, alongside the appropriate mix of mannequin and peer examinations, allows us to further strengthen the teaching in clinical and communication skills in these important body systems early on.

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

We have invested much time and effort to ensure a healthy work-life balance for both students and staff. Our work focused on adaptations both to the curriculum and assessment of the MD programme.

Students

Curriculum. Following the EEC's useful feedback, starting in the Spring Semester of 2020-2021, we have taken steps towards modifying teaching activities, in line with our student-centred learning approach. Specifically, we have reviewed the curriculum to re-focus the curriculum on core knowledge. Curriculum review also forms part of our annual evaluation processes. Furthermore, as recommended by the EEC, we have introduced the flipped classroom methodology in the MD programme. The flipped classroom teaching methodology re-structures learning so that class time is re-purposed, from traditional didactic teaching, to more active learning, which focuses on the application of knowledge, synthesis of information and inquiry through problems and case studies, with appropriate prior direction provided to students. This approach is now used in 15 courses in Semesters 1-7, i.e. the primarily classroom-based part of the MD programme. Curriculum review, combined with the flipped classroom approach, has allowed us to how review how we best utilize class time, while promoting student-centred learning by incorporating further tutorials to support the flipped classroom methodology.

We have monitored the impact of the curriculum adaptations on the student learning experience through student feedback surveys for all their courses and through the work of

the MD programme committees, whereby students and faculty can provide feedback. We have additionally developed a survey in regard to the flipped classroom methodology to ensure that students are provided with the opportunity to specifically feedback on this teaching methodology (Appendix 3: Flipped Classroom Feedback Form). Most recently, at the MD programme committee in July, 2023, the feedback provided by students and faculty in regards to the flipped classroom methodology was discussed and a working group has been formed to review the feedback of this learning approach and identify areas of best practice and areas for improvement for the new academic year, 2023-2024.

Aligned with the principles of student-centred learning, we have made attendance to lectures, but not small-group teaching sessions, optional, starting in the academic year 2020-2021, to allow for a more flexible learning environment. We have continued to support students in their learning and the provision of all learning material on Moodle, including lecture recordings, has greatly facilitated this. Feedback received from students has been very positive since this approach allows them to utilize their time to best meet their learning needs.

Assessment. We have continued to revise our assessment strategy to promote further integration and to reduce assessment burden, as recommended by the EEC. Specifically, we have now introduced joint exams in Years 1 and 2, whereby two courses are assessed on the same day. For example, in Year 2 we have combined Anatomy and Histology in one exam paper and Biochemistry and Physiology in another exam paper. This allows students to better integrate material in the related disciplines of Anatomy/ Histology and Biochemistry/ Physiology. Based on extensive psychometric analysis conducted by the Assessment Lead, we have additionally reduced the number of assessment items to ensure the exam length is manageable for students, while maintaining good exam reliability. Overall, this approach has allowed us to reduce assessment burden on students by reducing the number of exam days and assessment items. Statistical analysis of progression rates of students, following the implementation of this assessment strategy, has shown that performance has been unaffected. This analysis is carried out as part of the annual PER. Based on our experience with Years 1 and 2, our plans for 2023-2024, are to combine exams and reduce the number of items in Year 3.

Furthermore, we are introducing changes to the progression requirements in the MD programme to further reduce assessment burden in the new academic year. Based on the current Scheme of Assessment, i.e. of 2022-2023, progression in Years 1-4 is semester-based i.e. the Fall Semester is a progression point for the Spring Semester. This means that students, who fail at first and second attempt, are required to take a resit exam and go through the discretionary panel process, respectively, prior to the start of the Spring Semester. The progression requirements from the Spring Semester to the following year are the same as for the Fall Semester. Starting in the new academic year, 2023-2024, we are introducing end-of-year progression for Years 1-4. End-of-year exams are already in place for Years 5 and 6. Specifically, end-of-year progression will entail resits being held only at the end of the year, with no resits and discretionary panel applications between the Fall and Spring Semesters. These changes are aimed at further reducing assessment burden for students by removing the mid-year resit assessments.

Faculty and staff

To ensure that faculty members maintain a healthy work-life balance, staff have well-defined roles and responsibilities in terms of teaching and any other academic, service and administrative duties and functions that they may have. As a general rule, full-time faculty members are expected to engage in teaching, research and service/administrative functions as follows: 20% teaching, 50% service (e.g. leadership and co-ordination; professional development; curriculum enhancement; assessment; student support) and 30% research. Starting in the academic year, 2023-2024, faculty members will be allocated 40% time for research, while reducing the service contribution to 40%. For example, the reduction in assessment burden additionally serves to reduce administrative workload for faculty members. This shift is aimed at further supporting faculty members to enhance their research activity and output. In regard to teaching, records are maintained of the teaching activities of faculty members and support provided, when needed to ensure that faculty do not exceed an average of 7 hours of teaching per week. In fact, faculty needs are an important part of our annual capacity planning and are discussed at the Basic and Clinical Sciences Department Council. Indicatively, in the academic year 2021-2022, to facilitate the increased focus on research and small group teaching, we appointed ten faculty members in the following areas: Cardiology, Cardiac Surgery, Developmental Biology and Developmental Genetics, Genetics and Molecular Biology, Psychology, Pharmacology, Pathophysiology, Medical Physics, Epidemiology, and Environmental Health and Neuroscience. In the academic year 2022-2023, we have appointed an additional seven faculty in the following areas: Psychiatry, Obstetrics & Gynaecology, Epidemiology, Public Health & Occupational Health, Family Medicine (2 faculty) and, Internal Medicine &Infectious Disease. In 2023-2024, we have already appointed a further three faculty to join the Department of Basic and Clinical Sciences in the areas of Pathology, Microbiology and, Engineering, Physics & Medical Physics. The appointment of additional faculty will also allow existing faculty to reduce some of their administrative roles, in line with our work of allowing more time for research.

As evidenced by the increased research output from January, 2020 to December 2022, this approach has been helpful in further supporting faculty members. Specifically, 147 publications were recorded in 2020 and this increased by 42% (i.e., to 209 publications) in 2022. Indicative of the increased output, the Medical School faculty were responsible for 30% of all of the university's publications in 2022. Medical School faculty members have secured research funds from national, European and international research grants, and are leading or contributing to collaborative projects with a total budget of >€28million. Two seed fund calls were released in March 2021 and November 2021 with an increasing budget and number of applicants over time and a total of 11 successfully funded projects of which 3 have been completed. In the academic year 2022-2023, as part of the third call for applications for the seed grant, we have continued to provide research support through the award of €75,000 in research seed funds. For projects due to commence in 2023-24, i.e. as part of the fourth research fund call, the total budget has increased to €100,000. Furthermore, in 2022-23, the Medical School has hired a post-doctoral fellow as well as enrolled a PhD student on a full scholarship for tuition. Additional PhD projects with scholarships for tuition have been advertised, three of which have been filled and are expected to commence in the next academic year. The contribution of the Medical School has been instrumental for the advancement of UNIC to the Top 501-600 Universities in the World, according to Times Higher Education World University Rankings 2023 (https://www.unic.ac.cy/university-of-nicosia-advances-to-top-501-600-universities-in-the-world/).

It should be noted that administrative support is also available through an efficient team comprising 87 staff members (https://www.med.unic.ac.cy/about-us/faculty-and-staff/staff/). The mechanisms in place ensure that faculty members are supported in their roles and an appropriate workload is maintained in all expected areas of responsibilities. The workload of our administrative team remains appropriate through clear allocation of tasks and responsibilities, which are monitored by line managers and supervisors. We have expanded our administrative team over the years, in line with increasing student numbers, to ensure that students are supported, while allowing a healthy work-life balance for staff.

The recruitment of new staff members, combined with the increased emphasis on personal and professional development and research for faculty members, allows for a better-balanced workload for all staff.

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

In our continuous efforts to enhance the implementation of student-centred learning, we continue to formulate and deliver a longitudinal faculty development plan. This is described in more detail in Additional Area, item 3 on page 22. In regards to providing training for faculty for interactive facilitation in large- and small-group settings, in academic years 2020-2021 and 2021-2022, the Medical Education team at the Medical School and the Faculty Development Unit (FDU) of the University of Nicosia, have provided access to a number of in-house and external training sessions, including those organized by the internationally recognised, Association for Medical Education in Europe (AMEE). Some examples of training relevant to facilitation, interactivity and student-centred teaching methodologies include principles of student-centred learning, interactivity in large group audiences, interactive and collaborative tools in online sessions, presentation skills, project and problem-based learning, IPL group facilitation, flipped classroom and team-based learning. Annual training activity is monitored, as part of the PER.

In the current academic year 2022-2023, we have developed a training plan for the Department of Basic and Clinical Sciences, which was approved at the BCS Council and the MD programme committee. The Faculty Development Training plan is monitored at the MD programme committee. The training plan, which is described in more detail on page 22 (Appendix 4: BCS Department Training Plan), also considered the ongoing need for training in facilitation and includes training on facilitation skills and giving/receiving feedback. In fact, the Professor of Medical Education has delivered training on facilitation skills in small groups to enhance interactivity and peer-peer learning. Additionally, training material has been made available in regards to giving and receiving feedback, to include further methodologies used to provide feedback, including the Ask-Tell-Ask approach, the Pendleton method, One-Minute preceptor and agenda-led outcome-based analysis . This will be followed by a live session in the Fall 2023. It should be noted that other training sessions routinely delivered at the Medical School, for example clinical communication tutor training and OSCE examiner training and briefings, also include information on how to effectively provide feedback. In regards to providing feedback in WPBA, our approach to faculty training has been described in Assessment Area 3: Assessment of Students, on page 6. Further, the Medical Education team continues to make several resources, ranging from teaching on how to enhance

PowerPoint slides for improved student engagement to sharing tips for classroom management strategies and techniques, available on Moodle.

An important aspect of the faculty development plan is close monitoring of the impact on the teaching practice of our faculty. Starting in 2020-2021, we have continued to peer review tutors using the adapted peer evaluation form, which allows peer reviewers to provide feedback on the extent to which student-centred learning activities are utilized in large-group settings. Implementation of student-centred learning has also been recorded as part of the annual evaluation of faculty, starting in 2021, where faculty members are now appraised on the implementation of student-centred learning in their teaching. Furthermore, starting in 2021-2022, the feedback forms that students are asked to complete assess the extent to which a faculty member utilizes active learning and student-centred learning. Specifically, students are asked to rate to what extent they agree that their tutors have: 1) provided students with opportunities to think critically, question and feedback during the course and 2) incorporated learning activities that promote active student participation in both lectures and tutorials (for example, working with case studies, practice questions, problem solving, group work). Results from students have been overall positive. Indicatively, on average, 73% of students rated their agreement with the above statements in the course surveys as 'strongly agree' or 'agree' for courses delivered in Years 1, 2 and 3, in the past two academic years. Starting in 2021-2022, we have additionally introduced peer review of tutorials to monitor interactivity, enable tutors to receive feedback on areas working well and identify areas for improvement in small-group teaching sessions (Appendix 5: Peer evaluation form for tutorials). The peer review of tutorials has now been completed for academic years 2021-2022 and 2022-2023.

Collectively, the time and effort invested in faculty development and subsequent follow-up and monitoring has ultimately improved the student learning experience.

Assessment area 7: Programme evaluation

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

The Medical School has significant quality assurance processes in place for the evaluation of our programmes. Following the EEC's recommendation to further develop our QA processes, we have strengthened our governance and quality assurance structures and processes through more formalized and systematic written reports. For example, the work of the MD programme committees has been supported through written reports provided by committee members with respect to their area of responsibility. Some examples of written reports provided for the consideration of MD programme committee members, in the academic year 2022-2023, include updates on the IPL implementation plan, end-of-year report on the reflective portfolio, update from Careers and Alumni and the faculty development training plan. An important development, in supporting the work of the clinical years committee, is the introduction of a formal written report, namely the Academic Clinical Lead (ACL) report, which is a self-declaration outlining how quality standards and expectations are met by the clinical

education sites. As part of the report, each academic lead is asked to evaluate across a number of themes, including student support, curriculum delivery and assessment, facilities, patient safety and clinical teachers. In addition, there are opportunities to identify areas of innovation, strength and good practice and reflect upon areas where improvements can be made. The ACL report will be completed on an annual basis and has been implemented for the first time in the current academic year 2022-2023 for the MD programme. The ACL report template, included as Appendix 6, has been shared with academic leads, who will provide their response in regard to clinical training in 2022-2023 in the Fall Semester of the new academic year, 2023-2024.

Ultimately, all QA-related activities culminate in the compilation of the annual Programme Evaluation Report (PER). The MD PER was implemented for the first time in the academic year 2019-2020 (Appendix 7: PER Template). We have now also completed the PER for academic years 2020-2021 and 2021-2022. The PER relevant to the current academic year i.e. 2022-2023 will be prepared in the Fall of the new academic year, 2023-2024.

The PER provides a comprehensive overview and systematic evaluation of the delivery of the MD programme and any developments over the academic year and it is informed by written reports received by colleagues, in their area of responsibility. For example, the PER is informed by written reports on assessment and progression, external examiner feedback, course evaluations, clinical site visits, graduate employment outcomes, graduate satisfaction surveys, student extracurricular activity and the student annual experience survey. For clinical training, starting in this academic year, the PER will additionally be informed by the ACL reports, described above. The scope of the PER is described briefly below.

In the first term of each academic year, each respective Programme Director, in collaboration with the programme's governing committee submits an annual PER, which sets out details based on the previous academic year. The PER considers the following, and includes a summary of the effectiveness of delivery of teaching, learning and assessment.

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

Furthermore, the report sets out any areas that will be the focus for quality improvement activity in the following year, i.e. the action plan, with particular focus on enhancing the student experience. For the MD programme, this is based on the WFME standards. The MD PER is submitted to the Basic and Clinical Sciences Department Quality Assurance (QA) Committee in the autumn term, where committee members can comment on the report and discuss further enhancements that could be made, as well as identify and commend good practice. Update reports are provided by the Programme Director throughout the academic year on the

action plan at the Department QA Committee. Overall, the introduction of the PER has strengthened our monitoring and evaluation processes already in place.

In addition to strengthening our QA mechanisms at the programme level, as part of our efforts to strengthen our department structures, following the EEC's constructive feedback, we have developed a Strategic Development Plan (SDP) for the BCS Department, under which the MD programme is housed. The SDP is in line with the School's mission and its core values and sets out our priorities and targeted actions on the three pillars of education, research and social responsibility for 2021-2026. The development of the SDP has been yet another important mechanism that has allowed us to formally record our strategic goals, objectives and specific actions for our work on the three pillars. The SDP identifies strategic goals, objectives and specific actions for each of the three pillars and further defines the timeframe for completion of each action and responsible person(s). Importantly, measures of achievement have been included to allow us to monitor and reflect on our progress throughout the 5-year period. The BCS Department Council has monitored the implementation of the SDP, at minimum, on an annual basis, to ensure that all actions are completed in line with the timeframe for completion and measures of achievement. Administrative support has been allocated to assist the Head of Department in monitoring the progress of the plans and we are pleased to note that work in the department has been fully in line with the SDP and its timeframes.

Overall, we have focused our efforts on specific enhancements in the development of more formalized written reports, including the PER and SDP, to support the work of our committees, which have further strengthened our QA structures and processes.

Additional Areas for improvement and recommendations

1. **Developments in the hospital must take account of the needs of clinical teaching. [Standards 6.1, 6.2 and 8.5]**

As noted earlier, we are benefitting from the structural changes to healthcare through the establishment of GESY, the national health insurance scheme. This is enabling us to work with more doctors on a regular basis, indeed in excess of 300 in Cyprus. We continue to work closely with all of our clinical partners to ensure that developments in the hospital consider clinical training for our medical students.

Work with our clinical sites takes place at different levels, which complement each other, including departmental, hospital and management levels. This multi-layered approach is also reflected in the different roles and committees that are in place and govern the relationships with the Medical School and clinical sites, enabling us to work together to identify potential developments, and resolve any specific educational and organisational issues.

For example, to reflect the departmental level, an important recent development has been the appointment of a Clinical Specialty Co-Lead for some clinical placements, in addition to the existing local Clinical Specialty Leads, that can provide an enhanced focus on the everyday educational needs of our students. Additionally, we have appointed School-wide curriculum

leads, who oversee and coordinate clinical training across our undergraduate medical programmes, in close collaboration with the Chair of Clinical Education. The Curriculum Leads are appointed based on their specialty expertise and maintain oversight of clinical teaching horizontally across their field at all sites. The Curriculum Leads maintain regular contact with the respective local Clinical Specialty Leads and Co-Leads at each of the sites to ensure that any developments in the departments and hospitals take into account medical student training needs. Through planning and debriefing meetings that take place between clinical leads/ co-leads and the Medical School's curriculum leads, we ensure that clinical teaching remains appropriate and adaptations are made as necessary, based on teaching needs and student feedback.

Likewise, at a hospital management level, the Chair of Clinical Education works closely with the Academic Clinical Lead at each site, to put in place resolutions on a range of matters. Recent examples include upgrading IT functions to repurposing teaching spaces, such as at the Paphos clinical site, where a clinical skills practice room that is equipped with mannequins and other skills equipment, has been developed. These are available for students to use, to practice their skills, both throughout the year as well as in advance of their OSCE examinations. Another example is the initiative from the Academic Clinical Lead at Paphos General Hospital to implement a Grand Round once per week. The students present clinical cases which they found interesting while attending the ward rounds in the morning. The presentation is followed by a discussion that all students participate in, and thereafter a clinical academic provides a lecture.

As described in Assessment Area 7: Programme Evaluation, on page 17, and in support of this level, we have extended our activity in the main hospitals that we work with, with the rollout of the annual reporting requirement to be submitted by the Academic Clinical Lead, which also provides an opportunity to identify where further support is required, as well as to highlight good practice that can be shared across hospitals. These reports will be shared upwards and discussed at the high-level management structure of the Steering Committee, which is responsible for the smooth implementation of the legally-binding Student Training Agreement between the Medical School and the clinical education providers.

Additionally, from the next academic year, we will also implement a Curriculum Lead annual reporting requirement, as an opportunity to review clinical delivery in each specialty. Collectively, the Academic Clinical Lead and Curriculum Lead reports will further ensure that developments in the hospital are informed by medical student training needs.

Furthermore, our regular visits to sites, whereby meetings are held with different stakeholders, e.g., Chair of Clinical Education, Academic Clinical Leads, Clinical Specialty Leads, students and administrators, assist us in identifying any areas of best practice and areas which may require development. More recently, in addition to ongoing regular visits, we have introduced a more formal QA visit process, that includes visiting the clinical departments to discuss the programme with clinical specialty leads and to meet with the site's Academic Clinical Lead as well as with the students. This serves to address the needs of clinical teaching and assess satisfaction and adherence of the site to our teaching guidelines and expectations. These meetings each take place independently of one another to assist us in triangulating information to get the most accurate picture of how quality standards are being maintained and to ensure that the needs of clinical teaching are considered in developments in the

hospitals. Again, any developments that are identified as part of these visits, can be discussed with the relevant colleagues, depending on the level of action required.

Cumulatively, this ongoing work and further formal written reports, as well as maintaining established relationships at all levels and enhancements through new roles that can provide further reassurances, contribute to the Medical School managing the needs of clinical teaching across sites, and being able to work proactively in identifying areas for enhancement.

2. **The Portfolio should be developed further, with more focus on constructive feedback and students' reflections; written feedback should be explicit. [Standard 2.8, 3.2, 5.2, 6.2, and 6.5]**

We have now fully implemented a reflective portfolio spanning all six years of the MD programme. This was first implemented in the academic year 2021-2022 and it has run this academic year 2022-2023 for the second time. The reflective portfolio, is assessed under the Doctor as a Professional (DAP) domain and is supported by the electronic platform *MyProgress*. It covers the following themes:

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

The overall approach used in Semesters 1-7 is described below. In each semester, students are required to write at least one reflective report, based on one of the six themes above. To support students in reflective writing, the DAP Lead has delivered briefing sessions to introduce the e-portfolio, evidence-based reflective practice and how to make the most of the reflective portfolio. Additionally, students have been provided with more detailed written guides to further support them in developing their reflective skills and completing their reflective tasks. Students are required to discuss their reflective pieces with their personal tutors to ensure maximum insight is gained from learning opportunities. Students upload their reflective pieces on *MyProgress* and the Personal Tutor submits the Personal Tutor Meeting form, which summarizes the discussion during the meeting, including the reflective piece.

The topic of the reflective piece in each semester has been carefully developed to align with the student's learning stage and place in the curriculum. For example, in Semester 1, students are asked to reflect on their experience with transitioning to Medical School and the effectiveness of their study techniques and learning style, under the theme of 'Reflection, Learning and Teaching'. This ensures that students are given the opportunity early on to think about which learning strategies work well and what they may need to improve to be successful in medical school. In Semester 2, having completed group assignments in Semesters 1 and 2, students are asked to reflect on the benefits and challenges of working within a team under the theme of 'Communication with patients and colleagues'. An example of how we have

integrated reflective practice with the MD programme curriculum is the development of a reflective piece in relation to student experience in the Semester 7 research project under the theme of 'Use of information in a medical context'. The topics of the reflective portfolio for Semesters 1-7 are shown in Appendix 8.

In addition to the reflective tasks that are discussed with personal tutors, in Years 2 and 3, students are asked to reflect on their role plays with simulated patients in their ICP courses, as described further in Assessment Area 3: Assessment of Students, on page 7. This is reviewed by the clinical communication skills tutors, who provides verbal and written feedback.

The approach in the clinical years is described in more detail in Assessment Area 3: Assessment of Students, item 3, on page 8. Briefly, starting in Semester 8, i.e. where the primary mode of curriculum delivery is through clinical placements, students are required to electronically submit the Learning Outcomes Record (LOR) at the end of each clinical rotation. Through this reflective exercise, students record information on patient cases seen on a weekly basis and consider what they have learnt and how this impacts their future actions. The LOR is signed off by the clinical lead, who provides additional verbal and written feedback, at the end of each clinical placement.

Similar to the quality assurance processes for any new developments in the MD programme, we have carefully formulated an implementation and monitoring plan. As part of on-going monitoring, the DAP Lead, Programme Director and Medical Education team review a sample of reflective pieces submitted by students to ensure that they are of appropriate standard. As part of this process in 2022-2023, the quality was found to be appropriate with students moving beyond simply stating their experiences, but also elaborating on what they have learnt and future actions. We are additionally establishing an annual feedback survey for personal tutors now that the reflective portfolio has been fully implemented to identify areas working well and areas for improvement. The reflective portfolio is also discussed at the MD programme committee, which receives reports from the DAP lead. Finally, we also receive valuable feedback from our external examiners, who receive samples of the students' portfolios, including LORs, for the clinical years.

The longitudinal approach to reflective learning embedded in the MD programme, starting as early as Year 1, is in line with our student-centred education and ultimately has allowed students to take more of a leadership role in their own learning by gaining further insight from learning opportunities.

3. **The School must continue to develop a systematic and longitudinal faculty development programme for both academic and clinical teachers that includes the following: patient-centred communication and clinical practice; clinical teaching that encourages student-patient interactivity, and moves away from a didactic approach; working with a translator in the consultation; feedback to learners using a modern framework; collaborative learning amongst students; student-teacher interactivity; and use of the 'flipped classroom', especially where the session with experts should focus on application of knowledge such as skills and communication sessions, revision quizzes and problem-solving workshops. [Standards 2.5, 2.8, 3.2, 5.2, 6.5 and 8.5]**

We have continued to support the personal and professional development of our faculty through a longitudinal, comprehensive training plan. Specifically, in the academic years 2020-2021 and 2021-2022, an increase in the training offered to faculty to aid their development was evident, with the Medical Education team at the Medical School, in association with the FDU of the University of Nicosia, providing access to a number of in-house and external training sessions. The training topics were selected to address faculty needs, for teachers in both pre-clinical and clinical years, as reported through the annual peer review and evaluation systems, and to ensure access for faculty to recent developments in higher education, including the methodologies recommended by the EEC, for example flipped classroom.

The topics that were delivered are listed below:

- Leadership Skills Workshop
- Moving Lectures Online
- Introduction to Interprofessional Education
- Engaging teaching for big audiences
- Flipped-Classroom Training
- Student centred learning and active learning
- The art of a good presentation, how to make lectures interactive
- Essential skills in medical education (ESME): Leadership and Management Course (AMEE)
- ESME Assessment Course (AMEE)
- Team Based Learning Fundamental Workshop Series (TBL™)
- Using technology to create new student pathways (Times Higher Education)
- Creating Shared Online Medical Education for the World (AMEE)
- Introduction to Interprofessional Education
- Presentation on various student-centred teaching approaches
- Presentation Skills
- Resilience Workshop: Overcoming Thinking Patterns that hold us back
- Dealing with Psychological Emergencies on Campus
- Centre for the Advantage of Interprofessional Education (CAIPE) Workshop-Developing quality Facilitators: Tools Tips and Techniques (2 Part training)

Furthermore, the “Faculty Professional Development Seminar on Teaching and Learning Theory and Practice” was offered by the FDU. This is a 36-hour professional development seminar in 12 weekly workshops that leads to a Certificate, in the areas of contemporary teaching methods, new technologies in learning and online education. The topics are listed below.

- Week 1: Developing Descriptors of Learning in the 21st century
- Week 2: Cognitive and neuroscience research: Implications for education and learning
- Week 3: Developing a course with critical and creative focus
- Week 4: Developing effective learning environments
- Week 5: Including students with diverse needs in a university classroom
- Week 6: Online Learning and Adult Education
- Week 7: Using video and multimedia in an online course

- Week 8: Measuring learning outcomes and Assessment Methods for online and face-to-face courses
- Week 9: Using interactive and collaborative tools in online learning
- Week 10: Library Resources & Open Educational Resources (OER)
- Week 11: Effective use of Learning Management Systems (LMS) in an online course
- Week 12: Project and Problem Based Learning

Furthermore, the Office of the Vice Rector Faculty and Research developed and delivered a Research Skills Development Programme to support further development in research skills.

Routine trainings, such as assessment training, clinical tutor refresher training, personal tutor training and software/technical skills and knowledge trainings, are not included in the list above. A comprehensive list of all training sessions delivered are recorded as part of the PER for both academic years.

In the current academic year, 2022-2023, we have continued to develop and deliver a comprehensive training plan for faculty members of the Department of Basic and Clinical Sciences and other clinical teachers. The Department training plan was approved at the BCS Council and the MD programme committee and was developed considering feedback from multiple sources, including peer evaluation, annual faculty evaluation, new developments in programmes and feedback from external evaluations, including the MD programme re-accreditation. The training sessions are shown below and in Appendix 4. As above, this list does not include training sessions that are ongoing and delivered routinely, including induction training for new faculty, personal tutor training, OSCE training etc.

- Giving and Receiving Feedback
- Facilitation skills
- Workplace-based Assessment
- Patient-Centred Communication skills in the Curriculum
- Learning and Teaching in the Clinical environment
- Working with an Interpreter in Clinical Teaching
- Clinical Specialties specific training
- Mentorship Training
- Equality and Diversity

The training plan is monitored at the MD programme committee. As an update, the medical education team has delivered training on facilitation skills, provided materials in regards to giving/receiving feedback, as described above in Assessment Area 6: Educational Resources, page 16, delivered a training on Equality and Diversity, and conducted extensive training of assessors and clinical leads on WPBA. Additional training has included the University's FDU, four-part training series on diversity, equity, and inclusion in higher education.

In regards to further training of clinical tutors, there has been extensive training delivered by the Chair of Clinical Education, including recent sessions specifically designed to address the need for learning in context and when time is tight, engaging students in meaningful student-patient interactions, providing constructive feedback to learners and working with interpreters. We have additionally planned for further training in the Fall, for clinical trainers aimed at

optimising the interaction with interpreters in clinical consultations, which will further support the learning of our students. The one-on-one follow-up training sessions with the Chair of Clinical Education and/or curriculum leads, provides additional tailored guidance that are attachment-specific and forms a key component of our training activities and ensure that the clinical curriculum is delivered to a high standard across clinical sites. The training sessions delivered by the Chair of Clinical Education and specialty curriculum leads take place on a continuous basis to address training needs not only for existing clinical tutors but also to provide appropriate training for new clinical tutors.

As described above, on page 16, we have continued to monitor the impact of the training sessions, for example, we have monitored the extent of the student-centred approach adopted, in pre-clinical and clinical teaching, through peer evaluations, student evaluations and the annual faculty evaluation form, with overall positive results. Importantly, we have continued to review feedback provided by students for each of their courses, in the six years of the MD programme, to identify aspects of curriculum delivery that went well and areas for improvement that could further inform training needs, if needed. Importantly, student meetings with the Year Leads, the Chair of Clinical Education and MD Programme Director have served as an important forum for students to provide further feedback Overall, we have established a longitudinal approach to faculty development, whereby training needs are assessed on a continuous basis and these are taken into consideration as part of our faculty training plan.

4. **The School should consider embarking on interprofessional education in the clinical setting. [Standards 2.4, 2.5 and 2.8]**

We have made significant progress in implementing a systematic approach to interprofessional learning (IPL) and interprofessional education, under the leadership of the appointed IPL Academic Lead. The IPL Strategic plan, approved by the MD programme committee in April, 2021, has served as an important roadmap for our work in enhancing the three axes of IPL, namely learning about other professional disciplines; learning from other professionals, and learning with other professionals. The MD Programme Committee has been monitoring the implementation of the Strategic Plan during every meeting, whereby the IPL academic lead has been providing updates in regard to the implementation of the IPL Strategic Plan. The IPL update discussed in the most recent MD programme committee of July, 2023 is included in Appendix 9, as an example. Our work in the academic years of 2021-2022 and 2022-2023 is summarized below.

In line with our IPL Implementation Plan, approved by the MD programme committee in July, 2021, in the academic year 2021-2022, we have designed and implemented IPL activities in Years 1 and 4. In the academic year 2022-2023, we have designed and implemented IPL activities in Years 2 and 5. During this time, work also commenced on implementing IPL activities in other years. The implementation plan, which was monitored at the MD programme committee, provided updates in regards to activities relevant to the curriculum, service-learning community-facing activities (i.e. extracurricular activities), faculty training and research.

Curriculum. The activities within the curriculum included:

- Introductory sessions regarding the Multidisciplinary Team and Interprofessional Learning.
- A joint "Public Health Ethics Interprofessional Learning Activity for 1st year MD Programme medical students with Erasmus Mundus MSc in Public Health in Disasters students. The session was led by a team of interprofessional Faculty: a medical anthropologist and medical ethicist, an epidemiologist, and a public health physician, and students worked in multidisciplinary small groups while considering public health ethics principles in a real public health outbreak scenario.
- The session "Internal and External Study Validity: an Interprofessional Example" was delivered, which discussed internal and external study validity in the context of a multidisciplinary team scenario in Year 1.
- A session was held for Year 2 students with UNIC Nursing students by a patient advocate titled "Listening to the patient's narrative – The Road to Empathy"
- Concepts regarding the role of the multidisciplinary team in the management of diabetes were added to the integrated case delivered in Year 3
- A joint pilot case-based tutorial session was held between medical students from Year 3 taking the Systematic Pharmacology Course and UNIC Pharmac Programme students
- Three-part session on Outbreak Investigation in the Multidisciplinary Team jointly held with UNIC Nursing Programme Year 3 and Year 4 students (and Faculty)
- The session entitled "Epidemic Intelligence: an Overview" was delivered in MED-403, Epidemiology and Public Health with Dr Xanthi Andrianou (European Centre for Disease Prevention and Control)
- The role of the nurse in the Primary Care Attachment of Year 4. Students were placed with nurses, where they learnt about the role of a nurse in primary care and participated in routine nursing activities.
- The role of Diabetes Clinic Nurses. The Nicosia General Hospital Diabetes Clinic Nurses hosted 4th Year MD Programme Primary Care Attachment students along with UNIC Nursing Year 2 and Year 4 students in an interprofessional session to learn about the role of a nurse in Diabetes care while also allowing interaction between the nursing and medical students
- Students submitted a reflective report regarding their experience during the Primary Care Attachment's IPL Nursing activities.
- In Year 5, students had a communication skills session, whereby two scenarios were included within the "Communicating Risk II" Sessions to highlight communicating risk to members of the multidisciplinary health care team
- In Year 6, students had a Communication Skills session regarding Interprofessional Communication and Teamwork.

Extracurricular activities. Students also had the opportunity to participate in the Culinary Medicine 5-part Course, that culminated in three separate related community health promotion activities in Spring 2022, and in the European Public Health Week interprofessional Obesity Screening and Health Promotion event. This was held at the UNIC main campus between UNIC Mobile Clinic medical students, UNIC Pharmacy, and UNIC Nutrition and Dietetics students with facilitation by Faculty from all 3 programmes, along with Faculty of UNIC Medical Centre. Furthermore, our students have a unique opportunity to participate in IPL activities through the Medical School's mobile clinic and its multiple health promotion events and health screening primarily in remote communities. Medical students have been

accompanied by, in addition to members of our clinical faculty, other healthcare professionals such as physiotherapists, nurses and nursing students. Participation in the mobile clinic combines service to the community with rich learning opportunities about other health professions and alongside other learners and allows participation in a multidisciplinary effort. The mobile clinic has now resumed its activities after a pandemic-related interruption. 16 medical students from the Medical School's Mobile Clinic students had the opportunity to participate in the Anti-Cancer Fiesta along with UNIC Nursing students in an interprofessional activity, providing blood pressure and glucose screening jointly to 99 members of the community during the event.

Faculty training. To support faculty members to further develop in IPL, faculty were trained in three different sessions by the Centre for the Advantage of Interprofessional Education (CAIPE). Specifically, faculty members were provided with a training session on 'Introduction to IPL', a workshop on 'IPL Group Facilitation' and a consultancy session to support our efforts in further developing IPL. Furthermore, the Medical Education team, developed and made available IPL/PE resources on Moodle, under the guidance of CAIPE. Most recently, we had a consultation session with CAIPE to provide support in regards to how student number differentials are addressed to deliver meaningful IPL activities.

Research. Our work in IPL has additionally expanded to possibilities for research. Specifically, an abstract related to our work on delivering IPL activities has been selected and will be presented at the 11th International Conference on Interprofessional Practice and Education "All Together Better Health" (ATBH XI) in Doha, Qatar, 6-9 November 2023. This is joint work from Medical School and Nursing Programme faculty members.

In the following academic year, 2023-2024, we will fully implement IPL in all years of the MD programme, in line with our strategic plan. The aim in 2023-2024 is to expand activities into Year 3 and Year 6, while maintaining and enhancing existing activities in the other years. Work has already commenced on the planning of additional IPL learning opportunities. For example, discussions are underway for the planning of an IPL activity between Year 3 Nursing students from the Cyprus University of Technology and Year 5 students in the MD Programme at Limassol General Hospital. Plans are underway to develop and hold an introductory "meet and greet" session in September 2023 between the students followed by a Paediatrics activity in Spring 2024. The full implementation and its effectiveness will continue to be monitored at the MD programme committee.

5. **The School should consider requiring students to be able to speak Greek to their patients, even if the teaching is in English/ or to apply effective alternatives that will be approved by the CYQAA. [Standards 2.4, 2.5 and 2.8]**

We have continued to consider language proficiency requirements during clinical placements, based on the healthcare environment, local population demographics and effectiveness of alternatives, where applicable. In Cyprus, the fact that English is widely spoken on the island, with up to 80% of the population using English as a second language, facilitates English-language consultations. We acknowledge however that students also interact with Greek-speaking patients and thus we have continued to monitor the effectiveness of our support mechanisms.

The Medical School continues to support students to interact with Greek-speaking patients and carers through the appropriate use of interpreters. Specifically, three Greek interpreters are available on a daily basis at our main teaching hospitals in Cyprus i.e. Limassol General Hospital and Paphos General Hospital. Additionally, interpreters are available at other teaching sites. For example, two interpreters are based at Troodos Hospital, where students undertake some of their training in Primary Care. For clinical training in Psychiatry, there are two interpreters available at Athalassa Mental Hospital and one at the Children and Adolescent Psychiatry Clinic of the Archbishop Makarios III Hospital. Finally, we have an additional three interpreters, who support students in our major private clinical partners, namely Ygia Polyclinic, Apollonion Hospital and Aretaeion Hospital. Our interpreters have received specific training and are instrumental in supporting students in communicating with patients, primarily in the ward setting where they facilitate effective and meaningful communication and allow well-structured and complete history taking and examination. In specific circumstances, interpreters are trained to provide 'real time' translation of an ongoing clinical consultation, as is the case with patients being interviewed by psychiatrists, which is a sensitive setup and merits its own considerations.

To further provide support with their interactions with Greek-speaking patients, the Medical School has continued to provide students with the opportunity to join Greek language classes for free, throughout the duration of their programme. These are scheduled at times to best fit with the students' schedules. The delivery of Greek classes continued online under the challenging circumstances of the pandemic. Following the lifting of Covid-related restrictions, we have been able to switch to face-to-face teaching in 2022-2023.

We continue to monitor the impact of language on the students' learning in the clinical environment and make adaptations, as necessary. For example, the appropriateness of the number of interpreters is monitored continuously based on student demand. Students provide feedback about interpreters in the programme committees, in meetings with the Chair of Clinical Education and in their end-of-rotation surveys. For example, in the Psychiatry setting, described above, we have received extensive feedback from students praising the professional skills of our interpreters and the hugely positive impact on their learning. Some indicative examples of feedback provided by students in their Psychiatry course feedback survey are listed here: '*the interpreters were all amazing'; 'interpreters were very helpful, organised and professional. They knew exactly how the consultation was conducted and were helping us learn'; 'all the interpreters at Limassol and Nicosia sites were extremely helpful for our learning'; 'having interpreters at the different sites was very helpful and made a huge difference in communication*'. In regards to the monitoring of the provision of Greek classes, we monitor student attendance and receive student feedback. Most recently, students have expressed their satisfaction with the quality of their learning and their gratitude that we have now been able to resume face-to-face teaching, which is very beneficial in the learning of a language, particularly in the early stages of learning. We have more recently strengthened our QA mechanisms by introducing the aforementioned Academic Clinical Lead annual reports. ACLs are required to reflect on and provide feedback on the support mechanisms for the development of language skills.

In summary, we have continued to review our language proficiency requirements and the support provided to non-native speakers, and make adaptations where necessary, to ensure that they remain appropriate and facilitate student learning in the clinical environment.

C. Other institutional action taken towards the implementation of ESG aiming at the improvement of the institution / department / programme of study.

We continue to ensure that institutional and School-level changes ensure ongoing compliance with the European Standards and Guidelines. Under the leadership of the Executive Vice President for Health, one of the key developments in the last year has been the introduction of the new UNIC Health structure. This has been established to support the strategic development of Medicine, Veterinary Medicine and Health Sciences under one umbrella. The UNIC Health structure brings together the academic and clinical arms of Health, including the University Medical Centre. Further, it supports the holistic concept of One Health, that we espouse, and which emphasizes the relationship between the health of humans and animals within a healthy, sustainable environment. In this regard, we aim to achieve excellence in teaching, research, community service and patient care. The UNIC Health structure thus contributes to the achievement of our aims, including to graduate students of Health subjects that are committed to life-long learning, ready to pursue work or further training in their field of choice, competently and successfully making a difference to human, animal and environmental health communities, regionally and globally. The development of UNIC Health provides emerging opportunities for the delivery of the MD programme and has already had a positive impact, for example through the delivery of joint IPL activities, as described in Additional Area item 4, on page 25. The expansion of inter-disciplinary research is another example of an important emerging opportunity. Within the Department of Basic and Clinical Sciences of the Medical School, the development, accreditation, and delivery of the graduate-entry 'Doctor of Medicine' programme (GEMD), starting in the academic year 2022-2023, has been an important strategic development, which further allows us to consolidate our clinical training curriculum and governance structures for clinical training across our medical programmes, as described below.

In regards to ensuring ongoing compliance with the European Standards and Guidelines aiming at the MD programme level, extensive work has continued to take place. The below focuses on our work to further integrate the curriculum and assessment in Years 4, 5 and 6, as per the EEC's constructive feedback.

Year 4. Year 4 is an important transition year as it bridges the pre-clinical and clinical years. Extensive work has taken place to make adaptations to the curriculum structure of Year 4 to maximize the impact of this important year in the student's learning as they transition into the clinical years of the programme. Adaptations have been based on faculty, student and external stakeholder feedback. The developments include the integration of Semester 7 courses (MED-401-MED-405) with Semester 8 clinical placements in General Practice, Junior Medicine, Junior Surgery (MED-406). This will allow students to integrate their knowledge in the classroom with clinical experience, which is currently separated across the Fall and Spring Semesters of Year 4. The content of the curriculum will remain the same albeit with some changes based on the standard, annual curriculum review. The re-structured year starts with introductory teaching from all courses and is aimed at supporting students to be appropriately prepared for their clinical placements and research projects. Re-structuring the year to run longitudinally further allows dedicated time for the research project (MED-405). This will allow students to focus on the research project, either completing a narrative literature review or carrying out primary literature. We have additionally expanded the options for students by including the option of working with an external supervisor, alongside an internal supervisor

from the Medical School faculty. The longitudinal delivery of Year 4 additionally allows students an elective opportunity to gain further clinical experience or conduct research in an area of interest that may also be linked with their future career aspirations, as part of the MED-405 course. The longitudinal delivery of Year 4 has additionally allowed us to shift end-of-semester progression to end-of-year progression. The curriculum structure will allow students to learn longitudinally through the year, integrating classroom-based learning and clinical experience to support better preparation for the exams at the end of the year.

During the planning stage, and in line with the ESG, we have engaged with the students to ensure that their feedback was carefully considered in the adaptations. The proposed Year 4 structure and assessment were recently discussed and approved by the MD programme committee. Overall, the approach to the delivery of the curriculum and assessment in Year 4 will enable us to better integrate the curriculum and assessment.

Years 5 and 6. Starting in 2024-2025, the curriculum in Years 5 and 6 will be integrated, which allows for integration in assessment as well. The changes are in line with our recently accredited Graduate Entry Doctor of Medicine (GEMD) programme (https://www.med.unic.ac.cy/education/5-year-md-degree/#tab-structure). The curriculum ensures that students gain appropriate experience in all major specialties of medicine, similar to the existing curriculum in Years 5 and 6, albeit in a curriculum model that allows for further horizontal and vertical integration by virtue of the realignment of some clinical rotations. Medical and surgical disciplines are integrated horizontally, for example, Medical and Surgical Gastroenterology; Nephrology and Urology; Rheumatology and Orthopaedics. Vertical integration is utilized to build on previous knowledge, including formal structured revisiting of the basic sciences. Assessment takes place at the end of the year and assessment burden will be reduced through the delivery of a single written comprehensive, integrated exam, that comprises material from the entire year. Currently, there are nine and 6 end-of-year exams in Years 5 and 6, respectively. The end-of-year OSCE will additionally assess students' clinical skills at the end of the year. The delivery of the same curriculum across our two undergraduate medical programmes will additionally allow us to streamline our governance structures for clinical training, for example through a joint clinical training committee, chaired by the Chair of Clinical Education, in collaboration with clinical specialty leads and curriculum leads. We have planned for delivery of the aforementioned clinical curriculum and assessment, starting in the academic year 2024-2025 i.e. in line with the first year GEMD students will enter their clinical training years.

D. Signatures of the Internal Quality Assurance Committee

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Professor Joseph Joseph	
Dr Soulla Nicolaou	
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