

Doc. 300.1.2

Date: 06 December 2022

Higher Education Institution's Response

- **Higher Education Institution:**
University of Nicosia
- **Town:** Nicosia
- **Programme of study**
Family Medicine
(1.5 years, 90 ECTS, Master of Science, E-learning)

In Greek:

Programme Name

In English:

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

- **Language(s) of instruction:** English
- **Programme's status:** Currently operating
- **Concentrations (if any):**

In Greek: Concentrations

In English: Concentrations



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

A. Guidelines on content and structure of the report

- *The Higher Education Institution (HEI) based on the External Evaluation Committee's (EEC's) evaluation report (Doc.300.1.1 or 300.1.1/1 or 300.1.1/2 or 300.1.1/3 or 300.1.1/4) must justify whether actions have been taken in improving the quality of the programme of study in each assessment area. The answers' documentation should be brief and accurate and supported by the relevant documentation. Referral to annexes should be made only when necessary.*
- *In particular, under each assessment area and by using the 2nd column of each table, the HEI must respond on the following:*
 - *the areas of improvement and recommendations of the EEC*
 - *the conclusions and final remarks noted by the EEC*
- *The institution should respond to the EEC comments, in the designated area next each comment. The comments of the EEC should be copied from the EEC report **without any interference** in the content.*
- *In case of annexes, those should be attached and sent on separate document(s). Each document should be in *.pdf format and named as annex1, annex2, etc.*

1. Study programme and study programme's design and development (ESG 1.1, 1.2, 1.7, 1.8, 1.9)

Areas of improvement and recommendations by EEC	Actions Taken by the Institution	For official use Only
<p>We couldn't identify any significant points for improvement. Perhaps a little more information on how the huge amount of QA information gathered shaped and modified ongoing activities would have been helpful.</p>	<p>We thank the External Evaluation Committee (EEC) for recognising the importance placed on Quality Assurance, at all levels of activity. Indeed a significant amount of data is collated and analysed, and this is done alongside student demographics such as gender, age, nationality as appropriate.</p> <p>In relation to the outcomes of QA activity in shaping the Family Medicine programme, feedback is collected upon the conclusion of each course from a variety of sources, such as from students and faculty. It is shared with relevant faculty such as Course Leads and the Programme Coordinator, and administration. Collectively, decisions are made on the necessity and nature of any changes to be made to a course, for example, updating and/or refinements to curriculum content and/or assessment. A summary of any feedback-informed changes are shared with students, to demonstrate how their feedback is used and to close the feedback loop. When changes are implemented they are evaluated to ensure that they are well received.</p>	<p>Choose an item.</p>
<p>Perhaps more involvement of current students in review processes of the programme would be beneficial.</p>	<p>We welcome this suggestion from the EEC, and are pleased to confirm that our ongoing monitoring and review processes involve students, for example, by way of representation at committees, such as the postgraduate programmes committee, departmental QA Committee, and the department Council. Similarly, our internal periodic review process allows for active student involvement.</p>	<p>Choose an item.</p>
<p>Areas we might expect in a Family Medicine programme include formal research training, leadership, medical education, health policy, global health priorities and health service organisation – these are areas which are covered in some other Masters of Family Medicine programmes internationally.</p>	<p>We thank the Committee for recognising the strengths of the programme (“It is a well-integrated educational program with a good balance between medical content and organisational and societal components.”). All students receive formal research training in the programme by way of the Research Methodology course (FMED-590c); global health priorities and health service organisation issues are covered throughout the courses, for</p>	<p>Choose an item.</p>

<p>There are opportunities to take electives in some of these areas, but we wondered if more might be integrated. The course is excellent in terms of core family medicine skills, and this has been career-changing for many of its graduates. The faculty may want to consider reviewing the scope of their course in the context of other masters programmes internationally.</p>	<p>example in looking at paediatric vaccinations in a global context in Paediatrics and Child Health Surveillance (FMED-532). Those with a particular interest may also expand on this, through the Public Health and Health Services Administration electives that are available.</p>	
<p>There is a degree of opacity in how the clinical areas of the course have been chosen. What was the process in developing course content? Acknowledging that no course can cover everything. The faculty may want to consider the process of choosing clinical areas and ensuring there is collective agreement, amongst faculty and stakeholders, over content.</p>	<p>We welcome the opportunity to clarify how the programme was initially designed. Although it is not a specialty training programme, it was initially developed based on the Family Medicine practitioner's needs, through mapping to the competences set out by the World Organisation of Family Doctors, WONCA. Further, the requirements for the membership exam of the UK's Royal College of General Practitioners (RCGP) were also key to the initial development of the curriculum. A needs analysis was undertaken to ensure that the clinical content of the RCGP international membership examination could be covered within the core courses of semesters 1 and 2.</p> <p>For each course, the philosophy behind its development was to provide students with the principles of evidence-based medicine in each field of primary care medicine. In ensuring curriculum relevance year on year, the Course Leads carry out a content review annually and update materials based on the latest guidelines and developments in Family Medicine.</p>	<p>Choose an item.</p>
<p>We have raised the issue of ECTS points and how clinical work contributes to their accumulation. Is it realistic for a clinician to do the course full time? Faculty might want to consider making this process more transparent.</p>	<p>We are pleased to have an opportunity to clarify that, as the programme is not considered as formal specialty training in Family Medicine, clinical work does not contribute directly to the ECTS accumulation. However, by virtue of needing to be in clinical practice throughout the duration of their study, as there are requirements to complete workplace based assessments as part of the overall scheme of assessment for the programme, our students' clinical work is, indirectly, linked to achieving ECTS.</p> <p>We recognise that, by needing to be in active clinical practice, this impacts on the workload of</p>	<p>Choose an item.</p>

	<p>students, hence their active involvement within the programme is monitored. This enables us to take a proactive approach to contacting students that appear to be struggling to commit to the programme on a full time basis. Indeed, students are guided by their academic mentor as to the realistic requirements of the programme from orientation onwards. Students are also provided with a full list of activity for each of the courses, along with a detailed schedule for both Semester 1 and 2, to make clear the academic commitment required of the programme, from its onset. Through eLearning and providing materials online, students are given significant freedom to organise their time and studies around their clinical practice.</p>	
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2. Student – centred learning, teaching and assessment (ESG 1.3)

Areas of improvement and recommendations by EEC	Actions Taken by the Institution	For official use Only
<p>We wondered if the emphasis on formative testing (particularly multiple choice) was too strong. Perhaps making it non-mandatory. In general, we felt that most concepts in family medicine don't lend themselves to MCQs (given the complexity of what we do in family medicine)</p>	<p>The formative Applied Knowledge Test (AKT) is optional but students are encouraged to sit it since we believe that providing formative assessments remains good practice for the learning experience of students, through allowing familiarisation with the format and level of examination. Further, it provides students with an opportunity to receive experience under exam settings and gain feedback on their performance, all prior to the summative attempt. We have been repeatedly commended for this approach by the programme's External Examiners.</p> <p>The format of the summative AKT is based on Multiple Choice Questions (MCQs) and, as it also forms part of the RCGP's international membership examination, cannot be changed. The specific type of MCQs, requiring the analysis of clinical scenarios, makes them relevant to practising General Practitioners, though that said we do recognise that there are limitations to MCQs in Family Medicine. Hence, we have established a multifaceted scheme of assessment across the three semesters of the programme, that include workplace based assessments (WPBAs) comprising Consultation Observation Tools, Case-based Discussions, and Clinical Examination and Procedural Skills; coursework assignments; research proposals and presentations. This wide range of methods used to assess students – and which continues to be enhanced - ensures that there is not a focus on an MCQ exam only.</p>	<p>Choose an item.</p>
<p>The weighting of final course assessment marks (60%) seemed to favour an end of year exam and the committee encourages considering more of a focus on ongoing continuous assessment. We also suggest providing feedback at the end of the final exam in order to become more formative, due to the weighting of the exam.</p>	<p>We will be happy to provide a feedback session following the final examination and thank the EEC for this suggestion. In doing so, we will be able to focus on any areas that had poorly performing questions across the cohort. We will also look to sacrifice some MCQs should this enable us to provide more specific feedback to the students. In principle, we agree that a focus on ongoing continuous assessment through each course is preferable, hence we incorporate regular opportunities for students to assess their progress, e.g., through embedded quizzes.</p>	<p>Choose an item.</p>

	Further, we enable longitudinal assessment through the workplace based assessment (WPBA) components in particular, but also through coursework assignments. However, there remains an expectation for a final examination in all eLearning courses (as required by CyQAA).	
We didn't have significant concerns about fairness and consistency, however continuous attention will be needed concerning subjectivity of ratings of non-MCQ assessments, and to equality in their judgement	We are pleased to note that the EEC were not concerned about the fairness and consistency of assessment ratings. To provide clarity, in regards to the elective and research-related courses, these are, and will continue to be, both double-marked and moderated. The workplace based assessments of the core courses are also moderated by the specific assessment component leads. Furthermore, all examiners are trained prior to being involved in assessment marking, and are offered continuous and refresher training sessions in our efforts to maintain consistency and a fair approach to all assessment components.	Choose an item.
Practical training in communication and consultation skills and performing audits is very well done. However it must be noted that while clinical topics represent a large part of the theoretical teaching, the practical clinical work of the student is not assessed in this e-learning programme.	There are several aspects of the practical clinical work of the students that are assessed, for example, through Case Based Discussions (CBDs), Clinical Examination and Procedural Skills (CEPS) and Consultation Observation Tools (COTs) . Although the COTs are predominantly assessing communication skills, rather than clinical reasoning and management plan formulation, in our setting, we believe that these workplace-based assessments do assess these aspects well, as does the Applied Knowledge Test, and in combination providing for a well-rounded scheme of assessment for this academic programme.	Choose an item.

3. Teaching staff (ESG 1.5)

Areas of improvement and recommendations by EEC	Actions Taken by the Institution	For official use Only
<p>We noted there was a paucity of GPs on the faculty – this is quite unfortunate given the content of the coursework</p>	<p>We are pleased to clarify that there are seven full-time General Practitioner (GP) faculty that actively contribute to the programme’s thirteen courses. An eighth full-time GP will join the team in February 2023, with an ninth full-time GP faculty member thereafter. Given that there are approximately forty enrolled students, this enables effective teaching and mentorship, at a ratio of one faculty per six students.</p> <p>Courses, that due to their nature, are led by other medical professionals such as, FMED-534: Mental Health, are also led by a GP to ensure primary care representation. Overall, the Medical School benefits from the regular teaching contributions and expertise of a wide network of locally and internationally trained GPs located both at the University’s Medical Centre as well as in centers affiliated to the Medical School throughout Cyprus.</p>	<p>Choose an item.</p>
<p>Synergies of teaching and research: We felt there were tangible examples of this – albeit the research output is still modest (despite the rising number of publications). There are examples of research (e.g. early diagnosis, survivorship etc.) which would lend itself will to teaching.</p>	<p>We welcome the suggestion to enhance the synergies of teaching and research. The early stage development of primary care, and its emphasis within the new National Health Insurance Scheme, indeed lends itself to the development of more research. Enhancements to the existing national electronic patient record system will, undoubtedly, provide further opportunities, and firmly support the ambitions of the Department’s research strategy, i.e., to increase research output and strengthen its synergies and direct incorporation in teaching. Additionally, in 2023 the Medical School will increase faculty time for research to 40% (at present the ratio is 30% research, 50% course development/ administration, 20% teaching). It will also enhance training and development opportunities in research-related areas, such as through special seminars. These, together with the expansion of faculty numbers, will collectively enable the department to reach its research targets and further enhance research synergies with teaching.</p>	<p>Choose an item.</p>
<p>Scholarly activity to strengthen the link between education and research is encouraged.</p>	<p>Scholarly activities to strengthen the link between education and research is a priority for the Programme. Our faculty are active in research in primary care and supported by ongoing enhancements to research infrastructure and leadership at a number of levels of UNIC Health. For</p>	

	<p>example, the recent appointment of a Professor to extend the multi-national research project that we lead looking at the impact of Covid ('CMOR'), and to develop the University's Medical Centre into a centre of research excellence by focussing on research into the effects of long-Covid. Further, the newly elected Associate Dean for Research at the Medical School is both a faculty member of the PCPH department and a practising General Practitioner. Also, the Curriculum Lead for the programme (a senior Clinical Professor) is acting as mentor to junior faculty for research in General Practice.</p> <p>Additionally, the PCPH Department under which the Programme is housed has developed a Research Strategy (as part of its wider strategic plans), which will target the further development of clinical and primary care research. Specifically, enabling a) the monitoring of patient health outcomes, b) evaluating the positive impact of family medicine initiatives and/or overall primary patient care, as well as the community interventions regularly conducted by the Department, on local patient and population health, as well as global health, c) assessing health indicators and clinical care, and d) identifying the health needs and demands of society, including both patient and the general population at the local and international levels.</p>	
<p>The faculty and teachers face all the challenges of a new programme. Numbers are still quite low, and primary care isn't as well-developed in Cyprus as it is in other parts of the world. Some challenges arise from lack of primary care infrastructure. For example, in the medical centre, collected data doesn't readily enable detailed analysis (for example for clinical audit). This is an unfortunate constraint on research potential for students. Further, there aren't resources such as primary care research networks, or database like CPRD in the UK to facilitate primary care research. This is an evolving situation – things will improve. As mentioned, having more GPs</p>	<p>In regards to the collation of patient data and its potential to be used for research, Cyprus' new NHS has established a comprehensive universal electronic patient record (EPR) system. We recognise that it has some limitations in terms of being able to support retrospective and prospective public health and clinical studies at this point, however our faculty, are leading the way for changes to the system, through their involvement in national advisory groups. The enhancements to the system will actively support research through the ability to collect and analyse anonymised patient data. Specifically, with our own University Medical Centre having almost 6000 patients registered, this will provide a wealth of Family Medicine data.</p> <p>Additionally, developments within the department, for example, having increased numbers of GP faculty (such as those recently recruited) will further strengthen our enhancement plans for all three pillars of activity: through teaching to both undergraduate and postgraduate students; increasing our research</p>	<p>Choose an item.</p>



on the programme would be a great help.	output; and delivering on social contributions through their clinical roles as primary care physicians.	
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4. Student admission, progression, recognition and certification (ESG 1.4)

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<p>We wondered about the potential of the programme as a route into academic family medicine. Should prospective applicants be advised this is a good preparation for a PhD programme? Or should they be advised to do the MPH? Perhaps being a little more explicit guidance about these issues would be helpful? Noting these is no doubt that the course will help some candidates into leadership positions.</p>	<p>We are pleased to note that the EEC found the programme to be compliant with all criteria in relation to Student admission, progression, recognition and certification (ESG 1.4).</p> <p>With the ongoing emphasis on Family Medicine as a clinical specialty, in line with the roll out of the national health insurance scheme in Cyprus, we envision the programme being increasingly attractive to those General Practitioners interested in extending their role into an academic Family Medicine position. Indeed, we view the programme as attractive to those that are interested in enhancing their careers towards a number of areas, such as:</p> <ul style="list-style-type: none"> – developing an academic interest – developing as a GP with Special Interest – developing a portfolio career – preparing for the reformed National Healthcare System (GESY) – developing employability skills – developing a specific practice specialty – assuming a leadership or partnership role – preparing for an educational role. <p>The content of the programme supports those interested in developing an academic interest or preparing for an educational role through, for example, the programme’s research pathway enabling them to learn how to design a research project and write a research proposal, and then conduct a research project, analyse data and summarize their findings in a research paper and conference presentation; additionally there is an elective on Learning and Teaching in Healthcare that students may select to develop their teaching and assessment skills.</p> <p>In recognising that some of our graduates may want to focus more directly on academic research, there are also opportunities to apply to join the Medical School’s PhD in Medical Sciences programme. Our Academic Mentors guide and encourage those with an interest to do so. Prior to that, students can participate in departmental research projects, also providing them with an opportunity to apply and further develop their research skills. The School encourages students to participate in national and international conferences in order to present their research work, and through the Student Conference Award</p>	<p>Choose an item.</p>

	<p>Programme, students who meet the eligibility criteria, can apply to subsidise their participation in online or face to face conference events.</p> <p>As the postgraduate award of Master of Science in Family Medicine is academically equivalent to the Master of Public Health programme that we offer, we find that those with a public health interest may be more interested in undertaking elective courses from the MPH, rather than to study the MPH as an additional programme of study. Nonetheless, we would be happy to welcome graduates of Family Medicine to apply to the MPH programme should they wish to expand their knowledge further.</p>	
<p>Should candidates be counselled that if they have demanding clinical positions they would find it difficult to do the course full time?</p>	<p>Each student has a mandatory meeting with their allocated Academic Mentor within the first few weeks of joining the programme, and to specifically discuss the workload of the programme alongside their clinical priorities. This helps guide the students in scheduling their studies based on their needs, and to identify at an early stage whether they believe that they can realistically manage being part of the programme on a full-time basis. Indeed a number of our students do opt to switch to part-time enrolment. To further support this, resources, such as the comprehensive full-year schedule that is provided to students at the beginning of semester 1, enable them to plan their study alongside their clinical role.</p>	<p>Choose an item.</p>



5. Learning resources and student support (ESG 1.6)

Areas of improvement and recommendations by EEC	Actions Taken by the Institution	For official use Only
No significant areas for improvement were identified.	We are pleased to note that the EEC found the programme to be compliant with all criteria in relation to Learning Resources and Student Support (ESG 1.6).	Choose an item.



6. Additional for doctoral programmes (ALL ESG)

N/A

Areas of improvement and recommendations by EEC	Actions Taken by the Institution	For official use Only
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7. Eligibility (Joint programme) (ALL ESG)

N/A

Areas of improvement and recommendations by EEC	Actions Taken by the Institution	For official use Only
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B. Conclusions and final remarks

Conclusions and final remarks by EEC	Actions Taken by the Institution	For official use Only
<p>It has been a pleasure and an honour for us to evaluate this programme. As family medicine academics it is very encouraging for us to see this relatively new venture at UNIC, with its focus on strengthening family medicine both locally and internationally. In its first few years the programme has demonstrated its ability to recruit from a very broad base around the world. It is also showing the early signs of development as a research-led course, and there are some solid research outputs from faculty – ideally in the future this will be complemented by a portfolio of student-led publications. It is a well-integrated educational program with a good balance between medical content and organisational & societal components.</p>	<p>We are very grateful to the External Evaluation Committee (EEC) for the constructive approach taken to the evaluation and for the very positive report that they provided. We believe that the programme provides a solid academic grounding for practising family medicine physicians as well as promoting clinical research and evidence-based best practices in patient care.</p>	<p>Choose an item.</p>
<p>The faculty for this programme are committed and passionate about the course. Their enthusiasm and dedication are obvious, and this helps to make us confident the programme will be a long-term success. Throughout the report we've made some minor suggestions and comments – we emphasise, however, that we have formed a very positive impression of the programme. We consider it will make a significant contribution to international efforts to improve the quality of family medicine, and its academic base. The programme is producing, we believe, a group of highly motivated graduates with the potential to become leaders in their field. We urge the programme organisers to stay in touch with their alumni – they will enrich your activity, and you may even be able</p>	<p>The commitment of our faculty is commendable and we are pleased that the EEC have recognised this.</p> <p>In regards to our alumni, we are delighted to note that we remain in contact with a number of Family Medicine graduates. Indeed, there are two that are now active faculty members at the Medical School, including teaching on the Family Medicine programme itself. Further, as part of the department's strategic plans, we are developing a graduate survey, to receive further feedback on how the programme has impacted our graduates' day-to-day clinical practice and career trajectory.</p>	<p>Choose an item.</p>



to recruit one or two of them to teach on the course.		
We wish the programme organisers, and the wider faculty at UNIC as well, and look forward to hearing about future achievements as the programme grows in size and stature.	We thank the EEC once again for their generous and constructive comments throughout their report.	Choose an item.

C. Higher Education Institution academic representatives

<i>Name</i>	<i>Position</i>	<i>Signature</i>
Dr Elena Critselis	Head of Department, PCPH	
Professor George Samoutis	Associate Head of Department, PCPH	
Professor Joseph Joseph	Interim Associate Dean for Academic Affairs	
Dr Dionysis Vaidakis	MSc in FM Programme Coordinator	
Dr Christiana Demetriou	MPH Programme Coordinator	
Ms Jill Griffiths	Director of Quality Assurance	

Date: 06 December 2022

