

Doc. 300.1.3/1

Date: *Date*

Feedback Report From EEC Experts (Basic Medical Education)

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

In Greek:

Πτυχίο Ιατρικής (6 έτη, 360 ECTS, 1^{ος} κύκλος)

In English:

Doctor of Medicine (MD) [6 years, 360 ECTS, 1st cycle]

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

The present document has been prepared within the framework of the authority and competencies of the Cyprus Agency of Quality Assurance and Accreditation in Higher Education, according to the provisions of the “Quality Assurance and Accreditation of Higher Education and the Establishment and Operation of an Agency on Related Matters Laws of 2015 to 2019” [N. 136 (I)/2015 to N. 35(I)/2019].

A. External Evaluation Committee (EEC)

Name	Position	University
Helen Cameron	Chair	Aston University, Birmingham, UK
Matthias Siebeck	Member	Ludwig Maximilians University, Munich, Germany
Madalena Patricio	Member	University of Lisbon, Portugal
László Hunyady	Member	Semmelweis University, Hungary
Philippos Stylianou	Member	Cyprus Medical Council
Sotia Zarvou	Member	Cyprus University of Technology

B. Guidelines on content and structure of the report

The EEC based on the external evaluation report for basic medical education (Doc.300.1.1/1) and the Higher Education Institution's response (Doc.300.1.2/1), must justify whether actions have been taken in improving the quality of the programme of study in each assessment area.

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Assessment Areas

1. Mission and Outcomes

Sub-areas

- 1.1 Mission
- 1.2 Institutional autonomy and academic freedom
- 1.3 Educational outcomes
- 1.4 Participation in formulation of mission and outcomes

EEC's rating on 24&25 June 2019

Sub-area		<i>Non-compliant</i>	<i>Partially compliant</i>	<i>Compliant</i>	<i>Not applicable</i>
1.1	Mission			√	
1.2	Institutional autonomy and academic freedom			√	
1.3	Educational outcomes			√	
1.4	Participation in formulation of mission and outcomes		√		

EEC's comments on the external evaluation report and HEI's response

Findings

1. The mission was clearly stated on the web site and in the documentation and the official documents contained clear learning outcomes.

Response 1:

We thank the EEC for this positive remark. The Medical School will continue to present its triple mission (comprising provision of high-level medical education, pioneering research and quality healthcare services) to the public through its website and printed resources. Moreover, the School has recently updated its mission to address the continuously evolving trends in medical education, the advances in medical research and the changing requirements in healthcare provision (**Appendix 1.1** - Minutes of the 10th/2019 meeting of the Medical School Council - 2.1, paragraph A 1.1: mission and vision). As recently decided the conformation of School's mission and vision will be duties of the Studies Committee (**Appendix 1.2** - Minutes of the 10th/2019 meeting of the Medical School Council - paragraph 2.1 (B): Decision regarding composition and

roles and responsibilities of the Studies Committee and **Appendix 1.2.1** - Appendix II of the Minutes of the 10th/2019 meeting of the Medical School Council (in paragraph B): Composition and roles and responsibilities of the Studies Committee).

2. Excerpts from official documents and interviews demonstrated that the School had had autonomy to develop the medical curriculum with advice from the international advisory committee, and to operate its own budget.

Response 2:

We thank the EEC for acknowledging the School's autonomy. The Medical School has indeed the autonomy to develop its curriculum and handle its own budget, as defined by the University of Cyprus Law ([Weblink here for the University of Cyprus Law](#) - available in English translation from the UCY website). All relative decisions are taken and/or approved by the School Council, which consists of the academic staff of the School and representatives of students. The School may ask the international advisory committee for advice on issues related to curriculum development.

3. Medical School already has a few separate policies and procedures. However, staff had been unable to seek exemptions from some University regulations related to assessments.

Response 3:

We thank the EEC for this comment and the acknowledgment of the School's autonomy and freedom to create separate policies and procedures from the UCY. We would like to highlight that the School and its staff have been able to seek and get a number of exemptions from the University regulations related to assessment, although further work needs to be done in this area. For example, the Exams time-periods are strictly pre-defined by the University to fit the structure of a typical two-semester programme, running for two weeks in May. However, an exemption for the School has been granted by the UCY after a request by the Dean and the School Council in order to accommodate the needs of the Programme, providing an exam period for the Medical School of a duration of 4 weeks (example for Exams 2018 for Phase II: 10th of May to 31st of May). In addition, the Medical School has earned the autonomy to adapt the methodology and forms of assessments to the needs of the Programme's curriculum, exempted from the UCY general exam procedures (i.e. introduction of oral assessments, introduction of bedside assessments, etc.). More importantly, the Medical School has been granted an exemption to apply total digital examinations to its assessment, becoming the first School in UCY to do so (**Appendix 1.3:** Minutes of 4th Meeting/ 2018 Medical School Council, Paragraph 4.2; Since May 2018 Medical School examinations are digital, with the use of Speedwell software and an Exam Committee has been appointed and trained).

The Medical School has full autonomy to introduce, amend and remove procedures and processes in its assessment policies. A recent example of evidence of the School's autonomy to define its own assessment procedures, is the School decision on the form and content of the 2019 final exams of the first cohort of Year

6 students (**Appendix 1.4.1:** Minutes of 2nd/2019 meeting of the Medical School Council, Paragraph 3.1. and **Appendix 1.4.2:** Appendix II of the minutes of 2nd/2019 meeting of the Medical School Council; Definition of the assessment procedures for 6th grade students), as well as to Year 2 and 3 students (see **Appendices 1.4.3-1.4.5** - Appendices III, IV, and V of the minutes of 2nd/2019 meeting of the Medical School Council – detailed information of the examination process). Finally, a specific policy on laboratory exams has been introduced by the School without the requirement of UCY permission (**Appendix 1.5:** Minutes of 10th/2018 Medical School Council, Paragraph 3.2. Introduction of lab exams for 2nd and 3rd year students and exams at the end of each Rotation during the phase III of studies).

4. There are four student representatives with voting powers on the School Council and their participation in the Studies Committee, along with patients and other stakeholders, is currently being prepared. This will enable students to become more involved in the formulation of the mission and other aspects of programme management such as the design of the outcomes.

Response 4:

We appreciate this constructive finding. It is the School's priority to involve all relative stakeholders in the development of the medical curriculum. More specifically, the School Council has decided on 02/10/2019 at the 10th/2019 meeting (see **Appendix 1.2** - Minutes of the 10th/2019 meeting of the Medical School Council - paragraph 2.1 (B) and **Appendix 1.2.1** - Appendix II of the minutes of the 10th/2019 meeting of the Medical School Council, to expand the membership of the School's Studies Committee to also include a representative of the Administrative Staff of the School, a representative of Students, a representative of the Ministry of Health of Cyprus, a representative of Cyprus Medical Association, a representative of State Health Services Organisation (Semi-governmental organization of the Public Hospitals in Cyprus) and a representative of the Pancyprian Federation of Patients Associations and Friends (**Appendices 1.6.1 – 1.6.5** - Invitation letters to new members of the Studies Committee and their **Appendices 1.6.6 – 1.6.10** - Responses of the new members of the Studies Committee).

More information on exemptions and decisions by the School regarding assessment are discussed and presented in Section 3, under "Areas of Improvement, Response 3" ([Link here to Section 3, Response 3](#)).

Strengths

1. The medical School already has a few separate policies and procedures.

Response 1:

We welcome this recognition. The Medical School is responsible to define most of the procedures that are key for its development. These procedures include (but not limited to):

- Development of new academic posts
- Selection of academic staff

- Development and update of curriculum
- Definition of student assessment methods
- Requested budget and budget allocation
- Future developments

Some of these procedures, such as development of new posts, total requested budget, or academic staff election, need to be approved by the central University bodies (Council and/or Senate). Approval is not however required for other procedures, such as composition of academic candidate evaluation committees or student assessment methods.

For example, the School Council, decided on the composition of academic candidate evaluation committees (**Appendix 1.7:** 12th/2018 meeting of the Medical School Council, Paragraphs 2.1, 2.2, 2.3; Approval of the Evaluation Report of the Committee for Special Scientists staff election. Minutes appendices are provided in **Appendix 1.7.1** (Appendix II of the 12th/2018 meeting of the Medical School Council). As mentioned above, separate policies apply on the assessment procedures for 6 grade students (**Appendix 1.4.1:** Minutes of 2nd/2019 meeting of the Medical School Council, Paragraph 3.1. and **Appendix 1.4.2:** Appendix II of the minutes of 2nd/2019 meeting of the Medical School Council; Definition of the assessment procedures for 6th grade students). Similarly, the School Council, during its sixth 2019 meeting on June 4, 2019, decided on the approval of School's budget allocation for years 2020-2022 (**Appendix 1.8:** Minutes of 6th/2019 Medical School Council, Paragraph 2.1; Approval of budget allocation 2020-2022).

2. An international advisory committee, comprising well-known names in medical education, has provided expertise in setting up the programme and the School has used the committee's advice to good effect.

Response 2:

We greatly appreciate the recognition of our International Advisory Committee as a strength. The School was advised by the international advisory committee for the programme development in an effort to take advantage of international expertise and address the current needs and trends in medical education. The new Studies Committee that has recently been appointed (see above response 4 of Findings), composed by all relevant stakeholders (academics, students, patients and physicians) will overlook the programme on a regular basis, propose adjustments and updates to the School Council and request further input from the international advisory committee when necessary.

3. The medical School has a bespoke designed medical programme with clearly defined and published learning outcomes.

Response 3:

We thank the EEC for the acknowledgement of this strength. The programme of the School has been designed, with the contribution of international experts, to match the current objectives and requirement

of modern medical education, with clear general and specific learning outcomes, as defined in the Students' Manual. In addition, as previously stated (see above response 4 of Findings), a new Studies Committee composed by all relevant stakeholders (academics, students, patients and physicians) has recently been established to overlook the programme on a regular basis and propose adjustments and updates deemed necessary to the School Council.

Areas for improvement and recommendations

1. The mission and vision should be developed to be more ambitious, including for example current trends in medical education.

Response 1:

We appreciate this constructive suggestion. The School Council, during its 10th/2019 meeting on October 2nd 2019 (**Appendix 1.1** - Minutes of the 10th/2019 meeting of the Medical School Council - 2.1, paragraph A 1.1: mission and vision), decided to modify the School's mission to address additional issues, such as the changing trends in medical education, the advances in medical research and technology and the evolving healthcare needs of the Cypriot society. The new mission statement that will replace the current on the printed and web material of the School, reads as follows:

"The University of Cyprus Medical School has a triple mission comprising the provision of modern medical education to undergraduate and postgraduate students, the delivery of high quality healthcare services to the inhabitants and the visitors of Cyprus and the accomplishment of innovative research in the broad field of medical sciences. At the same time, the Medical School aims at the continuous update of its study program, of its research activities and of the healthcare services it provides to address the evolving trends and methods of medical education, the advances in medical science and technology and the changing medical needs of the Cypriot society."

2. The School should disseminate the mission statements more clearly to all including the public and non-academic staff in the hospital.

Response 2:

We thank the EEC for pointing this out. The School's mission is clearly defined in School's published and web material, as previously stated. The visitors of the School's premises are further exposed to the mission of the School through posters and brochures available in public areas. To further enhance dissemination, the School Council, during its 10th/2019 meeting, decided to make this material available in public areas of the affiliated hospitals and medical facilities (Nicosia General Hospital, Makarios III Hospital, Cyprus Bank Oncology Centre, Cyprus Institute of Neurology, Public Surgeries) and in public areas of the main University campus, and to ask two additional stakeholders, the Ministry of Health and the Cypriot Medical Association to contribute to this effort making the School's brochures available in their premises, medical congresses and

other events (**Appendix 1.1** - Minutes of the 10th/2019 meeting of the Medical School Council - 2.1, paragraph A 1.2: Dissemination of School's mission statement).

3. The University should consider appeals from the School for exemptions from some University regulations, and to have more autonomy to make adjustments to the regulations regarding the special requirements of medical education, especially around issues of admissions, assessment and quality.

Response 3:

We thank the EEC for this comment. As mentioned previously in this Section, successful appeals for exemptions from general University regulations have been filed in the past by the School, not only for assessment (please refer to Response 3 of Finding 3 in this Section; [Direct Link to Response 3, Findings, Section 1](#)). We believe that the University bodies are responsive to the School's appeals.

Regarding admissions, indeed the undergraduate students' admission is defined by State legislation, according to which, undergraduate students are admitted by taking the entrance examinations of either the Cyprus or the Greek Ministry of Education. This issue is beyond the authority of either the Medical School or the University to amend. However, Following UCY regulations, the Medical School accepts medical students from other Universities, but has the possibility to adjust their number and define the exams of the admission. The School Council decided on the applicant evaluation process, which is performed by written exams defined, organized and held by the Medical School (**Appendix 1.9:** Minutes of the 3rd /2018, Paragraph 4.2.4; Evaluation process for students of other Medical Schools that apply to continue in UCY Medical School). Another regulation of UCY is reporting the admission of students after successful International Baccalaureate, GCE or similar exams. However, the Medical School has the autonomy to define its own admission criteria and UCY has authorized School's Studies Committee and the Council to evaluate the applications of candidates. For example, during its 9th/2019 meeting on September 5, 2019, the Council evaluated and rejected two such applications (**Appendix 1.10** - Minutes of the 9th/2019 meeting of the Medical School Council (paragraph 4.3) - the rejected applications are highlighted in yellow).

The Medical School has also the autonomy on the admission of graduates with a Diploma from other Schools. The School Council has authorized School's "Transfer Committee" to define the terms under which their admission will be appointed (**Appendix 1.11.1** - Minutes of the 3rd/2019 meeting of the Medical School Council (paragraph 4.1); **Appendix 1.11.2** - Minutes of the 5th/2019 meeting of the Medical School Council (paragraph 2.1); **Appendix 1.11.3** - The Medical School Coordinator informed the Academic Affairs and Student Welfare Service regarding the rules for the admission of graduates from other Schools to the Medical School of the University of Cyprus; **Appendix 1.11.4** - Response by the Academic Affairs and Student Welfare Service with comments on the rules for the admission of graduates from other Schools to the Medical School of the University of Cyprus).

4. The School must continue to develop the involvement of all key stakeholders, especially students, in creating and implementing its mission, vision, outcomes, evaluation and other aspects of the medical programme.

Response 4:

We thank the EEC for this very valuable comment and suggestion, to which we fully agree. As previously stated, the Medical School values highly the contribution and feedback of all stakeholders including academics, medical students, patients and physicians. The composition of the new Studies Committee now includes representatives of all four aforementioned stakeholders and will now be reviewing the entire programme and reporting to the School Council on a regular basis. The International Advisory Committee is available to provide further expertise in this regard when this is deemed necessary. The School Council, the supreme executive body of the School that approves all decisions and oversees all procedures, in addition to the members of the academic staff, is further populated by 4 students with voting rights. More details and evidence in the School's actions for its stakeholders, please refer to Response 4, Findings under this Section ([Direct Link to Response 4, Findings, Section 1](#)).

Required Evidence as presented on page 37 of the EEC report

The evidence presented below has been requested in the section 'Required Evidence' on page 37 of the EEC report. Since the content of the evidence requested fits with the content of Section 1, we are presenting our response in detail here, hyperlinked to the collective list of Required Evidence at the Conclusions & Remarks Section of this form.

Required Evidence as part of Section 1

1. [Policy documents that describe the institutional autonomy and academic freedom](#)

Response 1:

The institutional autonomy and academic freedom of the University of Cyprus is described in detail in the "University of Cyprus Law" of the Republic of Cyprus, an official English translation of which is provided in the University of Cyprus website ([weblink here](#)). We provide below a reference to four specific parts of the Law, as examples of wording that relate to institutional autonomy and academic freedom. These are:

- Part II, paragraph 4.2(f) (page 10): "The safeguarding of academic freedom and the freedom of scientific pursuit and dissemination of ideas".
- Part V, paragraph 16(3) (page 21): "The Dean shall prepare the budget of the respective Faculty, shall prepare its academic programmes and shall submit recommendations for appointments in the Faculty."

- Part VI, paragraph 20(3) and 20(4) (page 29): “Each Faculty, Department or Research Unit shall have the right to regulate, subject to the Regulations and with the approval of the Senate, the teaching, study and research within the Faculty, Department or Research Unit.” “Each Faculty, Department or Research Unit shall have the right to consider any matter relating to the Faculty, the Department or the Research Unit and to submit a report or recommendations thereon.”
- Part VII, paragraph 22(1) (page 30): “The election or promotion of members of the academic staff shall be decided after the report of a special committee constituted in accordance with the Regulations. The decision shall be taken by voting of the members of the academic staff of the Department and of the Board of the respective Faculty holding higher ranks; however, in the case of a post of Professor, those holding the same rank shall vote.”

2. The Equality and Diversity Policy of the University and/or School

Response 2:

A general UCY document on equality/diversity principles can be found under the University of Cyprus Law document, in the “University of Cyprus Law” of the Republic of Cyprus, an official English translation of which is provided in the University of Cyprus website ([weblink here](#)). We provide below a reference to one specific articulation within the Law, as example of wording that relate to equality/diversity:

- Part II, paragraph 3(2) (page 8): “The University shall meet the needs of all the citizens of the Republic of Cyprus and shall also admit foreign students.”

To further ensure the respect of equality and diversity, the Academic Affairs and Student Welfare Service of the University of Cyprus has established a Social Support Office that provides support and guidance to students with disabilities, health problems, learning difficulties, financial problems or social issues (**Appendix 1.12.1** - Minutes of the 10th/2019 meeting of the Medical School Council - Approval of the updated Equality and Diversity Policy and anti-harassment Policy of the University (paragraph 9.1), paragraph 9.1); **Appendix 1.12.2** - The updated Equality and Diversity Policy of the University of Cyprus; **Appendix 1.12.3** - Policy and Code of Practice on anti-harassment including sexual harassment at the University of Cyprus). The Social Support Office also provides guidance to faculty members on how to handle each case. The relative regulations are provided at the webpage of this office ([weblink here for the Social Support Office](#)).

EEC’s final recommendations and comments

The Medical School has provided the required evidence and has addressed the recommendations and areas for improvement described within the EEC Report.

The School is compliant in sub-area 1.4.

2. Educational Programme

Sub-areas

- 2.1 Framework of the programme
- 2.2 Scientific method
- 2.3 Basic biomedical sciences
- 2.4 Behavioral and social sciences, medical ethics and jurisprudence
- 2.5 Clinical sciences and skills
- 2.6 Programme structure, composition and duration
- 2.7 Programme management
- 2.8 Linkage with medical practice and the health sector

EEC's rating on 24&25 June 2019

Sub-area	Non-compliant	Partially compliant	Compliant	Not applicable
2.1 Framework of the programme			√	
2.2 Scientific method		√		
2.3 Basic biomedical sciences			√	
2.4 Behavioral and social sciences, medical ethics and jurisprudence			√	
2.5 Clinical sciences and skills			√	
2.6 Programme structure, composition and duration		√		
2.7 Programme management		√		
2.8 Linkage with medical practice and the health sector				

EEC's comments on the external evaluation report and HEI's response

Findings

1. The excerpts from official documents and the oral elaborations of both faculty and students provide evidence, except for sub-heading 2.8, where we require further documentation to evidence the linkages between the medical School and the health sector.

Response 1:

We thank the EEC for acknowledging the evidence we provide from official documents and oral elaborations with faculty and students as fulfilments of the criteria in this Section. Regarding the

mentioned sub-heading 2.8, the School provides in this document the required evidence of linkage with the Health Sector, including the official and documented arrangements and agreements of various sections of the Health Sector with the School, evidence of active engagement of the Health Sector stakeholders with the School's organizational units and committees, as well as evidence of active interaction of the School with the Health Sector in order for the former to cover specific areas that are not represented in the public hospitals (such as a Neurology Clinic and a Breast Surgery Unit). This evidence is presented in more detail in Response 7 of this Section ([Direct link to Response 7, Findings, Section 2](#)).

2. There was a clear description of the framework of the programme, with basic sciences in Year 1 leading into a two-year phase focused on a problem-based approach to provide vertical and horizontal integration. Revisiting and development of early phase subjects continued into Phase 3. Clinical skills teaching and learning followed a systematic approach.

Response 2:

We thank the EEC for acknowledging the clarity, coherence and integration of the programme's structure. We are committed to continue strengthening the vertical and horizontal integration of the curriculum with focused improvements. To achieve this goal, the School has recently decided to employ two experts as Visiting Professors in Medical Education (Dr Despo Papachristodoulou for Phase 1 & 2 and Dr John Rees for Phase 3), who both have participated in the design of our programme in 2013, in order to look at the programme's current integration, provide suggestions for improvement and assist in the design of the implementation steps of these changes (**Appendix 2.1** paragraph 5.1 (A 6)); Decision was made on 5/9/2019 during the 9th/2019 Medical School Council Meeting).

3. There is teaching on scientific method and optional opportunities for research projects within student selected components. Although there is evidence that students learn to apply evidence-based medicine in Phase 3, there appeared to be little understanding of the underpinning principles and theory.

Response 3:

We appreciate this constructive and useful feedback. We agree with the EEC that our students, although actively participate in our evidence-based teaching, they seem to lack a deeper understanding of its principles. As a response to this finding, the School Council has recently decided to establish the following:

a) specific seminars to all students years in the academic year 2019-2020, on the levels of evidence in medical practice, the fundamental principles behind evidence-based medicine, the methodologies and implementation tactics for using it in real life as doctors. These seminars will be incorporated in the official curriculum and will be delivered in year 2 and year 4 during the following academic years.

b) journal clubs on recent evidence-based guidelines for common conditions in key clinical specialties. These clubs will be part of the programme's scheduled activities and will run in the Clinical phase of the

programme by the corresponding directors of each clinical rotation (**Appendix 2.1.1** - Minutes of the 36th-2017 meeting of the Medical School Council - Decision regarding Medical School Journal Club (paragraph 2.1-2.2)).

4. Students spend most of their clinical placements in hospitals and have one 4-week placement in the community in Year 6, although all doctors are assigned to primary care after graduation.

Response 4:

We thank the EEC for reporting this finding. We acknowledge that the time allocated in Year 6 to placements in primary care settings is rather limited and there is a need to increase it. Of course, the information given to EEC that most doctors after graduation are assigned to primary care is a misunderstanding. On the contrary, most doctors after graduation are following residencies in clinical specialties either in Cyprus or abroad. Nevertheless, one of the main priorities that the new Studies Committee will consider in its next annual meeting of June 2020, will be to re-evaluate the curriculum and consider programme modifications to accommodate longer and more diverse engagement of students in primary care.

5. There are highly planned student timetables with large amounts of contact time, leaving little time for independent study in an overall very busy curriculum.

Response 5:

We understand the vital importance of this finding and we thank the EEC for presenting it. We acknowledge that the current curriculum of the programme is quite tight and busy. As mentioned during the School's presentations, we plan to implement changes in the next two academic years that will allow more time for private or vocational study. We have already started to implement some of them. One example is the reduction of the total number of weeks of clinical rotations in year 4 from 36 weeks in the academic year 2017-2018, to 32 weeks in the academic year 2018-2019 (evidence is presented from the Student Handbooks of these two academic years; **Appendix 2.2**). We are determined to apply more such changes, particularly in the clinical years, to decongest the currently heavy contact-time load.

6. Students have a vote in the Council of the School and though planned, students do not yet sit on the Studies Committee or other programme or School committees such as the Evaluation Committee. There are plans to include representation from the Medical Association and patients on the Studies Committee also.

Response 6:

We thank the EEC for the reflection of this finding. As a follow up of our last year planning to increase the student representation in the School's processes, the Medical School Council has recently decided to initiate

the active participation of Student representatives, as well as representatives of the Medical Association, in the Studies Committee and Exams Committee, with immediate effect in this academic year (**Appendix 1.2** - Minutes of the 10th/2019 meeting of the Medical School Council - paragraph 2.1 (B): Decision regarding composition and roles and responsibilities of the Studies Committee and **Appendix 1.2.1** - Appendix II of the Minutes of the 10th/2019 meeting of the Medical School Council (in paragraph B): Composition and roles and responsibilities of the Studies Committee). In addition, the School has decided to expand the membership of the School's Studies Committee to include also a representative of the Administrative Staff of the School, a representative of the Ministry of Health of Cyprus, a representative of Cyprus Medical Association, a representative of State Health Services Organisation (Semi-governmental organization of the Public Hospitals in Cyprus) and a representative of the Pancyprian Federation of Patients Associations and Friends (**Appendices 1.6.1 – 1.6.5** - Invitation letters to new members of the Studies Committee and their **Appendices 1.6.6 – 1.6.10** - Responses of new members). Within this action, the Students representatives from every year of study will be invited to attend the regular annual meeting of the Studies Committee for the evaluation of the programme at the end of each academic year.

More information and further evidence on actions taken for enhancing student representation (including a policy for student representation) are shown in Section 4 ([Direct Link to Response 7, Findings, Section 4; Appendix 4.1 - Policy of the Representation of Students at the Medical School Council](#)).

7. We were unable to make a final recommendation on the sub-heading 2.8 Linkage with medical practice and the health sector due to lack of evidence.

Response 7:

We thank the EEC for this constructive feedback and we apologise for not providing the evidence to evaluate sub-criterion 2.8. Please accept the following comments for the evaluation of sub-heading 2.8:

The Medical School has just acquired its first generation of graduates as of last June 2019. The School Council on its meeting of 5/9/2019 (**Appendix 2.1** paragraph 5.1 (A 1): Decision was made on 5/9/2019 during the 9th/2019 Medical School Council Meeting) has decided the establishment of an Alumni programme to keep in contact with the graduates, monitor and receive feedback on their successes, needs and potential recommendations for curricular improvement. Our first graduates are now employed as junior physicians in public hospitals and some have applied for residency positions in Cyprus, Greece or abroad.

The School has also decided to engage representatives of authorities such as the Cyprus Medical Association, Public Health Services Organization, and Ministry of Health in the Studies Committee to give feedback on the needs of the health sector and society and contribute in the development/modification of the programme (**Appendix 2.1** paragraph 5.1, A 2).

Finally, members of the School participate in many bodies and committees of stakeholders (**Appendices 2.3.1 and 2.3.12** - Evidence of the participation of academic members of the Medical School to

governmental and non-governmental committees and bodies of the Health Sector in Cyprus) of the public health sector, medical education, non-Governmental Organisations and the wider society providing input and receiving feedback for the School's programme.

The University and the Medical School have identified specific needs and specialty gaps in the public health care sector and thus they have hired competent faculty to offer their clinical services in those areas, such as Neurology (Dr. Hadjigeorgiou, Professor, Associate Dean), Breast Surgery (Dr. Anneza Yiallourou, Lecturer, **Appendix 2.3.10** - Evidence that Dr. Yiallourou is responsible for the Breast Centre of the Nicosia General Hospital since October 2017), Infectious Diseases (Dr. Eirini Christaki, Lecturer) and Medical Oncology with a specialization in Sarcoma (Dr. Constantinidou, Lecturer, **Appendix 2.3.11** - Evidence of Dr. Constantinidou specialization in Sarcoma).

Moreover, the Medical School quickly determined a great need for establishment of a Neurology Department and Stroke Unit in Nicosia General Hospital, which is the biggest tertiary health center in the country and proceeded to the recruitment of new faculty members specializing in Neurology. After intensive efforts and collaboration with the Ministry of Health and (State Health Services Organisation), the establishment of the first Neurology Clinic and Stroke Unit in the country is expected in the next few months (**Appendix 2.4** - Decision of the Ministry of Health for Establishing a Neurology Clinic).

In addition, recognizing the need for a Pediatric Emergency Department, the Medical School has offered its expertise in designing and organizing such a unit at Archbishop Makarios III Hospital (**Appendix 2.3.12** – Invitation letter to Dr. Zachariou for offering its expertise in the establishment of Emergency Department unit at Archbishop Makarios III Hospital).

Strengths

1. An international advisory committee, comprising well-known names in medical education, has provided expertise in setting up the programme and the School has used the committee's advice to good effect.

Response 1:

We thank the EEC for acknowledging the positive contribution of the International Advisory Committee to the School's programme. We are committed to continue strengthening our curriculum and in this direction, the School has recently decided (**Appendix 2.1** paragraph 5.1; A 6) the further employment as Visiting Professors of two Medical Education Experts, Dr Despo Papachristodoulou (for Phase 1 & 2) and Dr John Rees (for Phase 3), who have contributed in setting-up the structure and content of the programme in the past.

2. The medical School has a bespoke designed medical programme with clearly defined and published learning outcomes. Curricula are very detailed and learning objectives of sessions are provided to the students.

Response 2:

We thank the EEC for the positive feedback and the acknowledgement of the programme's clear presentation and refined structure. During the programme's pre-design period, the School administration and the International Advisory Committee have invested considerable resources and effort to forge a clear and effective programme structure, in order to reflect the University's mandate for quality education and excellence. Nevertheless, the School understands that constant improvements to the programme are a natural part of its development and evolution process. The School's administration and faculty members are strongly committed to keeping this development process constantly active.

3. From the staff and student meetings and the self-reports: the faculty has apparently reviewed and developed the educational content and teaching, learning and assessment processes frequently in light of evaluation data (but we require evidence to support this information in the self-assessment report).

Response 3:

We are thankful to the EEC for recognizing the agreement of staff and students of the School's responsive efforts to improvement based on evaluation data. We acknowledge that presenting such evidence was challenging, since the documented minutes from the various School meetings did not reflect the reasons behind the changes that have been made during the years. Nevertheless, the review and development of the educational content of the program, which includes the critical evaluation of feedback coming from students and/or faculty regarding necessary adjustments in all areas of learning & teaching, has been officially established as the responsibility and the activity of the School's Studies Committee (**Appendix 2.1:** minutes and on 5/9/2019 during the 9th/2019 Medical School Council Meeting- paragraph 5.1; A 7).

Due to the fact that the School is in early stages of development, there have been a very large number of decisions taken by the Committee and by the School Council regarding changes that were necessary to be implemented in the Program, as a product of the Committee's review. Since we cannot provide evidence of raw student evaluation data, we provide below evidence of these decisions in some notable examples below:

- **Example 1:** Responding to feedback received in student evaluations regarding the programme structure of the 4th year clinical rotations, the following decision was made by the School Council in 2016 after recommendations by the Studies Committee, which reviewed the year 4 structure, to make specific amendments that will increase the efficiency of teaching and learning in year 4. The academic year 2016-17 was the first year of clinical rotations applied in the Programm (first batch of 4th year students), in which there were 3 separate rotations encompassing Internal Medicine (including General Internal Medicine, Cardiology, Pulmonary Medicine, Renal Medicine and Oncology) Surgery (including General Surgery, Cardiothoracic surgery, Vascular Surgery and Urology) and Other Specialties (including Anesthesiology, Orthopedic Surgery and Emergency Medicine). From

the next academic year (2017-18), the School applied a structure of 2 rotations/year for the 4th year, encompassing Internal Medicine (including General Internal Medicine, Cardiology, Pulmonary Medicine, Renal Medicine, Oncology and Emergency Medicine) and Surgery (including General Surgery, Cardiothoracic surgery, Vascular Surgery, Urology, Anesthesiology and Orthopedic Surgery). This change was a product of an in-depth review of the programme structure, as a result of a quality response by the School to student feedback (see copy of the 4th year programme structure of 2016 and one copy of the 4th year programme structure of 2017 from the Student Handbook of each year in **Appendix 2.2**).

- **Example 2:** The 1st year of the programme includes a variety of modules delivered by other University Departments and Schools (i.e. Physics, Chemistry, Biology etc). The student feedback received through evaluations in the first years of the Program's operation had largely to do with the non-aligned content delivered in these modules by those Departments compared to the Medical students' previous knowledge and the Program's learning outcomes. The School made a number of consecutive changes in the 1st year programme structure, after recommendations by the International Advisory Committee and the Studies Committee, such as: a) Transfer of the Sociology and Psychology modules from Sem1 to Sem2 (2014). b) Discontinuation of the Biology module from the Department of Biology and introduction of two new modules (Biochemistry, Medical Biology & Genetics) delivered by the Medical School (2015). c) Discontinuation of the Statistics module delivered by the Department of Mathematics and introduction of a new Medical Statistics module delivered by the Medical School (2016). d) Introduction of an additional module in Medical Ethics and Communication, for Sem 2, in addition to that existing in Sem1 (2018) (**Appendix 2.5** - copy of year 1 structure from the Student Handbook for each year 2015, 2017 and 2018).
- **Example 3:** One consistent issue raised by students during the first 4 years of the Program's operation, was the low quality feedback provided to students after their end-of-year written exams, mainly in Y2 and Y3. The exam papers included 150 MCQs per paper and the School did not have a viable mechanism in place to produce and analyze assessment data from those exam papers. After recommendations by the Studies Committee and affiliated experts in Medical Education, in 2017 the School made a drastic decision to change in its assessment method by applying electronic examinations using a digital software. The decision was approved by the University Senate and applied as a pilot in the December exams of 2017 for academic years 2 and 3. Today, the School applies the electronic examinations in all years of the programme and in many types of assessments (written, OSCEs, spot-test). [**Appendices 2.6 & 2.7:** Decision of the Medical School Council to apply electronic exams in the 3rd/ 2018 Council Meeting- 06.02.2018- paragraph 4.8 and 4/2018 meeting- 13.03.2018- paragraph 4.2. **Appendix 2.8:** Decision of the Medical School Council for the Electronic Examination Process decided in the 3rd/2019- 12.03.2019, paragraph 2.1, and **Appendices 2.8.1 and 2.8.2** (Appendices II and III respectively of the minutes of the 3rd/2019 meeting of the Medical School Council)].

- **Example 4:** One of the most frequent items in student feedback evaluation forms (during 2014-2016), was some raised quality issues of the exam questions and some notable imbalance in the content and quality of exam papers between examination sessions, mainly due to the lack of any standardization in assessment. After a series of review sessions of the Studies Committee and the International Advisory Committee, as well as the outcome of an Ad-Hoc Committee created to study and explore the different standardization methods that can be applied at UCY under the current rules and regulations, the School introduced the Ebel Standardization system in 2017, which was combined with the introduction of the electronic assessment. Since then, the feedback from students for the quality of the exam questions and assessment in general showed a remarkable difference compared to that of 2016. Moving forward, as noted later in this Report, the School has taken the decision to start a similar internal review process for introducing standardization in OSCEs and oral examinations. (**Appendix 2.9** - decision of the Medical School Council to apply Ebel method, decided on the 17th/2017 Council Meeting- 27.11.2017- paragraph 4.2.10).

4. The public ethical debate involving students and professional experts with a public audience is innovative and challenging.

Response 4:

We thank the EEC for acknowledging this activity as an important one for our student's development as future doctors. Indeed, the Ethical Debates which take place every year at the beginning of the academic year, are indeed challenging and very rewarding. They have been greatly embraced by our students and we aim to further develop them gradually, as we gain more experience from their implementations. One of the things we would like to do in these Debates is to engage the public, not only as active participants in shaping our students' experience, but also as active learners under the School's mission towards the contribution to the local society.

Areas for improvement and recommendations points

1. The School should provide more explicit teaching on the principles and practice of evidence-based medicine, including but not limited to, the use of guidelines.

Response 1:

We acknowledge the EEC's comment, which we recognize as fair and constructive. The School Council, in response to the EEC recommendation, has decided on 5/9/2019 to apply changes in the curriculum in order to include an active and specific engagement of teaching of evidence-based medicine principles, methods and theories. These active engagements will be in the form of seminars explicitly on evidence-based medicine principles and methods, as well as in the form of journal clubs where students will actively participate in evidence-based medicine and apply its core principles. The evidence of this action is

described in more detail in Response 3 under Findings in this Section ([Direct link to Response 3 – Findings, in this Section](#)).

2. All students must have research experience throughout the course. The School should encourage more students to contribute to original practical research in the educational setting where they can be taught the practical aspects, and put into practice their earlier theoretical teaching.

Response 2:

We fully agree with the EEC's suggestion and we recognize the importance of our students' active research participation throughout the programme. The School Council, in response to this recommendation of the EEC, has decided on 5/9/2019 (**Appendix 2.1** paragraph 5.1 (A 9), School's decision) the following:

- a) from the academic year 2020-2021, the introduction of a "Research Assignment 1" in the second phase of studies (Years 2 & 3) within the existing Selected Topics Modules, which will run during the two pre-clinical years. The Research Assignment 1 will entail the performance of a practical research project in collaboration with the existing laboratories of the School. At the end of Year 2, students will prepare and submit a Mid-term, whereas at the end of Year 3, will prepare a Final Report of their project results.
- b) from the academic year 2020-2021, the introduction of an add-on "Research Assignment 2" in the third phase of studies (Years 4 & 5) that will run during the two first clinical years of study and will bear no credit units. The Research Assignment will entail the performance of a practical research project in collaboration with one of the clinical Faculties of the School, primarily as part of their existing clinical research projects. At the end of Year 4, students will prepare and submit a Mid-term, whereas at the end of Year 5, will prepare a Final Report of their project results.

We firmly believe that by introducing the above Research Assignments in the programme's curriculum and teaching activities, we will not only be encouraging students and staff to engage with research activities, but also to promote a research-minded approach in the learning experience of evidence-based medicine.

3. The School must continue to develop the involvement of all key stakeholders, especially students, in creating and implementing its mission, vision, outcomes, evaluation and other aspects of the medical programme.

Response 3:

We thank the EEC for this suggestion for improving the School's engagement with its stakeholders. In response to the requirements of the WFME criteria, the School has recently changed the Studies Committee membership. Specifically the School Council has decided on 02/10/2019 at the 10th/2019 meeting (**Appendix**

1.2 - Minutes of the 10th/2019 meeting of the Medical School Council - paragraph 2.1 (B): Decision regarding composition and roles and responsibilities of the Studies Committee and **Appendix 1.2.1** - Appendix II of the Minutes of the 10th/2019 meeting of the Medical School Council (in paragraph B): Composition and roles and responsibilities of the Studies Committee) to expand the membership of the School's Studies Committee to also include a representative of the Administrative Staff of the School, a representative of Students, a representative of the Ministry of Health of Cyprus, a representative of Cyprus Medical Association, a representative of State Health Services Organisation (Semi-governmental organization of the Public Hospitals in Cyprus) and a representative of the Pancyprian Federation of Patients Associations and Friends (Cyprus) (**Appendices 1.6.1 – 1.6.5** - Invitation letters to new members of the Studies Committee and their **Appendices 1.6.6 – 1.6.10** - Responses of new members).

The Studies Committee will convene in a regular meeting at the end of each academic year, beginning from June 2020, to re-evaluate the curriculum and consider programme modifications in response to opinions from the students, administration staff, medical community, patients and the society. The Studies Committee and its Subcommittees may also convene in additional meetings throughout the year depending on the needs that may arise.

Required Evidence as presented on page 37 of the EEC report

The evidence presented below has been requested in the section 'Required Evidence' on page 37 of the EEC report. Since the content of the evidence requested fits with the content of Section 1, we are presenting our response in detail here, hyperlinked to the collective list of Required Evidence at the Conclusions & Remarks Section of this form.

Required Evidence as part of Section 2

[3. Item 2.4 Behavioural and social sciences, medical ethics and jurisprudence.](#)

Behavioural and Social Sciences, Medical Ethics and Medical Jurisprudence are all included in the curriculum of the Programme of the Medical School. These medical areas are the main topic/theme of independent taught modules (units) in Year 1, but are integrated with other medical areas as integrated units for the rest of the programme.

For Year 1, behavioural sciences, social sciences and medical ethics are an integral component of the medical training curriculum taught in Medical Communication (MED 101) and promotes more humane medical education and practice. Social sciences teachings are delivered in Basic Principles of Sociology in Health Issues (KPE 001) and in Basic Principles of Psychology in Medicine (PSY 240). The knowledge gained in these fields is further applied in Clinical Visits (MED 103). The only hard evidence that we can provide for the content of these units is the Student Handbook (**Appendix 2.10** - Summary of MED101, MED103, PSY240 and KPE001 from Student Handbook 2018-2019). In addition to the taught content in these modules, the

School engages students in activities that include training in medical ethics, such as the annual Ethics Week co-organized by the Cyprus National BioEthics Committee and the Medical School (**Appendix 2.11** - Example of a programme of the Cyprus National Bioethics Committee for 2018).

Regarding medical jurisprudence, as mentioned in our self-assessment on the WFME Criteria (page 23 of our report), we have acknowledged the fact that we do not cover this area extensively and independently within the Programme's curriculum. However, students participate in a number of activities, seminars and presentations that discuss the medical laws that are important for ethics and/or professionalism (i.e. during the Ethical Debates).

4. Item 2.8 Linkage of the Medical School with medical practice and the health sector.

This required evidence has been presented in detail in this current Section, under Response 7 of "Findings", as requested by the EEC report ([Direct Link to Response 7, Findings, Section 2](#)).

EEC's final recommendations and comments

We apologise for our misunderstanding around the allocation of new medical graduates to general practice posts and thank the Medical School for clarifying this point.

It is not clear why the Medical School could not submit examples of student evaluation data to support its work on curriculum review and quality improvement, but it has provided alternative evidence and has addressed the recommendations and areas for improvement described within Section 2 of the EEC Report.

The School is now compliant in sub-areas 2.2 (from 2020), 2.6, 2.7, 2.8.

3. Assessment of Students

Sub-areas

3.1 Assessment methods

3.2 Relation between assessment and learning

EEC's rating on 24&25 June 2019

Sub-area		<i>Non-compliant</i>	<i>Partially compliant</i>	<i>Compliant</i>	<i>Not applicable</i>
3.1	Assessment methods		√		
3.2	Relation between assessment and learning			√	

EEC's comments on the external evaluation report and HEI's response

Findings

1. The EEC heard from students and staff they met that the assessment matches the stated learning outcomes and curriculum content.

Response 1:

We thank the EEC for the acknowledgment of the alignment of our program. The Medical School has invested considerable resources since the beginning of its program, through annual review processes of the curriculum, to ensure a continuous implementation of constructive alignment in its program. We recognize the vital importance of this alignment to the program's overall quality. This is why we planned to create a curriculum mapping software platform within 2020 which will help academics and administrative staff to review and assess instantly the constructive alignment of the programme at any time, as well as identify weak points and areas of improvement. The Medical School acknowledges the fact that future developments of the curriculum & assessment demands planned re-evaluation/affirmation exercises for the implementation of constructive alignment. The School is committed to run these programme review exercises annually.

2. This is a young faculty with a rather small number of students per year. Substantial changes in the way students are assessed have been made over the years, based on feedback from students and other evidence.

Response 2:

We appreciate the acknowledgment of our efforts to continually improve student assessment over the last few years. The Medical School recognises the gravity of assessment quality in the overall quality of the programme and the quality of the learning achieved by its students. The Medical School is committed to continuous development and improvement of the assessment methods & techniques used, which is evident by the further changes that have been planned to occur this year, such as the introduction of standard setting for OSCEs and oral exams, as well as the involvement of external examiners in the assessment process. We also appreciate the fact that this finding is also rightfully acknowledged as one of the strengths of our program, as recorded by the EEC under the “Strengths” in this Section ([Direct link to Chapter 3 - Strengths](#)).

3. [Software that can assist in delivering assessments and applying classical test statistics was implemented only recently, in 2018. There is therefore little data on item analysis and the reliability of exams.](#)

Response 3:

We agree with this finding. However, we would like to note that the Medical School is the only School in Cyprus that applies Digital Examinations throughout its entire program. This important step towards modernization and innovation was taken in 2017, only four years after the beginning of the Program, not only as a step towards implementation of technology-assisted learning & teaching, but also as an important tool for assessment development. The extensive evidence in the literature for the numerous opportunities and capabilities that arise from the digitalization of assessment for the development and improvement of exams, provides us the confidence that we are moving in the right direction. We acknowledge the importance of data analysis in this early phase of implementation of our digital examination system, which is the reason of two major decisions for further action taken recently by the School Committee, one is the summative analysis of student assessment data from the last two years and the other is the analysis of student performance data from the first cohort of graduates throughout their studies in the program, described in more detail in Response 1 under “Areas of Improvement” in this Section ([Link to Chapter 3 – Areas of Improvement](#)).

4. [University regulations do not allow for flexibility and are not appropriate for the quality measures required in medical education. Examples include the partial use of Ebel standard-setting and no standard-setting for the Objective Structured Clinical Examinations \(OSCE\).](#)

Response 4:

The Medical School recognizes the limited flexibility of the University for various differentiations of assessment elements (i.e. standard pass mark etc). However, over the previous years, there has been some flexibility by the University towards the application of quality measures linked to content delivery and assessment (such as the clinical-teaching, the extension of exam period, the application of Ebel standard-setting). We are in continuous discussions with the University administration towards implementation of

further changes that are important to the Medical School's operation and the delivery of its program, such as the further extension of the exam period for the clinical years (Y4-Y6), the incorporation of external examiners and the application of standard-setting for the OSCEs (please refer to Response 2 under "Areas of Improvement" in this Section for more detailed information - [Direct link here to Response 2](#)).

5. There are several other conflicts between the standards expected in medical education and University regulations. For example, the latter requires exam papers to be destroyed 10 days after examinations. The School adheres to this rule, but staff may wish to discuss papers and electronic records with students, and monitor progress and the WFME standards states: "The medical School must ensure that assessments are open to scrutiny by external expertise.

Response 5:

As mentioned above, we are in communication with the University administration (the office of Vice-Rector for Academic Matters), in order to discuss the prospect for further differentiation of the Medical School operating procedures from the current University practices, such as the examinations storage period, the external examination scrutiny and others (please refer to Response 3 & 4 under "Areas of Improvement" in this Section for more detailed information - [Direct link here to Response 3 Areas of Improvement](#)). The Medical School is confident that the University administration recognizes the differentiation of the operation procedures of a Medical School compared to that of other Schools, especially for procedures that are vital to the School's programme quality and development. Based on this, recent discussions with the University administration have provided the School with the approval for keeping all assessment material in School premises for a period up to 6 years, as seen in the formal correspondence between the School and the University authorities (**Appendix 3.1**, Minutes of the 9th/2019 meeting of the Medical School Council, paragraph 5.1 (B), point 4 (A)).

6. The balance of assessment types currently favours written and oral examinations with relatively short OSCEs.

Response 6:

The current balance of the weight of examinations in the School's programme is the following:

- Written (digital): 10 exams (one for every year in years Y1-Y3 and one for every clinical rotation in years Y4-Y6)
- OSCEs: 5 exams (one for every year in years Y2-Y6)
- Oral: 2 exams (one for every rotation in Y6)

The Medical School acknowledges the imbalance towards written examinations in the program's assessment structure and recognizes the need for actions towards more balance. In consequence, the School has recently taken action/decision towards the inclusion of assessment in the affective domain (please refer to Response 1 under the "Areas of Improvement" in this Section for more detailed information - [Direct link to](#)

[Response 1 Areas of Improvement](#)) and the potential for separation of OSCEs in the clinical years and the implementation of a separate OSCE for each clinical rotation (**Appendix 3.2** - Minutes of the 10th/2019 meeting of the Medical School Council Section 2.1, paragraph Γ 3.1).

Nevertheless, the School also highlights the fact that any changes in the program's examinations methods/numbers have to be linked with changes in the architecture of the students' final mark for the year of study affected, which might involve changes in the program's overall structure (i.e. unit codes change etc). The School is committed to continuously explore potential avenues for development and improvement in its programme evaluation, as described in more detail in Section 9 ([Direct link to Section 9 here](#)).

Strengths

1. [The School has evaluated and adapted the assessment formats and processes, primarily based on the feedback from students.](#)

Response 1:

We thank the EEC for acknowledging the School's efforts to develop its assessments formats and processes based on student feedback. As mentioned above in this Section, the Medical School has nourished and promoted an immediate feedback system from students through various avenues (challenging of exam questions, participation of students to School Committee meetings etc.) which we believe have contributed to the considerable improvement of the quality of assessment over the last few years. The Medical School is committed to continue to adapt and improve the assessment formats and processes not only based on student feedback but also on feedback from external examiners and the outcome of benchmarking exercises on assessment that have been planned for the near future.

2. [The faculty has recognized the limitations of the University regulations to serve some of the required quality processes in medical education and are making representations to the University for exemptions, particularly around assessment.](#)

Response 2:

The School welcomes the acknowledgment of the Committee for the documented efforts of the School to adjust and adapt University regulations and processes to meet the standards required for a Medical School. Although the University of Cyprus is a public University regulated by the University of Cyprus Law of the Republic of Cyprus, the academic autonomy of the institution provides a certain degree of flexibility on academic programme design and assessment, which we have explored and achieved a number of exemptions and/or adjustments. The Medical School is committed to keep the channel of communication and cooperation with the University authorities active for remaining issues.

Areas for improvement and recommendations

1. The School must continue its work analyzing assessments to inform the development of the assessment strategy, in particular to re-consider the balance between the cognitive and psychomotor with affective domains.

Response 1:

We appreciate the recommendation of the EEC to continue with data analysis of assessments and we thank you for your feedback on the affective domain assessment. The Medical School aims to continue the analysis of assessment of all years of the programme of study, during the academic year 2019-2020, as we did for the academic year 2018-2019. We strongly believe that the continuous analysis of all exams will provide insights for areas that need further improvements, will provide data for the support of development plans and will provide valuable feedback to academics for the quality of teaching and learning of our students.

For this reason, in a recent School Council Meeting (see **Appendix 3.3** - Minutes of the 9th/2019 meeting of the Medical School Council, paragraph 5.1 (B), point 1 (A)), the School approved the scheduling of a comprehensive analysis of the analysis data of assessment for the first two-years of the implementation of digital examinations (2018-2019, 2019-2020) and its comparison with student performance data and attrition data for all years between 2013-2018. The analysis will also include the performance & attrition data of our first graduates from the year they were admitted to the School until their graduation, since it's the first student cohort that successfully completed the entire programme. The School believes that this type of analysis will provide valuable input that will inform the School's decision-making process for any adjustments needed in the program's content, assessment and learning outcomes.

With regards to the use of assessment for the affective learning domain (e.g. values, behavior, participation, commitment, display of conviction etc.), the School acknowledges the lack of such assessment in the current form of the programme and recognizes the importance of clearly assessing these areas of learning. For this reason, during a recent School Council, the School has discussed and agreed upon the formation of an Ad-Hoc Committee, with the participation of student representatives, which will examine the literature of international practice in Medical Education regarding the implementation of a model of assessment of students in this domain. The School has approved a specific working timeline for the Ad-Hoc Committee, which will provide its final recommendations/proposals to the School Council in May 2020 for implementation of new assessment in the affective domain in the academic year 2020-2021 (**Appendix 3.4** - Minutes of the 9th/2019 meeting of the Medical School Council, paragraph 5.1 (B), point 1 (B)).

2. The School must develop and apply recognized standard setting procedures for the assessments.

Response 2:

We welcome this constructive feedback. The Medical School has recognized the vital role and importance of standard setting in assessments and has adopted the EBEL method of standard setting in all written (digital) examinations of the School since December exams of 2017. We have used these two years as an early phase

of adoption of standard setting in order to adjust and improve the underlying process, as well as inform the students through discussions about the importance of standard setting and how it affects their assessment. The School acknowledges the fact that standard setting procedures are required to be extended towards all other forms of assessment, the OSCEs and oral examinations in the clinical years of the program. For this reason, the School Council came to the decision of formulating an Ad-Hoc Committee, composed of experienced faculty members from the Year Exam Committees of years Y2-Y6, in order to explore the international practice of standardization of OSCEs and oral examinations and propose the most appropriate method for implementation to our programme (**Appendix 3.5** - Minutes of the 9th/2019 meeting of the Medical School Council, paragraph 5.1 (B), point 2).

The standardization method(s) of choice for OSCEs and oral exams will be discussed with the programme Committee, the student representatives and the School stakeholders, prior to a final discussion and decision by the School Council.

Due to the important role of standard setting in the quality of assessment, the School aims to implement a pilot application of standard setting in the OSCEs and oral exams of this year's examination period, in May 2020. The product of these discussions and the final decision of the School Council will be reflected in the reviewed Student Handbook for the academic year 2020-2021.

3. The University should consider appeals from the School for exemptions from some University regulations, and to have more autonomy to make adjustments to the regulations regarding the special requirements of medical education, especially around issues of admissions, assessment and quality.

Response 3:

We thank the EEC for this valuable recommendation. As mentioned above (*see Response 5 under "Findings" in this Section*), the School recognizes the importance and need for differentiation from certain University regulations and procedures regarding issues of quality and assessment. For this reason, the School has made a strategic decision during the last School Council meeting, to authorize the Studies Committee to explore potential aspects of required differentiation, either areas of conflict with quality standards of Medical Education, or areas of development that are required to provide flexibility to the School's operations. The Studies Committee will hold specific meetings for this subject and set targets for tasks for work groups during the academic year 2019-2020. The outcome of this work will be presented in a School Council meeting in June 2020 where a final decision of the areas that require an official appeal to the University authorities (**Appendix 3.6.1** - Minutes of the 9th/2019 meeting of the Medical School Council, paragraph 5.1B, point 3).

The Medical School has also the autonomy on the admission of graduates with a Diploma from other Schools. The School Council has authorized School's "Transfer Committee" to define the terms under which their admission will be appointed (**Appendix 1.11.1** - Minutes of the 3rd/2019 meeting of the Medical School Council, paragraph 4.1; **Appendix 1.11.2** - Minutes of the 5th/2019 meeting of the Medical School Council (paragraph 2.1); **Appendix 1.11.3** - The Medical School Coordinator informed the Academic Affairs and Student Welfare Service regarding the rules for the admission of graduates from other Schools to the Medical School of the University of Cyprus; **Appendix 1.11.4** - Response by the Academic Affairs and Student Welfare

Service with comments on the rules for the admission of graduates from other Schools to the Medical School of the University of Cyprus).

4. The School should collect exam results for the long term for quality assurance, including scrutiny by external experts, for research, and to monitor and support students' progress.

Response 4:

We recognize the importance of this proposal and we thank the EEC for pointing this out. The Medical School pays particular attention to the importance of exploitation of analysis data offered by the digital examination system towards programme development, assessment improvements and for the overall programme quality assurance. As mentioned earlier, the Medical School fully agrees with the Committee's remarks for analysis of exam results in the long term for quality assurance purposes, which is why there has been a decision by the School to collect and analyze assessment data since the beginning of the programme (2013) – (**Appendix 3.3** - Minutes of the 9th/2019 meeting of the Medical School Council, paragraph 5.1 (B), point 1 (A)).

Moreover, regarding the remark for the openness of assessment tasks for scrutiny by external experts, the Medical School acknowledges the importance of outside expert involvement in the feedback process and development process of the program. For this reason, the School Council has committed with an official decision in a recent meeting, towards the formation of a working group of faculty members that will examine the possibility of a bilateral agreement for cooperation on a benchmarking process on assessment, with one of the Medical Schools in Greece. This benchmarking exercise will involve the evaluation and critical appraisal of assessment items by the two parties, for the purpose of constructive feedback on assessment quality and improvement (**Appendix 3.7** - Minutes of the 9th/2019 meeting of the Medical School Council, paragraph 5.1 (B), point 4 (B)).

5. The University should allow external examiners to enhance quality assurance.

Response 5:

We thank the EEC of this important suggestion. The Medical School endorses and recognizes the key role that external examiners can play for the School's efforts for quality assessment, as well as the advantages derived from their involvement in the OSCEs and oral examinations (since the written examinations are digital and automatically determined by software). However, it is also recognized that the language barrier and the particular programme structure provide some limitations for finding appropriate external examiners. For this reason, the School Council has decided and approved the articulation of a proposal to the members of the School's International Advisory Committee, to participate in the School's OSCEs and oral examinations as external examiners for the final examinations in 2020 (**Appendix 3.8.1**, Minutes of the 9th/2019 meeting of the Medical School Council, paragraph 5.1 (B), point 5). The Studies Committee, upon discussions with School stakeholders and University authorities, will formulate a draft proposal that will describe the role of the external examiners, the regulations around their operation and involvement in the

School processes, as well as the weight of their mark in each assessment. The timeline that has been adopted for the implementation of this proposal has a major milestone in January 2020 (Studies Committee proposal), March 2020 (University regulations amendments) and June 2020 (External Examiners participation) (**Appendix 3.8.2** - Minutes of the 10th/2019 meeting of the Medical School Council (paragraph 2.1 (Γ) 3.2).

Required Evidence as presented on page 37 of the EEC report

The evidence presented below has been requested in the section ‘Required Evidence’ on page 37 of the EEC report. Since the content of the evidence requested fits with the content of Section 1, we are presenting our response in detail here, hyperlinked to the collective list of Required Evidence at the Conclusions & Remarks Section of this form.

Required Evidence as part of Section 3

[5. In the sector on assessment, “ANNEX 10 - Students' Handbook 2018-19 \(Greek version only\).pdf”. The relevant publication is not accessible to the EEC. Please provide clarification of what is in the Handbook, for example a list of the chapter or section names.](#)

We are re-providing here the whole “Student Handbook 2018-19” (Greek version) as a pdf copy (**Appendix 3.9.1** - Students Handbook 2018-19. At the Appendix 3.9.2, we are also including an English translation of the contents of this Handbook (**Appendix 3.9.2** - Students Handbook 2018-2019 - Translation of the chapter and section names).

[6. Code of Assessment](#)

Neither the University of Cyprus, nor the Medical School have an explicit document/policy that resembles a Code of Assessment, as perceived by some Universities. Nevertheless, the University of Cyprus has a policy document that describes the rules and regulations of assessment, which they apply for all Schools and Departments of the University. These general rules and regulations are freely available to students and the public through the UCY website ([UCY Assessment Rules & Regulations](#)).

EEC’s final recommendations and comments

It is unfortunate that the Students Handbook could not be translated in full but the Medical School has provided evidence that a number of sections within the handbook address the full range of assessments and there are clear Assessment Rules and Regulations provided by the University of Cyprus.

The School has addressed the recommendations and areas for improvement described within the EEC Report. The School Council has developed its assessment strategy and together with the Studies Committee is implementing plans to: broaden the assessment types; audit the areas of policy and practice requiring exemptions from University regulations; develop standard-setting methods across all assessment types; and continue to improve quality assurance methods

The School should give further consideration to the role of external examiners and the potential conflict of interest in engaging as external examiners, members of the International Advisory Committee, who have worked with the School over many years developing the curriculum. The School should also consider involving external examiners in quality assuring questions, including those to be machine marked, before they are signed off for examinations.

The School has a planned trajectory to be compliant (by 2020-21) in sub-area 3.1.

4. Students

Sub-areas

- 4.1 Admission policy and selection
- 4.2 Student intake
- 4.3 Student counselling and support
- 4.4 Student representation

EEC's rating on 24&25 June 2019

Sub-area		<i>Non-compliant</i>	<i>Partially compliant</i>	<i>Compliant</i>	<i>Not applicable</i>
4.1	Admission policy and selection			√	
4.2	Student intake			√	
4.3	Student counselling and support			√	
4.4	Student representation	√			

EEC's comments on the external evaluation report and HEI's response

Findings

1. The admission policy and selection procedures fall within the domain of the University regulations and not under the Medical School. Any review and development of the policy must therefore take place at University level.

Response 1:

We thank the EEC for this comment. Regarding admissions, indeed the undergraduate students' admission is defined by State legislation which is reflected in the University regulations, according to which, undergraduate students are admitted by taking the entrance examinations of either the Cyprus or the Greek Ministry of Education. This issue is beyond the authority of either the Medical School or the University to amend and review substantially.

However, following UCY regulations, the Medical School accepts medical students from other Universities, but has the autonomy to adjust their number and define/regulate/control the exams of the admission. For example, the School Council decided on the applicant evaluation process, which is performed by written exams defined, organized and held by the Medical School (**Appendix 1.9:** Minutes of the 3rd /2018, Paragraph 4.2.4; Evaluation process for students of other Medical Schools that apply to continue in UCY Medical School). Another regulation of UCY under admissions that has been reviewed/amended by the Medical School is with regards to the admission of students after successful International Baccalaureate, GCE or

similar exams. The Medical School has the autonomy to define its own admission criteria and UCY has authorized School's Studies Committee and the Council to evaluate the applications of candidates. For example, during its 9th/2019 meeting on September 5, 2019, the Council evaluated and rejected two such applications (**Appendix 1.10** - Minutes of the 9th/2019 meeting of the Medical School Council (paragraph 4.3) - the rejected applications are highlighted in yellow). The Medical School has also the autonomy on the admission of graduates with a Diploma from other Schools, without prior approval by the University. The School Council has authorized School's "Transfer Committee" to define the terms under which their admission will be appointed (**Appendix 1.11.1** - Minutes of the 3rd/2019 meeting of the Medical School Council (paragraph 4.1); **Appendix 1.11.2** - Minutes of the 5th/2019 meeting of the Medical School Council (paragraph 2.1); **Appendix 1.11.3** - The Medical School Coordinator informed the Academic Affairs and Student Welfare Service regarding the rules for the admission of graduates from other Schools to the Medical School of the University of Cyprus; **Appendix 1.11.4** - Response by the Academic Affairs and Student Welfare Service with comments on the rules for the admission of graduates from other Schools to the Medical School of the University of Cyprus).

2. The requirements for entry are clearly stated and based on objective evidence.

Response 2:

We thank the EEC for recognizing the clarity and objectivity that governs the requirements for entry to the Programme. We firmly believe that clearly stated entry requirements to the Programme are an important cornerstone of the School's reputation in transparency and reliability, as a responsible State Medical School to the local society and its citizens. We follow this principle for all entry requirements of the Programme (Year 1, Year 2 and Year 4).

3. The excerpts from University documents clarify that non-traditional groups of applicants may be admitted including disabled students who are encouraged to apply and supported by the School and University.

Response 3:

We thank the EEC for acknowledging this important point regarding entrance of non-traditional groups of applicants including disabled students. The School and the University are committed to supporting non-traditional groups of applicants not only in entrance to the Programme but throughout, including class participation, assessment, student development, access to resources and training on practical clinical skills. We value diversity and equity in all forms of contact within the Medical School.

4. The School currently limits each annual cohort size to 35 in view of its staffing and resources. There are no immediate plans to increase the number.

Response 4:

We thank the EEC for this comment, which is correct. The number of students in each cohort size is limited by two major factors: a) the admission entrance positions available for the Medical School from the National Examinations each year, and b) the maximum number of graduated doctors that Cyprus can absorb through its health sector. Nevertheless, as the only State Medical School in Cyprus, we believe that the available resources and staffing are independent of the number of students admitted per cohort. We aim to provide the highest quality of education to our students and a low number offers the potential of personalized teaching and development.

5. The documents and interviews provided evidence of an effective academic advisory system. Students reported that they can take all sorts of problems to their mentors, including concerns about their own wellbeing, their academic performance, potential lack of professionalism amongst peers and staff and concerning events in the clinical setting. Students and staff are involved in mentoring based on regular and optional encounters, and students receive academic feedback.

Response 5:

We thank the EEC for acknowledging the effort made by the academic advisors in following the students' academic progress and providing guidance, in connection with any problems they are facing in their academic performance. We are glad to see that students also acknowledge this effort. We are committed to keep adhering to a standard of excellence in providing the best of care for our students.

6. From 2019 on, the School intends to study the profile of the students based on the assessment results so they can be used to monitor the student's progress and offer advice and counselling.

Response 6:

We thank the EEC for recognizing this important point. Indeed, the School is planning to create a database of student performance that will include assessment data pre-entrance (i.e. High-School exams), which will be used to assess student growth as they move up the Programme's structure, as well as assessing critical points of stall in student development. This data will be available to Faculty members as student advisors in order to provide informed-counselling to students on their progress. More detail on this planned activity is described in Section 3, under Response 1 of Areas of Improvement ([Direct Link of Response 1, Areas of Improvement, Section 3](#)).

7. As reported above, participation of students in the formulation of the mission and outcomes, and in the design, management and evaluation of the programme is currently in preparation but not yet implemented; and there was no policy on student representation and participation.

Response 7:

We greatly appreciate the comment. In the first years after the Medical School's establishment (2013), the participation of students in the curriculum development, improvement and quality assurance was materialized through the participation of their elected representatives in the School Council and the relevant discussions-decisions of the School Council on the Curriculum. The students were also provided with the opportunity to give frequent (at least twice a year) feedback on the implementation and quality of the curriculum through the existing internal system of studies evaluation of the University (Centre for Teaching and Learning) and finally through their participation in the preliminary / pilot introduction of new teaching and assessment methods. With the development of the School's faculty and in response to the requirements of the WFME criteria, the Studies Committee membership has recently changed and includes a representative of the students in the deliberations of the Committee, while of course they continue their participation in the School Council where the final decisions on the curriculum are taken. The policy of the representation of the students at the Medical School Council is provided as evidence in the **Appendix 4.1** - The University of Cyprus laws 1989 to 2013, pages 26-27, paragraphs 18A.- (1 b), (2), (6 a, b, c). More evidence regarding the adopted policies and implementation of actions for student representation as presented in Section 2 ([Direct Link to Response 6, Findings, Section 2](#)).

Strengths

1. There is a positive learning environment: the staff-student relationship is exceptional; staff are accessible and supportive.

Response 1:

We thank the EEC for acknowledging the nurturing learning environment of our School. We have invested in a mutually beneficial staff-student relationship that is based on trust, respect and collaboration. This relationship is strengthened by the low ratio of student:faculty which plays a critical role in the personalised teaching environment developed in our School. We aim to maintain and grow this relationship by three main ways: 1) being responsive to feedback, 2) enhancing direct collaboration between students and staff i.e. through research projects, 3) promote participation of students to the School's internal processes.

2. The students are very satisfied; the 24 students that the EEC met, unanimously recommended the School in a 'blind' vote.

Response 2:

We thank the EEC for informing us about this positive feedback regarding our students vote of confidence. Student satisfaction is a global measure of School performance and we value greatly our students'

confidence to the School as an institution and as a place of learning. We want to protect this confidence and showcase it to the Cypriot society and Cypriot patients as an example of a nurturing environment for developing our future Doctors.

3. The School has an effective academic advisory system. Every student has a mentor who is accessible and actively supports the student in academic, professional and pastoral matters.

Response 3:

We thank the EEC for acknowledging the effort made by the academic advisors in following the students' academic progress and providing guidance, in connection with any problems they might be facing in their academic performance. We are committed to keeping adherence to a standard of excellence in providing the best support to our students throughout the Programme. We acknowledge that the high quality of our mentoring system is largely based on the low student:faculty number, which the University and the School intent to keep in the future.

4. The School has supported the setting up of the students' association as part of the IFMSA. The association has collaborated with similar associations in the other two medical Schools in Cyprus organise social activities and contribute to the community; students should be commended for these activities.

Response 4:

We thank the EEC for this comment. The School is committed to the continuous financial and other support of Cyprus Medical Students Association (CYMSA). In particular, the School will continue to provide financial and other assistance to the organization of annual conference of CYMSA, which for the last two years took place at the premises of the Medical School. Furthermore, students who will be attending conferences organized by the IFMSA will be receiving financial and other support by the School and the University as a whole.

Areas for improvement and recommendations

1. The School must continue to develop the involvement of all key stakeholders, especially students, in creating and implementing its mission, vision, outcomes, evaluation and other aspects of the medical programme.

We greatly appreciate the EEC for pointing this out. The policy regarding the representation of the students at the Medical School Council is provided as evidence in the **Appendix 4.1** - The University of Cyprus laws 1989 to 2013, pages 26-27, paragraphs 18A.- (1 b), (2), (6 a, b, c). We also provide minutes of the Medical School Council meetings as evidence of the students presence in them. Please see the first page of the following appendices (Minutes of 2019 meetings: **Appendix 4.2.1** and **Appendix 4.2.2** - The names of the students are shown in English in the column on the right with black bold letters, Minutes of previous

meetings (Year 2017 and 2018): **Appendix 4.2.3, Appendix 4.2.4.** - The names of the students representatives are highlighted in yellow in the first page of the minutes).

Moreover, the Studies Committee membership has recently changed and includes a representative of the students in the deliberations of the Committee. Specifically the School Council has decided on 02/10/2019 at the 10th/2019 meeting (**Appendix 1.2** - Minutes of the 10th/2019 meeting of the Medical School Council - paragraph 2.1 (B): Decision regarding composition and roles and responsibilities of the Studies Committee and **Appendix 1.2.1** - Appendix II of the Minutes of the 10th/2019 meeting of the Medical School Council (in paragraph B): Composition and roles and responsibilities of the Studies Committee) to expand the membership of the School's Studies Committee to also include a representative of the Administrative Staff of the School, a representative of Students, a representative of the Ministry of Health of Cyprus, a representative of Cyprus Medical Association, a representative of State Health Services Organisation (Semi-governmental organization of the Public Hospitals in Cyprus) and a representative of the Pancyprian Federation of Patients Associations and Friends (Cyprus) (**Appendices 1.6.1 – 1.6.5** - Invitation letters to new members of the Studies Committee and their **Appendices 1.6.6 – 1.6.10** - Responses of new members).

2. The School should consider key attributes of medical students and doctors beyond the academic performance, in the selection process.

Response 2:

We appreciate this suggestion and we understand the principle behind it. The selection of all undergraduate students of the University of Cyprus is based on the rules and regulations applicable under the University of Cyprus Law 1989, Law 144/89. The School does not have the authority to use a different selection method than what is outlined in the law. However, the rules of the University include Admission to UCY of students who have distinguished themselves at International Olympiads. A place is offered at UCY without examinations to persons securing a medal (1st, 2nd or 3rd place) at International Olympiads. Provided that the place offered will be in a Department in a related field of study. However, the Medical School is willing to initiate a dialogue with the University regarding the admission policy and selection procedure especially for the English Undergraduate Programme of studies. The approval of the implementation of the English Undergraduate Programme of studies, by the Senate of the University of Cyprus, is provided as evidence (**Appendix 4.3** - Approval of the implementation of the English Undergraduate Program of studies by the Senate).

3. The School should review its admission policy and selection procedures, and initiate a dialogue with the University, if considered necessary.

Response 3:

We understand the EEC's comment and suggestion. As mentioned in our Response 3 in Section 1 ([Direct link to Response 3 Section 1 here](#)), the selection of all undergraduate students of the University of Cyprus is

based on the rules and regulations of the University of Cyprus Law, which the School has limited flexibility to amend. However, the School has made a considerable number of proposals to changes to admissions, which were accepted by the University and the State, some of which are presented in detail in the above link (Response 3, Section 1). The Medical School is in constant dialogue with the University authorities regarding future State strategies and plans for amendments in University admission policies and selection procedures, especially with the current plans for introducing an English Undergraduate Programme of medical studies in our School.

4. The EEC requires **evidence** of the School's plans to include students (and other stakeholders) in the Studies Committee and other committees dealing with the programme.

Response 4:

We thank the EEC for pointing out this absence. The Studies Committee membership has recently changed its membership and it now includes a representative of the students in the deliberations of the Committee. Specifically the School Council has decided on 02/10/2019 at the 10th/2019 meeting (**Appendix 1.2** - Minutes of the 10th/2019 meeting of the Medical School Council - paragraph 2.1 (B): Decision regarding composition and roles and responsibilities of the Studies Committee and **Appendix 1.2.1** - Appendix II of the Minutes of the 10th/2019 meeting of the Medical School Council (in paragraph B): Composition and roles and responsibilities of the Studies Committee) to expand the membership of the School's Studies Committee to also include a representative of the Administrative Staff of the School, a representative of Students, a representative of the Ministry of Health of Cyprus, a representative of Cyprus Medical Association, a representative of State Health Services Organisation (Semi-governmental organization of the Public Hospitals in Cyprus) and a representative of the Pancyprian Federation of Patients Associations and Friends (Cyprus) (**Appendices 1.6.1 – 1.6.5** - Invitation letters to new members of the Studies Committee and their **Appendices 1.6.6 – 1.6.10** - Responses of new members).

Required Evidence as presented on page 37 of the EEC report

The evidence presented below has been requested in the section 'Required Evidence' on page 37 of the EEC report. Since the content of the evidence requested fits with the content of Section 1, we are presenting our response in detail here, hyperlinked to the collective list of Required Evidence at the Conclusions & Remarks Section of this form.

Required Evidence as part of Section 4

[7. Item 4.4 Student representation. Evidence of the policy and implementation is required.](#)

Student representation in the Medical School takes place in both levels of School decision making: the School Council and the Studies Committee. The evidence of implementation are presented in detail in Section 2

([Direct Link to Response 6, Findings, Section 2](#)), as well as in Section 4 ([Direct Link to Response 7, Findings, Section 4; Appendix 4.1 - Policy of the Representation of Students at the Medical School Council](#)).

EEC's final recommendations and comments

Thank-you for clarifying the criteria that define the cohort size.

It is unfortunate that neither the Medical School nor the University of Cyprus has autonomy to adapt the selection criteria and assessments for admission to study medicine but we note that the Medical School continues to make representations on this matter to the University.

The School has provided evidence of the School's plans to include students (and other stakeholders) in the Studies Committee and other committees dealing with the programme.

The School is now compliant in sub-area 4.4.

5. Academic Staff/Faculty

Sub-areas

- 5.1 Recruitment and selection policy
- 5.2 Staff activity and staff development

EEC's rating on 24&25 June 2019

Sub-area		Non-compliant	Partially compliant	Compliant	Not applicable
5.1	Recruitment and selection policy		√		
5.2	Staff activity and staff development				

EEC's comments on the external evaluation report and HEI's response

Findings

1. There is an extensive list of staffing with descriptions of the workload of individual teachers, though the data was difficult to identify and review, being spread over many pages without an overview or summary.

Response 1:

We thank the EEC for this finding and we apologize for the inconvenience caused. We understand that the staffing descriptions, workload and roles are not available as a summary or overview. Due to the fact that the School is constantly growing and developing, new staff are coming in every year, with workloads being reviewed and amended at the same time in order to restructure responsibilities and roles. Nevertheless, there is a collective list of staff on the Medical School website, where there is a descriptive summary of staffing ([weblink to Medical School website, in English](#)).

2. Some clinical academic staff reported that their workload is unevenly distributed across clinical service (up to 90% was reported) teaching and research.

Response 2:

We acknowledge the EEC's comment that some academic staff reported 90% of the time in clinical workload. One reason for this high percentage is a shortage of academic physicians and the School is in the process of expanding and hiring new faculty to assist with the clinical duties and allow more protected time for research and teaching. However, the agreement between the School and the Ministry of Health mentions that the

clinical faculty provide patient care “at least 50%” of their time at the teaching hospitals, leaving the exact percentage of each staff to their discretion.

Nevertheless, based on our acknowledgment of the high workload of some colleagues, the Medical School decided recently that the Phase Directors of each of the three Programme Phases, as well as the Departmental Chairs, will be meeting at regular intervals with the junior academic staff in order to discuss workload issues and to ensure equal allocation between educational, clinical, administrative and research work (**Appendix 5.1** - Minutes of the 10th-2019 meeting of the Medical School Council Section 2.1, paragraph Δ 4.3.1). The Studies Committee will accordingly propose suggestions or changes which should be approved by the medical School council.

3. The University offers a voluntary course for the induction of faculty and has plans to develop a postgraduate certificate in professional practice. Staff indicated that the plan is for this to become compulsory for all teachers but there was no written evidence of this.

Response 3:

We thank the EEC for highlighting this lack of provided evidence. The School has suggested the development of a mandatory course for the induction of new faculty, which recently has been approved by the Medical School Council (**Appendix 5.2** - Minutes of the 9th/2019 meeting of the Medical School Council, Paragraph 5.3). Specifically, once a year, the center for teaching and learning at the University of Cyprus offers a mandatory for new faculty, 3-day course in introduction to teaching methods for new academic staff. More information is available at the University’s website ([weblink here - from the UCY website here](#)).

4. There is no medical education training within the medical School.

Response 4:

We thank the EEC for pointing out this finding. Indeed there has not been a medical education training programme within the School, since the Faculty numbers have been small until now. Nevertheless, a collaboration with McGill University (Montreal, Canada) is in progress regarding training of faculty in medical education (**Appendix 5.3** - email communication with McGill University). The goal of this partnership is to develop and establish staff activity and faculty development programs in medical education and other programs, through an agreement between the two Universities . McGill University has a long tradition and valuable experience with the staff development programs and their assistance will strengthen our programme and will allow our faculty members to improve their capacity to be more effective teachers (**Appendix 5.3** - email communication with McGill University and **Appendix 5.4** - agenda of the meeting at McGill University).

5. Those teaching using simulation are given training but again no written evidence was supplied on this.

Response 5:

We thank the EEC for pointing this out and we would like to ensure that our goal is to provide high quality, safe, and comprehensive education to our students through the use of simulation. Our teaching staff went through simulation training in order to learn the necessary skills to teach the students, and documentation, including certifications, is provided (**Appendices 5.5, 5.6, 5.7, 5.7.1** - Staff training certificates). For example, several faculty members went through simulation training on how to use the mannequins and the debriefing system. Faculty members went through the simulation-based training for emergency physicians in March 2018 and the EuSim Simulation training in April 2019.

As additional evidence regarding Staff Training, we present here the invitation of the School to the collaborating Special Scientists (Medical Doctors) of Makarios III Hospital by Dr. Yiallourous (Professor), to participate in the training presentation of the educational programme 2019 (**Appendix 5.8.1** – Invitation to Special Scientists (Medical Doctors) of Makarios III Hospital by Dr. Yiallourous). Similarly, we provide the material of the 5th Year Programme presentation given to the Special Scientists (Medical Doctors) of Makarios III Hospital by Dr. Yiallourous in 2018 (**Appendix 5.8.2** - Presentation of the 5th Year Programme to the Special Scientists (Medical Doctors) of Makarios III Hospital). You may also refer to **Appendix 5.8.3** - Presentation of the educational programme of 2016 by Dr. Zachariou to Special Scientists.

Finally, during the 12th/2019 meeting, the Medical School Council took a decision about the specific training of Special Scientists (Medical Doctors) as follows:

*The special scientists affiliated with the Medical School (physicians from Nicosia General Hospital, Makareio Pediatric Hospital, Primary care health centers) will have to attend a mandatory training programme in medical education every two years. The programme includes presentations that cover topics such as teaching theories, principles, methods and tools. Before the beginning of the rotation, the special scientists will have to meet with the academic chief or director of the division or department affiliated with them (**Appendix 5.9.1** – Agenda of the 12th/2019 Medical School Council (paragraph 2.1 A) and **Appendix 5.9.2** – Appendix I of the agenda of the 12th/2019 Medical School Council regarding Special Scientists training in medical education).*

6. The University has a system of offering one teaching award for all faculties.

Response 6:

We thank the EEC for this helpful comment. The center for teaching and learning at the University of Cyprus has established the “quality teaching award” granted to a faculty member every two years (document attached) and will further develop the programme. More information is available at the University’s website ([UCY weblink here for Teaching Excellence Award](#)).

In addition, the School recently formulated and approved a staff activity and development policy that includes the faculty teaching award for each year of studies, offered to recognize the contribution of staff to the teaching and learning of students (**Appendix 5.10** - Minutes of the 10th/2019 meeting of the Medical School Council, Section 2.1, paragraph Δ 4.2) and **Appendix 5.10.1** - Staff activity and development policy, Appendix IV,) of the minutes of the 10th/2019 meeting of the Medical School Council Section 2.1, in paragraph Δ 4.2). At the end of the academic year, the students of each year of studies are invited to nominate a faculty member who has made a difference in their learning experience. All students are eligible to nominate a faculty member. The results will be announced at the end of each academic year and the award comprises a certificate of recognition of academic achievement.

7. There is no appraisal system for staff, and no mentoring of new teachers.

Response 7:

We acknowledge the lack of an appraisal system within the School and we thank the EEC for pointing this out. This absence is due to the fact that such a system does not exist either at the University or at the clinical medical setting (public hospitals) in Cyprus. Nevertheless, the School's plan is to suggest the introduction of an appraisal process based on European and International practice/ standards. The School has employed two visiting faculty members with expertise in medical education (Dr. Rees and Dr. Papachristodoulou) and they have been asked to assist with the development of an appraisal system by the end of the academic year 2019-2020. Subsequently, it will be submitted to the University's Central authorities for approval.

The purpose of the establishment of the appraisal system

The Medical School of the UCY is committed to recruiting, developing and retaining appropriately experienced, highly motivated and skilled staff. Academic performance appraisal will comprise of discussions at regular intervals about performance between supervisors and the staff towards the production of a mutually agreed annual review. The review will allow reflection on personal development, assessment of achievements and performance, and encourage forward planning and recommendations relating to the formal processes in the University, including continuing appointment and promotion. Assessment will include review of teaching, research and clinical academic work (where indicated).

The School has recently approved a policy, that gives the opportunity to the special scientists who teach the students at the affiliated hospitals to attend a training programme in medical education (**Appendix 5.9.1** – Agenda of the 12th/2019 Medical School Council, paragraph 2.1 A) and **Appendix 5.9.2** – Appendix I of the agenda of the 12th/2019 Medical School Council regarding Special Scientists training in medical education). The programme is a series of presentations that cover topics such as teaching theories, principles, methods and tools. Before the beginning of the rotation, the special scientists will have to meet with the academic chief or director of the division or department affiliated with them.

Strengths

1.The faculty come from diverse backgrounds; most have trained abroad and several key members have held academic leadership posts abroad, all have brought the best from across Europe, North America and other regions to Cyprus.

Response 1:

We appreciate the acknowledgment of this strength. The School embraces the diversity of our faculty, their training experience, skills, and many faculty members held academic appointments at Medical Schools in different parts of the world and we appreciate that this fact is acknowledged as a strength of the programme. Faculty members are leaders in their fields with expertise in several areas of medicine such as pancreatic surgery, medical education, autoimmunity, breast cancer and sarcoma, neurodegenerative diseases, infectious diseases. Also, several members held vital leadership positions in different medical organizations in Europe and abroad.

2.The student:tutor ratio is low with small classes and teaching in very small groups.

Response 2:

We thank the EEC for pointing out the importance of teaching in small groups and we agree that one of the strengths of our programme is the small class size and low student:faculty ratio that allows the students to achieve the best learning outcomes. For example, students are able to speak directly with their tutors, to discuss any questions or issues they have, and receive feedback on a one on one basis. With a small class size, tutors can get to know each student as an individual and work with them in order to improve their skills.

3.There is a very clear description of current staffing, and individual workloads.

Response 3:

We would like to thank the EEC for recognizing our efforts to improve the staff recruitment and selection policy of the School. Indeed, the School provides a detailed description of the staff members and their workloads and is committed to update the staff descriptions, roles and duties continuously. We believe that clarity in description of roles and workloads increases the quality of the working environment of staff.

Areas for improvement and recommendations

1.The School must develop a staff recruitment and selection policy, with a description of the ideal staffing, workload and responsibilities, informed by the requirements of the curriculum.

Response 1:

We appreciate the EEC for this suggestion. The School has acted fast to develop and approve a staff recruitment and selection policy based on the curriculum requirements (**Appendix 5.11** - Minutes of the 10th/2019 meeting of the Medical School Council Section 2.1, paragraph Δ 4.1) and **Appendix 5.11.1** - Staff Recruitment and Selection Policy, Appendix III of the minutes of the 10th/2019 meeting of the Medical School Council Section 2.1, in paragraph Δ 4.1).

The new faculty positions become available based on the needs of the School's strategic plan and the needs of the community and of the teaching hospitals affiliated with the University. For example, in Cyprus, the health system lacked an inpatient service dedicated to patients with Neurologic diseases (Neurology ward) and there was no stroke unit to manage patients with cerebrovascular events. Hence, given the need to provide specialized care to patients with neurological diseases, the School established the department of Neurology and a stroke unit, staffed by four faculty members (**Appendix 2.4** - Decision of the Ministry of Health for Establishing a Neurology Clinic).

We would like to point out that the strategic plan of the School is currently under development and is expected to be submitted to the Medical School Council for approval within the next six months. The Medical School strategic plan is being developed by a committee which comprises of the following members: Filippatos Gerasimos (Professor, Dean), Hadjigeorgiou Georgios (Professor, Associate Dean), Panayiotis Yiallourous (Professor), Dervenis Christos, (Professor), Panos George (Professor), Theodoti Hadjivasiliou (Medical School Coordinator, University Officer) (**Appendix 5.12.1** – Invitation for the 3rd meeting of the Strategic Plan Committee to the members of the Committee). The Medical School strategic plan (**Appendix 5.12.2** - Draft of the Strategic Plan of the School) is being prepared using the 'Guide for the development of strategic plans for the Departments and Schools of the University of Cyprus' (**Appendix 5.12.3** - Guide for the development of strategic plans for the Departments and Schools of the University of Cyprus). The School's strategic plan is evaluated, reviewed and renewed based on the needs of the curriculum.

2. Those with responsibility for monitoring the responsibilities and workload of faculty members should be identified and should ensure that the distribution between clinical service, teaching and research are balanced to meet the needs of the curriculum.

Response 2:

We acknowledge the presence of imbalance between clinical service, research and teaching, and we thank you for the comment. Following a recent decision of the Medical School Council, the directors of each of the three phases in collaboration with the departmental chairs will ensure the junior faculty members are adequately balancing their clinical, teaching and research duties and have protected time to meet their research and educational responsibilities (**Appendix 5.1** - Minutes of the 10th-2019 meeting of the Medical School Council Section 2.1, paragraph Δ 4.3.1).

Junior faculty members will be assigned to senior members in order to develop a mentoring programme, as shown in recent decision of the Medical School Council (**Appendix 5.13.1** - Minutes of the 9th/2019 meeting of the Medical School Council, Paragraph 3.1); **Appendix 5.13.2** - Description of the mentoring programme by the Centre for Teaching and Learning. The senior members will guide junior colleagues toward independence and excellence in their academic careers. They will meet annually to assess performance, discuss concerns, goals.

3. The School must also develop a policy on staff activity and development, to ensure academic and clinical teachers are adequately trained and supported in education matters, including mentoring/academic advising; appraised regularly; and rewarded for excellence in education, through awards and promotions.

Response 3:

We acknowledge the comments and we strongly believe it is essential to develop such a policy that will provide an opportunity for faculty members to develop teaching skills. Consequently, the School developed and approved a staff development and activity policy that includes the faculty teaching award for each year of studies, offered to recognize the contribution of staff to the teaching and learning of students. (**Appendix 5.10** - Minutes of the 10th/2019 meeting of the Medical School Council, Section 2.1, paragraph Δ 4.2) and **Appendix 5.10.1** - Staff activity and development policy, Appendix IV of the minutes of the 10th/2019 meeting of the Medical School Council Section 2.1, in paragraph Δ 4.2). At the end of the academic year, the students of each year of studies are invited to nominate a faculty member who has made a difference in their learning experience. All students are eligible to nominate a faculty member. The results will be announced at the end of each academic year and the award comprises a certificate of recognition of academic achievement.

The UCY Medical School and McGill University (Montreal, Canada), are planning to establish a partnership in order to develop an activity and faculty development programs in medical education and the areas, through an agreement between the two Universities (**Appendix 5.3** - email communication with McGill University and **Appendix 5.4** - agenda of the meeting at McGill University). McGill University has a long tradition and valuable experience with the staff development programs and their assistance will strengthen our programme and will allow our faculty members to improve their capacity to be more effective teachers.

Moreover, as the School participates in the UCY mentoring programme in which junior faculty members are assigned to senior members in order to develop a mentoring programme. The senior members guide junior colleagues toward independence and excellence in their academic careers. The senior and junior members meet annually to assess performance, discuss concerns, goals and advice (**Appendix 5.13.1** - Minutes of the 9th/2019 meeting of the Medical School Council, Paragraph 3.1); **Appendix 5.13.2** - Description of the mentoring programme by the Centre for Teaching and Learning, University of Cyprus).

As mentioned above, the UCY Center for Teaching and Learning at the University of Cyprus has established the quality teaching award granted to a faculty member every two years, and all faculty members are obligated to attend the 3-day course in introduction to teaching methods to new academic staff.

4. Being a small School, the staff complement is also small: there are therefore risks associated with individuals covering several areas of responsibility. The School must therefore develop a strategy to mitigate the inherent risks in this arrangement.

Response 4:

We agree with the EEC's comment, albeit the risks will be gradually reduced as the School appoints new faculty members. The School will continue its efforts to recruit more staff to decrease any risks associated with the small number of personnel. For example, during the EEC's visit, the School had 14 faculty members and now the number has increased to 17 members ([weblink to School staff page](#)). Moreover, the School has announced 12 open faculty positions. Please see evidence of job advertisements for faculty positions ([weblink to School news & announcements page](#) ([weblink to School News here](#))).

Annually the School employs special teaching staff, special scientists and visiting professors in order to meet the needs for basic or clinical training for our students and mitigate any risks associated with the relatively low number of full-time faculty. Also, the School hires external or internal faculty members from other departments of the University of Cyprus, such as the department of biology or physics, to teach our students. We remain committed to our students and with our enthusiasm and motivation, we will alleviate any risks related to the small number of staff.

5. The EEC requires to see evidence to justify the School's claims made on pages 68 and 69 of the documents "WFME - UCY Medical School - Final.pdf. **Without this evidence, the School is non-compliant in sub-area 5.2.**

Response 5:

We thank the EEC for pointing this out. The Medical School Council has recently approved the staff development and activity policy (**Appendix 5.10** - Minutes of the 10th/2019 meeting of the Medical School Council, Section 2.1, paragraph Δ 4.2, and **Appendix 5.10.1** - Staff activity and development policy, Appendix IV, from the minutes of the 10th/2019 meeting of the Medical School Council, Section 2.1 paragraph Δ 4.2).

Regarding the criterion B 5.2.1 the School has recently approved a policy in order to ensure a balance between the teaching, research and clinical service responsibilities (**Appendix 5.1** - Minutes of the 10th-2019 meeting of the Medical School Council Section 2.1, paragraph Δ 4.3.1). The directors of each of the three phases will meet at regular intervals with the academic staff in order to discuss workload issues and to ensure equal allocation between educational, clinical, administrative and research work. Subsequently the Studies Committee, will be informed and accordingly, the Committee will propose suggestions or changes which should be approved by the medical School council.

Regarding the criterion B 5.2.2 the School recognizes that there was no official recognition of any exemplary academic achievements, however, via the use of the School's social media accounts, website and University's newsletter shares the faculty's good practices. For example, faculty achievements, important publications, awards, are posted on the School's website ([weblink here](#)) and the twitter account ([weblink here](#)). The official Facebook account of the UCY includes achievements and announcements of the Medical School ([weblink here](#)).

Given the EEC's recommendations, the School has recently approved the annual recognition awards that will be given this coming year for the best publication, faculty teaching, and service. The annual award for the best publication honors a faculty member a significant contribution to medicine in the form of publication in a peer-review journal. (**Appendix 5.10** - Minutes of the 10th/2019 meeting of the Medical School Council, Section 2.1, paragraph Δ 4.2; and **Appendix 5.10.1** - Staff activity and development policy, Appendix IV, from the minutes of the 10th/2019 meeting of the Medical School Council Section 2.1, in paragraph Δ 4.2). The School's international advisory committee will evaluate and review the faculty members' publications and will nominate the most novel or innovative publication for the award.

In addition, the School has recently established the annual faculty teaching award for each year of studies, an award that honors a faculty member for outstanding teaching (**Appendix 5.10** - Minutes of the 10th/2019 meeting of the Medical School Council, Section 2.1 (paragraph Δ 4.2) and **Appendix 5.10.1** - Staff activity and development policy, Appendix IV from the minutes of the 10th/2019 meeting of the Medical School Council Section 2.1, in paragraph Δ 4.2). Annually, the students of each year of studies, will nominate anonymously the faculty member who has made a difference in their learning experience. All students are eligible to nominate a faculty member.

A third award has been established, the annual service recognition award that honors the faculty member who has made significant contributions in clinical or administrative or community service (**Appendix 5.10** - Minutes of the 10th/2019 meeting of the Medical School Council, Section 2.1, paragraph Δ 4.2; and **Appendix 5.10.1** - Staff activity and development policy, Appendix IV from the minutes of the 10th/2019 meeting of the Medical School Council Section 2.1, in paragraph Δ 4.2). The awardee shall be a faculty member of the School and will be nominated for the School's faculty. The Medical School Council will review the nominations and will choose the awardee. All the awards comprise a certificate of recognition of academic achievement.

Regarding the criterion B 5.2.3 we acknowledge the importance of implementing clinical activities and research in the teaching and learning experience of our students. Therefore, the School has implemented the research and clinical activities in the students' teaching and learning experience via an agreement between the University, the Ministry of Health of Cyprus and three hospitals (Nicosia General Hospital, Makareio Children's Hospital, Bank of Cyprus Oncology Center). This agreement allows the clinical faculty members to practice medicine in the hospital facilities, provide patient care, conduct research and teach the students in a clinical setting (**Appendix 6.1.1** - Agreement with the Ministry of Health and **Appendix 6.1.2** renewal of the Agreement).

Regarding the criterion B 5.2.4 we acknowledge the significance of sufficient knowledge by the staff members of the total curriculum, The School has recently approved a policy where all faculty members once

a year will attend a session that will include a series of presentations on the School's curriculum (**Appendix 5.10** - Minutes of the 10th/2019 meeting of the Medical School Council, Section 2.1, paragraph Δ 4.2; and **Appendix 5.10.1** - Staff activity and development policy, Appendix IV from the minutes of the 10th/2019 meeting of the Medical School Council Section 2.1, paragraph Δ 4.2). This session will be held the first week of each academic year, at the beginning of the fall semester, and faculty members from each area of studies will give a 5-minute presentation that will include an outline of their curriculum, including the learning objectives. Also, the syllabus from each area of studies will be distributed to all faculty members, through the Microsoft Onedrive, and it will allow them to have an in-depth exploration of the curriculum.

Regarding the criterion B5.2.5, the School is developing a faculty development and teacher training programme in collaboration with McGill University in Canada. (Evidence: Appendix 5.3 - email communication with McGill University and Appendix 5.4 -agenda of the meeting at McGill University).).

The introduction of the mentoring programme will provide a support system to the faculty members and it will allow them to discuss with their mentors any issues or problems that arise throughout their academic careers (Evidence: **Appendix 5.13.1** - Minutes of the 9th/2019 meeting of the Medical School Council (Paragraph 3.1); **Appendix 5.13.2** - Description of the mentoring programme by the Centre for Teaching and Learning (University of Cyprus)). Additionally, they will have the opportunity to meet with the directors of each phase of studies at regular intervals to address any concerns they might have (Evidence: **Appendix 5.1** - Minutes of the 10th/2019 meeting of the Medical School Council Section 2.1, paragraph Δ 4.3.1).

Regarding the appraisal system, we acknowledge the lack of, within the School. This absence is due to the fact that such a system does not exist either at the University or at the clinical medical setting (hospitals) in Cyprus. Nevertheless, the School's plan is to suggest the introduction of an appraisal process based on European and International practice/ standards. The School has employed two visiting faculty members with expertise in medical education (Dr. Rees and Dr. Papachristodoulou) and they have been asked to assist with the development of an appraisal system by the end of the academic year 2019-2020. Subsequently, it will be submitted to the University's Central authorities for approval. Please refer to Response 7 of this Section findings, for more detailed information regarding the scheduled developed appraisal system ([Direct link to Response 7, Findings, Section 5](#))

Required Evidence as presented on page 37 of the EEC report

The evidence presented below has been requested in the section 'Required Evidence' on page 37 of the EEC report. Since the content of the evidence requested fits with the content of Section 1, we are presenting our response in detail here, hyperlinked to the collective list of Required Evidence at the Conclusions & Remarks Section of this form.

Required Evidence as part of Section 5

[8. Evidence for the claims made on pages 68 and 69 of the document "WFME - UCY Medical School - Final.pdf"](#).

Full body of evidence for this point is being presented in this Section under Response 5, Areas of Improvement ([Direct Link to Response 5, Areas of Improvement, Section 5](#)).

EEC's final recommendations and comments

The Medical School has undertaken significant work since the EEC visit to provide the required evidence and address the recommendations and areas for improvement described within Section 5 of the EEC Report.

The School has developed relevant strategies and has sought input from international experts to create an implementation plan.

The School has a planned trajectory to be compliant in sub-areas 5.1 and 5.2 by 2020-21.

6. Educational Resources

Sub-areas

- 6.1 Physical facilities
- 6.2 Clinical training resources
- 6.3 Information technology
- 6.4 Medical research and scholarship
- 6.5 Educational expertise
- 6.6 Educational exchanges

EEC's rating on 24&25 June 2019

Sub-area		Non-compliant	Partially compliant	Compliant	Not applicable
6.1	Physical facilities			√	
6.2	Clinical training resources			√	
6.3	Information technology			√	
6.4	Medical research and scholarship			√	
6.5	Educational expertise		√		
6.6	Educational exchanges				

EEC's comments on the external evaluation report and HEI's response

Findings

- The School has an excellent physical environment and is compliant based on the written documents and our visit to the School and the hospital. The EEC also heard about a new medical School building with more research facilities planned for the University site. The current building next to the General Hospital will be retained as a medical education centre to support students on placement.

Response 1:

We appreciate the EEC's comment. The Medical School is proud of the quality of the facilities provided for its students and staff at the Shacolas Educational Centre for Clinical Medicine and the collaborating hospitals. The University of Cyprus continues to invest in developing facilities for the Medical School that meet the requirements and expectations of contemporary medical education. In this respect, a new building will be constructed that will further advance our ability to deliver state-of-the-art medical training. The new building is part of a broader developmental University strategy that includes a Cancer Research Institute that will

allow the conduct of cutting-edge medical oncology research. The construction of the new building is expected to finalize in 2023.

2. There is a good system in place to ensure students and staff can raise concerns about the quality and safety of the learning environment. All students have a tutor to support them and they are also closely supervised in the clinical setting.

Response 2:

We appreciate the EEC's positive comment. The quality and safety of the learning environment is a top priority of the Medical School. Therefore, as evidenced in previous chapters, the Medical School promotes and values the feedback of staff and students with the aim of better serving them. Our plans include further development of the tutor model, by introducing the routine practise of structured and documented tutor-student meetings that will be included in each students' academic portfolio and that will be available for review and reference during a student's time in the Programme. The hiring of new clinical staff, as planned, will further strengthen supervision in the clinical setting.

3. There was evidence in the documentation, the interviews and in the tour of 3 clinical institutions that there is an excellent clinical learning environment with adequate clinical training facilities and resources, access to appropriate patients and careful supervision, where the low student:tutor ratio is maintained.

Response 3:

We acknowledge the importance of a high-quality clinical environment, which was the product of formal agreements of UCY/Medical School with the Ministry of Health, primary health-care centres, institutes, and tertiary hospitals in Cyprus. We aim at close collaboration with all stakeholders in the health field, especially in an era of transition to the General Healthcare System of Cyprus). We will definitely continue to work in this direction. We also acknowledge that the low student:faculty ratio throughout the years of study is a core strength of our Medical School, which provides room for personalised teaching and student development. The Ministry of Education works closely with the Medical School and the University officials in order to maintain the steady pace of student admission in the Medical School through National Exams, which will not exceed the number of 50 students per year in 2025.

4. There is an informal agreement between the School and clinical institutions to permit the teaching of medical students and consultant clinical practice by the academic staff.

Response 4:

We thank the EEC for this comment. However, the agreement between the School and the Clinical Institutions is a formal agreement between the University of Cyprus and the Ministry of Health. In this agreement, there is a provision of clinical services for our staff in the clinical facilities of the State Health

Services Organization and allows teaching of our students within these facilities (**Appendix 6.1.1** - Agreement with the Ministry of Health and **Appendix 6.1.2** - renewal of the Agreement).

5. There is extensive and appropriate use of information technology and technology enhanced learning. Students have access to electronic patient records and imaging. The School introduced the use of a digital system for managing assessment in 2018.

Response 5:

We appreciate the EEC's acknowledgment of our School's technology integration into the teaching and learning activities. The Medical School strongly believes that technology is of profound importance to the learning process. Students get training on e-health from the first year of their studies and have access to electronic patient records and imaging during their clinical training. Students are also trained on anatomy and clinical disciplines using Virtual Anatomy Dissection Tables, Virtual Patient Technology, and state-of-the-art mannequins. In-class interaction includes a digital student-response system. We have also introduced a new electronic platform to assess students' performance since 2018 and we take advantage of its full capacity to inform and improve teaching and learning in our School. We are committed to enhancing technology-assisted learning.

6. On page 76 of the WFME-UCY Medical School Self-assessment, the School has provided an interesting diagram to describe their teaching-research nexus. The EEC would like to see evidence that is an official policy and currently being put into practice.

Response 6:

We thank the EEC for recognizing the importance of our Teaching-Research Nexus. The Medical School adopted the Teaching-Research Nexus, described on the diagram on page 76 of the WFME-UCY Medical School Self-assessment, as an official policy in a recent School Council decision (**Appendix 6.2** - Minutes of the 9th/2019 meeting of the Medical School Council, paragraph 5.1 Γ).

The Medical School has been informally implementing this policy since 2016, long before its formal endorsement. Examples of practice include the following:

1. Students participating in research projects of the Faculty as volunteer trainees (reflection on Nexus: Research-oriented and Discovery-responsive Teaching):
 - In the Experimental Pharmacology Laboratory (Assistant Professor Nikolas Dietis) - (presented evidence; [weblink to page for lab members](#)).
 - Project Beat Heat (Assistant Professor Georgios Nikolopoulos (presented evidence; [weblink to project page](#)))
2. Students co-authored peer-reviewed articles or presented at conferences; each publication or conference presentation on the following links includes at least one student (reflection on Nexus: Research-oriented and Discovery-responsive Teaching):

- Presented evidence; [weblink of UCY website for students in research](#)
- Presented evidence; [weblink of publication 1 with student authors](#)
- Presented evidence; [weblink of publication 2 with student authors](#)
- Presented evidence; [weblink of publication 3 with student authors](#)
- Presented evidence; [weblink of publication 4 with student authors](#)

3. Problem-based teaching inquiry-led clinical seminars are incorporated officially into the curriculum as scheduled and frequent learning activities (reflection on Nexus: Research-led Information-responsive Teaching)(Evidence: **Appendix 6.3** - Part of Student handbook 2019-2020 where Teaching-Research Nexus is presented).

4. Elective modules on a research topic are also included in the Programme's curriculum for 2nd and 3rd year students, both in the forms of group projects and individual projects. Some of these projects, offered by Faculty to students at the beginning of the academic year, are focused mainly on literature review and research reporting in the form of essays (reflection on Nexus: Research-tutored and information-active Teaching), whereas others include original laboratory and clinical work that produces outcomes and publications (reflection on Nexus: Research-based Discovery-active Teaching).

The Teaching-Research Nexus is currently not only fully adopted by the Medical School, but also incorporated in the Students' Handbook for student information and knowledge (Evidence: **Appendix 6.3** - Part of Student handbook 2019-2020 where Teaching-Research Nexus is presented).

7. The documents and interviews indicate that the international advisory committee (IAC) has been central to the development of the programme. The members of the IAC are well regarded medical educationalists, and we recognise the signature of such distinguished experts in the design of the curriculum.

Response 7:

The Medical School acknowledges the role, participation, and contribution of IAC in the development and establishment of the education programme. In this direction, the Medical School decided to get further support by members of IAC. Professor John Rees and Professor Despo Papachristodoulou have already been invited and have accepted to further contribute to the curriculum as Visiting Professors in Medical Education (**Appendix 6.4** - Minutes of the 9th/2019 meeting of the Medical School Council, paragraph 5.1 A 6).

8. Faculty members have access to the University centre for teaching and learning for ongoing pedagogical support but currently have no permanent medical education experts.

Response 8:

We agree with the EEC on this finding. The Medical School encourages Faculty members to develop skills in Learning & Teaching, in aspects of contemporary Medical Education and in professional development in pedagogical skills. In this respect, the Medical School has recently decided to:

1. recommend the participation of staff members in the UCY Mentoring Programme, where UCY Faculty are trained by international experts in how to become mentors to peers and students, contributing to the formation of a pedagogical and continuing development culture in the University (**Appendix 5.13.1** - Minutes of the 9th/2019 meeting of the Medical School Council, Paragraph 3.1); **Appendix 5.13.2** - Description of the mentoring programme by the Centre for Teaching and Learning, University of Cyprus).
2. make mandatory, for all new Faculty members of the Medical School, to participate in the UCY Introductory Training programme on University Education (Evidence: **Appendix 5.2** - Minutes of the 9th/2019 meeting of the Medical School Council, Paragraph 5.3).

In addition, recognizing the fact that the Medical School does not have a Faculty member in the area of Medical Education and the certain difficulty to find promising Greek-speaking Faculty candidates with expertise in Medical Education, the School has decided to invest in the professional development of a faculty member (**Appendix 6.5** - Minutes of the 10th/2019 meeting of the Medical School Council Section 2.1, paragraph E).

9. The School is a member of the Erasmus network, but the School has had outgoing students only and there is little evidence of international collaboration with other institutions.

Response 9:

We understand this comment regarding the outgoing students. The Medical School is a member of the Erasmus network, it has an Erasmus programme committee, which has assigned the coordination role to a particular staff member (Dr Eirini Christaki – Lecturer in Internal Medicine). The Medical School has already signed bilateral Erasmus+ agreements with other universities in Europe (**Appendix 6.6** - Erasmus agreements - available from [UCY weblink here](#)). Two more bilateral Erasmus agreements with institutions in Europe are in the process of being established. Students of the Medical School also participate in Erasmus Placement programs that do not require formal agreements between hosting and sending institutions (**Appendix 6.7** - Example: Certificate of Erasmus Placement for a six-year medical student of academic year 2018-2019 in the context of his elective; **Appendix 6.8** - Erasmus data and numbers on outgoing mobility of undergraduate medical students). Moreover, Greek-speaking students from universities in Germany and Greece (**Appendix 6.9** – An example: Erasmus Placement agreement of a PhD student) have already visited our School in the context of mobility programs. We do acknowledge that Greek language is a barrier for foreign students to come to our Medical School. We anticipate that the launch of the English programme will mitigate this problem. The Medical School is committed to exploring collaborations and signing mobility agreements with other Schools at the European and International level. For example, the School will soon be signing a

Memorandum of Understanding with the University of Bern, Faculty of Medicine (**Appendix 6.10** – Draft of Memorandum of Understanding between the University of Bern, Faculty of Medicine and the University of Cyprus, Medical School).

10. Item 6.6 cannot be rated at this time due to lack of documented evidence, and apparent lack of credit transfer policies.

Response 10:

We understand why the EEC could not rate item 6.6. regarding credit transfer. We apologise for not providing the necessary information. We hope that the EEC acknowledges the vital difficulties presented to the School regarding credit-transfer, based on our programme's official Greek language and our programme's particular curriculum integration/design in collective modules that use a scenario-based approach. Nevertheless, there is evidence of student mobility and credit transfer to entry points of Year 2 and 4. This evidence is presented in detail in Response 2 & 3 under Areas of Improvement in this Section ([Link to Response 2 & 3 of Areas of Improvement in this Section](#)).

Strengths

1. The physical estate includes modern buildings, equipment and infrastructure and is complemented by modern facilities and resources including two libraries, study spaces, anatomy learning resources, information and learning technology, and a clinical skills and simulation suite. It is perceived by staff and students to be the best in Cyprus.

Response 1:

We acknowledge the importance of buildings, equipment, and infrastructure for students and staff of the Medical School and we thank the EEC for acknowledging this strength. We are very happy that our students have high attitude of their School. The UCY has invested much in this area so as the Medical School can meet the requirements and expectations of modern medical education. In this respect, a new building will be constructed that will further advance our ability to deliver state-of-the-art medical education.

2. The resources are reviewed and updated as necessary.

Response 2:

We acknowledge this area of strength as a strength of both the UCY and the Medical School in particular. Since Greek is the main language of the University and our degree, we understand that Learning resources (especially those in English) play a fundamental role in the quality of our student's learning environment and in their development as future doctors. Since the foundation of this School we have invested considerable resources in creating, developing or purchasing a number of learning resources that are not only freely

available to our students, but also are used as key components by Faculty in everyday learning activities. We will continue to take all steps necessary to review and update these resources. Only during these last few months, we have included three more resources in our learning environment: a) free access to the “Future Medicine Collection” και “Future Science Collection” (a progressive publisher focused on breakthrough medical, biotechnological and scientific research, with over 40 peer reviewed journals included in medical science, as well as various digital platforms for support of these journals), b) updated for two more years the free access to our students in Labster, the only Medical Laboratory Simulation software available in the world.

3. The student: tutor ratio is low, with small classes and teaching in very small groups.

Response 3:

We thank the EEC for this note. We are particularly proud of our low student:faculty ratio, which we consider a major advantage of our School towards offering true personalised learning environment. Our aim is to maintain or even improve this ratio in the following years. In this direction, the Medical School will be announcing soon new vacancy posts for Faculty in different levels for 2020, as well as a number of additional teaching support staff for labs and workshops. As the only Public Medical School in Cyprus, we strongly believe that raising the standards of quality learning in our students requires raising the standards inclusion of diversification of Faculty expertise.

4. There is a positive learning environment: the staff-student relationship is exceptional; staff are very accessible and supportive.

Response 4:

We thank the EEC for underlying the importance of our positive learning environment. UCY and the Medical School have strict rules and procedures for hiring staff of the highest academic standards. We are happy to see that our people are good at cultivating a positive learning environment and developing nice and fruitful relationships with their students. Quality and safety of the learning environment is a top priority of the Medical School. Therefore, as evidenced in previous chapters, the Medical School will continue to promote and value the feedback of staff and students in order to maintain and improve the learning environment.

5. Plans to build a new medical School will increase the research facilities on the University campus.

Response 5:

We are particularly proud about the plans that have been set in motion by the University on the development of a new Medical School Building. Our vision is that the new building will be the most contemporary, resourceful and environmental-friendly Medical School in the South Europe region. We appreciate that the EEC has acknowledged this vision and included it in our strengths. It is important to add that the new building

is part of a broader developmental strategy by the University, that includes a new learning and research centre, the Cancer Research Institute. Both endeavours will promote cutting-edge medical research and teaching.

Areas for improvement and recommendations

1. The School must develop and implement a policy on the contribution of medical education expertise to cover faculty and curriculum development, quality assurance, medical education research and scholarship.

Response 1:

We thank the EEC for pointing out this important and constructive comment. We acknowledge the lack of such a policy. Towards this direction, the Medical School decided to get medical education expertise by routinely hiring visiting faculty staff who is internationally recognized in this field. Professor John Rees and Professor Despo Papachristodoulou, members of IAC, have already been invited and have accepted to bring their medical education expertise as visiting professors in the current academic year (**Appendix 6.4** - Minutes of the 9th/2019 meeting of the Medical School Council, paragraph 5.1 A; 6).

Moreover, the Medical School will encourage its faculty members to gain expertise in medical education. In particular, Assistant Professor Nikolas Dietis has a long-term interest in medical education and introduced novel methods of teaching and assessment including Ebel's method of students' assessment and a digital student-response system for in-class interaction. In this respect, the Medical School decided:

- 1) to recommend the participation of some of its staff members (including Dr Dietis) in the newly established UCY Mentoring Programme (**Appendix 5.13.1** - Minutes of the 9th/2019 meeting of the Medical School Council, Paragraph 3.1); **Appendix 5.13.2** - Description of the mentoring programme by the Centre for Teaching and Learning, University of Cyprus)
- 2) to make mandatory for all new staff members of the Medical School the UCY training programme on education (**Appendix 5.2** - Minutes of the 9th/2019 meeting of the Medical School Council, Paragraph 5.3).

2. The School must provide or develop policies for the credit transfer and Bilateral Agreements of incoming and outcoming students, based on curricular and professional requirements and these should be developed, and managed by a committee.
3. Item 6.6 cannot be rated at this time due to lack of documented evidence, and apparent lack of credit transfer policies.

Common Response to 2 and 3:

We thank the EEC for these suggestions. As both comments 2 and 3 are focused on credit transfer policies and we therefore provide a common response below.

Regarding the Criterion 6.6, the UCY and the Medical School are part of the Erasmus Network ([weblink to UCY Erasmus programme](#)) in an effort to facilitate regional and international exchange of staff and students. UCY has an Office that supports mobility of students and staff, considers their needs, and respects ethical principles. Faculty of the Medical School (Dr Eirini Christaki – Lecturer in Internal Medicine) collaborates with the UCY Office for Mobility Support and coordinates mobility of students and staff at the Medical School. Members of the Erasmus Committee (Drs Anastasia Constantinidou, Georgios Nikolopoulos, and Anneza Yiallourou) support the coordinator. UCY/Medical School have already signed Erasmus+ agreements with other universities in Europe (**Appendix 6.6** - Erasmus agreements - [UCY weblink here for Erasmus agreements](#)).

The curriculum of the Medical School includes a 2-month elective module in the six year of studies (Appendix 6.3 - Students guide) with the aim of promoting students' mobility. Following a request of the Medical School, the Office for Mobility Support of UCY helps all medical students to combine Erasmus Placement programs (that do not require formal agreements between institutions) with their elective module, if they wish to do so (**Appendix 6.5** – Example: Certificate of Erasmus placement for a six-year medical student of academic year 2018-2019 in the context of his elective). ECTS credits gained during elective/placement modules are recognized by the Medical School. Through Erasmus Placement, students get a monthly stipend while travel costs are covered. For the academic year 2018-2019, 18 of 28 six-year medical students combined their elective training with Erasmus Placement. Erasmus Placement is also available to students of years of study other than the 6th year (**Appendix 6.6** - Erasmus data and numbers on outgoing mobility of undergraduate medical students).

Greek-speaking students of foreign institutions also came in our Medical School this past summer (2019) in the context of a mobility programme (**Appendix 6.9** – Example: Erasmus Placement agreement of a PhD student).

Mobility programs are also available for the academic staff. Two faculty members (Drs Georgios Nikolopoulos and Anneza Yiallourou), in the context of Erasmus mobility for academic staff, visited the Medical School of Ioannina University in Greece, gave lectures, and initiated collaborations for research (**Appendix 6.11.1** - Nikolopoulos agreement - Erasmus+ Programme Staff Mobility for Teaching; **Appendix 6.11.2** - Yiallourou agreement - Erasmus+ Programme Staff Mobility for Teaching). One member of the teaching staff (Dr Constantinos Pitsios) (**Appendix 6.11.3** - Pitsios - Erasmus+ Programme Staff Mobility for Teaching) and one member of the administrative staff (Mrs Theodoti Hadjivasiliou) (**Appendix 6.11.4** - Hadjivasiliou agreement - Erasmus+ Staff Mobility for Training) also participated in mobility programs.

Required Evidence as presented on page 37 of the EEC report

The evidence presented below has been requested in the section 'Required Evidence' on page 37 of the EEC report. Since the content of the evidence requested fits with the content of Section 1, we are presenting our response in detail here, hyperlinked to the collective list of Required Evidence at the Conclusions & Remarks Section of this form.

Required Evidence as part of Section 6

[9. On page 76 the school provides an interesting diagram to support their teaching-research nexus. However, we would like to see the evidence that this is from an official School document.](#)

The Teaching-Research Nexus is a descriptive representation of the synergy between teaching and research in the Medical School. The Nexus has been adopted as an official policy for implementation throughout the curriculum of the Programme. Detailed evidence for its content and its implementation is being presented in this Section, under Response 6, Findings ([Direct Link to Response 6, Findings, Section 6](#)).

[10. We need to receive the School's policy for student exchange and transfer of educational credits, and evidence of students' and teachers' mobility.](#)

The School participates actively in student exchange and mobility. Detailed evidence for the policies and the processes that regulate student exchange, credit transfer and mobility is presented in detail in this Section, under Response 2 & 3, Areas of Improvement ([Direct Link to Response 2 & 3, Areas of Improvement, Section 6](#)).

EEC's final recommendations and comments

Thank-you for clarifying that the agreement between the School and the Clinical Institutions is a formal agreement between the University of Cyprus and the Ministry of Health; apologies for the misunderstanding.

The School has provided the required evidence and addressed the recommendations and areas for improvement described within Section 6 of the EEC Report.

The School is compliant in sub-areas 6.5 and 6.6.

7. Programme Evaluation

Sub-areas

- 7.1 Mechanisms for programme monitoring and evaluation
- 7.2 Teacher and student feedback
- 7.3 Performance of students and graduates
- 7.4 Involvement of stakeholders

EEC's rating on 24&25 June 2019

Sub-area		<i>Non-compliant</i>	<i>Partially compliant</i>	<i>Compliant</i>	<i>Not applicable</i>
7.1	Mechanisms for programme monitoring and evaluation				
7.2	Teacher and student feedback				
7.3	Performance of students and graduates				
7.4	Involvement of stakeholders		√		

EEC's comments on the external evaluation report and HEI's response

Findings

1. The EEC read and heard about a systematic mandatory approach to gathering student feedback about all aspects of the programme. A survey is filled by all students after each Semester inquiring on each curricular area. There is no account of formal feedback from staff and other stakeholders.

Response 1:

We appreciate this EEC finding. The Medical School recognises the importance of student feedback; therefore, it follows a mandatory systematic approach for programme evaluation and development. In conjunction with the UCY's Center of Teaching and Learning, the Medical School has committed substantial effort and resources to streamline and standardize the programme evaluation process, during the previous years. Evidence for the programme evaluation process and previous changes that have been made are provided in more detail under Response 3 in "*Areas of Improvement and Recommendations*" of this section ([Direct link here to Response 3, Areas of Improvement, Section 7](#)). We acknowledge that the standard operating procedures (SOPs) for programme evaluation are of utmost value, thus, they are being constantly developed and refined. The dedication of the Medical School to this goal is evident by the further changes that have been planned to occur this year. Briefly, these changes aim to further pipeline the programme evaluation process (evidence in detail is provided under Response 1 in "*Areas of Improvement and*

Recommendations” of this section - [Direct link here to Response 1, Areas of Improvement, Section 7](#)) and to account for a formal feedback from staff and other stakeholders (evidence in more detail is provided under Response 2 in *“Areas of Improvement and Recommendations”* of this section - [Direct link here to Response 2, Areas of Improvement, Section 7](#)).

2. The School intends to use the new assessment software (starting with data from final 2019 exams) to record and monitor students’ progress as another source of evidence of the programme’s performance.

Response 2:

We thank the EEC for this finding. The Medical School is the only School in Cyprus that applies Digital Examinations throughout its entire programme since 2017. This important milestone towards modernization has facilitated not only the implementation of technology-assisted learning and teaching, but also programme evaluation and development. The new software that the Medical School intends to actuate, will enable a more comprehensive analysis of the available data and therefore, will provide invaluable feedback to the Studies Committee of the School for programme evaluation. Recent changes pertaining to the aforementioned comprehensive analysis are described in Section 3 (Assessment of Students), under Response 1 in *“Areas of Improvement and Recommendations”* ([Direct Link to Response 1, Areas of Improvement, Section 3](#)).

3. We also heard from staff and students that many changes have been made, based on the feedback from students over the years. There is no summary of the student data, minutes of evaluation meetings and no development plans arising from the evaluation. Students are not provided with a summary of the feedback data or a written response on the result of the evaluation.

Response 3:

The School is committed to address and respond to students’ concerns about the programme. The School collaborates with UCY’s Center of Teaching and Learning, the academic staff, tutors, academic advisors, the phase directors and the students, in order to systematize and refine the programme evaluation process. During the past years, this collaboration has resulted in significant changes in the programme. Evidence for these changes is provided under Response 3 in *“Areas of Improvement and Recommendations”* in this section. We acknowledge that the SOPs are under constant development and refinement. As a result, we admit that the recording of the operation of the procedure for programme evaluation and development (e.g. minutes of evaluation meetings, development plans etc.) is sometimes incomplete, or not readily evident. The School has recently decided to improve the SOPs for programme evaluation, the recording of the whole process and the communication of programme evaluation steps to students and other stakeholders (evidence provided under Response 1 in *“Areas of Improvement and Recommendations”* in this section) ([Direct Link to Response 1, Areas of Improvement, Section 3](#)).

4. There is almost no evidence for this area, except for sub-area 7.4. The EEC is unable to make recommendations for the other sub-areas until we receive the required evidence (for items 7.1, 7.2 and 7.3) to support the self-assessment.

Response 4:

We acknowledge the lack of presented evidence in our self-assessment report for items 7.1., 7.2 and 7.3; we thank EEC for this remark and we apologise for this gap.

Available evidence for meeting the criteria 7.1., 7.2 and 7.3 is provided under the Response 3 in “*Areas of Improvement and Recommendations*” in this Section further below ([Direct Link to Response 3, Areas of Improvement, Section 7](#)).

Strengths

1. From the self-reports and discussions, the medical School gave the impression that the faculty is very reflective and responsive to evaluation data, within all aspects of the programme; this was confirmed by the students (but we require evidence to support this information in the self-assessment report).

Response 1:

The Medical School has devoted substantial resources into addressing programme evaluation data and feedback gathered through various avenues and checkpoints described in the self-assessment report. The small size of the School also avails an immediate feedback from the students, which we believe has contributed substantially to the programme improvement. The Medical School is committed to keep these channels of productive communication with the students and also expand it to other stakeholders. Evidence for previous programme changes that indicate that the School is reflective and responsive to student evaluation are provided under Response 3 in “*Areas of Improvement and Recommendations*” in this section (Direct Link, [Response 3, Areas of Improvement, Section 7](#)).

2. The students are extremely satisfied; the 24 students whom the EEC met, unanimously recommended the School in a ‘blind’ vote.

Response 2:

The Medical School is particularly satisfied that the Committee had the chance to personally ascertain the overall quality of the School, as reflected by the “blind” votes of our students. We strongly believe that the School is staffed by young ambitious hard-working academics and experienced, resourceful seniors, that will continue to adapt and evolve in the following years. Nonetheless, we recognize that there are several areas for improvement in the future and we are committed to undertake all the necessary strategies to this end.

3. The School plans to evaluate the first cohort of very recent graduates against the mission and learning outcomes of the programme.

Response 3:

The Medical School fully acknowledges its accountability in the society and public health. The Academic Affairs and Student Welfare Service of UCY has already provided a good paradigm of a survey keeping track of the career pathways of the 1996-2002 graduates from other UCY's departments. In the same line, the Medical School in collaboration with the Academic Affairs and Student Welfare Service, aspires to evaluate the first cohort of our graduates and furthermore, to collate data gathered during the undergraduate period with those that will be yielded during the post-graduate period of our students. This will enable us to further strengthen the School's curriculum and to better accommodate the School's main mission.

Areas for improvement and recommendations

1. Student feedback data, evaluation reports and development plans must be made available to the students and all stakeholders. Having said this, we understand that data on individual teachers' performance should remain confidential, only available to the Dean and Committees in charge of Evaluation and Curricular development.

Response 1:

The Medical School fully acknowledges that active engagement of all stakeholders and particularly students in the curriculum evaluation process is crucial. In the previous years, students were the main sources of feedback for the programme, through several avenues and checkpoints described and evidenced under the Response 3, in "Areas for improvement and recommendations" in this section. Since the SOPs for programme evaluation are still under development, student feedback data, evaluation reports and development plans were not available in students in a systematic way, albeit students were fully informed and actively participated during the past School Council meetings which approved programme changes. For this reason and in response to the Committee's comment, the School Council has recently adopted and approved significant changes that render the programme evaluation procedure more systematic, standardized and more importantly, open to students and other stakeholders (**Appendix 7.1** - Minutes of the 10th/2019 meeting of the Medical School Council Section 2.1, paragraph Z). In specific, the Council approved the following steps:

- Step 1. In June of each academic year, the Dean will collect all the evaluations held by the Committee of Teaching and Learning, the faculty's departments and the qualitative data from academic advisors and tutors.
- Step 2. The Studies Committee will be responsible to decipher and process further the evaluation data and to compile a "Evaluation Report of the Curriculum". In this report evaluations will be summarized both quantitatively and qualitatively and areas of improvement will be outlined.

- Step 3. The Studies Committee will create the “Development Plan of the Curriculum” based on the aforementioned evaluation report.
- Step 4. Both the “Evaluation report of the Curriculum” and the “Development Plan of the Curriculum” will be promulgated to the Medical School Council for discussion and approval of possible revisions that will take place in September of the following academic year.
- Step 5. Students and other stakeholders (i.e. Cyprus Medical Association, Cyprus Patients’ Federation, State Health Services Organization, Ministry of Health) will be informed and will have access to the outcomes and reports that will arise from all the previous steps.

We consider the above changes as a major revision of our current procedures and a major step towards making our SOPs for curriculum evaluation. Also, having adopted steps 3 and 4, the confidentiality for teachers’ performance is largely safeguarded, obviating the possibility that the feedback from our students will not be sufficiently addressed.

2. The School must continue to develop the involvement of all key stakeholders, especially students, in creating and implementing its mission, vision, outcomes, evaluation and other aspects of the medical programme.

Response 2:

The Medical School fully supports the active engagement of all stakeholders and particularly students in the curriculum evaluation process. The Studies Committee membership has recently changed and includes a representative of the students in the deliberations of the Committee. Specifically, the paragraph 2.1B of the **Appendix 1.2**, refers to the approval of the proposal made by the President of the Committee (Dr. Panayiotis Yiallourous), regarding the composition and roles and responsibilities of the Studies Committee as described in **Appendix 1.2.1** (Appendix II of the Minutes of the 10th/2019 meeting of the Medical School Council, paragraph B: Composition and roles and responsibilities of the Studies Committee). In response to the requirements of the WFME criteria, the School has recently changed the Studies Committee membership including also external advisory members : a representative of the Administrative Staff of the School, a representative of Students, a representative of the Ministry of Health of Cyprus, a representative of Cyprus Medical Association, a representative of State Health Services Organisation (Semi-governmental organization of the Public Hospitals in Cyprus) and a representative of the Pancyprrian Federation of Patients Associations and Friends (Cyprus) (**Appendices 1.6.1 – 1.6.5** - Invitation letters to new members of the Studies Committee and **Appendices 1.6.6 – 1.6.10** - Responses of new members). The Studies Committee will convene in a regular meeting at the end of each academic year, beginning from June 2020, to re-evaluate the curriculum and consider programme modifications in response to opinions from the students, administration staff, medical community, patients and the society. The Studies Committee and its Subcommittees may also convene in additional meetings throughout the year depending on the needs that may arise.

3. The School must submit evidence in support of 7.1, 7.2, 7.3.

Response 3:

We thank the EEC for pointing this out. Under the subsections 7.1, 7.2 and 7.3 in the submitted self-assessment report, the Medical School tried to describe the current status of the programme for curriculum monitoring, with respect to its main infrastructure, its capacity to address the main components of the curriculum and student progress. In brief, the Medical School has multiple checkpoints for evaluation: a) The official evaluations performed by the Centre of Teaching and Learning, b) The self-evaluation process performed by each faculty department and c) Qualitative evaluations performed at the level of students' personal communication with their tutors and academic advisors. Results of these evaluations are promulgated to the Studies Committee and to the Dean and suggested changes or revisions are approved by the School Council, ensuring the active participation of the academic and administrative staff and students through their representatives.

The Centre for Teaching and Learning is an independent authority that primarily oversees the regular curriculum monitoring and promulgates feedback to the School. The goals and actions of the Centre for Teaching and Learning are readily evident in its website (please refer to **Appendix 7.2** - Mission, Objectives and Program Evaluation Policy of the Centre for Teaching and Learning). Centre for Teaching and Learning uses digital questionnaires completed online by the students via BannerWeb®. According to a decision by the Senate (16/12/2015, ref number 27th/2015 presented in **Appendix 7.3** - Minutes' Excerpt of the Senate's 27th-2015 Meeting), from Spring Semester 2015-16 completing the questionnaire is compulsory for all students. In constructing the questionnaire, a wide spectrum of questionnaires used at other universities had been examined (e.g. Stanford University, Newcastle University and others). Pilot reliability studies were also undertaken both internationally and locally at UCY to account for the construction of the questionnaire (**Appendix 7.4** - Description by the Centre for Teaching and Learning of the Validation Process of the Digital Questionnaire). The current questionnaire examines several aspects of the programme and the instructors i.e. educational goals, student demands, structure of the classes, educational material, accessibility, teachers' educational abilities etc. (**Appendix 7.5** - The Digital Questionnaire). The Centre for Teaching and Learning also delivers some summary reports based on this questionnaire (an example is presented as evidence in **Appendix 7.6** - Example of a Summary Report by the Centre for Teaching and Learning for the Program Evaluation). Since the Fall Semester 2005-2006, evaluation has been compulsory for all tutors (the related Senate's decision - 243th meeting is presented as evidence in **Appendix 7.7** - Minutes' Excerpt of the Senate's 243 Meeting), with only a few exemptions (i.e. courses that do not require class teaching, courses with fewer than five students, tutorials or seminars). Thus, all the main curriculum components are addressed (WFME standard B7.2). The results of the programme evaluation held by the Center for Teaching and Learning are emailed to the Dean and for further manipulation and dissemination to the instructors (an example of the summary evaluations for the faculty member is presented in **Appendix 7.8** - Summary Evaluation Example).

As stated, the second checkpoint for programme evaluation is the self-evaluation process held by each Medical School department separately. In specific, printed evaluation sheets are administered anonymously

to the students at the end of an education unit by the faculty member in his/her class (provided evidence **Appendix 7.9** presents three examples of questionnaires completed each week by 5th year students evaluating Neurology classes of the previous week).

The third checkpoint for programme evaluation is taking place at the level of the tutors, the head professor and the student's academic advisors. Evidence for the academic advisors assigned to each individual is presented in **Appendix 7.10** - Example of a List of Academic Advisors Assigned to Each Student. So far, no official recordings of this process have been made. In the recent changes approved by the Medical School, data yielded from this process will be incorporated in the "Evaluation Report of the Curriculum" which will be composed by the Studies Committee (for more information, please refer to previously presented evidence; **Appendix 7.1** - Minutes of the 10th/2019 meeting of the Medical School Council Section 2.1, paragraph Z).

The School tracks the progress of each student by assessing the results of the entrance examination, test results in the Phase I, II and III courses, OSCEs and graduation assessments. The medical School stores the tests results in a computerized database. As stated previously in this Section, the School intends to use a new assessment software to record and monitor student progress, facilitating further the programme's performance. Evidence for the recent changes pertaining to this analysis are described in Section 3 (Assessment of Students), under Response 1, Areas of Improvement ([Direct Link to Response 1, Areas of Improvement, Section 3](#)).

The programme evaluation procedure held by the Medical School has so far resulted in several curriculum changes that have been recorded in the School Council's minutes. Below, we present some examples of curriculum amendments in the past. In June 2019 and in response to the students' feedback, the Medical School Council (7th/2019 meeting) voted in favor of adding the new module "IAT-110 Basic Principles in Immunology" in the curriculum (please refer to paragraph 4.4 in **Appendix 7.11** - Minutes of the 7th/2019 meeting of the Medical School Council, paragraph 4.4). Also, in 2016 the Medical School acknowledged the significant difficulties that students had to efficiently attend and comprehend the module "ΜΑΣ070 – Statistics in Medicine" that was taught by mathematicians and/or statisticians in the Faculty of Pure and Applied Science of the UCY. Thus, it was decided that the academic staff of the Medical School should offer this class to the students, in order to align the teaching content to the biomedical mindset and to the actual needs of a medical student (please refer to paragraph 4.5 in the 32nd/2016 meeting in **Appendix 7.12** - Minutes of the 32nd/2016 meeting of the Medical School Council, paragraph 4.5). In 2015, the School Council (14th/2015 meeting) approved a significant overhaul for the content of the Biochemistry/Cell Biology/Genetics module (please refer to paragraph 4.3 in **Appendix 7.13** - Minutes of the 14th/2015 meeting of the Medical School Council, paragraph 4.3). In the same year (11th/2015 meeting), it was decided that the clinical scenarios in Phase II should also accommodate health issues that are of special interest for the country's public health. As such, teaching classes for thalassemia, cystic fibrosis and other hereditary diseases detected in Cypriots were included in the curriculum (see highlighted paragraph 4.2 in **Appendix 7.14** - Minutes of the 11th/2015 meeting of the Medical School Council, paragraph 4.2). One last example of a programme change occurred in 2014 (5th/2014 meeting), when the Medical School, in response to the students' feedback, decided to ask the teachers of the English course to update the content of their teaching

by incorporating more medical English terms in their teaching (see highlighted paragraph 4.2.3 in **Appendix 7.15** - Minutes of the 5th/2014 meeting of the Medical School Council, paragraph 4.2.3).

Required Evidence as presented on page 37 of the EEC report

The evidence presented below has been requested in the section ‘Required Evidence’ on page 37 of the EEC report. Since the content of the evidence requested fits with the content of Section 1, we are presenting our response in detail here, hyperlinked to the collective list of Required Evidence at the Conclusions & Remarks Section of this form.

Required Evidence as part of Section 7

[11. We need evidence summarising the data from stakeholder’s feedback, or evidence to support what is reported in sections 7.1, 7.2, and 7.3.](#)

Detailed and thorough evidence of this point have been presented in the previous page, under Response 3, Areas of Improvement, Section 7 ([Direct Link to Response 3, Areas of Improvement, Section 7](#)).

EEC’s final recommendations and comments

It is not clear why the Medical School could not submit examples of student evaluation data to support its work on curriculum review and quality improvement, but it has provided alternative evidence and addressed the recommendations and areas for improvement described within Section 7 of the EEC Report. In particular the School has developed, agreed and published a new systematic approach to programme evaluation procedures which will be more transparent and will report to students and other stakeholders.

The School is compliant in sub-areas 7.1, 7.2, 7.3, and 7.4.

8. Governance and Administration

Sub-areas

- 8.1 Governance
- 8.2 Academic leadership
- 8.3 Educational budget and resource allocation
- 8.4 Administration and management
- 8.5 Interaction with health sector

EEC's rating on 24&25 June 2019

Sub-area	Non-compliant	Partially compliant	Compliant	Not applicable
8.1 Governance			√	
8.2 Academic leadership			√	
8.3 Educational budget and resource allocation			√	
8.4 Administration and management			√	
8.5 Interaction with health sector				

EEC's comments on the external evaluation report and HEI's response

Findings

1. An organogram and a very detailed list of the committees, boards, and academic leaders were provided, along with a description of their roles and areas of responsibility. The University Council has one student, not necessarily a medical student.

Response 1:

We thank the EEC for recognizing the importance of a clear and detailed structure as well as roles and responsibilities of the medical School's committees, boards, and academic leaders. The Medical School as a part of the University of Cyprus follows all the rules and regulations and is represented in various boards and committees. Students are also represented centrally in the University Council and the medical School recognizes the importance of student representation through the University governance structure. Although the University Council does not necessarily have a medical student representative, the medical students communicate with their student representative in the council. Thus, the student representative in the University council represents all the students including medical students.

2. The Medical School Council has 4 medical School students.

Response 2:

We thank the EEC for this remark, which we believe it insinuates the student representatives on the School Council. Representation of students is recognized as very important from the School. Medical School students are represented in the Medical School Council with 4 members in order to represent all the phases of the programme. Therefore, students can influence decision making at the highest level of the School. Students are considered one of the key stakeholders of the Medical School and play a vital role in all aspects of School development and continuous improvement; therefore, they are regular members of the School Council.

3. A current budget was provided (in Greek).

Response 3:

We confirm the fact stated. The current budget was provided in Greek due to the fact as the budget of the University is in the Greek language. The School acknowledges the importance of budget preparation in time and in accordance to the School needs. Thus, the budget is getting prepared for at least 6 months in advance of every budgeted period.

4. We met the team of six administrative staff whose roles and responsibilities are clearly described in the documentation. They are very supportive of the School but there is little opportunity for them to contribute to the planning of the programme and its processes.

Response 4:

We thank the EEC for their supportive comments regarding the administrative staff of the School. We are very pleased and proud for the hard work and support of our administrative staff. We do recognize that administrative staff should have the opportunity to contribute to the planning of the programme and its processes. The School endorses the feedback from the EEC and the School Council decided that the composition of the new Studies Committee would include administrative staff. Thus, the Studies Committee is responsible for the development of the programme including all stakeholders in decision making including the administrative staff. The new composition of the Studies Committee can be found in **Appendix 1.2.1** - Appendix II of the Minutes of the 10th/2019 meeting of the Medical School Council, in paragraph B): Composition and roles and responsibilities of the Studies Committee. It includes the following members : a representative of the Administrative Staff of the School, a representative of Students, a representative of the Ministry of Health of Cyprus, a representative of Cyprus Medical Association, a representative of State Health Services Organisation (Semi-governmental organization of the Public Hospitals in Cyprus) and a representative of the Pancyprrian Federation of Patients Associations and Friends (Cyprus) (**Appendices 1.6.1**

– **1.6.5** - Invitation letters to new members of the Studies Committee and their **Appendices 1.6.6 – 1.6.10** - Responses of new members).

5. There is no evidence that other stakeholders such as patients, librarians and learning technologists contribute to the School committees.

Response 5:

We recognize the absence of evidence in our self-evaluation report. The School's stakeholders have an important role in the continuous improvement and renewal process and the School endorses their feedback and participation. As described above the new composition of the Studies Committee which can be found in **Appendix 1.2.1** - Appendix II of the Minutes of the 10th/2019 meeting of the Medical School Council (in paragraph B): Composition and roles and responsibilities of the Studies Committee, includes the following members: a representative of the Administrative Staff of the School, a representative of Students, a representative of the Ministry of Health of Cyprus, a representative of Cyprus Medical Association, a representative of State Health Services Organisation (Semi-governmental organization of the Public Hospitals in Cyprus) and a representative of the Pancyprian Federation of Patients Associations and Friends (Cyprus) (**Appendices 1.6.1 – 1.6.5** - Invitation letters to new members of the Studies Committee and **Appendices 1.6.6 – 1.6.10** - Responses of new members).

The medical School recognizes the importance of the participation of librarians and learning technologists in the School committees. Thus, the School Council has decided to give the Studies committee the authority to include them as other external stakeholders (**Appendix 1.2.1** - Appendix II of the Minutes of the 10th/2019 meeting of the Medical School Council).

6. The basic standards of Item 8.5: Interaction with health sector could not be assessed due to lack of evidence.

Response 6:

We would like to thank the EEC for pointing this out and reassure you that this is among the top priorities of the School. The Interaction with the health sector in Cyprus is critical and a key aspect for the development of the medical School. The School members are included in various committees and boards outside the borders of the medical School. These include committees of the public health system and scientific boards. There are also agreements with the private health sector as already mentioned in the application. The School has met and now summarize all evidence in the table below. Detailed evidence for the interaction of the School with the Health Sector is being presented under Response 7, in Findings, in Section 2 ([Direct Link, Response 7, Findings, Section 2](#)).

Strengths

1. The School has clearly described governance structures, and roles and responsibilities for committees and academic leaders.

Response 1:

We thank the EEC for their supportive comments, and we are very pleased that the EEC recognizes the importance of a clear and detailed governance structure as well as roles and responsibilities of the medical School's committees, boards, and academic leaders. We believe that this clear structure is very important for the School's performance.

2. There is an enthusiastic team of administrative and professional staff, keen to support the programme.

Response 2:

We thank the EEC for this positive feedback. We are very excited that our continuous efforts are recognized. The Medical School recognizes the importance of an enthusiastic climate among administrative and professional staff and we believe that the quality of our staff and their enthusiasm is a cornerstone in the School's development and growth.

Areas for improvement and recommendations

1. The School must continue to develop the involvement of all key stakeholders, especially students, in creating and implementing its mission, vision, outcomes, evaluation and other aspects of the medical programme.

Response 1:

We thank the EEC for this suggestion. The Medical School recognizes the need for involvement of all key stakeholders, especially students, in creating and implementing its mission, vision, outcomes, evaluation and other aspects of the medical programme. Although students are already included in the Studies Committee thus they are given the opportunity to contribute in all aspects of the programme and its processes, the participation of all stakeholders has now increased. As described above the new composition of the Studies Committee (which can be found in **Appendix 1.2.1** - Appendix II of the Minutes of the 10th/2019 meeting of the Medical School Council in paragraph B: Composition and roles and responsibilities of the Studies Committee), includes the following members: a representative of the Administrative Staff of the School, a representative of Students, a representative of the Ministry of Health of Cyprus, a representative of Cyprus Medical Association, a representative of State Health Services Organisation (Semi-governmental organization of the Public Hospitals in Cyprus) and a representative of the Pancyprian Federation of Patients Associations and Friends (Cyprus) (**Appendices 1.6.1 – 1.6.5** - Invitation letters to new members of the Studies Committee and **Appendices 1.6.6 – 1.6.10** - Responses of new members).

The School would like to emphasize that the involvement of all key stakeholders in creating and implementing the mission and vision, of the Medical School and aspects of the medical programme is critical.

2. The School should consider how it might involve administrative staff, librarians and learning technologists in relevant programme and School committees so they can contribute to developing the programme.

Response 2:

We thank the EEC for pointing the involvement of the administrative staff of the School in programme and School committees. We recognize that administrative staff should have the opportunity to contribute to the planning of the programme and its processes. The School endorses the feedback from the EEC and the School Council decided that the composition of the new Studies Committee would include administrative staff. Thus, the Studies Committee is responsible for the development of the programme including all stakeholders in decision making including the administrative staff. The new composition of the Studies Committee can be found in **Appendix 1.2.1** - Appendix II of the Minutes of the 10th/2019 meeting of the Medical School Council in paragraph B.

3. The School and hospital should find ways to develop and formalize their collaboration to benefit undergraduate medical education and the training of doctors with the ultimate goal of improving the health care system.

Response 3:

We appreciate the comment by the EEC on this subject. The Medical School of the University of Cyprus collaborates closely with the Ministry of Health, the State Health Services Organization and the Health Insurance Organization in a variety of matters with the ultimate goal to improve the quality of healthcare services that are provided to people in Cyprus. For instance, the Health Care System in Cyprus is in transition; a new General System is being established that aims at the universal coverage of the population. In this context, the UCY Medical School responded to a request by the Ministry of Health and helped, along with other academic institutions, to develop and deliver a training course for physicians who would like to be engaged as general practitioners in the new system.

As evidence regarding Staff Training we provide the invitation to Special Scientists (Medical Doctors) of Makarios III Hospital by Dr. Yiallourous (Professor) in the presentation of the educational programme 2019 (**Appendix 5.8.1** – Invitation to Special Scientists (Medical Doctors) of Makarios III Hospital by Dr. Yiallourous). Additionally, you can see the presentation of the 5th Year Programme given to the Special Scientists (Medical Doctors) of Makarios III Hospital by Dr. Yiallourous in 2018 (**Appendix 5.8.2** - Presentation of the 5th Year Programme to the Special Scientists (Medical Doctors) of Makarios III Hospital). You can also see the **Appendix 5.8.3** - Presentation of the educational programme of 2016 by Dr. Zachariou to Special Scientists.

Moreover, during its 12th/2019 meeting, the Medical School Council decided the training of Special Scientists (Medical Doctors) as follows: The special scientists affiliated with the Medical School (physicians from

Nicosia General Hospital, Makareio Pediatric Hospital, Primary care health centers) will have to attend a mandatory training programme in medical education every two years. The programme includes presentations that cover topics such as teaching theories, principles, methods and tools. Before the beginning of the rotation, the special scientists will have to meet with the academic chief or director of the division or department affiliated with them (**Appendix 5.9.1** – Agenda of the 12th/2019 Medical School Council (paragraph 2.1 A) and **Appendix 5.9.2** – Appendix I of the agenda of the 12th/2019 Medical School Council regarding Special Scientists training in medical education).

4. The EEC requires further evidence in support of the basic standards for sub-area 8.5 (Interaction with health sector).

Response 4:

We recognize the need to present further evidence. The School participates in many bodies and committees (**Appendices 2.3.1 - 2.3.12** - Evidences of the participation of academic members of the Medical School to governmental and non-governmental committees and bodies of the Health Sector in Cyprus) of the public health sector, medical education, non-Governmental Organisations and the wider society providing input and receiving feedback for the School's programme.

Required Evidence as presented on page 37 of the EEC report

The evidence presented below has been requested in the section 'Required Evidence' on page 37 of the EEC report. Since the content of the evidence requested fits with the content of Section 1, we are presenting our response in detail here, hyperlinked to the collective list of Required Evidence at the Conclusions & Remarks Section of this form.

Required Evidence as part of Section 8

[12. Item 8.5. Interaction with health sector: please provide evidence for those outcomes.](#)

Detailed evidence of the interaction of the School with the Health Sector, including description of the signed agreements between the School and various health institutions, is described in Section 2, under Response 7, Findings ([Direct Link to Response 7, Findings, Section 2](#)).

EEC's final recommendations and comments

Thank-you for clarifying that the agreement between the School and the Clinical Institutions is a formal agreement between the University of Cyprus and the Ministry of Health; apologies for our misunderstanding.

The School has provided the required evidence and addressed the recommendations and areas for improvement described within Section 8 of the EEC Report.

The School is compliant in sub-area 8.5.

9. Continuous Renewal

EEC's rating on 24&25 June 2019

Assessment area	<i>Non-compliant</i>	<i>Partially compliant</i>	<i>Compliant</i>	<i>Not applicable</i>
Continuous renewal		√		

EEC's comments on the external evaluation report and HEI's response

Findings:

1.The fact that the School is seeking accreditation, testifies to their willingness to undertake review and renewal, a fact that deserves recognition.

Response 1:

We thank the EEC for their supportive comments, and we are very excited that our continuous efforts to seek accreditation are recognized. We eagerly look forward to working with EEC and complete the accreditation process. In addition, we would like to point out that the School is the first in Cyprus that is going through this accreditation process. The EEC's contribution plays a vital role in our effort and goal to provide excellent medical education to our students, provide patient-centered care, and engage in innovative research. Although the Medical School was recently established, accreditation is essential, mostly to our students, because we strongly believe it will value our students' efforts and hard work.

2.The School reported extensive data and information in the self-report and interviews but additional evidence has been requested in this report, to support some of the School statements.

Response 2:

We would like to thank the EEC for pointing this out, and additional evidence is provided to substantiate the School's statements. The School is committed to continuous improvement and renewal, which is evident in the following examples that were in place prior to the EEC's visit.

Example 1: The School is committed to a continuous process of quality improvement and renewal. For example, in the first years after the Medical School's establishment (2013), the participation of students in the curriculum development, improvement and quality assurance was materialized through the participation of their elected representatives in the School Council and the relevant discussions-decisions of the School Council on the Curriculum. The students were also provided with the opportunity to give frequent (at least twice a year) feedback on the implementation and quality of the curriculum through the existing internal system of studies evaluation of the University (Centre for Teaching and Learning) and finally through their participation in the preliminary / pilot introduction of new teaching and assessment methods. With the

development of the School's faculty and in response to the requirements of the WFME criteria, the Studies Committee membership has recently changed and includes a representative of the students in the deliberations of the Committee, while of course they continue their participation in the School Council where the final decisions on the curriculum are taken. The policy of the representation of the students at the Medical School Council is provided (**Appendix 4.1** - page 26-27, paragraphs 18A.- (1 b), (2), (6 a, b, c)).

Example 2: In June 2019 and in response to the students' feedback, the Medical School Council (7th/2019 meeting) voted in favor of adding the new module "IAT-110 Basic Principles in Immunology" in the curriculum, demonstrating the School's commitment to continuous improvement and renewal (**Appendix 7.11** - Minutes of the 7th-2019 meeting of the Medical School Council, paragraph 4.4).

Example 3: Also, in 2016 the Medical School acknowledged the significant difficulties that students had to efficiently attend and comprehend the module "ΜΑΣ070 – Statistics in Medicine" that was taught by mathematicians and/or statisticians in the Faculty of Pure and Applied Science of the UCY. Thus, it was decided that academics of the Medical School should offer this class to the students, in order to align the teaching content to the biomedical mindset and to the actual needs of a medical student (**Appendix 7.12** - Minutes of the 32nd-2016 meeting of the Medical School Council, paragraph 4.5).

Example 4: In 2015, the School Council (14th/2015 meeting) approved a significant overhaul for the content of the Biochemistry/Cell Biology/Genetics module (**Appendix 7.13** - Minutes of the 14th/2015 meeting of the Medical School Council, paragraph 4.3). In the same year (11th/2015 meeting), it was decided that the clinical scenarios in Phase II should also accommodate health issues that are of special interest for the country's public health. As such, teaching classes for thalassemia, cystic fibrosis and other hereditary diseases detected in Cypriots were included in the curriculum (**Appendix 7.14** - Minutes of the 11th/2015 meeting of the Medical School Council, paragraph 4.2).

3.The School enabled the visiting EEC to speak with a wide range of students and staff. Students told the EEC that some of them had been selected by the School to attend the discussion meetings and some had been self-selected.

Response 3:

We acknowledge the EEC's helpful comments. The School wants to reassure the accreditation committee that will continue to provide an open invitation to all students who are interested in attending the external or internal evaluation meetings. Students play a vital role in all aspects of School development and continuous improvement; therefore, they are welcome to attend any meetings.

4. Although we are confident from our interviews with students and staff that there is ongoing activity in continuous improvement and renewal, we need evidence in support of this activity.

Response 4:

We thank the EEC for their confidence in our efforts and we are grateful for their help. We provide examples of continuous improvement and renewal activity prior to the EEC's visit.

Example 1: The School's stakeholders have an important role in the continuous improvement and renewal process and the School endorses their feedback and participation. Therefore, the School Council has decided on 02/10/2019 at the 10th/2019 meeting (**Appendix 1.2** - Minutes of the 10th/2019 meeting of the Medical School Council - paragraph 2.1B and **Appendix 1.2.1** - Appendix II of the minutes of the 10th/2019 meeting of the Medical School Council, to expand the membership of the School's Studies Committee to also include a representative of the Administrative Staff of the School, a representative of Students, a representative of the Ministry of Health of Cyprus, a representative of Cyprus Medical Association, a representative of State Health Services Organisation (Semi-governmental organization of the Public Hospitals in Cyprus) and a representative of the Pancyprian Federation of Patients Associations and Friends (**Appendices 1.6.1 – 1.6.5** - Invitation letters to new members of the Studies Committee and **Appendices 1.6.6 – 1.6.10** - Responses of new members).

The review and development of the educational content of the programme, which includes the critical evaluation of feedback coming from students and/or faculty regarding necessary adjustments in all areas of learning & teaching, has been officially established as the responsibility and the activity of the Studies Committee (**Appendix 2.1** - Minutes of the 9th/2019 meeting of the Medical School Council, paragraph 5.1 A 7). We provide examples of continuous improvement and renewal process after the EEC's visit.

Example 2: Part of the continuous improvement process includes the feedback given by faculty members. The medical School programme is divided into three phases and the directors of each of the three phases will meet every six months with the academic staff in order to discuss issues, problems, workload issues (**Appendix 5.1** - Minutes of the 10th-2019 meeting of the Medical School Council Section 2.1, paragraph Δ 4.3.1). The faculty members, through the meetings, have the opportunity to give feedback and make suggestions for improvement. After the meeting, the directors will inform the Studies committee. Accordingly, the Committee will propose suggestions or changes which should be approved by the medical School council.

Example 3: The Medical School aims at the continuous update of its study programme, of its research activities and of the healthcare services it provides to address the evolving trends and methods of medical education, the advances in medical science and technology and the changing medical needs of the Cypriot society. For example, the School has recently decided (**Appendix 6.4** - Minutes of the 9th/2019 meeting of the Medical School Council, paragraph 5.1 (A) 6)) the further employment as Visiting Professors of two Medical Education Experts, Dr Despo Papachristodoulou (for Phase 1 & 2) and Dr John Rees (for Phase 3), who have contributed in setting-up the structure and content of the programme in the past.

Example 4: The School is committed to continuous improvement and renewal, and recently has decided on 5/9/2019 (**Appendix 2.1** - Minutes of the 9th/2019 meeting of the Medical School Council, paragraph 5.1 A 8) the following:

- a) from the academic year 2020-2021, the introduction of two seminars in the second phase of studies (Years 2 & 3) on the levels of evidence in medical practice and methodologies for development of consensus, recommendations and guidelines, and
- b) from the academic year 2020-2021, the introduction throughout the three clinical years of journal clubs on recent evidence-based guidelines for common conditions in key clinical specialties (Internal Medicine, Surgery, Pediatrics, Obstetrics-Gynecology, Psychiatry, Neurology).

Strengths:

1.The enthusiastic staff demonstrate ambition for the School and a quality improvement mindset; the fact that they have asked to be accredited at this stage, when just graduating their first cohort of students is evidence of this strength.

Response 1:

We sincerely appreciate EEC's comments, support, and guidance in order to achieve our vision. One of the strengths of the School is the staff's enthusiasm and commitment to our students, patients and society. The primary mission of the School is to provide the graduates with abilities that link knowledge with outstanding clinical and communication skills. These skills can offer the appropriate basis for a future career in any field of medicine. Extending our mission, we believe the accreditation process is strengthening our medical diploma, offering opportunities for postgraduate studies and residencies in prestigious institutions. The School promotes the highest quality of health care through excellence in medical education, research, and professional practice; therefore, the accreditation process is a significant step forward.

2.The School plans to evaluate the first cohort of very recent graduates against the mission and learning outcomes of the programme.

Response 2:

We acknowledge the importance of evaluating the first class of the School's graduates. Our goal is to track and record our graduates' residency placements, career choices, practice locations demonstrating the School's ongoing commitment to quality improvement and provide rigorous, high-quality education.

The University of Cyprus has a well-established alumni association and through the alumni's office, website, newsletters, and emails, the graduates will be encouraged to fill or update their profile information that includes post-graduate degrees, residency, fellowship or job placement, location (Information is available through the following link: http://applications.ucy.ac.cy/pub_alumni_open_en/MAIN). There is also a form available (**Appendix 9.1** - Alumni profile form; document from UCY website). Additionally, the alumni will fill out a questionnaire in order to conduct an annual survey of its graduates and will include their feedback, impression of the programme, strengths, weaknesses, examination results, publications and suggestions for improvement (**Appendices 9.2.1 - 9.2.2** - Decision and approval of the alumni questionnaire).

3. From the staff and student meetings and the self-reports: the EEC heard that the faculty has frequently reviewed and developed the educational content and the teaching, learning and assessment processes in light of evaluation data (but we require evidence to support this statement in the self-assessment report).

Response 3:

We would like to provide the EEC with examples and evidence regarding educational content, the assessment process based on evaluation data. Due to the fact that the School is in early stages of development, there have been a very large number of decisions taken by the Committee and by the Medical School Council regarding changes that were necessary to be implemented in the Programme, as a product of the Committee's review. Since we cannot provide evidence of raw student evaluation data, we provide below evidence of these decisions prior to EEC's visit at the School.

Example 1: Responding to feedback received in student evaluations regarding the programme structure of the 4th year clinical rotations, the following decision was made by the School Council in 2016 after recommendations by the Studies Committee, which reviewed the year 4 structure, to make specific amendments that will increase the efficiency of teaching and learning in year 4. The academic year 2016-17 was the first year of clinical rotations applied in the Programme (first batch of 4th year students), in which there were 3 separate rotations encompassing Internal Medicine (including General Internal Medicine, Cardiology, Pulmonary Medicine, Renal Medicine and Oncology) Surgery (including General Surgery, Cardiothoracic surgery, Vascular Surgery and Urology) and Other Specialties (including Anesthesiology, Orthopedic Surgery and Emergency Medicine). From the next academic year (2017-18), the School applied a structure of 2 rotations/year for the 4th year, encompassing Internal Medicine (including General Internal Medicine, Cardiology, Pulmonary Medicine, Renal Medicine, Oncology and Emergency Medicine) and Surgery (including General Surgery, Cardiothoracic surgery, Vascular Surgery, Urology, Anesthesiology and Orthopedic Surgery). This change was a product of an in-depth review of the programme structure, as a result of a quality response by the School to student feedback (**Appendix 2.2** - Changes in Student Handbooks for Year 4).

Example 2: The 1st year of the Programme includes a variety of modules delivered by other University Departments and Schools (i.e. Physics, Chemistry, Biology etc). The student feedback received through evaluations in the first years of the Programme's operation had largely to do with the non-aligned content delivered in these modules by those Departments compared to the Medical students' previous knowledge and the Programme's learning outcomes. The School made a number of consecutive changes in the 1st year programme structure, after recommendations by the International Advisory Committee and the Studies Committee, such as: a) Transfer of the Sociology and Psychology modules from Sem1 to Sem2 (2014). b) Discontinuation of the Biology module from the Department of Biology and introduction of two new modules (Biochemistry, Medical Biology & Genetics) delivered by the Medical School (2015). c) Discontinuation of the Statistics module delivered by the Department of Mathematics and introduction of a new Medical Statistics module delivered by the Medical School (2016). d) Introduction of an additional module in Medical Ethics and Communication, for Sem 2, in addition to that existing in Sem1,

2018 (**Appendix 2.5** - Copy of year 1 structure from the Student Handbook for each year 2015, 2017 and 2018).

Example 3: One consistent issue raised by students during the first 4 years of the Programme's operation, was the low quality feedback provided to students after their end-of-year written exams, mainly in Y2 and Y3. The exam papers included 150 MCQs per paper and the School did not have a viable mechanism in place to produce and analyze assessment data from those exam papers. After recommendations by the Studies Committee and affiliated experts in Medical Education, in 2017 the School made a drastic decision to change in its assessment method by applying electronic examinations using a digital software. The decision was approved by the University Senate and applied as a pilot in the December exams of 2017 for academic years 2 and 3. Today, the School applies the electronic examinations in all years of the programme and in many types of assessments (written, OSCEs, spot-test) (Evidence: Decisions to apply electronic exams in **Appendix 2.6** - Minutes of the 3rd/2018 meeting of the Medical School Council, paragraph 4.8); **Appendix 2.7** - Minutes of the 4th/2018 meeting of the Medical School Council, paragraph 4.2); **Appendix 2.8** - Minutes of the 3rd-2019 meeting of the Medical School Council, paragraph 2.1); **Appendix 2.8.1** - Appendix II of the Minutes of the 3rd/2019 meeting of the Medical School Council; **Appendix 2.8.2** - Appendix III of the Minutes of the 3rd/2019 meeting of the Medical School Council).

Example 4: One of the most frequent items in student feedback evaluation forms during 2014-2016, was some quality issues of the exam questions and some notable imbalance in the content and quality of exam papers between examination sessions, mainly due to the lack of any standardization in assessment. After a series of review sessions of the Studies Committee and the International Advisory Committee, as well as the outcome of an Ad-Hoc Committee created to study and explore the different standardization methods that can be applied at UCY under the current rules and regulations, the School introduced the Ebel Standardization system in 2017, which was combined with the introduction of the electronic assessment. Since then, the feedback from students for the quality of the exam questions and assessment in general showed a remarkable difference compared to that of 2016. Moving forward, as noted later in this Report, the School has taken the decision to start a similar internal review process for introducing standardization in OSCEs and oral examinations (Evidence: Decision to apply Ebel in **Appendix 2.9** - Minutes of the 17th/2017 meeting of the Medical School Council, paragraph 4.2.10).

The following example is a decision that was recently approved by the School.

Example 5: The Medical School aims to continue the analysis of assessment of all years of the programme of study, during the academic year 2019-2020, as we did for the academic year 2018-2019. We strongly believe that the continuous analysis of all exams will provide insights for areas that need further improvements, will provide data for the support of development plans and will provide valuable feedback to academics for the quality of teaching and learning of our students.

For this reason, in a recent School Council Meeting (5th September 2019), the School approved the scheduling of a comprehensive analysis of the analysis data of assessment for the first two-years of the implementation of digital examinations (2018-2019, 2019-2020) and its comparison with student performance data and attrition data for all years between 2013-2018. The analysis will also include the

performance & attrition data of our first graduates from the year they were admitted to the School until their graduation, since it's the first student cohort that successfully completed the entire programme (evidence has been presented in Section 3, under Response 1, Areas of Improvement - [Direct Link to Response 1, Areas of Improvement, Section 3](#)). The School believes that this type of analysis will provide valuable input that will inform the School's decision-making process for any adjustments needed in the programme's content, assessment and learning outcomes.

Areas of improvement:

1. For accreditation visits and other similar quality assurance events, the School must offer an open invitation to students to attend the evaluation meetings with external evaluators and not select specific students.

Response 1:

We would like to thank the EEC for pointing this out and we would like to assure the EEC that the School had the initial intention to publish an open invitation to all students who are interested in attending the external or internal evaluation meetings. However, the dates of the evaluation were during the official Summer time, long after final exams and the end of the term. This created not only a difficulty to find interested students, but presented a serious risk of not having enough students around for the evaluation. We therefore asked all students' of their availability. The School decided to allocate specific students to participate, from those few available, in order to ensure definitive presence and participation in the process without surprises. Had the evaluation been conducted during the term, then the School would definitely have chosen to keep an open and free invitation for participation.

2. Various suggestions were given in the previous sections.

Response 2:

We thank the EEC suggestions, and we provide the supporting evidence that is provided for review. Replies to EEC's suggestions were given in the previous responses.

Response to Required evidence "Item 9. Continuous renewal: again, as with the teaching / research nexus, please provide a link to a relevant policy on Continuous improvement and renewal and evidence to support what was reported" is provided.

The School has recently adopted the described policy/diagram on page 126-127 of the WFME-UCY Medical School Self-assessment, as an official policy at a recent Medical School Council decision (**Appendix 9.3.1** - Agenda of the 12th/2019 Medical School Council, paragraph 2.1 B). The policy establishes the role of continuous improvement committee and describes the audit process that will assess the programme, identify any deficiencies, analyze the data and implement any necessary changes that will lead to continuous improvement and renewal (**Appendix 9.3.2** - Appendix II of the agenda of the 12th/2019 Medical School Council, paragraph 2.1 B) regarding continuous improvement committee and audit process).

Required Evidence as presented on page 37 of the EEC report

The evidence presented below has been requested in the section 'Required Evidence' on page 37 of the EEC report. Since the content of the evidence requested fits with the content of Section 1, we are presenting our response in detail here, hyperlinked to the collective list of Required Evidence at the Conclusions & Remarks Section of this form.

Required Evidence as part of Section 9

13. Item 9. Continuous renewal: again, as with the teaching / research nexus, please provide a link to a relevant policy on Continuous improvement and renewal and evidence to support what was reported.

Various pieces of evidence are being presented throughout this Section as evidence of policies and activities on continuous renewal, including examples of actions of continuous development. Since this evidence is scattered throughout Section 9, we believe there is no practical reason for hyperlinking this evidence in this document.

EEC's final recommendations and comments

We thank the School for its explanation of the reasons for selecting students to meet with the EEC Committee, rather than providing an open invitation to all.

It is not clear why the Medical School could not submit examples of student evaluation data to support its work on continuous renewal, but it has provided alternative evidence and addressed the recommendations and areas for improvement described within Section 9 of the EEC Report.

The EEC Committee's comments in several of the above Sections are relevant to Section 9 also. In particular, the Committee notes that the School has developed, agreed and published a new systematic approach to programme evaluation procedures which will be more transparent, and will report to students and other stakeholders. This documentation along with the School's new strategy to extend stakeholders' participation in the Studies Committee and School Council, along with the plans to follow up graduates will support the School's intention to undertake continuous renewal.

The School is compliant in area 9.

Conclusions and Final Remarks

EEC's conclusions and final remarks as on the external evaluation report

Overall, the EEC has heard about a very favourable learning environment and encountered a highly committed, enthusiastic, well-qualified and reflective staff, embedded in a very attractive hospital and School environment.

The first cohort of students was just about to graduate when the EEC visited and all the students we met, representing Years 1-6, recommended the programme with great enthusiasm and appreciated the curriculum, and the teaching, supervision and support from staff.

The staff are striving to achieve the highest standards in medical education. They must develop ways to include students and other stakeholders in that joint enterprise.

The Faculty also requires further support from the University to employ experts in medical education and to be permitted to develop specific policies and practices. Furthermore the School requires to work with the Health Service to develop the role of clinical academics within the Health Service and to create effective joint quality assurance of medical education within all healthcare settings.

Due to the lack of some evidence, full compliance with some standards cannot, at the time of writing be recommended. The school must submit complete evidence as soon as possible in order to convince the EEC that all requirements have been met.

Below are the final lists of

- **Strengths,**
- **Areas for improvement and recommendations**
- **Required evidence.**

Strengths identified by the EEC

1. The medical school already has a few separate policies and procedures.
2. An international advisory committee, comprising well-known names in medical education, has provided expertise in setting up the programme and the School has used the committee's advice to good effect.
3. The medical school has a bespoke designed medical programme with clearly defined and published learning outcomes.
4. Curricula are very detailed and learning objectives of sessions are provided to the students.
5. From the staff and student meetings and the self-reports: the faculty have apparently reviewed and developed the educational content and teaching, learning and assessment processes

frequently in light of evaluation data (**but we require evidence to support this information in the self-assessment report**).

6. The public ethical debate involving students and professional experts with a public audience is innovative and challenging.
7. The School has evaluated and adapted the assessment formats and processes, primarily based on the feedback from students.
8. The faculty has recognised the limitations of the University regulations to serve some of the required quality processes in medical education and are making representations to the University for exemptions, particularly around assessment.
9. There is a positive learning environment: the staff-student relationship is exceptional; staff are accessible and supportive.
10. The students are very satisfied; the 24 students that the EEC met, unanimously recommended the school in a 'blind' vote.
11. The School has an effective academic advisory system. Every student has a mentor who is accessible and actively supports the student in academic, professional and pastoral matters.
12. The School has supported the setting up of the students' association as part of the IFMSA. The association has collaborated with similar associations in the other two medical schools in Cyprus to organise social activities and contribute to the community; students should be commended for these activities.
13. The faculty come from diverse backgrounds; most have trained abroad and several key members have held academic leadership posts abroad, all have brought the best from across Europe, North America and other regions to Cyprus.
14. The student:tutor ratio is low with small classes and teaching in very small groups.
15. There is a very clear description of current staffing, and individual workloads.
16. The physical estate includes modern buildings, equipment and infrastructure and is complemented by modern facilities and resources including two libraries, study spaces, anatomy learning resources, information and learning technology, and a clinical skills and simulation suite. It is perceived by staff and students to be the best in Cyprus.
17. The resources are reviewed and updated as necessary.
18. Plans to build a new medical school will increase the research facilities on the University campus.
19. From the self-reports and discussions, the medical school gave the impression that the faculty is very reflective and responsive to evaluation data, within all aspects of the programme; this was confirmed by the students (**but we require evidence to support this information in the self-assessment report**).

20. The School plans to evaluate the first cohort of very recent graduates against the mission and learning outcomes of the programme.
21. The School has clearly described governance structures, and roles and responsibilities for committees and academic leaders.
22. There is an enthusiastic team of administrative and professional staff, keen to support the programme.
23. The enthusiastic staff demonstrate ambition for the School and a quality improvement mindset; the fact that they have asked to be accredited at this stage, when just graduating their first cohort of students is evidence of this strength.

Areas for improvement and recommendations identified by the EEC

Please note that when the EEC uses the term 'must' it should be interpreted as essential to bring the School towards compliance in the relevant sub-area.

1. The mission and vision should be developed to be more ambitious including for example current trends in medical education.
2. The School should disseminate the mission statements more clearly to all including the public and non-academic staff in the hospital.
3. The University should consider appeals from the School for exemptions from some University regulations, and to have more autonomy to make adjustments to the regulations regarding the special requirements of medical education, especially around issues of admissions, assessment and quality.
4. The School must continue to develop the involvement of all key stakeholders, especially students, in creating and implementing its mission, vision, outcomes, evaluation and other aspects of the medical programme.
5. The School should provide more explicit teaching on the principles and practice of evidence-based medicine, including but not limited to, the use of guidelines.
6. All students must have research experience throughout the course.
7. The School should encourage more students to contribute to original practical research in the educational setting where they can be taught the practical aspects and put into practice their earlier theoretical teaching.
8. The School must continue its work analysing assessments to inform the development of the assessment strategy, in particular to re-consider the balance between the cognitive and psychomotor with affective domains.
9. The School must develop and apply recognised standard setting procedures for the assessments.

10. The University should consider appeals from the School for exemptions from some University regulations, and to have more autonomy to make adjustments to the regulations regarding the special requirements of medical education, especially around issues of admissions, assessment and quality.
11. The school should collect exam results for the long term for quality assurance, including scrutiny by external experts, for research, and to monitor and support students' progress.
12. The University should allow external examiners to enhance quality assurance.
13. The School should consider key attributes of medical students and doctors beyond the academic performance, in the selection process.
14. The School should review its admission policy and selection procedures, and initiate a dialogue with the University, if considered necessary.
15. The School must develop a staff recruitment and selection policy, with a description of the ideal staffing, workload and responsibilities, informed by the requirements of the curriculum.
16. Those with responsibility for monitoring the responsibilities and workload of faculty members should be identified and should ensure that the distribution between clinical service, teaching and research are balanced to meet the needs of the curriculum.
17. The School must also develop a policy on staff activity and development, to ensure academic and clinical teachers are adequately trained and supported in education matters, including mentoring/academic advising; appraised regularly; and rewarded for excellence in education, through awards and promotion.
18. Being a small School, the staff complement is also small: there are therefore risks associated with individuals covering several areas of responsibility. The School must therefore develop a strategy to mitigate the inherent risks in this arrangement.
19. The EEC requires to see evidence to justify the School's claims made on pages 68 and 69 of the document "WFME - UCY Medical School - Final.pdf".
Without this evidence, the School is non-compliant in sub-area 5.2.
20. The school must develop and implement a policy on the contribution of medical education expertise to cover faculty and curriculum development, quality assurance, medical education research and scholarship.
21. The School must provide or develop policies for the credit transfer and Bilateral Agreements of incoming and outgoing students, based on curricular and professional requirements and these should be developed, and managed by a committee.
22. Student feedback data, evaluation reports and development plans must be made available to the students and all stakeholders. Having said this we understand that data on individual teachers' performance should remain confidential, only available to the Dean and Committees in charge of evaluation and curricular development.

23. The School should consider how it might involve administrative staff, librarians and learning technologists in relevant programme and School committees so they can contribute to developing the programme.
24. The School and hospital should find ways to develop and formalise their collaboration to benefit undergraduate medical education and the training of doctors with the ultimate goal of improving the health care system.
25. For accreditation visits and other similar quality assurance events, the school must offer an open invitation to students to attend the evaluation meetings with external evaluators and not select specific students.

Required Evidence

The School must please provide more evidence that was not available to the EEC on the following Areas and Sub-areas. Please use hypertext links to cross-reference the self-evaluation report to the data collection if at all possible; this would facilitate an efficient review:

1. Item 1.2 Policy documents that describe the institutional autonomy and academic freedom
2. The Equality and Diversity Policy of the University and/or School
3. Item 2.4 Behavioural and social sciences, medical ethics and jurisprudence
4. Item 2.8 Linkage of the Medical School with medical practice and the health sector
5. In the sector on assessment, “ANNEX 10 - Students' Handbook 2018-19 (Greek version only).pdf”. The relevant publication is not accessible to the EEC. Please provide clarification of what is in the Handbook, for example a list of the chapter or section names.
6. Code of practice for assessment.
7. Item 4.4 Student representation. Evidence of the policy and implementation is required
8. Evidence for the claims made on pages 68 and 69 of the document “WFME - UCY Medical School - Final.pdf”.
9. On page 76 the school provides an interesting diagram to support their teaching-research nexus. However, we would like to see the evidence that this is from an official School document.
10. We need to receive the School’s policy for student exchange and transfer of educational credits, and evidence of students’ and teachers’ mobility.
11. We need evidence summarising the data from stakeholder’s feedback, or evidence to support what is reported in sections 7.1, 7.2, and 7.3.
12. Item 8.5. Interaction with health sector: please provide evidence for those outcomes
13. Item 9. Continuous renewal: again, as with the teaching / research nexus, please provide a link to a relevant policy on Continuous improvement and renewal and evidence to support what was reported.

HEI's conclusions and final remarks

The UCY Medical School would like to sincerely thank the members of the EEC, not only for their time and effort to provide an immensely valuable and constructive feedback in their evaluation report, but also for the opportunity they provided to the School to present evidence of its activities and to respond rapidly to required actions for this accreditation process.

In order to respond to the EEC report the School engaged all the academic members and related administrative staff, to produce the contents of this Response Report, which extents to 81 pages and 131 Appendices. The School used the same structure and composition of the previously-assigned Working Teams of academics that worked to produce the initial self-assessment report, in order to prepare, assess, discuss and present the appropriate and corresponding content required for this Response Report. The Working Teams met once every month to report to the Dean and exchange their progress. The progress of every Working Team has been presented in four School Council meetings where decisions and strategies to move forward were collectively decided. Policies and procedures on specific topics that were not available in the School and were considered urgent and important to be adopted and implemented, were discussed and proceeded for approval by the School Council. Every new process, procedure, policy and/or activity that was approved by the School Council for immediate implementation has been processed by the responsible School bodies and communicated with Students and Stakeholders. Evidence of this implementation is included in the body of evidence provided in this Response Report.

The structure of this Response Report follows the strict structure of the form provided by the CYQAA. The structure of the responses within each Section follow a similar pattern: we provide one response for every information/feedback provided by the EEC in each sub-section (Findings, Strength, Areas of Improvement). We used hyperlink text to inter-connect the provided content and make it easier for the EEC to navigate and review.

We are presenting the evidence required in the form of Appendices and Weblinks. Each Appendix and Weblink corresponds to a piece of evidence, as described in its title. The provision of each piece of evidence is primarily in the corresponding text, followed by a categorisation (i.e. Appendix number) and a descriptive title. All Appendices are given as pdf files. For those appendices that are provided in Greek, we describe their content in the text of the section, in its title and inside the Appendix file (pdf) we provide a note in English for the description/translation of the specific point or its internal contents.

In the EEC's report there is a special subsection under the Conclusion and Final Remarks section of the report (page 37) entitled "Required Evidence". Some of the 13 pieces of evidence requested in this subsection are also included as Findings and/or Areas of Improvement in the EEC's Report under the related Sections, whereas others are presented for the first time in the "Required Evidence" subsection. We have responded to all 13 required evidence. Those evidence that had a specific corresponding Section are presented at the end of that Section, with the title "Required Evidence". Those evidence that did not have an apparent corresponding Section, we noted those in the collective list below, we provided a corresponding Section based on the content of the evidence and we presented this evidence in that corresponding Section.

Finally, the Medical School would like to thank the EEC members once more for their valuable work and would like to acknowledge the important role that this accreditation process has played to the development, self-criticism and planning of our Programme in order to improve the quality of education we provide to our students.

Required Evidence - Collective List

The following content refers to the Evidence requested by the EEC report (page 37), under the Section “Conclusions and Remarks”. The subsection includes 13 required pieces of evidence. Most of these have been already included in the main Report in the Finding or Areas of Improvement part of a relevant/corresponding Section. However, 3 of these pieces of evidence are mentioned in this list for the first time.

Therefore, we present below a collective list of these 13 pieces of required evidence. Each piece of evidence is hyperlinked to the corresponding part of a relevant Section in the main text. That part describes the evidence in detail or refers to the part of the Section that has been already mentioned/presented in the text.

1. Item 1.2 Policy documents that describe the institutional autonomy and academic freedom.

Response: This evidence is presented in detail at the end of Section 1 - [hyperlink here](#).

2. The Equality and Diversity Policy of the University and/or School.

Response: This evidence is presented in detail at the end of Section 1 - [hyperlink here](#).

3. Item 2.4 Behavioural and social sciences, medical ethics and jurisprudence.

Response: This piece of evidence has been included here for the first time. This evidence is presented in detail at the end of Section 2 - [hyperlink here](#).

4. Item 2.8 Linkage of the Medical School with medical practice and the health sector.

Response: This evidence is presented in detail at the end of Section 2 - [hyperlink here](#).

5. In the sector on assessment, “ANNEX 10 - Students' Handbook 2018-19 (Greek version only).pdf”. The relevant publication is not accessible to the EEC. Please provide clarification of what is in the Handbook, for example a list of the chapter or section names.

Response: This piece of evidence has been included here for the first time. The evidence is presented in detail at the end of Section 3 - [hyperlink here](#).

6. Code of practice for assessment.

Response: This piece of evidence has been included here for the first time. This piece of evidence This evidence is presented in detail at the end of Section 3 - [hyperlink here](#).

7. Item 4.4 Student representation. Evidence of the policy and implementation is required.

Response: This evidence is presented in detail at the end of Section 4 - [hyperlink here](#).

8. Evidence for the claims made on pages 68 and 69 of the document “WFME - UCY Medical School - Final.pdf”.

Response: This evidence is presented in detail at the end of Section 5 - [hyperlink here](#).

9. On page 76 the school provides an interesting diagram to support their teaching-research nexus. However, we would like to see the evidence that this is from an official School document.

Response: This evidence is presented in detail at the end of Section 6 - [hyperlink here](#).

10. We need to receive the School’s policy for student exchange and transfer of educational credits, and evidence of students’ and teachers’ mobility.

Response: This evidence is presented in detail at the end of Section 6 - [hyperlink here](#).

11. We need evidence summarising the data from stakeholder’s feedback, or evidence to support what is reported in sections 7.1, 7.2, and 7.3.

Response: This evidence is presented in detail at the end of Section 7 - [hyperlink here](#).

12. Item 8.5. Interaction with health sector: please provide evidence for those outcomes.

Response: This evidence is presented in detail at the end of Section 8 - [hyperlink here](#).

13. Item 9. Continuous renewal: again, as with the teaching / research nexus, please provide a link to a relevant policy on Continuous improvement and renewal and evidence to support what was reported.

Response: This evidence is presented in detail at the end of Section 9 - [hyperlink here](#).

EEC’s final conclusions and remarks

The Medical School has addressed all recommendations and areas for improvement, raised by the EEC Committee, and has provided satisfactory evidence as requested.

The EEC advises that all essential sub-areas of the WFME Essential Standards are now compliant or will be by 2020-21 when some of the School’s new strategies and procedures will commence.

The EEC would like to conclude by thanking the School for engaging fully and constructively with the review process throughout. In particular we would like to thank all staff and students who gave their time to ensure the EEC had all the written and verbal evidence required to complete an accurate report.

APPENDICES

1. Mission and Outcomes Appendix

1. Appendix 1.1 - Minutes of the 10th-2019 meeting of the Medical School Council Section 2.1 (paragraph A 1.1-1.2)
2. Appendix 1.2 - Minutes of the 10th-2019 meeting of the Medical School Council Section 2.1 (paragraph B)
3. Appendix 1.2.1 - Appendix II of the minutes of the 10th-2019 meeting of the Medical School Council Section 2.1 (in paragraph B)
4. Appendix 1.3 - Minutes of the 4th-2018 meeting of the Medical School Council (paragraph 4.2)
5. Appendix 1.4.1 - Minutes of the 2nd-2019 meeting of the Medical School Council (paragraphs 3.1)
6. Appendix 1.4.2 - Appendix II of the Minutes of the 2nd-2019 meeting of the Medical School Council
7. Appendix 1.4.3 - Appendix III of the Minutes of the 2nd-2019 meeting of the Medical School Council
8. Appendix 1.4.4 - Appendix IV of the Minutes of the 2nd-2019 meeting of the Medical School Council
9. Appendix 1.4.5 - Appendix V of the Minutes of the 2nd-2019 meeting of the Medical School Council
10. Appendix 1.5 - Minutes of the 10th-2018 meeting of the Medical School Council (paragraph 3.2)
11. Appendix 1.6.1 - Invitation letter to the Students Representatives in the Studies Committee of the Medical School
12. Appendix 1.6.2 - Invitation letter to the Minister of Health in order to appoint a representative in the Studies Committee of the Medical School of the University of Cyprus
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16. Appendix 1.6.6 - Response by the Students Representatives to the Medical School regarding their representative in the Studies Committee
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18. Appendix 1.6.8 - Response by the Cyprus Medical Association regarding its representative in the Studies Committee
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21. Appendix 1.7 - Minutes of the 12th-2018 meeting of the Medical School Council (paragraphs 2.1,2.2,2.3)
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25. Appendix 1.10 - Minutes of the 9th-2019 meeting of the Medical School Council (paragraph 4.3)
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28. Appendix 1.11.3 -The Medical School Coordinator informed the Academic Affairs and Student Welfare Service regarding the rules for the admission of graduates from other Schools to the Medical School
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30. Appendix 1.12.1 - Minutes of the 10th-2019 meeting of the Medical School Council - Approval of the updated Equality and Diversity Policy and anti-harassment Policy of the University (paragraph 9.1)
31. Appendix 1.12.2 - The Equality and Diversity Policy of the University of Cyprus
32. Appendix 1.12.3 - Policy and Code of Practice on anti-harassment including sexual harassment at the University of Cyprus

2. Educational Programme Appendix

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34. Appendix 2.1.1 - Minutes of the 36th-2017 meeting of the Medical School Council - Decision regarding Medical School Journal Club (paragraph 2.1-2.2)
35. Appendix 2.2 - Changes in Student Handbooks for Year 4
36. Appendix 2.3.1 - Evidence of Dr. Hadjigeorgiou appointment in the Drugs Advisory Committee of Cyprus
37. Appendix 2.3.2 - Evidence of Dr. Yiallourous appointment at the National Committee for the Environment and Child's Health
38. Appendix 2.3.3 - Evidence of Dr. Nikolopoulos appointment at the National Coordination Committee for HCV
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40. Appendix 2.3.5 - Evidence that Dr. Constantinidou is an active member of the Center for Study of Hematological and other Malignancies-Cyprus
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43. Appendix 2.3.8 - Evidence of Dr. Parperis appointment at the National Committee for the Treatment of Rheumatic Diseases
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49. Appendix 2.5 - Copy of year 1 structure from the Student Handbook for each year 2015, 2017 and 2018
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56. Appendix 2.10 - Summary of MED101, MED103, PSY240 and KPE001 from Student Handbook 2018-2019
57. Appendix 2.11 - Example of a programme of the Cyprus National Bioethics Committee for 2018

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- 59. Appendix 3.2 - Minutes of the 10th-2019 meeting of the Medical School Council Section 2.1 (paragraph Γ 3.1)
- 60. Appendix 3.3 - Minutes of the 9th-2019 meeting of the Medical School Council (paragraph 5.1 (B) point 1 (A))
- 61. Appendix 3.4 - Minutes of the 9th-2019 meeting of the Medical School Council (paragraph 5.1 (B) point 1 (B))
- 62. Appendix 3.5 - Minutes of the 9th-2019 meeting of the Medical School Council (paragraph 5.1 (B) point 2)
- 63. Appendix 3.6.1 - Minutes of the 9th-2019 meeting of the Medical School Council (paragraph 5.1 (B) point 3)
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- 66. Appendix 3.8.2 - Minutes of the 10th-2019 meeting of the Medical School Council (paragraph 2.1 (Γ) 3.2)
- 67. Appendix 3.9.1 - Students Handbook 2018-19 (Greek version)
- 68. Appendix 3.9.2 - Students Handbook 2018-2019 - Translation of the chapter and section names

4. Students Appendix

- 69. Appendix 4.1 - The University of Cyprus laws 1989 to 2013 (p.26-27)
- 70. Appendix 4.2.1 - Minutes of the 2nd-2019 meeting of the Medical School Council (first page in english)
- 71. Appendix 4.2.2 - Minutes of the 4th-2019 meeting of the Medical School Council (first page in english)
- 72. Appendix 4.2.3 - Minutes of the 10th-2017 meeting of the Medical School Council (first page)
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83. Appendix 5.8.1 - Invitation to Special Scientists (Medical Doctors) of Makarios III Hospital by Dr. Yiallourous
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92. Appendix 5.12.1 - Invitation for the 3rd meeting of the Strategic Plan Committee to the members of the Committee
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95. Appendix 5.13.1 - Minutes of the 9th-2019 meeting of the Medical School Council (Paragraph 3.1)
96. Appendix 5.13.2 - Description of the mentoring programme by the Centre for Teaching and Learning (University of Cyprus)

6. Educational Resources Appendix

97. Appendix 6.1.1 - Memorandum of Understanding - Cooperation Agreement between the Ministry of Health and the University of Cyprus Official Translate
98. Appendix 6.1.2 - Renewal of the Cooperation Agreement between the Ministry of Health and the University of Cyprus
99. Appendix 6.2 - Minutes of the 9th-2019 meeting of the Medical School Council (paragraph 5.1 (Γ))
100. Appendix 6.3 - Part of Student handbook 2019-2020 where Teaching-Research Nexus is presented.
101. Appendix 6.4 - Minutes of the 9th-2019 meeting of the Medical School Board (paragraph 5.1 (Α) 6)
102. Appendix 6.5 - Minutes of the 10th-2019 meeting of the Medical School Council Section 2.1 (paragraph E)
103. Appendix 6.6 - Erasmus agreements
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108. Appendix 6.11.1 - Nikolopoulos agreement - Erasmus+ Programme Staff Mobility for Teaching
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8. Governance and Administration Appendix

The appendices used in Section 8 are appendices that have been already included in previous Sections. Hence, these appendices are included in the list of appendices of previous sections.

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- 127. Appendix 9.1 - Alumni profile form
- 128. Appendix 9.2.1 - Minutes of the 10th-2019 meeting of the Medical School Council Section 2.1 (paragraph H 7.1)
- 129. Appendix 9.2.2 - Appendix V of the minutes of the 10th-2019 meeting of the Medical School Council Section 2.1 (in paragraph H 7.1)
- 130. Appendix 9.3.1 - Agenda of the 12th-2019 Medical School Council (paragraph 2.1 B)
- 131. Appendix 9.3.2 - Appendix II of the agenda of the 12th-2019 Medical School Council (paragraph 2.1 B) regarding continuous improvement committee and audit process

C. Signatures of the EEC

<i>Name</i>	<i>Signature</i>
Helen Cameron	
Matthias Siebeck	
Madalena Patricio	
László Hunyady	
Philippos Stylianou	
Sotia Zarvou	

Date: 25.11.19

