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# External evaluation report for basic medical education

Medical School of the University of Cyprus

**Town:** Nikosia / Lefkosia, Republic of Cyprus

**Programme of study (Name, ECTS, duration, cycle)**

**In Greek:** .....

**In English:** Doctor of Medicine (MD)

**Language of instruction:** Greek

**Programme's status**

**New programme:** .....

**Currently operating:** YES

**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 and 2016” [N. 136 (I)/2015 and N. 47(I)/2016].**

## A. Introduction

*This part includes basic information regarding the onsite visit.*

## B. External Evaluation Committee (EEC)

<b>Name</b>	<b>Position</b>	<b>University</b>
<b>Helen Cameron</b>	Chair	Aston University, Birmingham, UK
<b>Madalena Patricio</b>	Member	University of Lisbon, Portugal
<b>László Hunyady</b>	Member	Semmelweis University, Hungary
<b>Matthias Siebeck</b>	Member	Ludwig Maximilians University, Munich, Germany
<b>Philippos Stylianos</b>	Member	Medical Council of Cyprus
<b>Sotia Zarvou</b>	Student Member	Technological University of Cyprus

## 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

### 1.1 Mission

#### Basic standards:

The medical school **must**

- state its mission. (B 1.1.1)
- make it known to its constituency and the health sector it serves. (B 1.1.2)
- in its mission outline the aims and the educational strategy resulting in a medical doctor:
  - competent at a basic level. (B 1.1.3)
  - with an appropriate foundation for future career in any branch of medicine. (B 1.1.4)
  - capable of undertaking the roles of doctors as defined by the health sector. (B 1.1.5)
  - prepared and ready for postgraduate medical education. (B 1.1.6)
  - committed to life-long learning. (B 1.1.7)
- consider that the mission encompasses the health needs of the community, the needs of the health care delivery system and other aspects of social accountability. (B 1.1.8)

#### Quality development standards:

The medical school **should** ensure that the mission encompasses

- medical research attainment. (Q 1.1.1)
- aspects of global health. (Q 1.1.2)

### 1.2 Institutional autonomy and academic freedom

#### Basic standards:

The medical school **must** have institutional autonomy to

- formulate and implement policies for which its faculty/academic staff and administration are responsible, especially regarding
  - design of the curriculum. (B 1.2.1)
  - use of the allocated resources necessary for implementation of the curriculum. (B 1.2.2)

#### Quality development standards:

The medical school **should** ensure academic freedom for its staff and students

- in addressing the actual curriculum. (Q 1.2.1)

- in exploring the use of new research results to illustrate specific subjects without expanding the curriculum. (Q 1.2.2)

### 1.3 Educational outcomes

#### Basic standards:

##### The medical school **must**

- define the intended educational outcomes that students should exhibit upon graduation in relation to
  - their achievements at a basic level regarding knowledge, skills, and attitudes. (B 1.3.1)
  - appropriate foundation for future career in any branch of medicine. (B 1.3.2)
  - their future roles in the health sector. (B 1.3.3)
  - their subsequent postgraduate training. (B 1.3.4)
  - their commitment to and skills in life-long learning. (B 1.3.5)
  - the health needs of the community, the needs of the health care delivery system and other aspects of social accountability. (B 1.3.6)
- ensure appropriate student conduct with respect to fellow students, faculty members, other health care personnel, patients and their relatives. (B 1.3.7)
- make the intended educational outcomes publicly known. (B 1.3.8)

#### Quality development standards:

##### The medical school **should**

- specify and co-ordinate the linkage of acquired outcomes by graduation with acquired outcomes in postgraduate training. (Q 1.3.1)
- specify intended outcomes of student engagement in medical research. (Q 1.3.2)
- draw attention to global health related intended outcomes. (Q 1.3.3)

### 1.4. Participation in formulation of mission and outcomes

#### Basic standards:

##### The medical school **must**

- ensure that its principal stakeholders participate in formulating the mission and intended educational outcomes. (B 1.4.1)

#### Quality development standards:

##### The medical school **should**

- ensure that the formulation of its mission and intended educational outcomes is based also on input from other stakeholders. (Q 1.4.1)

### Findings

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

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.

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.

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.

### Strengths

- The medical school already has a few separate policies and procedures.
- 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.
- The medical school has a bespoke designed medical programme with clearly defined and published learning outcomes.

### Areas for improvement and recommendations

*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.*

- The mission and vision should be developed to be more ambitious including for example current trends in medical education.
- The School should disseminate the mission statements more clearly to all including the public and non-academic staff in the hospital.
- 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.
- 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.

Please ✓ what is appropriate for each of the following sub-areas:

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		✓		

## 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

### 2.1 Framework of the programme

#### Basic standards:

##### The medical school **must**

- define the overall curriculum. (B 2.1.1)
- use a curriculum and instructional/learning methods that stimulate, prepare and support students to take responsibility for their learning process. (B 2.1.2)
- ensure that the curriculum is delivered in accordance with principles of equality. (B 2.1.3)

#### Quality development standards:

##### The medical school **should**

- ensure that the curriculum prepares the students for life-long learning. (Q 2.1.1)

## 2.2 Scientific method

### Basic standards:

The medical school **must**

- throughout the curriculum teach
  - the principles of scientific method, including analytical and critical thinking. (B 2.2.1)
  - medical research methods. (B 2.2.2)
  - evidence-based medicine. (B 2.2.3)

### Quality development standards:

The medical school **should**

- in the curriculum include elements of original or advanced research. (Q 2.2.1)

## 2.3 Basic biomedical sciences

### Basic standards:

The medical school **must**

- in the curriculum identify and incorporate the contributions of the basic biomedical sciences to create understanding of
  - scientific knowledge fundamental to acquiring and applying clinical science. (B 2.3.1)
  - concepts and methods fundamental to acquiring and applying clinical science. (B 2.3.2)

### Quality development standards:

The medical school **should**

- in the curriculum adjust and modify the contributions of the biomedical sciences to the
  - scientific, technological and clinical developments. (Q 2.3.1)
  - current and anticipated needs of the society and the health care system. (Q 2.3.2)

## 2.4 Behavioural and social sciences, medical ethics and jurisprudence

### Basic standards:

The medical school **must**

- in the curriculum identify and incorporate the contributions of the:
  - behavioural sciences. (B 2.4.1)
  - social sciences. (B 2.4.2)
  - medical ethics. (B 2.4.3)
  - medical jurisprudence. (B 2.4.4)

### Quality development standards:

#### The medical school **should**

- in the curriculum adjust and modify the contributions of the behavioural and social sciences as well as medical ethics and medical jurisprudence to
  - scientific, technological and clinical developments. (Q 2.4.1)
  - current and anticipated needs of the society and the health care system. (Q 2.4.2)
  - changing demographic and cultural contexts. (Q 2.4.3)

## 2.5 Clinical sciences and skills

### Basic standards:

#### The medical school **must**

- in the curriculum identify and incorporate the contributions of the clinical sciences to ensure that students
  - acquire sufficient knowledge and clinical and professional skills to assume appropriate responsibility after graduation. (B 2.5.1)
  - spend a reasonable part of the programme in planned contact with patients in relevant clinical settings. (B 2.5.2)
  - experience health promotion and preventive medicine. (B 2.5.3)
  - specify the amount of time spent in training in major clinical disciplines. (B 2.5.4)
  - organise clinical training with appropriate attention to patient safety. (B 2.5.5)

### Quality development standards:

#### The medical school **should**

- in the curriculum adjust and modify the contributions of the clinical sciences to the
  - scientific, technological and clinical developments. (Q 2.5.1)
  - current and anticipated needs of the society and the health care system. (Q 2.5.2)
  - ensure that every student has early patient contact gradually including participation in patient care. (Q 2.5.3)
  - structure the different components of clinical skills training according to the stage of the study programme. (Q 2.5.4)

## 2.6 Programme structure, composition and duration

### Basic standards:

#### The medical school **must**

- describe the content, extent and sequencing of courses and other curricular elements to ensure appropriate coordination between basic biomedical, behavioural and social and clinical subjects. (B 2.6.1)



### Quality development standards:

The medical school **should** in the curriculum

- ensure horizontal integration of associated sciences, disciplines and subjects. (Q 2.6.1)
- ensure vertical integration of the clinical sciences with the basic biomedical and the behavioural and social sciences. (Q 2.6.2)
- allow optional (elective) content and define the balance between the core and optional content as part of the educational programme. (Q 2.6.3)
- describe the interface with complementary medicine. (Q 2.6.4)

### 2.7 Programme management

#### Basic standards:

The medical school **must**

- have a curriculum committee, which under the governance of the academic leadership (the dean) has the responsibility and authority for planning and implementing the curriculum to secure its intended educational outcomes. (B 2.7.1)
- in its curriculum committee ensure representation of staff and students. (B 2.7.2)

#### Quality development standards:

The medical school **should**

- through its curriculum committee plan and implement innovations in the curriculum. (Q 2.7.1)
- in its curriculum committee include representatives of other stakeholders. (Q 2.7.2)

### 2.8 Linkage with medical practice and the health sector

#### Basic standards:

The medical school **must**

- ensure operational linkage between the educational programme and the subsequent stages of education or practice after graduation. (B 2.8.1)

#### Quality development standards:

The medical school **should**

- ensure that the curriculum committee
  - seeks input from the environment in which graduates will be expected to work, and modifies the programme accordingly. (Q 2.8.1)
  - considers programme modification in response to opinions in the community and society. (Q 2.8.2)

### Findings

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.

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.

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.

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.

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

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.

**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.**

### Strengths

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

### Areas for improvement and recommendations

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.

- 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.
- 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.
- 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.

Please ✓ what is appropriate for each of the following sub-areas:

Sub-area	<i>Non-compliant</i>	<i>Partially compliant</i>	<i>Compliant</i>	<i>Not applicable</i>
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				

### 3. Assessment of students

<u>Sub-areas</u>
3.1 Assessment methods
3.2 Relation between assessment and learning

### 3.1 Assessment methods

#### Basic standards:

##### The medical school **must**

- define, state and publish the principles, methods and practices used for assessment of its students, including the criteria for setting pass marks, grade boundaries and number of allowed retakes. (B 3.1.1)
- ensure that assessments cover knowledge, skills and attitudes. (B 3.1.2)
- use a wide range of assessment methods and formats according to their "assessment utility". (B 3.1.3)
- ensure that methods and results of assessments avoid conflicts of interest. (B 3.1.4)
- ensure that assessments are open to scrutiny by external expertise. (B 3.1.5)
- use a system of appeal of assessment results. (B 3.1.6)

#### Quality development standards:

##### The medical school **should**

- evaluate and document the reliability and validity of assessment methods. (Q 3.1.1)
- incorporate new assessment methods where appropriate. (Q 3.1.2)
- encourage the use of external examiners. (Q 3.1.3)

### 3.2 Relation between assessment and learning

#### Basic standards:

##### The medical school **must**

- use assessment principles, methods and practices that
  - are clearly compatible with intended educational outcomes and instructional methods. (B 3.2.1)
  - ensure that the intended educational outcomes are met by the students. (B 3.2.2)
  - promote student learning. (B 3.2.3)
  - provide an appropriate balance of formative and summative assessment to guide both learning and decisions about academic progress. (B 3.2.4)

#### Quality development standards:

##### The medical school **should**

- adjust the number and nature of examinations of curricular elements to encourage both acquisition of the knowledge base and integrated learning. (Q 3.2.1)
- ensure timely, specific, constructive and fair feedback to students on basis of assessment results. (Q 3.2.2)

### Findings

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

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.

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.

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).

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.

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

### Strengths

- The School has evaluated and adapted the assessment formats and processes, primarily based on the feedback from students.
- 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.

### Areas for improvement and recommendations

*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.*

- 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.
- The School must develop and apply recognised standard setting procedures for the assessments.
- 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.

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

Please ✓ what is appropriate for each of the following sub-areas:

Sub-area	Non-compliant	Partially compliant	Compliant	Not applicable
3.1 Assessment methods		✓		
3.2 Relation between assessment and learning			✓	

#### 4. Students

##### Sub-areas

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

##### 4.1 Admission policy and selection

###### Basic standards:

The medical school **must**

- formulate and implement an admission policy based on principles of objectivity, including a clear statement on the process of selection of students. (B 4.1.1)
- have a policy and implement a practice for admission of disabled students. (B 4.1.2)
- have a policy and implement a practice for transfer of students from other national or international programmes and institutions. (B 4.1.3)

###### Quality development standards:

The medical school **should**

- state the relationship between selection and the mission of the school, the educational programme and desired qualities of graduates. (Q 4.1.1)
- periodically review the admission policy. (Q 4.1.2)
- use a system for appeal of admission decisions. (Q 4.1.3)

## 4.2 Student intake

### Basic standards:

The medical school **must**

- define the size of student intake and relate it to its capacity at all stages of the programme. (B 4.2.1)

### Quality development standards:

The medical school **should**

- periodically review the size and nature of student intake in consultation with other stakeholders and regulate it to meet the health needs of the community and society. (Q 4.2.1)

## 4.3 Student counselling and support

### Basic standards:

The medical school and/or the university **must**

- have a system for academic counselling of its student population. (B 4.3.1)
- offer a programme of student support, addressing social, financial and personal needs. (B 4.3.2)
- allocate resources for student support. (B 4.3.3)
- ensure confidentiality in relation to counselling and support. (B 4.3.4)

### Quality development standards:

The medical school **should**

- provide academic counselling that
  - is based on monitoring of student progress. (Q 4.3.1)
  - includes career guidance and planning. (Q 4.3.2)

## 4.4 Student representation

### Basic standards:

The medical school **must**

- formulate and implement a policy on student representation and appropriate participation in
  - mission statement. (B 4.4.1)
  - design of the programme. (B 4.4.2)
  - management of the programme. (B 4.4.3)
  - evaluation of the programme. (B 4.4.4)
  - other matters relevant to students. (B 4.4.5)

### Quality development standards:

The medical school **should**

- encourage and facilitate student activities and student organisations. (Q 4.4.1)

### Findings

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.

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

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.

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.

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.

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.

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.

### Strengths

- There is a positive learning environment: the staff-student relationship is exceptional; staff are accessible and supportive.
- The students are very satisfied; the 24 students that the EEC met, unanimously recommended the school in a 'blind' vote.
- 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.
- 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.

Areas for improvement and recommendations

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.

- 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.
- The School should consider key attributes of medical students and doctors beyond the academic performance, in the selection process.
- The School should review its admission policy and selection procedures, and initiate a dialogue with the University, if considered necessary.

**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.**

Please ✓ what is appropriate for each of the following sub-areas:

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	✓			

## 5. Academic staff/Faculty

### Sub-areas

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

### 5.1 Recruitment and selection policy

#### Basic standards:

The medical school **must**

- formulate and implement a staff recruitment and selection policy which
  - outline the type, responsibilities and balance of the academic staff/faculty of the basic biomedical sciences, the behavioural and social sciences and the clinical sciences required to deliver the curriculum adequately, including the balance between medical and non-medical academic staff, the balance between full-time and part-time academic staff, and the balance between academic and non-academic staff. (B 5.1.1)
  - address criteria for scientific, educational and clinical merit, including the balance between teaching, research and service functions. (B 5.1.2)
  - specify and monitor the responsibilities of its academic staff/faculty of the basic biomedical sciences, the behavioural and social sciences and the clinical sciences. (B 5.1.3)

#### Quality development standards:

The medical school **should**

- in its policy for staff recruitment and selection take into account criteria such as
  - relationship to its mission, including significant local issues. (Q 5.1.1)
  - economic considerations. (Q 5.1.2)

### 5.2 Staff activity and staff development

#### Basic standards:

The medical school **must**

- formulate and implement a staff activity and development policy which
  - allow a balance of capacity between teaching, research and service functions. (B 5.2.1)
  - ensure recognition of meritorious academic activities, with appropriate emphasis on teaching, research and service qualifications. (B 5.2.2)
  - ensure that clinical service functions and research are used in teaching and learning. (B 5.2.3)
  - ensure sufficient knowledge by individual staff members of the total curriculum. (B 5.2.4)
  - include teacher training, development, support and appraisal. (B 5.2.5)

### Quality development standards:

The medical school **should**

- take into account teacher-student ratios relevant to the various curricular components. (Q 5.2.1)
- design and implement a staff promotion policy. (Q 5.2.2)

### Findings

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.

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

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**.

There is no medical education training within the medical school. Those teaching using simulation are given training but again no written evidence was supplied on this.

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

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

### Strengths

- 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.
- The student:tutor ratio is low with small classes and teaching in very small groups.
- There is a very clear description of current staffing, and individual workloads.

### Areas for improvement and recommendations

*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.*

- 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.
- 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.

- 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.
- 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.
- 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.**

Please ✓ what is appropriate for each of the following sub-areas:

Sub-area		<i>Non-compliant</i>	<i>Partially compliant</i>	<i>Compliant</i>	<i>Not applicable</i>
5.1	Recruitment and selection policy		✓		
5.2	Staff activity and staff development				

## 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

### 6.1 Physical facilities

#### Basic standards:

#### The medical school must

- have sufficient physical facilities for staff and students to ensure that the curriculum can be delivered adequately. (B 6.1.1)
- ensure a learning environment, which is safe for staff, students, patients and their relatives. (B 6.1.2)

### **Quality development standards:**

The medical school **should**

- improve the learning environment by regularly updating and modifying or extending the physical facilities to match developments in educational practices. (Q 6.1.1)

## **6.2 Clinical training resources**

### **Basic standards:**

The medical school **must**

- ensure necessary resources for giving the students adequate clinical experience, including sufficient
  - number and categories of patients. (B 6.2.1)
  - clinical training facilities. (B 6.2.2)
  - supervision of their clinical practice. (B 6.2.3)

### **Quality development standards:**

The medical school **should**

- evaluate, adapt and improve the facilities for clinical training to meet the needs of the population it serves. (Q 6.2.1)

## **6.3 Information technology**

### **Basic standards:**

The medical school **must**

- formulate and implement a policy which addresses effective and ethical use and evaluation of appropriate information and communication technology. (B 6.3.1)
- ensure access to web-based or other electronic media. (B 6.3.2.)

### **Quality development standards:**

The medical school **should**

- enable teachers and students to use existing and exploit appropriate new information and communication technology for
  - independent learning. (Q 6.3.1)
  - accessing information. (Q 6.3.2)
  - managing patients. (Q 6.3.3)
  - working in health care delivery systems. (Q 6.3.4)
- optimise student access to relevant patient data and health care information systems. (Q 6.3.5)

## 6.4 Medical research and scholarship

### Basic standards:

#### The medical school **must**

- use medical research and scholarship as a basis for the educational curriculum. (B 6.4.1)
- formulate and implement a policy that fosters the relationship between medical research and education. (B 6.4.2)
- describe the research facilities and priorities at the institution. (B 6.4.3)

### Quality development standards:

#### The medical school **should**

- ensure that interaction between medical research and education - influences current teaching. (Q 6.4.1)
- encourages and prepares students to engage in medical research and development. (Q 6.4.2)

## 6.5 Educational expertise

### Basic standards:

#### The medical school **must**

- have access to educational expertise where required. (B 6.5.1)
- formulate and implement a policy on the use of educational expertise in - curriculum development. (B 6.5.2)
- development of teaching and assessment methods. (B 6.5.3)

### Quality development standards:

#### The medical school **should**

- demonstrate evidence of the use of in-house or external educational expertise in staff development. (Q 6.5.1)
- pay attention to current expertise in educational evaluation and in research in the discipline of medical education. (Q 6.5.2)
- allow staff to pursue educational research interest. (Q 6.5.3)

## 6.6 Educational exchanges

### Basic standards:

#### The medical school **must**

- formulate and implement a policy for - national and international collaboration with other educational institutions, including staff and student mobility. (B 6.6.1)
- transfer of educational credits. (B 6.6.2)

### Quality development standards:

The medical school **should**

- facilitate regional and international exchange of staff and students by providing appropriate resources. (Q 6.6.1)
- ensure that exchange is purposefully organised, considering the needs of staff and students, and respecting ethical principles. (Q 6.6.2)

### *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.

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.

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.

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.

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.

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.**

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.

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

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.

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

### Strengths

- 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.
- The resources are reviewed and updated as necessary.
- The student:tutor ratio is low, with small classes and teaching in very small groups.
- There is a positive learning environment: the staff-student relationship is exceptional; staff are very accessible and supportive.
- Plans to build a new medical school will increase the research facilities on the University campus.

### Areas for improvement and recommendations

*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.*

- 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.
- 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.

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

**Please ✓ what is appropriate for each of the following sub-areas:**

Sub-area	<i>Non-compliant</i>	<i>Partially compliant</i>	<i>Compliant</i>	<i>Not applicable</i>
<b>6.1</b> Physical facilities			✓	
<b>6.2</b> Clinical training resources			✓	
<b>6.3</b> Information technology			✓	



6.4	Medical research and scholarship			√	
6.5	Educational expertise		√		
6.6	Educational exchanges				

## 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

### 7.1 Mechanisms for programme monitoring and evaluation

#### Basic standards:

##### The medical school **must**

- have a programme of routine curriculum monitoring of processes and outcomes. (B 7.1.1)
- establish and apply a mechanism for programme evaluation that
  - addresses the curriculum and its main components. (B 7.1.2)
  - addresses student progress. (B 7.1.3)
  - identifies and addresses concerns. (B 7.1.4)
- ensure that relevant results of evaluation influence the curriculum. (B 7.1.5)

#### Quality development standards:

##### The medical school **should**

- periodically evaluate the programme by comprehensively addressing
  - the context of the educational process. (Q 7.1.1)
  - the specific components of the curriculum. (Q 7.1.2)
  - the long-term acquired outcomes. (Q 7.1.3)
- its social accountability (Q 7.1.4)

### 7.2 Teacher and student feedback

#### Basic standards:

##### The medical school **must**

- systematically seek, analyse and respond to teacher and student feedback. (B 7.2.1)

### Quality development standards:

The medical school **should**

- use feedback results for programme development. (Q 7.2.1)

### 7.3 Performance of students and graduates

#### Basic standards:

The medical school **must**

- analyse performance of cohorts of students and graduates in relation to
  - mission and intended educational outcomes. (B 7.3.1)
  - curriculum. (B 7.3.2)
  - provision of resources. (B 7.3.3)

#### Quality development standards:

The medical school **should**

- analyse performance of cohorts of students and graduates in relation to student
  - background and conditions. (Q 7.3.1)
  - entrance qualifications. (Q 7.3.2)
- use the analysis of student performance to provide feedback to the committees responsible for
  - student selection. (Q 7.3.3)
  - curriculum planning. (Q 7.3.4)
  - student counselling. (Q 7.3.5)

### 7.4 Involvement of stakeholders

#### Basic standards:

The medical school **must**

- in its programme monitoring and evaluation activities involve its principal stakeholders. (B 7.4.1)

#### Quality development standards:

The medical school **should**

- for other stakeholders
  - allow access to results of course and programme evaluation. (Q 7.4.1)
  - seek their feedback on the performance of graduates. (Q 7.4.2)
  - seek their feedback on the curriculum. (Q 7.4.3)

### Findings

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.

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.

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.

**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.**

### Strengths

- 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**).
- The students are extremely satisfied; the 24 students whom the EEC met, unanimously recommended the school in a 'blind' vote.
- The School plans to evaluate the first cohort of very recent graduates against the mission and learning outcomes of the programme.

### Areas for improvement and recommendations

*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.*

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

Please ✓ what is appropriate for each of the following sub-areas:

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		✓		

## 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

### 8.1 Governance

#### Basic standards:

The medical school **must**

- define its governance structures and functions including their relationships within the university. (B 8.1.1)

#### Quality development standards:

The medical school **should**

- in its governance structures set out the committee structure, and reflect representation from
  - principal stakeholders. (Q 8.1.1)
  - other stakeholders. (Q 8.1.2)
- ensure transparency of the work of governance and its decisions. (Q 8.1.3)

## 8.2 Academic leadership

### Basic standards:

The medical school **must**

- describe the responsibilities of its academic leadership for definition and management of the medical educational programme. (B 8.2.1)

### Quality development standards:

The medical school **should**

- periodically evaluate its academic leadership in relation to achievement of its mission and intended educational outcomes. (Q 8.2.1)

## 8.3 Educational budget and resource allocation

### Basic standards:

The medical school **must**

- have a clear line of responsibility and authority for resourcing the curriculum, including a dedicated educational budget. (B 8.3.1)
- allocate the resources necessary for the implementation of the curriculum and distribute the educational resources in relation to educational needs. (B 8.3.2)

### Quality development standards:

The medical school **should**

- have autonomy to direct resources, including teaching staff remuneration, in an appropriate manner in order to achieve its intended educational outcomes. (Q 8.3.1)
- in distribution of resources take into account the developments in medical sciences and the health needs of the society. (Q 8.3.2)

## 8.4 Administration and management

### Basic standards:

The medical school **must**

- have an administrative and professional staff that is appropriate to
  - support implementation of its educational programme and related activities. (B 8.4.1)
  - ensure good management and resource deployment. (B 8.4.2)

### Quality development standards:

The medical school **should**

- formulate and implement an internal programme for quality assurance of the management including regular review. (Q 8.4.1)

## 8.5 Interaction with health sector

### Basic standards:

The medical school **must**

- have constructive interaction with the health and health related sectors of society and government. (B 8.5.1)

### Quality development standards:

The medical school **should**

- formalise its collaboration, including engagement of staff and students, with partners in the health sector. (Q 8.5.1)

### Findings

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.

The Medical School Council has 4 medical school students.

A current budget was provided (in Greek).

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.

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

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

### Strengths

- The School has clearly described governance structures, and roles and responsibilities for committees and academic leaders.
- There is an enthusiastic team of administrative and professional staff, keen to support the programme.

### Areas for improvement and recommendations

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.

- 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.
- 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.
- 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.

**The EEC requires further evidence in support of the basic standards for sub-area 8.5.**

Please ✓ what is appropriate for each of the following sub-areas:

Sub-area	<i>Non-compliant</i>	<i>Partially compliant</i>	<i>Compliant</i>	<i>Not applicable</i>
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				

## 9. Continuous renewal

### Basic standards:

The medical school **must** as a dynamic and socially accountable institution

- initiate procedures for regularly reviewing and updating the process, structure, content, outcomes/competencies, assessment and learning environment of the programme. (B 9.0.1)
- rectify documented deficiencies. (B 9.0.2)
- allocate resources for continuous renewal. (B 9.0.3)

### Quality development standards:

The medical school **should**

- base the process of renewal on prospective studies and analyses and on results of local evaluation and the medical education literature. (Q 9.0.1)
- ensure that the process of renewal and restructuring leads to the revision of its policies and practices in accordance with past experience, present activities and future perspectives. (Q 9.0.2)
- address the following issues in its process of renewal:
  - adaptation of mission statement to the scientific, socio-economic and cultural development of the society. (Q 9.0.3)
  - modification of the intended educational outcomes of the graduating students in accordance with documented needs of the environment they will enter. The modification might include clinical skills, public health training and involvement in patient care appropriate to responsibilities encountered upon graduation. (Q 9.0.4)
  - adaptation of the curriculum model and instructional methods to ensure that these are appropriate and relevant. (Q 9.0.5)
  - adjustment of curricular elements and their relationships in keeping with developments in the basic biomedical, clinical, behavioural and social sciences, changes in the demographic profile and health/disease pattern of the population, and socioeconomic and cultural conditions. The adjustment would ensure that new relevant knowledge, concepts and methods are included and outdated ones discarded. (Q 9.0.6)
  - development of assessment principles, and the methods and the number of examinations according to changes in intended educational outcomes and instructional methods. (Q 9.0.7)
  - adaptation of student recruitment policy, selection methods and student intake to changing expectations and circumstances, human resource needs, changes in the premedical education system and the requirements of the educational programme. (Q 9.0.8)
  - adaptation of academic staff recruitment and development policy according to changing needs. (Q 9.0.9)
  - updating of educational resources according to changing needs, i.e. the student intake, size and profile of academic staff, and the educational programme. (Q 9.0.10)
  - refinement of the process of programme monitoring and evaluation. (Q 9.0.11)
  - development of the organisational structure and of governance and management to cope with changing circumstances and needs and, over time, accommodating the interests of the different groups of stakeholders. (Q 9.0.12)



### Findings

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

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.

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.

**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.**

### Strengths

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

### Areas for improvement and recommendations

*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.*

- 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.
- Various suggestions were given in the previous sections.

**Please ✓ what is appropriate for the following assessment area:**

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

## Conclusions and final remarks

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 outcoming 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.

### C. Signatures of the EEC

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

Date: 12 July 2019

