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Date:17 March 2025

External Evaluation Report for Basic Medical Education

- **Higher Education Institution:**

  European University Cyprus

- **Town:** Frankfurt

- **Programme(s) of study under evaluation Name (Duration, ECTS, Cycle)**

In Greek:

Ιατρική Σχολή (6 Έτη/360 ECTS, Πτυχίο, MD.)

In English:

Doctor of Medicine (MD)

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

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

A. Introduction

This part includes basic information regarding the onsite visit.

The European University Cyprus (EUC) is a private nonprofit university in Nicosia, Cyprus. It has 7 schools and 13 departments and is part of several international collaborations and networks (e.g. sunrise alliance, microsoft startup centre). It achieves respectable positions in international ranking (e.g. Times Higher Education), and has, notably, recently renewed its five-star ranking in the QS top universities. It should be congratulated on recently achieving a place in the THE's top 101 for University Impact. The University opened a branch campus in Frankfurt (Germany) in 2022 which, for the purposes of CYQAA, is considered a separate institution, department and MD programme.

This current visit was to evaluate EUC, Frankfurt Branch, on an institutional and departmental level, as well as the 6-year MD and the PhD programme. About 80% of the medical school's students come from Germany; the rest are international students from all over the world. There is a great emphasis on student wellbeing, reflected in several areas such as academic tutoring, mental health support and career advice.

The onsite visit took place on 12-MAR-2025 and 13-MAR-2025. The first day was held at EUC campus, Frankfurt Branch and included meetings with the institutional bodies (Vice Rector of academic affairs, Dean, Chair, coordinators, internal evaluation committee), members of the teaching staff and students. There was a separate meeting dealing with the PhD program (which is seeking accreditation before commencement). This was followed by a tour of the premises including wet lab and skills training facilities as well as the incubator. The second day was used for site visits at the projected clinical site in Frankfurt, Elisabeth Hospital and Red Cross Hospital.
The committee was provided with material before the visit (self-report, application form) in a timely manner. It was supported by further printed and electronic material at the onsite visit (budget information).

This report draws upon information from the material provided as well as from the onsite visits. The visit confirmed that EUC Frankfurt Branch maintains strong academic and operational standards, fostering an environment conducive to excellence in medical education and professional development.

B. External Evaluation Committee (EEC)

Name	Position	University
Prof. Nicki Cohen	Dean of Medical Education	King's College London
Prof. Anne Herrmann-Werner	Professor of Medical Education	University of Tübingen, Germany
Professor J.-Matthias Löhr	Professor of Gastroenterology	Karolinska Institutet, Sweden
Michaelis Andreou	Medical Student Representative	University of Cyprus
Prof. Amalia Hatziyanni	Medical Council Representative	Cyprus

C. Guidelines on content and structure of the report

- *The external evaluation report for Basic Medical Education follows the structure of assessment areas, as these were adopted by the document 'Basic Medical Education WFME Global Standards for Quality Improvement'(https://wfme.org/standards/bme/).*

- *Under each assessment area, there are sub-areas, which are the standards of the report.*

- *Each standard offers associated guidance and key questions, to help discussion and definition of the level of specificity that is fit for purpose.*

- *Under each assessment area, it is important to provide information regarding the compliance with the requirements of each sub-area. In particular, the following must be included:*

    Findings

    A short description of the situation in the Higher Education Institution (HEI), based on elements from the application for external evaluation and on findings from the onsite visit.

    Strengths

    A list of strengths, e.g. examples of good practices, achievements, innovative solutions etc.

    Areas of improvement and recommendations

    A list of problem areas to be dealt with, followed by or linked to the recommendations of how to improve the situation.

- *The EEC should state the compliance for each sub-area (Non-compliant, Partially compliant, Compliant), **which must be in agreement with everything stated in the report.** It is pointed out that, in the case of standards that cannot be applied due to the status of the HEI and/or of the programme of study, N/A (= Not Applicable) should be noted.*

- *The EEC should state the conclusions and final remarks regarding the programme of study as a whole.*

- ***The report may also address other issues which the EEC finds relevant.***

1. MISSION AND VALUES

Sub-areas

1.1 Stating the mission

The school has a public statement that sets out its values, priorities and goals.

1.1 Stating the mission

Guidance:

- Consider the role, audiences and uses of the mission statement.

- Briefly and concisely describe the school's purpose, values, educational goals, research functions and relationships with the healthcare service and communities.

- Indicate the extent to which the statement has been developed in consultation with stakeholders.

- Describe how the mission statement guides the curriculum and quality assurance.

1.1 Stating the mission

Key questions:

- *How is the mission statement specially tailored to the school?*

- *Which interested groups were involved in its development and why?*

- *How does mission statement address the role of the medical school in the community?*

- *How is it used for planning, quality assurance, and management in the school?*

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CYPRUS AGENCY OF QUALITY ASSURANCE AND ACCREDITATION IN HIGHER EDUCATION

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- *How does it fit with regulatory standards of the local accrediting agency and with relevant governmental requirements, if any?*

- *How is it publicised?*

Findings

A short description of the situation in the Higher Education Institution (HEI), based on elements from the application for external evaluation and on findings from the onsite visit.

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

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

Strengths

A list of strengths, e.g. examples of good practices, achievements, innovative solutions etc.

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

It delivers:

- · High-Quality Medical Education – Competency-based curriculum with early clinical exposure.
- · Clinical Training Excellence – Partnerships with top hospitals and advanced simulation labs.
- · Student-Centered Learning – Multicultural environment, mentorship programs, and financial aid.
- · Community Engagement – Public health initiatives, ethical training, and support for students with disabilities.

· Innovative Teaching Methods – Problem-Based Learning (PBL), telemedicine, and digital health integration.

Areas of improvement and recommendations

A list of problem areas to be dealt with, followed by or linked to the recommendations of how to improve the situation.

The program is active for 2 ½ years now, i.e. the most advanced students are in their 3rd year. The planning for the pending clinical years has been completed. It is imperative that (local) clinical faculty is appointed in line with the mission and strategic goals of EUC. Since the mastering of the German language including the German Medical terminology is a prerequisite for actively participating during the clinical placements in Frankfurt, EUC should not falter in their efforts to teach German to their students. It can be considered another USP for the school.

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

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

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

Sub-area		*Non-compliant/Partially compliant / Compliant / Not applicable*
1.1	Stating the mission	**Compliant**

2. CURRICULUM

Sub-areas

2.1 Intended curriculum outcomes

The school has defined the learning outcomes that students should have achieved by graduation, as well as the intended learning outcomes for each part of the course.

2.2 Curriculum organisation and structure

The school has documented the overall organisation of the curriculum, including the principles underlying the curriculum model employed and the relationships among the component desciplines.

2.3 Curriculum content

a) **The school can justify inclusion in the curriculum of the content needed to prepare students for their role as competent junior doctors and for their subsequent further training.**

b) **Content in at least three principal domains is described: basic biomedical sciences, clinical sciences and skills, and relevant behavioural and social sciences.**

2.4 Educational methods and experiences

The school employs a range of educational methods and experiences to ensure that students achieve the intended outcomes of the curriculum.

2.1 Intended curriculum outcomes

Guidance:

- Outcomes can be set out in any manner that clearly describes what is intended in terms of values, behaviours, skills, knowledge, and preparedness for being a doctor.

- Consider whether the defined outcomes align with the medical school mission.

- Review how the defined outcomes map on to relevant national regulatory standards or government and employer requirements.

- Analyse whether the specified learning outcomes address the knowledge, skills, and behaviours that each part of the course intends its students to attain. These curriculum outcomes can be expressed in a variety of different ways that are amenable to judgement (assessment).

- Consider how the outcomes can be used as the basis for the design and delivery of content, as well as the assessment of learning and evaluation of the course.

2.2 Curriculum organisation and structure

Guidance:

This standard refers to the way in which content (knowledge and skills), disciplines, and experiences are organised within the curriculum. There are many options and variants, ranging from different models of integration to traditional pre-clinical and clinical phases, involving varying degrees of clinical experience and contextualisation. Choice of curriculum design is related to the mission, intended outcomes, resources, and context of the school.

2.3 Curriculum content

Guidance:

- Curriculum content in all domains should be sufficient to enable the student to achieve the intended outcomes of the curriculum, and to progress safely to the next stage of training or practice after graduation.

- Curriculum content may vary according to school, country, and context, even where a national curriculum is specified. Content from at least three principal domains would be expected to be included:

    Basic biomedical sciences which are the disciplines fundamental to the understanding and application of clinical science.

    Clinical sciences and skills which include the knowledge and related professional skills required for the student to assume appropriate responsibility for patient care after graduation.

    Behavioural and social sciences which are relevant to the local context and culture and include principles of professional practice including ethics.

- Content of other types may also be included:

    Health systems science which includes population health and local healthcare delivery systems.

    Humanities and arts which might include literature, drama, philosophy, history, art and spiritual disciplines.

2.4 Educational methods and experiences

Guidance:

- Educational methods and experiences include techniques for teaching and learning designed to deliver the stated learning outcomes, and to support students in their own learning. Those experiences might be formal or informal, group-based or individual, and may be located inside the medical school, in the community, or in secondary or tertiary care institutions. Choice of educational experiences will be determined by the curriculum and local cultural issues in education, and by available human and material resources.

- Skilfully designed, used and supported virtual learning methods (digital, distance, distributed, or e-learning) may be considered, presented, and defended as an alternative or complementary educational approach under appropriate circumstances, including societal emergencies.

2.1 Intended curriculum outcomes

Key questions:

- *How were the intended outcomes for the course as a whole and for each part of the course designed and developed?*

- *Which stakeholders were involved in their development?*

- *How do they relate to the intended career roles of graduates in society?*

- *What makes the chosen outcomes appropriate to the social context of the school?*

2.2 Curriculum organization and structure

Key questions:

- *What are the principles behind the school's curriculum design?*

- *What is the relationship between the different disciplines of study which the curriculum encompasses?*

- *How was the model of curriculum organisation chosen? To what extent was the model constrained by local regulatory requirements?*

- *How does the curriculum design support the mission of the school?*

2.3 Curriculum content

Key questions:

- *Who is responsible for determining the content of the curriculum?*

- *How is curriculum content determined?*

- *What elements of basic biomedical sciences are included in the curriculum? How are the choices made and time allocated for these elements?*

- *What elements of clinical sciences and skills are included in the curriculum?*
    - *In which clinical disciplines are all students required to gain practical experience?*
    - *How are students taught to make clinical judgements in line with the best available evidence?*
    - *How are the choices made and time allocated for these elements?*
    - *What is the basis for the school's allocation of student time to different clinical practice settings?*

- *What elements of behavioural and social sciences are included in the curriculum? How are the choices made and time allocated for these elements?*

- *What elements (if any) of health systems science are included in the curriculum? How are the choices made and time allocated for these elements?*

- *What elements (if any) of humanities and arts are included in the curriculum? How are the choices made and time allocated for these elements?*

- *How do students gain familiarity with fields receiving little or no coverage?*

- *How does the school modify curriculum content related to advances in knowledge?*

- *How are principles of scientific method and medical research addressed in the curriculum?*

- *Which fields (if any) are elective? How are elective fields decided?*

- *How is student learning assured in disciplines in which they do not get specific experience?*

2.4 Educational methods and experiences

Key questions:

- *What principles inform the selection of educational methods and experiences employed in the school's curriculum? How were these principles derived?*

- *According to what principles are the chosen educational methods and experiences distributed throughout the curriculum?*

- *In what ways are the educational methods and experiences provided for students appropriate to the local context, resources and culture?*

Findings

A short description of the situation in the Higher Education Institution (HEI), based on elements from the application for external evaluation and on findings from the onsite visit.

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

The curriculum is based on European standards and follows the approach of a competency-based integrated-spiral curriculum. It is divided into three phases:

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

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

The curriculum content is determined by the Curriculum Committee, composed of faculty members, medical education experts, and accreditation bodies, ensuring alignment with EU Directive 2005/36/EC and CYQAA requirements. Scientific research and methodology are integrated throughout the program, with students engaging in research projects, systematic reviews, and

academic presentations. Elective fields, including advanced clinical specialties and laboratory-based research, are chosen based on student interests and faculty expertise. For areas with limited direct patient exposure, students utilize simulation-based learning, virtual case studies, and interdisciplinary training, ensuring comprehensive competency development.

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

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

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

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

Strengths

A list of strengths, e.g. examples of good practices, achievements, innovative solutions etc.

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

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

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

Areas of improvement and recommendations

A list of problem areas to be dealt with, followed by or linked to the recommendations of how to improve the situation.

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

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

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

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

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

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

Sub-area		_Non-compliant/Partially compliant / Compliant / Not applicable_
2.1	Intended curriculum outcomes	**Compliant**
2.2	Curriculum organisation and structure	**Compliant**

2.3	Curriculum content	**Compliant**
2.4	Educational methods and experiences	**Compliant**

3. ASSESSMENT

Sub-areas

3.1 Assessment policy and system

  a) **The school has a policy that describes its assessment practices.**
  b) **It has a centralised system for ensuring that the policy is realised through multiple, coordinated assessments that are aligned with its curriculum outcomes.**
  c) **The policy is shared with all stakeholders.**

3.2 Assessment in support of learning

  a) **The school has in place a system of assessment that regularly offers students actionable feedback that identifies their strengths and weaknesses, and helps them to consolidate their learning.**
  b) **These formative assessments are tied to educational interventions that ensure that all students have the opportunity to achieve their potential.**

3.3 Assessment in support of decision-making

  a) **The school has in place a system of assessment that informs decisions on progression and graduation.**
  b) **These summative assessments are appropriate to measuring course outcomes.**
  c) **Assessments are well-designed, producing reliable and valid scores.**

3.4 Quality control

  a) **The school has mechanisms in place to assure the quality of its assessments.**
  b) **Assessment data are used to improve the performance of academic staff, courses and the institution.**

3.1 Assessment policy and system

Guidance:

An assessment policy with a centralised system that guides and supports its implementation will entail the use of multiple summative and formative methods that lead to acquisition of the knowledge, clinical skills, and behaviours needed to be a doctor. The policy and the system should be responsive to the mission of the school, its specified educational outcomes, the resources available, and the context.

3.2 Assessment in support of learning

Guidance:

Feedback is one of the biggest drivers of educational achievement. Students need to be assessed early and regularly in courses and clinical placements for purposes of providing feedback that guides their learning. This includes early identification of underperforming students and the offer of remediation.

3.3 Assessment in support of decision-making

Guidance:

Assessment for decision-making is essential to institutional accountability. It is also critical to the protection of patients. These assessments must be fair to students and, as a group, they must attest to all aspects of competence. To accomplish these ends, they must meet standards of quality.

3.4 Quality control

Guidance:

It is important for the school to review its individual assessments regularly, as well as the whole assessment system. It is also important to use data from the assessments, as well as feedback from stakeholders, for continuous quality improvement of the assessments, the assessment system, the course and the institution.

3.1 Assessment policy and system

Key questions:

- *Which assessments does the school use for each of the specified educational outcomes?*

- *How are decisions made about the number of assessments and their timing?*

- *How are assessments integrated and coordinated across the range of educational outcomes and the curriculum?*

3.2 Assessment in support of learning

Key questions:

- *How are students assessed to support their learning?*

- *How are students assessed to determine those who need additional help?*

- *What systems of support are offered to those students with identified needs?*

3.3 Assessment in support of decision-making

Key questions:

- *How are blueprints (plans for content) developed for examinations?*

- *How are standards (pass marks) set on summative assessments?*

- *What appeals mechanisms regarding assessment results are in place for students?*

- *What information is provided to students and other stakeholders, concerning the content, style, and quality of assessments?*

- *How are assessments used to guide and determine student progression between successive stages of the course?*

3.4 Quality control

Key questions:

- *Who is responsible for planning and implementing a quality assurance system for assessment?*

- *What quality assurance steps are planned and implemented?*

- *How are comments and experiences about the assessments gathered from students, teachers, and other stakeholders?*

- *How are individual assessments analysed to ensure their quality?*

- *How are data from assessments used to evaluate teaching and the curriculum in practice?*

- *How are the assessment system and individual assessments regularly reviewed and revised?*

Findings

A short description of the situation in the Higher Education Institution (HEI), based on elements from the application for external evaluation and on findings from the onsite visit.

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

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

A dedicated Internal Quality Assurance Committee oversees assessment quality, ensuring exams are valid, reliable, and aligned with curriculum objectives. Regular student feedback surveys and faculty reviews inform continuous improvement. Assessment data is used to evaluate teaching

effectiveness and curriculum design, with periodic external and internal reviews to maintain accreditation compliance and uphold high educational standards.

Strengths

A list of strengths, e.g. examples of good practices, achievements, innovative solutions etc.

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

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

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

Areas of improvement and recommendations

A list of problem areas to be dealt with, followed by or linked to the recommendations of how to improve the situation.

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

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

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

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

Sub-area		Non-compliant/Partially compliant / Compliant / Not applicable
3.1	Assessment policy and system	compliant
3.2	Assessment in support of learning	compliant
3.3	Assessment in support of decision-making	compliant
3.4	Quality control	compliant

STUDENTS

Sub-areas

4.1 Selection and admission policy

The medical school has a publicly available policy that sets out the aims, principles, criteria, and processes for the selection and admission of students.

4.2 Student counselling and support

The medical school provides students with accessible and confidential academic, social, psychological, and financial support services, as well as career guidance.

4.1 Selection and admission policy

Guidance:

- Where selection and admissions procedures are governed by national policy, it is helpful to indicate how these rules are applied locally.

- Where the school sets aspects of its own selection and admission policy and process, clarify the relationship of these to the mission statement, relevant regulatory requirements, and the local context.

- The following admissions issues are important in developing the policy:

  the relationship between the size of student intake (including any international student intake) and the resources, capacity and infrastructure available to educate them adequately,

  equality and diversity issues,

  policies for re-application, deferred entry and transfer from other schools or courses.

- Consider the following issues for the selection process:

requirements for selection,

stages in the process of selection,

mechanisms for making offers,

mechanisms for making and accepting complaints.

4.2 Student counselling and support

Guidance:

- Students might require support in developing academic skills, in managing disabilities, in physical and mental health and personal welfare, in managing finances and in career planning.
- Consider what emergency support services are available in the event of personal trauma or crisis.
- Specify a process to identify students in need of academic or personal counselling and support.
- Consider how such services will be publicised, offered and accessed in a confidential manner.
- Consider how to develop support services in consultation with students' representatives.

4.1 Selection and admission policy

Key questions:

- *How is alignment determined between the selection and admission policy, and the mission of the school?*

- *How does the selection and admission policy fit with regulatory (accreditation) or government requirements?*

- *How is the selection and admission policy tailored to the school?*

- *How is the selection and admission policy tailored to local and national workforce requirements?*

- *How is the selection and admission policy designed to be fair and equitable, within the local context?*

- *How is the selection and admission policy publicised?*

- *How is the selection and admission system regularly reviewed and revised?*

4.2 Student counselling and support

Key questions:

- *In what ways are the academic and personal support and counselling services consistent with the needs of students?*

- *How are these services recommended and communicated to students and staff?*

- *How do student organisations collaborate with the medical school management to develop and implement these services?*

- *How appropriate are these services procedurally and culturally?*

- *How is feasibility of the services judged, in terms of human, financial, and physical resources?*

- *How are the services regularly reviewed with student representatives to ensure relevance, accessibility and confidentiality?*

Findings

A short description of the situation in the Higher Education Institution (HEI), based on elements from the application for external evaluation and on findings from the onsite visit.

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

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

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

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

Strengths

A list of strengths, e.g. examples of good practices, achievements, innovative solutions etc.

- Transparent and Fair Admission Process – A structured, merit-based selection ensures equal opportunities for all applicants.
- Diverse and Global Student Body – Students from over 40 countries, enhancing cultural competency and international medical perspectives.
- Multistage Selection Process – with structured interviews playing a crucial role to assess motivation and competency.
- Alignment with Workforce Needs – Admissions policy ensures students are selected based on local and global healthcare demands, preparing them for medical careers.
- Flexible Admission Pathways – Offers conditional acceptance, transfer options, and re-application policies, allowing for greater access to medical education.
- Extensive Publicity of Admission Policy – Information is widely available via university websites, open days, international recruitment events, and presentations.
- Regular Review and Updates – The Admissions Committee periodically reviews and updates selection criteria to reflect regulatory changes and healthcare sector demands.
- Comprehensive Support Services – Covers academic, psychological, social, and financial assistance, ensuring student well-being.
- Dedicated Psychological Support Center – Provides counseling, therapy, crisis intervention, and referrals for specialized care.
- Personalized Academic Advising – Each student is assigned an academic advisor for guidance on coursework, learning strategies, and career planning.
- Active Involvement of Student Organizations – Students collaborate with the administration to develop and improve support services.
- Accessible and Confidential Services – Support is provided through multiple channels, ensuring privacy and ease of access.
- Regular Feedback and Service Improvement – Student feedback is actively collected and used to enhance counseling, academic support, and mental health initiatives.

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

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

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

Areas of improvement and recommendations

A list of problem areas to be dealt with, followed by or linked to the recommendations of how to improve the situation.

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

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

Sub-area		*Non-compliant/Partially compliant/ Compliant / Not applicable*
4.1	Selection and admission policy	compliant
4.2	Student counselling and support	compliant

4. ACADEMIC STAFF

Sub Areas

5.1 Academic staff establishment policy

The school has the number and range of qualified academic staff required to put the school's curriculum into practice, given the number of students and style of teaching and learning.

5.2 Academic staff performance and conduct

The school has specified and communicated its expectations for the performance and conduct of academic staff.

5.3 Continuing professional development for academic staff

The school implements a stated policy on the continuing professional development of its academic staff.

5.1 Academic staff establishment policy

Guidance:

Determining academic staff establishment policy involves considering:

a) the number, level, and qualifications of academic staff required to deliver the planned curriculum to the intended number of students,
b) the distribution of academic staff by grade and experience.

5.2 Academic staff performance and conduct

Guidance:

- Develop a clear statement describing the responsibilities of academic staff for teaching, research, and service.
- Develop a code of academic conduct in relation to these responsibilities.

5.3 Continuing professional development for academic staff

Guidance:

Develop and publicise a clear description of how the school supports and manages the academic and professional development of each member of staff.

5.1 Academic staff establishment policy

Key questions:

- *How did the school arrive at the required number and characteristics of their academic staff?*

- *How do the number and characteristics of the academic staff align with the design, delivery, and quality assurance of the curriculum?*

5.2 Academic staff performance and conduct

Key questions:

- *What information does the school provide for new and existing academic staff and how is this provided?*

- *What induction training does the school provide for academic staff?*

- *How does the school prepare academic staff, and teachers, and supervisors in clinical settings to enact the proposed curriculum?*

- *Who is responsible for academic staff performance and conduct? How are these responsibilities carried out?*

5.3 Continuing professional development for academic staff

Key questions:

- *What information does the school give to new and existing academic staff members on its facilitation or provision of continuing professional development?*

- *How does the school take administrative responsibility for implementation of the staff continuing professional development policy?*

- *What protected funds and time does the school provide to support its academic staff in their continuing professional development?*

Findings

A short description of the situation in the Higher Education Institution (HEI), based on elements from the application for external evaluation and on findings from the onsite visit.

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

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

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

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

Strengths

A list of strengths, e.g. examples of good practices, achievements, innovative solutions etc.

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

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

Areas of improvement and recommendations

A list of problem areas to be dealt with, followed by or linked to the recommendations of how to improve the situation.

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

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

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

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

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

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CYPRUS AGENCY OF QUALITY ASSURANCE AND ACCREDITATION IN HIGHER EDUCATION

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Sub-area		*Non-compliant/Partially compliant/ Compliant / Not applicable*
5.1	Academic staff and establishment policy	compliant
5.2	Academic staff performance and conduct	compliant
5.3	Continuing professional development for academic staff	compliant

5. EDUCATIONAL RESOURCES

Sub-areas

6.1 Physical facilities for teaching and learning

The school has sufficient physical facilities to ensure that the curriculum is delivered adequately.

6.2 Clinical training resources

The school has appropriate and sufficient resources to ensure that students receive the required clinical training.

6.3 Information resources

The school provides adequate access to virtual and physical information resources to support the school's mission and curriculum.

6.1 Physical facilities for teaching and learning

Guidance:

Physical facilities include the physical spaces and equipment available to implement the planned curriculum for the given number of students and academic staff.

6.2 Clinical training resources

Guidance:

Consider the facilities that are required to provide adequate training in clinical skills and an appropriate range of experience in clinical practice settings, to fulfil the clinical training requirements of the curriculum.

6.3 Information resources

Guidance:

Consider the school's provision of access to information resources for students and academic staff, including online and physical library resources. Evaluate these facilities in relation to the school's mission and curriculum in learning, teaching and research.

6.1 Physical facilities for teaching and learning

Key questions:

- *How does the school determine the adequacy of the physical infrastructure (space and equipment) provided for the theoretical and practical learning specified in the curriculum?*

- *Is it appropriate or necessary to supplement or replace classroom teaching by distance or distributed learning methods? If so, how does the school ensure that these offer a commensurate level of education and training?*

6.2 Clinical training resources

Key questions:

- *What range of opportunities is required and provided for students to learn clinical skills?*

- *What use is made of skills laboratories and simulated patients, and of actual patients in this regard? What is the basis of the policy on use of simulated and actual patients?*

- *How does the school ensure that students have adequate access to clinical facilities offering care in the required range of generalist and specialist practice settings?*

- *What is the basis for the school's mix of community-based and hospital-based training placements?*

- *How does the school engage clinical teachers and supervisors in the required range of generalist and specialist practice settings?*
- *How does the school ensure consistency of curriculum delivery in clinical settings?*

6.3 Information resources

Key questions:

- *What information sources and resources are required by students, academics, and researchers?*
- *How are these provided?*
- *How is their adequacy evaluated?*
- *How does the school ensure that all students and academic staff have access to the needed information?*

Findings

A short description of the situation in the Higher Education Institution (HEI), based on elements from the application for external evaluation and on findings from the onsite visit.

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

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

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

Strengths

A list of strengths, e.g. examples of good practices, achievements, innovative solutions etc.

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

Areas of improvement and recommendations

A list of problem areas to be dealt with, followed by or linked to the recommendations of how to improve the situation.

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

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

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

Sub-area		_Non-compliant/Partially compliant/ Compliant / Not applicable_
6.1	Physical facilities for teaching and learning	**compliant**
6.2	Clinical training resources	**compliant**
6.3	Information resources	**compliant**

6. QUALITY ASSURANCE

Sub-areas

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CYPRUS AGENCY OF QUALITY ASSURANCE AND ACCREDITATION IN HIGHER EDUCATION

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7.1 The quality assurance system

The school has implemented a quality assurance system that addresses the educational, administrative, and research components of the school's work.

7.1 The quality assurance system

Guidance:

- Consider the purposes, role, design, and management of the school's quality assurance system, including what the school regards as appropriate quality in its planning and implementation practices.

- Design and apply a decision-making and change management structure and process, as part of quality assurance.

- Prepare a written document that sets out the quality assurance system.

7.1 The quality assurance system

Key questions:

- *How are the purposes and methods of quality assurance and subsequent action in the school defined and described, and made publicly available?*

- *How is responsibility for implementation of the quality assurance system clearly allocated between the administration, academic staff, and educational support staff?*

- *How are resources allocated to quality assurance?*

- *How has the school involved external stakeholders?*

- *How is the quality assurance system used to update the school's educational design and activities and hence ensure continuous renewal?*

Findings

A short description of the situation in the Higher Education Institution (HEI), based on elements from the application for external evaluation and on findings from the onsite visit.

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

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

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

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

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

Strengths

A list of strengths, e.g. examples of good practices, achievements, innovative solutions etc.

- Structured and Transparent Quality Assurance System – Clearly documented policies governing education, administration, and research.
- Dedicated Internal Quality Committee – Ensures continuous monitoring and compliance with accreditation standards.
- Programme Evaluation Review Process – Regular curriculum assessment and faculty performance reviews for ongoing improvement.
- Stakeholder Involvement – Active participation of students, faculty, healthcare professionals, and external accreditation bodies in quality enhancement.

- Data-Driven Decision-Making – Uses student feedback, faculty evaluations, and performance metrics to refine teaching methodologies.
- Resource Allocation for Quality Assurance – Dedicated funding and administrative support for continuous educational improvement.

Areas of improvement and recommendations

A list of problem areas to be dealt with, followed by or linked to the recommendations of how to improve the situation.

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

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

Sub-area		*Non-compliant/Partially compliant/ Compliant / Not applicable*
7.1	The quality assurance system	compliant

7. GOVERNANCE AND ADMINISTRATION

Sub-areas

8.1 Governance

The school has a defined governance structure in relation to teaching, learning, research, and resource allocation, which is transparent and accessible to all stakeholders, aligns with the school's mission and functions and ensures stability of the institution.

8.2 Student and academic staff representation

The school has policies and procedures for involving or consulting students and academic staff in key aspects of the school's management and educational activities and processes.

8.3 Administration

The school has appropriate and sufficient administrative support to achieve its goals in teaching, learning and research.

8.1 Governance

Guidance:

- Describe the leadership and decision-making model of the institution, and its committee structure, including membership, responsibilities and reporting lines.

- Ensure that the school has a risk management procedure.

8.2 Student and academic staff representation

Guidance:

- Consider how students and academic staff might participate in the school's planning, implementation, student assessment, and quality evaluation activities, or provide comment on them.

- Define mechanisms for arranging student and academic staff involvement in governance and administration, as appropriate.

8.3 Administration

Guidance:

Develop a policy and review process to ensure adequate and efficient administrative, staff and budgetary support for all school activities and operations.

8.1 Governance

Key questions:

- *How and by which bodies are decisions made about the functioning of the institution?*

- *By what processes and committee structures are teaching, learning, and research governed in the institution?*

- *How is budget allocation aligned with the mission of the school?*

- *What governance arrangements are there to review the performance of the school?*

- *How are risks identified and mitigated?*

8.2 Student and academic staff representation

Key questions:

- *To what extent and in what ways are students and academic staff involved in the school decision-making and functioning?*
- *What, if any, social or cultural limitations are there on student involvement in school governance?*

8.3 Administration

Key questions:

- *How does the administrative structure support the functioning of the institution?*
- *How does the decision-making process support the functioning of the institution?*
- *What is the reporting structure for administration in relation to teaching, learning and research?*

Findings

A short description of the situation in the Higher Education Institution (HEI), based on elements from the application for external evaluation and on findings from the onsite visit.

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

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

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

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

Strengths

A list of strengths, e.g. examples of good practices, achievements, innovative solutions etc.

- Well-Structured Decision-Making Model – Governance is managed through departmental, school, and institutional committees ensuring efficient decision-making.
- Transparent and Accessible Governance – Policies and processes are clearly documented and available to all stakeholders, promoting institutional accountability.
- Active Student Representation – Students have designated representatives in academic committees, allowing for direct input on curriculum, assessment, and quality assurance.
- Faculty Participation in Curriculum Development – Academic staff play a key role in reviewing and updating the curriculum through Programme Evaluation Review processes.
- Inclusive Decision-Making – Students and staff are engaged in institutional governance without social or cultural restrictions, fostering a collaborative academic environment.
- Efficient Administrative Support System – The School Secretariat and Administration Office provide academic, financial, and student services to ensure smooth operations.
- Comprehensive Student Services – Includes academic advising, career guidance, international student support, and financial aid management.
- Technology-Driven Administrative Processes – Digital platforms streamline student records, faculty appointments, and academic operations, improving efficiency.

Areas of improvement and recommendations

A list of problem areas to be dealt with, followed by or linked to the recommendations of how to improve the situation.

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

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

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

Sub-area		Non-compliant/Partially compliant/ Compliant/ Not applicable
8.1	Governance	compliant
8.2	Student and academic staff representation	compliant
8.3	Administration	compliant

D. Conclusions and final remarks

Please provide constructive conclusions and final remarks which may form the basis upon which improvements of the quality of the programme of study under review may be achieved.

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

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

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

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

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

We strongly encourage EUC to make some additional strategic appointments, especially of senior/recently retired professors of any discipline. These seasoned individuals would make great mentors for clinical teaching and research. A need to bolster capacity and impact across the spectrum of research had been rightly identified by the school, particularly to support the recruitment

of ambitious faculty. Through this approach, EUC could take advantage of a speciality of the German academic medical system: those in the ranks of an associate professor or above still part of a medical Faculty elsewhere would be able to accept Medical students for an "Dr. med." academic degree that would not be part of the EUC but given out by the Medical Faculty/University of that particular faculty member.

This would serve several purposes:

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

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

E. Signatures of the EEC

Name	Signature
Professor Nicki Cohen	
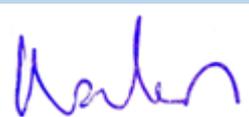
Professor J.-Matthias Löhr	
Professor Anne Herrmann-Werner	
Michalis Andreou	
Professor Amalia Hatziyanni	

Date: 17-MAR-2025