

ST GEORGE'S, UNIVERSITY OF LONDON

PERIODIC REVIEW PANEL-12th May 2017

SGUL Graduate-Entry MBBS programme delivered at the University of Nicosia, Cyprus

Panel:

Dr Aileen O'Brien (Chair)	Dean of Students, St George's, University of London
Professor Jane Lindsay	Associate Dean, Learning and Teaching, Faculty of Health, Social Care and Education, Kingston University and St George's University of London
Tanisha Amin	St George's Students' Union Vice President for Education and Welfare
Corey Briffa	St George's Students' Union President
Professor Helen O'Sullivan (External)	Professor of Medical Education and Associate Pro-Vice Chancellor for Online Learning, University of Liverpool
Professor Paul O'Neill (External)	Professor of Medical Education, University of Manchester and Consultant Geriatric Physician, University Hospital of South Manchester NHS Foundation Trust
Dr Jonathan Round	Reader in Clinical Education, St George's University of London; Director of Medical Education, St George's University Hospitals NHS Foundation Trust; and consultant in Paediatric Intensive Care, St George's University Hospitals NHS Foundation Trust

In attendance

Katherine Pigott	Head of MBBS Projects and Clinical Science Administration, St George's, University of London
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The report includes:

Executive summary – including Essential action points, Advisable Action Points and Good Practice (page 25)

Key findings, staff meetings – page 5 (paragraphs 36 -129)

Summary of student meetings – page14 (paragraphs 130 - 167)

Introduction and Context

1. St George's, University of London entered into a franchise agreement with the University of Nicosia (UNic) in 2010 to enable its four-year MBBS programme to be delivered at a new medical School in Cyprus. Its first cohort of 30 students commenced in September 2011 following the approval of franchise arrangements by an SGUL appointed validation panel in June 2011.
2. The partnership agreement to deliver the MBBS operates under the Directive 2006/123/EC of the European Commission and the Cyprus Law on Tertiary Education (53(I)/2013).
3. The students on this programme are registered with SGUL and UNic and are considered St George's students as the degree is awarded by St George's Hospital Medical School (the legal name of St George's, University of London) and is recognised by the GMC as a UK Primary Medical Qualification (PMQ).
4. The aim of the programme is to produce graduates with the essential foundation of knowledge, understanding, skills and attitudes required for the practice of medicine competently and professionally at F1 level (pre-registration level in Cyprus or level of an intern in the US or equivalent), in a patient-centred, multi-professional environment and to equip them for a career of life-long learning and professional development
5. The broad aim of the programme is to prepare students for medical practice anywhere in the world. The first two clinical science years (CS year and T year) of the programme take place in Cyprus and the clinical practice years 3 and 4 (P and F years) take place in Cyprus, Israel, United States of America or Puerto Rico.
6. In June 2015, twenty-eight students from the first cohort graduated, this completed the first cycle of all four years of delivery of the programme. A second cohort of 62 students graduated in May 2016.
7. Recruitment to the programme has increased steadily since 2011, with a small downturn in 2014, rising to the steady state recruitment target of 120 in 2016: 30 students in 2011, 71 in 2012, 109 in 2013, 90 in 2014, 118 in 2015 and 120 in 2016. The recruitment to the programme is currently largely at steady state and there are no plans to increase intake above 140 (as in the original validation documentation).
8. All St George's programmes are subject to periodic review every five years; a periodic review is the periodic evaluation of a programme based on the accumulated evidence about the quality of the learning experience available to students taking the programme and the standards achieved by those students. The review of evidence drawn from monitoring and other sources is conducted by the team of staff responsible for the delivery of the programme. The results of the review are then considered by a panel of academic and professional peers.
9. UNic offers a six year medicine programme, referred to in this report as MD6. This programme is not offered in partnership with SGUL or by franchise arrangement.
10. The purpose of the visit was to consider the results of the first periodic review of the MBBS programme at UNic in-line with SGUL's processes and procedures for assuring the quality of education provision.

Conduct of the review

11. Prior to the meeting, the panel was provided with the documents listed in the main section of annex A. The panel held a private meeting at which it confirmed the range of issues for further exploration with UNic staff and students, based on its analysis of the documentation provided.

Further evidence provided on the day of the panel is listed as a second section in annex A. The panel then held a series of meetings with UNic staff and students and clinical educators from partner hospitals. The full list of participants is given in annex B. The meetings focussed on:

- a. The student experience including management of student feedback, support for student representatives, student welfare, the relationship between students and the UNic course team, experience at international clinical sites and career advice provision.
 - b. The relationship between SGUL and UNic.
 - c. The strategic direction of the programme, including new ventures and progression routes for graduates.
 - d. Admissions to the programme including admissions criteria, marketing material and recruitment of students.
 - e. Content delivery of all years of the programme; including clinical attachments and governance arrangements for ensuring SGUL curriculum is delivered appropriately at international clinical sites.
 - f. Assessment and USMLE preparation.
 - g. Governance arrangements and quality management of all elements of the programme.
12. Two of the meeting sessions with the panel happened in parallel (the Clinical Sciences and T year students' meeting was scheduled in parallel with the P and F year students, similarly the meetings with Faculty and Clinical Faculty happened in parallel). For these sessions, the CS&T sessions were chaired by Aileen O' Brien and the Clinical sessions were chaired by Jonathan Round. The secretary took notes at the clinical sessions, Jane Lindsay took notes at the student CS&T meeting; a recording was made of the CS&T faculty session and this was shared with the secretary for the purpose of writing the periodic review report. Each panel contained a student member for the parallel sessions. Issues raised with the students are summarised at the end of this report (paragraphs 130 -167).
13. In a final private meeting, after the staff and student meetings, the panel agreed the action points recorded in paragraph 14 and subsequent paragraphs.

Decision

14. The panel came to the view that the complex nature of the franchise arrangement would be better served by a more frequent periodic review process. The panel invites Senate to consider what would be an appropriate frequency of review. This consideration by Senate will inform the length of the extension of the approval period; the panel recommended extending the approval of the degree in this context.
15. In reaching its decision the panel concluded that the programme continued to be academically and clinically relevant and that the rationale for its original validation still remains sound. The panel acknowledged the difficulties associated with running an international programme across a number of international sites with different languages and cultural contexts. The panel commended the UNic course team for successfully training and graduating students from this programme in what is undoubtedly a complex and changing international landscape.

Action Points

16. The panel's recommendation to Senate is subject to a satisfactory response to the action points given in this report. A summary of all action points is given in annex C of this document.

Essential Action Points

Career progression and opportunities for graduates

17. The panel requires UNic to construct a clear written strategy regarding the future direction of the programme, including who the course is aimed at, clear progression routes into the P and F years and then into practice (including Foundation Year application).
18. The panel requires UNic to link this documented strategy to a risk register and to provide updates to SGUL.
19. The panel requires UNic to articulate a fully developed contingency plan for the Foundation Programme in Cyprus and provide regular and frequent updates to SGUL regarding the progress of application for this programme.

Communication between students and UNic

20. The current relationship between the course team and the students was felt to be potentially detrimental to the sustainability of the programme.
21. The panel requires UNic to develop a plan to improve the relationship with their MBBS students, including a communication strategy which has been developed in full partnership with students.

Greek Language

22. The panel were significantly concerned about the impact on the clinical experience of P and F Year students who did not speak Greek and were based in Cyprus. The panel concluded that in order to have an optimum clinical experience in P and F years in Cyprus, students would need to be able to speak Greek.
23. The panel requires UNic to provide Greek taught classes that are accessible to students in that they are scheduled appropriately around their timetable and that these should include common medical terminology. UNic may wish to consider running a pre-course for students prior to the first year of the MBBS4 degree.
24. The panel's considered view is that it is not appropriate to solely rely on interpreters during these years of the course.

Admissions and marketing material

25. The panel requires UNic to ensure that the external facing promotional material for the MBBS4 course is much more transparent to applicants with respect to the need for the Greek language and defined career paths for postgraduates; this material needs to be made available to SGUL for auditing purposes.

Advisable Action Points

26. The panel was concerned that the current schedule of periodic review (every five years) was not sufficient to review the course arrangements and documentation in detail, in part due to the complex nature of the arrangements for the programme.
27. The panel recommends that UNic consider, in liaison with SGUL, a more regular review schedule of the MBBS4 programme.
28. The panel recommends that UNic consider the appointment of a communications officer for the course who could devise and implement strategy for communicating with MBBS students. This communications officer should feed into the communications strategy.
29. The panel recommends that UNic should have as its normal entry criteria to the programme a 2:1 degree (in addition to its MCAT requirement). The requirement for a 2:1 could be potentially offset by other criteria i.e. for students who also have a formal or experiential Spanish/Greek language qualification.
30. The panel recommends that UNic collect and disseminate (through SGUL reporting mechanisms) equality and diversity data on the process of application and pre-interview contact with UNic.
31. The panel recommends that UNic move to an opt-out policy for lecture recording. The panel's views is that making lecture recordings available to students is best practice.
32. The panel recommends that UNic record data concerning lecture cancellations and take action where appropriate.
33. The panel recommends that UNic implement a student-led awards scheme for excellent teachers and clinical tutors.

Areas of Good Practice

34. The panel highlighted the following areas of good practice:
 - a. The course team demonstrated a clear enthusiasm and commitment to the success of the course. The clinical team, in particular, were exceptionally accessible to the students whilst on attachment; their level of commitment to training students is gold standard.
 - b. The course provides robust monitoring and training for its educators; who also demonstrated strongly positive attitudes and engagement with developmental initiatives and SGUL's PGCert.
 - c. Where students have failed or are not progressing as expected, the level of support and feedback is excellent.
 - d. The students welcomed the introduction of a student centre, suggestion box and the appointment of a careers support administrator.
 - e. The panel noted the robustness of the PBL tutor peer review process.
 - f. There is strong support offered to newly arriving students by the admissions team in terms of assistance with applications for accommodation and numerous administrative tasks prior to and on arrival at UNic. This support offered by the admissions and Student Affairs teams was commended by the panel.
 - g. There is strong engagement of the UNic team with the SGUL team across many initiatives including curriculum review and cross auditing of MMI rating between SGUL and UNic.

Evidence base

35. The documents made available to the panel both prior to and during the visit are listed in annex A of this document.

Key findings

Commitment to success of the course and achieving steady state of cohort numbers

36. The Senior Management team, clinical educators and faculty staff were extremely enthusiastic about the programme and committed to providing a good quality experience for its students.
37. UNic do not plan to increase the numbers of students to the programme above 140 (as set out in the 2011 validation document) and have currently achieved a steady state of cohorts of 120-25 students to the programme per year.

Cyprus Foundation Year 1 Programme

38. As a result of international developments including the removal of availability of UK Foundation Year 1 programmes to UNic graduates from some non-EU/EEA nations and lack of clear progression routes for some students on the programme, UNic has made an application to run a Foundation Year 1 programme in Cyprus. This application is pending response from the General Medical Council (GMC). If validated by the GMC, the plan is to accommodate 30 to 40 students per year and entry to the programme will be contingent on applicants being able to speak Greek; they will need to demonstrate this with an entry-level qualification.
39. It was of concern to the panel that the need for Greek language was not evident in the recruitment material for those candidates applying to the MBBS4 UNic programme who would need to progress to the Foundation Year 1 Cyprus stream.
40. Some graduating students in the non-EU/non-EEA category appeared to have a less well defined progression route as other graduating cohorts (e.g. EU students, Israeli students and North American students). The Foundation Year 1 programme was developed for the latter cohort who face restriction in applying into the UKFPO system in 2017.
41. The UNic Senior Management team believed that the proposed new Foundation Year 1 programme would be approved by the GMC, although they were prepared for a delay to its approval and so its start date. All students have received clear communication on the status of the F1 application and evidence of communication to students on this topic was provided to the review panel.
42. There should be an update from the GMC concerning the status of the application of the programme by mid-June 2017. The panel explored contingency plans should the F1 programme not be approved; UNic were prepared to consider a judicial review with respect to progress with Tier 2 and Tier 5 status if the F1 programme in Cyprus doesn't gain approval. There did not appear to be a further, more detailed contingency plan if the F1 programme is not approved.

Visa Issues

43. At the time of the visit, international students (in particular those from Australia and New Zealand) had been impacted by changes to the issuing of Tier 5 visas by the UK government. As a result of these changes, the route into UK and Malta foundation programmes for these students would no longer be available. This has led to a high degree of uncertainty for some

students currently on the programme with regards to their ability to enter UK foundation programmes post-graduation, and their future careers. The UNic team are aware of these changes and the impact on these cohorts and are working to resolve these issues.

Securing international clinical sites

44. The panel noted that there had been a “fluidity” of secured clinical placements since the commencement of the UNic programme; the change in location of secured placements has been a result of a number external factors outside of the influence of UNic. UNic has reacted to changing external events through systematically developing new agreements with placement providers. UNic had secured service level agreements with Sheba, which is now ring-fenced, at government level, for Israeli students. The contract with Nicosia General Hospital is in its end stages, and student allocations in Cyprus are moving to Limassol General Hospital. There will be a minimum of three years overlap between the two sites and no students currently based at Nicosia General Hospital will be moved to Limassol. In addition the student allocations for 2017-18 to Ponce had been reallocated, in part, as a result of language issues experienced by current students. Finally there are legislative changes planned which will impact the status of hospitals in Cyprus; this change may well present students on the course with further opportunities. These changes and uncertainties sit for the most part outside of the influence of the course team but inevitably create uncertainties around progression routes for those students on the programme.
45. The panel noted that UNic has an excellent track record of successfully negotiating a complex international environment and finding solutions for a number of challenges across its clinical sites with varying languages and cultural contexts.

Strategic development

46. In addition to the application for a F1 programme in Cyprus, another of UNic’s longer term aspirations is to establish a purpose-built medical school in Nicosia to facilitate an easier clinical experience for their students.
47. In recognition of difficulties in attending USMLE Step 1 examinations, the UNic team wish to facilitate the establishment of a licensed USMLE centre in Cyprus.

Assessment

48. The panel noted that the provision of examination feedback for failing students and students who were not attaining expected standards was of high standard. Students were provided with individual and tailored support in discussion with lead academics on the programme. For Short Answer Question papers, academics will review students’ scripts and discuss the review in individual meetings with students.
49. Following examinations, UNic faculty deliver plenary sessions to discuss examination performance, as on the programme in London. In addition UNic have sacrificed some questions from current question banks so that they can use specific examples for students and enhance relevance of these feedback sessions. This was done in liaison with SGUL as part of a commitment to enhance the student experience.
50. OSCEs at UNic’s clinical sites are run in-line with SGUL processes, including calibration of examiners through huddles, “hawks” and “doves” in the examination process are tracked and

adjusted for, there are peer reviews of OSCE stations and external examiners have observed OSCEs to meet the same organisational standard as St George's in London.

51. The panel discussed student concerns about fairness of OSCEs, some students felt that they would benefit from chaperones in OSCEs or recorded OSCEs. UNic is assured that OSCEs are conducted in a fair and consistent manner. In the discussion, faculty staff considered ways to address this perception of unfairness, including writing more extensive feedback during the OSCEs.

USMLE Step 1 Preparation

52. The panel noted the essential role national licensing examinations will play in the context of articulating a clear strategy for the future direction of the programme (an essential action point).
53. Current CS year students intending to undertake their P and F years in the US will now have to complete their USMLE Step 1 at the end of T year; students in previous cohorts had to complete their USMLE Step 1 in P year. Students wishing to enter USMLE step 1 will only be allowed to do so, if they pass a mock examination (pass mark 53). In order for a student to gain entry to USMLE Step 1, UNic has to verify that the student has received two years of medical training and can decline to complete this paperwork if the student has not passed the mock examination.
54. Some clinical year students indicated that they had not wished to take the mock examination in T year when they are going to sit USMLE in P year; currently there are UNic-related logistical issues determining the timing of mock USMLE examinations.
55. In order to bridge the gap between the USMLE and SGUL curriculum the UNic course team has identified the differences between SGUL and USMLE Step 1 curriculum, through an extensive mapping exercise involving course and module convenors. This mapping is provided to the students to enable them to focus on the gaps in their knowledge.
56. UNic developed weekly USMLE guides for the students in 2015-16, signposting USMLE LOBs.
57. Students are entitled to access NMBE practice tests for USMLE preparation. Additionally UNic has negotiated a reduced rate for a face-to-face preparation course from AMC at a cost of €2,600 per student.
58. UNic ran a series of lectures supporting USMLE curriculum, paired to MBBS4 learning weeks. There were issues with the scheduling of these lectures (mostly in the evenings to fit in with busy daytime schedules). Students' feedback was that the lectures were an onerous undertaking and that some lectures were not perceived to be of high quality. The lectures have since been discontinued as a result of poor student attendance whilst the School revises its approach to the lectures.
59. UNic confirmed that students have been able to match in the US with USMLE Step 1 marks that are not viewed in the sector as high passes.

Language and interpreters on clinical placement

60. Faculty and administrative team members felt that the majority of patients in Cyprus spoke English at the point of treatment.
61. The introduction of translators to clinical sites was in response to unanticipated communication issues between students and patients whilst on clinical placement, predominantly in P and F years. There was a strong feeling in the faculty team that the recent increase in translators had

resolved many of the issues around language barriers in Cyprus. The use of translators began as a pilot but is now available at all clinical sites.

62. There are opportunities for students who do not speak Greek to fill in supplementary patient records and tutors are asked to create summary notes in English. The faculty noted that information concerning blood samples is recorded in Greek on the patient record.
63. UNic has developed a strategic process for ameliorating the impact of language for non-Greek speaking students “Effective Learning, Language as a potential barrier – suggested solutions”.
64. The panel highlighted significant negative student feedback around language limiting student-patient interaction on the wards; students had fed back extensively on this matter, both in a session with the panel and in feedback submitted prior to the review. The students described serious difficulties on clinical placement, including translators without appropriate understanding of medical terminology, exclusion from participation in MDT meetings (as a result of the meetings being conducted in Greek) and difficulties in clerking appropriately as a result of language barriers with patients.
65. The team stated that there were clinical tutors and leads who structured activity on the wards around students being able to access clinical experience in English. For example, in Paediatrics students are provided with pre-ward rounds in English (the main ward rounds may be delivered in Greek) and clinical tutors seek out patients who speak English so that students have an opportunity to clerk patients. In this attachment, the faculty team felt that the student may have less clinical exposure if they do not speak Greek but that the quality of the clinical experience was improved because of these measures.
66. There was some debate in the team as to whether low attendance at Greek language classes was in part due to students in the earlier years of the course not recognising the value of learning Greek or not having the requirement for languages appropriately signposted for them.

Quality assurance of curriculum delivery on clinical sites

67. The panel recognises the inherent difficulties of quality assuring curriculum delivery across international clinical sites and commends the continued efforts of the UNic team in embedding the assurance mechanisms listed in this report.
68. The clinical faculty has a number of mechanisms for ensuring that training needs of new clinical staff are addressed, in order to deliver SGUL curriculum and for ensuring dialogue during delivery of the clinical attachments.
69. All educators at new clinical sites (and new educators at established clinical sites) are trained in curriculum and assessment responsibilities prior to allocation of students. In addition an extensive mapping exercise (of SGUL curriculum to clinical site delivery) is undertaken between senior clinical academics at the attachment site, UNic clinical faculty and SGUL clinical faculty.
70. At each site there are clinical lead academics and an administrative lead who deal with operational site issues and communicate with the UNic team in a number of formal and informal ways.
71. Clinical academics and student representatives from each site contribute to P&F curriculum meetings via Skype. Prior to these UNic co-ordinated meetings, the team at each site meet (as a sub-committee), including the student representatives, to discuss site-specific issues and decisions are made at these meetings to either resolve issues locally or to feed into the main P&F committees. The minutes and action plans from the subcommittees are fed into UNic’s governance processes.

72. Senior clinical academic leads from each of the sites link with UNic and SGUL clinical faculty leads. Student feedback and progress of students is tracked at the level of the site and fed into UNic's quality assurance processes. All of this data is then scrutinised at UMBEC.
73. UNic identify areas of challenge for each of their clinical sites; these focus on delivery of SGUL curriculum content which may be challenging. UNic run a programme of lectures for T Year students and training on these challenge areas in sessions entitled "Common Fridays".

Support for student representatives

74. It was unclear to the panel how the course team supported the training and development of student representatives; in particular how the handover between new and previous representatives is managed. It was also unclear as to how applications for the role are incentivised and how the role is made attractive to students. The panel discussed incentive schemes at St George's including discounts for Students' Union events and vouchers.
75. The panel welcomed the introduction of the Student Welfare Officer role at UNic and hoped that this would provide greater support for those students.

Student support and pastoral care

76. UNic has not had a student with a declared mobility disability; the majority of applicants with a declared disability have a specific learning difficulty. Staff report the perception that students are reluctant to declare and sometimes leave the declaration till quite near to examinations. UNic has a fast-track process for these students whereby the students are referred to psychiatrists for adjustment reports, so that examinations support can be accommodated at the earliest opportunity.
77. All students are aware of their entitlement to counselling and their access to personal tutors.
78. All students are allocated personal tutors and have a mixture of compulsory and informal meetings across the year. In addition to this, key academic faculty operate an open door policy for student pastoral issues.

Staff development

79. The panel commended the breadth of staff development opportunities provided to educators contributing to the UNic MBBS degree.
80. A PBL course is run annually (two days), all new PBL tutors at UNic attend this course; they then shadow an experienced PBL tutor and following this they are allocated a PBL group. New PBL tutors are then subject to peer-review once a semester for the first year and then annually thereafter.
81. The Clinical Communication team has an annual half-day conference to review the previous year and plan delivery of the next year of teaching.
82. There is recognition of excellent teachers in student evaluation; nominations for excellent teaching are shared with the faculty. Student feedback is able to identify excellence and less well performing faculty members but there is no formal recognition or award process based on this feedback that faculty staff could use for their own career development and in recognition of their quality.

83. There is significant UNic staff engagement with the SGUL PGCert programme across faculty teaching staff (approximately 15 staff have completed or are currently enrolled on this training course).
84. There are a number of embedded courses and training programmes for new educators, including courses around WPBA completion and assessment and how to deliver teaching.
85. There is annual peer review for new and junior lecturing staff, feedback from these activities is used to enhance lecturing style and teaching delivery. In addition, those educators receiving poor feedback from students have access to peer-review and developmental opportunities.
86. In addition to the training provided for staff new to the programme, there is an application process for educators to apply for positions in faculty; a formal ranking process for sessional contributors who undertake a significant amount of teaching. This is a year-long formal process and includes the need to undertake peer-review.

Relationship between St George's and UNic

87. UNic Faculty team members felt that, for the most part, they were included in UK MBBS curriculum-related change. The staff were fully aware of MBBS2020 developments and many of the team had participated in MBBS curriculum workshops led by SGUL's Dean of Teaching and Learning; these events had taken place in Cyprus. UNic were confident that they will be directly involved in any planned changes.
88. UNic feel that they have an excellent relationship with the SGUL examinations team based in the UK.
89. UNic expressed concern that they had not been informed about SGUL's intention to set up the INTO programme; the impact of the introduction of this programme was on UNic's ability to recruit high calibre students in the US.
90. UNic felt that the academic leads that they were not able to fully engage were those for the Investigation of Disease; there are no teleconferences with Cyprus representation to discuss delivery and review of this component of the MBBS degree.

Moodle material and resource provision

91. Administrative staff replicate the information provided to SGUL London students wherever possible.
92. UNic Faculty and students would like to access all of the Moodle resources provided to UK SGUL students.
93. It was reported that some St George's University Hospitals Foundation Trust staff will not always share their lecture material with UNic as their primary contract is with the Trust and not SGUL.
94. Year-specific course administrators post lecture material on Moodle two to three days prior to the lecture, if available. If the lecture is not available, then the lecture of the previous year is posted with a date so that the students can identify the currency of the lecture.
95. Currently the recording of lectures at UNic is an opt-in policy; many lecturers do not wish to have their lectures recorded. Some lecturers feel that recording lectures will exacerbate issues with non-attendance.

Admissions and marketing

96. There are differences in the way Multiple Mini Interviews (MMIs) are run at UNic; MMIs are run virtually, recorded and distributed for marking. UNic do not use actors for their MMIs. An MMI auditing exercise between SGUL and UNic is underway to evaluate the rating practice between the two institutions. Five stations are being rated by UNic and then sent to St George's for rating; these will then be compared. The Panel welcomed initiatives to standardise admissions processes.
97. The purpose of Taster days and pre-MMI admissions support was articulated as an opportunity for candidates to assess the feasibility of undertaking an international course in terms of workload and finance. Equality and diversity data (Gender, ethnicity, age) is not collected concerning these potential applications or prior to making an application to UNic.
98. The need for Greek language is not referred to in recruitment material (including the website) given to candidates.
99. Disabilities may be first declared when UNic ask about arrangements for interview; it was felt that students may not to declare a disability as a result of perceived discrimination. UNic do not enforce declaration prior to offer.
100. The panel noted a higher conversion rate at UNic from those students that attend MMIs to being offered at place compared to the London campus.
101. The Director of Admissions and Development is a part of the UNic senior management team and through the membership of this group is able to remain current when course changes impact admissions criteria. The website is not managed by the admissions team directly. The admissions team is also responsible for recruitment to the MD6 and MSc Family Medicine degrees.
102. Language requirements are not currently mentioned on the website as a requirement for those students would be likely to choose to a Cyprus F1 stream.
103. Matching destinations have not been mentioned on the website thus far as a result of privacy issues (small initial cohort, potentially identifiable) and the skewed pathway of the first graduating cohort (majority of graduates completed their F1 in the UK). The team is considering publishing this material in future.

Attendance and professionalism

104. The Doctor as a Professional (DAP) domain is formative in the first year of the MBBS4 Year 1, UNic believe that this may have led to attendance issues at some PBL and lectures. It is unclear as to why the UK MBBS does not have the same low levels of attendance for small group teaching.
105. It was noted in several of the meetings with the panel that student attendance in the CS&T year had declined over the last two years; some faculty staff felt that the attendance at small group teaching was the worst since the commencement of the programme. Students' attendance was particularly poor in periods close to holidays or examinations. Some students perceive that the quality of the lectures may be poor and so elect not to attend; the students claim not to see the efforts made in maintaining teaching quality in lectures.
106. UNic believe that one way to improve students' attendance would be to make DAP summative (for the year or for a final term); this has been raised with SGUL London and will feed into the current SGUL DAP review working group.

107. At UNic, when students are absent for two small group sessions, they are contacted by the course team to discuss the reasons for absence. If attendance does not improve, the students are asked to see the Registrar who discusses reasons for absence with them and the importance of learning opportunities delivered in small group teaching. If there is not a subsequent improvement in attendance, students will be asked to attend a student progress meeting. In cases of extremely poor attendance or poor behaviour, academics can write short reports for students. Short reports are recorded professionalism sanctions and may be discussed with relevant year leads to determine if further action is required.
108. There was discussion amongst the UNic team as how to conceptualise the lecture as a collaborative learning space, thereby creating value in attending. It was felt that students should view the lectures as opportunities to address gaps in knowledge alongside their peers, rather than listening to content for the first time.
109. Students are asked to dress appropriately for clinical teaching sessions and, at times, have not been allowed to attend which is in-line with practice at St George's (London).

Student feedback

110. The panel asked how students provide feedback on the course. All year committees and overarching MBBS Committees have student representation on them; their thoughts and perspectives are considered at these committees.
111. Student representatives also attend the module debriefing sessions throughout the year which have module convenors and subject leads in attendance. Students raise concerns and feedback at these meetings in order to inform change for the next delivery of the module.
112. Students can drop comments into the established suggestion box. Comments are fielded to relevant departments and where change can be accommodated, it is made and where it cannot be accommodated, the rationale for not changing is communicated to the students. An action log of suggestions and their responses are posted on Moodle.
113. Students complete end of clinical attachment feedback and once a week in the clinical science year and PBL blocks of T year. This feedback is evaluated through academic and administrative course teams. Outside of the end of attachment feedback, the course team will action anonymous concerns submitted by students as long as the concerns are sufficiently detailed.
114. In one of the panel meetings the Academic Registrar stated that she operated an open door policy for students; this policy is operated across the school.
115. It was noted that sometimes it is difficult to make change visible to cohorts of students who experience poor teaching. Often change is made to the subsequent year of teaching and situations where a lecturer is removed from teaching have to be handled sensitively and so are not publicised at cohort level.

Student communication

116. UNic communicates with students through student representatives, formally at committees (as described in the feedback section), via email and, where appropriate, through Facebook. The panel noted there is a significant perception in the student cohort that feedback through these mechanisms is not always treated seriously or in a timely fashion. In discussions with the course team, the panel noted that the course team felt that they communicated appropriately

with students but that students were not always aware of actions taken in response to feedback.

117. At the start of the current academic year, UNic had introduced a MBBS newsletter in order to support the Communication Strategy and improve communication of course-relevant information to the students. It was unclear to the panel how successful this was as a communication tool as the administrative team indicated that not many students read the newsletter. The course team have asked students to advise them on the content that they would like to see, but thus far students have not submitted suggestions for content. The panel suggested that the students may wish to compile the newsletter.
118. Clinical tutors engage with student representatives at monthly meetings, as outlined in the feedback section of this report.

Raising concerns

119. There are a number of pathways at UNic, through which students could raise concerns. On clinical attachment there are established communication pathways between UNic and clinical teams. Students also complete end of attachment feedback (although it is noted that response rates for questions requiring written comments are low for this feedback). Clinical faculty and clinical educators at sites operate an open door policy to deal informally with concerns as they arise in the student cohort. A great number of clinical educators share their mobile numbers and email with students which students have used to ask them to resolve issues in real time.
120. At the UNic campus, formal and informal concerns are raised through the Academic Registrar. UNic academics felt that the students were able to engage with these processes.
121. When concerns were raised about students, academic and administrative teams felt that they had the support mechanisms to appropriately deal with these issues and also had support from SGUL colleagues.

Career provision

122. The panel were informed that sixteen out of twenty US graduates (who fully pursued the matching process) this year have matched to postgraduate training in the United States.
123. The panel noted that student demographics are now determining where the students are placed on attachment and, in some cases, where they can undertake the F1 year, however the panel further noted that the perceived range of career options (which were, for some students, now restricted according to students' nationality) has been, up to now, one of the elements that attracted students to the course.
124. The Careers Adviser described her role as to identify students' individual needs and to provide tailor-made guidance on their progression. Students had fed back positively about this role and the creation of specialty handbooks.

Capacity at placements

125. Students from the MD6 programme will not impact on clinical attachment capacity for the MBBS4 (UNic) students; there are different sites being targeted for the MD6 students including exposure to UK clinical sites.
126. There is a rolling contract between UNic and Swedish Covenant and the self-evaluation document sets out the plan for allocation of MBBS4 students across all sites until 2020-21.

Internationalisation

127. UNic clinical faculty acknowledged the difficulty of students operating within different cultural contexts at international clinical sites but felt that this exposure to difference made the graduates more marketable and competitive.
128. Cultural contexts and the nuances of different healthcare systems are routinely signposted in learning materials on Moodle and in teaching delivery.

UNic Student feedback at meeting with panel

129. The split panel met with 15 Clinical Science students and 13 T year students in one session and 17 P Year students and 6 Final Year students (recent graduates) in a parallel session.

CS & T year

The following student feedback sections (specifically paragraphs 130 - 167) record the views and perceptions of those students that the panel met. The views/perceptions provided have been taken at face-value as presented to the panel.

130. **Teaching quality:** Students commented that some of the teaching they received was of an excellent quality and that they had some “amazing teachers”. There were examples given of physicians in Nicosia investing a great deal of time in explaining content to students. Students recognised that teething issues were not always of the faculty’s making but said that previous delays in the course team’s communication of external issues to students had led to increased levels of uncertainty and anxiety in the cohort.
131. **Language barriers to communicating with patients on GP placements:** Students informed the panel that they were told at admissions that they would be able to complete the course solely using English; they felt that their experience at placements thus far did not bear this out. They cited some instances of doctors “making” patients speak English but noted that in any case patients communicated in Greek. Other instances were given of forty-five minute consultations in Greek, followed by a two-minute summary in English. Several students felt that they had been misled by admissions, concerning their need to communicate in Greek. The students also stated that translators, although they improved interactions, were not available on every site. Students felt specifically that they encountered barriers in developing their history-taking skills if they did not speak Greek.
132. **Response rate for feedback:** Students commented that feedback questions are generic and do not reflect the differences between staff who deliver teaching and so students in the group stated that they found end of attachment feedback difficult to complete.
133. **Communication with the course team:** Some of the students, who had been expecting to complete their Foundation Year in the UK, told the panel that they had heard about changes to this progression route from friends on the course and not the course team. Students also informed the panel that they found out what materials were missing from Moodle by liaising with their UK counterparts at St George’s (instead of the course team).
134. **USMLE Preparation:** Students raised a number of issues around support for preparation for USMLE Step 1. Several of the students commented that they did not receive sufficient support for the USMLE Step 1 examination, one of the issues appeared to be that the lectures on USMLE content were scheduled when students were busy and that the sessions were scheduled late

and that learning material was not provided. Students stated that many of the lectures had been of poor quality and so had not attended; in March 2017 students were informed that the lectures were being cancelled due to poor attendance.

135. Several of the students found studying for USMLE difficult in terms of finding the time alongside their other studies. Students would only be allowed to undertake USMLE Step 1 if they passed an internal mock examination; T year students told the panel that they were only told two months before having to take the examination. P and F year students commented that the timing of USMLE near examinations was stressful and asked if there could be flexibility in the assessment timetable.
136. Students asked that the additional workload burden of USMLE be accurately reflected in admissions material for the course.
137. Students were unhappy that they had to take their USMLE Step 1 outside of Cyprus as there was not a USMLE centre on the island.
138. **Student professionalism:** Students' feedback was that students who did not attend sessions did not incur any consequences and that attendance lists are not always accurate. Students also informed the panel that students talk in lectures, particularly in those of poor quality, where some academics solely read PowerPoint slides off the screen. Some students commented that if the lecturer is of poor quality, they would prefer to study at home. Students wanted lecturers who deliver poor quality lectures to be subject to peer feedback.
139. **Raising concerns:** students acknowledged that they could raise concerns but that sometimes their concern was treated as an isolated incident, particularly around language barriers to clinical experience and that issues were not always resolved.
140. **Resource provision:** Students commented that their peers at St George's in London have access to more slides on Moodle; students also stated that lecture slides were not uploaded on time at UNic (although clinical skills were said to upload material on time). Students commented that they would benefit from the lectures being posted in advance. Students also wanted lecturers to allow recordings of their lectures. Many of the group wanted to access the original lectures delivered at St George's, with an additional folder containing UNic material. Students also felt that the timetable on Moodle was untidy. Students did not believe that they had the same resource entitlement as their UK peers, citing electronic tablet provision as a specific example of the difference between the two cohorts.
141. Students would like the library to be open 24 hours a day and suggested that students could be library wardens.
142. **Relationship with Faculty:** Some students stated that there appeared to be no clear lines of accountability between the administrative and faculty teams on the course when issues needed timely resolution.
143. **Student Support:** There was divergence of experience with personal tutors amongst the student group; they informed the panel that experience of the personal tutor system varied with availability of the tutor. About half of the group indicated that they did not know who to go to on the course, if they had a problem. The group acknowledged that they would benefit from stronger ties with the Student President in the UK, currently Corey Briffa.
144. **Assessment:** Some of the students perceived bias in the current OSCE process and would welcome observers, or recording of the OSCE process to ensure neutrality and fairness.
145. **Career Pathways:** Students stated that they had been misled in terms of availability of P and F year clinical sites (in terms of number of places available at each international site). Lebanese

students told the panel that they would be severely restricted in practising in the Lebanon and had no alternative options provided by UNic. The restrictions articulated concerned postgraduate training opportunities being preferentially allocated to those students who had trained in the Lebanon, in comparison with those trained outside of the Lebanon.

P & F Year

146. Students acknowledged that there were excellent teaching standards on parts of the degree and clinicians on the wards in the P & F years were extremely accessible. Several members of the group cited examples of receiving additional support from clinicians as part of their clinical experience.
147. Students had welcomed the introduction of the Student Service Centre (established in summer 2015) as an additional support mechanism but indicated that the staff would benefit from being more familiar with the MBBS programme in order to improve the support service. The students also spoke well of the personal tutor system.
148. **Relationship and identifying as a UNic student:** Students identified with the London campus but were less sure how included they were on UNic and clinical campuses. Students noted that they had set up separate social clubs outside of UNic clubs, much of this appeared to relate to the constraints and timetabling of the MBBS programme. The students noted that the creation of the student welfare officer role in the Medical School Students' Society may help with integrating with the UNic students. It was noted by the group that students can feel isolated at Limassol and there they rely on their peers for pastoral support. The students also felt that increased liaison with the UK Students' Union would improve their experience on the course.
149. **Timeliness of information provision:** Many of the students stated that the administrative team were not proactively sharing information and that students often had to rely on information sharing with their peers, particularly around arrangements for clinical placements (e.g. which sites are available to particular cohorts of students) and Tier 5 visa requirements. The students in the group understood that there have been a number of recent changes to clinical sites (Sheba being ring-fenced for Israeli students) and career options (Malta withdrawing F1 programme accessibility for UNic students) outside of the team's control. However, the group believed that the faculty could have shared their options more quickly; students commented that the faculty delayed communication until they had "good news". One student said that she had missed other opportunities for her career whilst waiting for information from the course team around Tier 5 visa changes and now was not sure where she would be able to practise medicine following graduation. Students expressed a preference for hearing uncertain news sooner, rather than wait for the course team to communicate only when a resolution is in place.
150. **Communication initiatives:** Students noted recent partial improvements in communication between themselves and the administrative team at UNic. Students noted the introduction of the student newsletter; the group commended the idea but felt that it did not contain "news"; students would prefer it to contain information about clinical placement arrangements and details about career pathways. Some of the group also noted that the introduction of a Chief Operating Officer had improved communication around the F1 programme with respect to Tier 2 and Tier 5 restrictions; it should be noted, however, that some of the students present at the meeting were not aware of the appointment.
151. **Language barrier on clinical placement in P & F Year:** Students stated that they were not having an optimum experience on clinical placement as a result of their lack of Greek language

- skills. The general feeling of the group was that all students who are placed on the wards in Cyprus need Greek in order to appropriately practise medicine. A number of students said that MDT meetings were conducted in Greek, many patients had consultations in Greek and that there was a large variation in the quality of translators (some of whom did not appear to be familiar with medical terminology in Greek).
152. The student group expressed concern that the need for Greek had not been signposted for them earlier on in the course or in the admissions material for the course. The students felt that the Faculty did not take concerns around language seriously and dismissed such concerns raised through usual communication routes. In addition, students indicated that UNic had stopped running Greek language courses (as a result of poor attendance) and one student had been advised to pay for a course outside of UNic provision. They had heard that these courses were being provided by UNic free of charge to MD6 students.
 153. Several students said that in order to feel part of the MDT in the hospital that it was necessary to learn Greek and that without it they often felt vulnerable and foolish on the wards.
 154. Students noted that there were areas where consultants insisted all interactions occur exclusively in English e.g. Cardiology in NGH but that this was exceptional and not the rule.
 155. Some students commented that they had struggled in booking translators and indicated that they had encountered a day waiting period on some sites and noted that some of the provided translators were translating inaccurately as noted by students with stronger Greek language skills. The students did not believe that the provision of translators was sufficient to have an optimum clinical experience.
 156. Students were clear about their language concerns and wanted students in earlier years to have Greek signposted for students who were going to complete their P and F Years in Cyprus.
 157. **USMLE:** The students noted that they often struggled with the USMLE Step 1 curriculum alongside their day-to-day studies. Students currently on clinical attachment in Limassol were not able to attend the USMLE lectures as they clashed with their teaching. The group felt that the move to completing USMLE Step 1 at the end of T year will be more workable. Students felt that marketing material from admissions needed to be “honest” about the additional workload of the USMLE curriculum.
 158. **Cancellation of lectures:** P Year students, particularly those on attachment at Limassol expressed frustration at the cancellation of lectures in Intro week of P year. The panel was informed that sometimes rescheduling of lectures can be awkward for those travelling from Limassol. One of the students estimated that a day’s worth of lectures in the recent P year introduction weeks had not taken place at the scheduled time. It should be noted that the administrative team did not agree with this estimate when they met with the panel during the visit.
 159. Students placed at Limassol informed the panel that the library did not have a stock of library books. They explained to the panel that they could renew books at Nicosia online, but that students could only do this twice and would have to return books if they were reserved. Students would like the library at Limassol to be better stocked. Students also noted that they did not receive any expenses for their travel (in T year they had been given eight Euros a week for travel to Limassol).
 160. **Resources:** Students wanted lectures recorded more frequently and posted on Moodle; students in Limassol felt that they would benefit from video feeds of lectures, instead of

travelling back to Nicosia. Students also wanted to share more of the lectures on St George's Moodle (particularly the pharmacology revision lectures and other revision lectures).

161. Students across the group would like extended library opening hours (currently the library shuts at 11pm on weekdays and 9pm on weekends). They reported to the panel that the administrative team had recently undertaken a survey of library use and had decided that the use of the library did not warrant additional hours. The students believed that use of the library would increase around the examination period and so warranted additional hours. Students had also commented that their feedback about how library space could be more effectively used (suggestions for change to the plastic seating area) had not been acted upon.
162. Students at the Limassol campus felt excluded from research opportunities, which they felt were clustered at Nicosia General Hospital.
163. Wi-Fi is of good quality at the Nicosia campus; students did not report any issues around Wi-Fi access.
164. **Raising concerns:** Students were aware of how to raise concerns, and they understood that their student representatives fed into the committee and the purpose of the Medical School Student Society. Students expressed concerns that their feedback, and the role of the student representative, was not always taken seriously, examples were given concerning complaints around lack of sound-proofing in the library and errors in learning objectives about which they have not received responses from Faculty. Students would like decision-making processes to be made more transparent around dealing with concerns. Recent examples of successful resolution of problems involved a small number of students taking their matters directly to the Executive Dean.
165. Students expressed frustration that their concerns about language issues in P and F years were not being dealt with by the UNic team and have run their own survey, independent of the course team. The students plan to discuss the results of the survey with the course team in the near future.
166. **Career Advice Provision:** Students acknowledged that the career provision had improved and that there were now specialty presentations provided for students. The students felt however, that the current provision wasn't sufficient to deal with the uncertainty of F1 opportunities for New Zealand and Australian students.
167. **OSCE:** students did not echo the concerns around fairness of their CS&T peers; the only comment was that sometimes OSCE examiners "overdid it" when trying to be neutral.

KP/May2017

Annex A-Supporting documents

Provided by UNic prior to panel's visit

Self-Evaluation Document (April 2017)

Appendices:

1. EU directive 2006 123 of the European Parliament and of the Council on services in the internal market.
2. The Institutions of Tertiary Education laws 1996 to 2013.
3. The Private Universities (Establishment, Operation and Control) Law, 2005
4. SGUL MBBS Assessment Strategy for academic years 2012 onwards (27 March 2012)
5. Policy on feedback to students on their performance in assessment (updated Sep 2015)
6. Feedback deadlines 2015-16
7. MBBS Management Plan at UNic (Updated Feb 2017)
8. Personal tutor information
 - a. Personal Tutor Handbook, Tutor Guidelines, Nicosia edition, 2016-17
 - b. Personal Tutor Scheme Student Guidelines MBBS Programme, Nicosia edition, 2016-17.
9. Procedures for Supporting Students with Disabilities and Reasonable Adjustments to support student needs, June 2016
10. Annual Programme Monitoring Reports
 - a. APM 2011-12
 - b. APM 2012-13
 - c. APM 2013-14
 - d. APM 2014-15
 - e. APM 2015-16
11. Review of UK transnational education in Cyprus: St George's, University of London and the University of Nicosia, Nov 2015
12. Programme Status Information
 - a. Programme Status Letter, Jan 2016
 - b. Status of the St George's University of London four year medicine degree delivered at the Medical School in Nicosia: supplementary information, 27 May 2016
13. GMC QAMBE Reports
 - a. Report on the visit to the St George's, University of London Medical School at the University of Nicosia clinical campus at Jackson Park Hospital and Medical Centre 25-26 February 2014
 - b. Final report: St George's University of London at the University of Nicosia, 2012-13
 - c. Final report: St George's University of London at the University of Nicosia, 2013-14
 - d. Final report: St George's University of London at the University of Nicosia 2014-15
 - e. OSCE feedback for Sheba Medical Centre, 21 July 2014
 - f. New Overseas programme feedback proforma, Sheba Medical Centre, 2-4 April 2014
 - g. Feedback proforma for New School for Jackson Park Hospital and Medical Centre, 21-22 January 2013
 - h. Initial feedback proforma, overseas programme (UNic and Sheba) LEP, 17 February 2015

- i. Initial feedback proforma, overseas programme (UNic and Chicago campus) LEP, 9-10 March 2015
 - j. Initial feedback proforma, overseas programme (Swedish Covenant Hospital, Chicago) LEP, 9-10 March 2015
 - k. Feedback proforma, overseas programme (Jackson Park Hospital, Chicago) LEP, 25-26 February 2014
 - l. Initial feedback proforma, overseas programme (Swedish Covenant Hospital, Chicago) LEP, 15-16 July 2015
 - m. Feedback proforma, OSCE observation at the Nicosia and London Campuses, 15-17 July 2013.
 - n. Feedback proforma, overseas programme (Sheba Medical Centre), 21-23 May 2013.
 - o. Undergraduate Quality Assurance visit, St George's at the University of Nicosia, 2011-12
 - p. Feedback proforma, visit to medical school, 21 February 2012
14. Progression details May 2016
15. Effective Learning, Language as a potential barrier – suggested solutions, March 2017
16. Process for the Allocation of Students progressing to Penultimate and Final Year Clinical Placements
17. Transfer of Information Process, 15 Jan 2014
18. Career Pathways Graduation Destinations
19. USMLE statistics
20. Quality Assurance & Enhancement Framework for the University of Nicosia Medical School, 24 March 2017, version 6.2
21. Final validation documentation, 09 June 2011
22. MBBS SGUL UNic Validation report, 20/21 June 2011
23. Validation Reports
- a. (SGUL,Nicosia)–visittoJacksonParkHospitalandMedicalCenter,Chicago,Illinois 25 Nov, 2013
 - b. Validation report (MBBS SGUL, UNic) , 17-19 June 2013
 - c. Validation report (MBBS SGUL, UNic), 20-21 June 2011
 - d. Validation report(MBBS SGUL, UNic), 9-10 February 2012
 - e. UNic response to validation report of 9-10 February 2012
 - f. Validation report (visit to Swedish Covenant Hospital, Chicago), 25 June 2015
 - g. UNic response to validation report of Sheba and UNic June 2013
24. Recent Student feedback
- a. Year 1 Kylie Nicholls Feedback 2017
 - b. Year 1 Peggy Marland Feedback 2016-17
 - c. Final Year 2016-17: A&E SCH Group B, CCU LGH Group A, CCU PHS Groups C&F, GP LGH Group A, Medicine Brookdale, Surgery NGH Group D and Surgery SMC Groups G&H
 - d. P Year 2016-17: O&G SMC Group A, Surgery PHS Groups A&B, Surgical Specialties SCH Groups A&B, Neurology LGH Group B, Psychiatry NGH Group D.
 - e. T Year Streams A and B: Mercy Juma (Life Protection) and Tony & Dave (Life Protection). T Year Stream A Block 5 medicine and T Year Stream B GP (Block 6) and Surgery (Block 6).

Supplementary information

25. UNic MBBS Programme Specification, October 2016
26. General Regulations for Students and Programmes of Study 2016-17
27. MBBS Programme Regulations,
28. Student concerns and complaints procedures 2016-17
29. Schemes of Assessment 2016-17
30. Fitness to study or practise procedure 2016-17
31. SGUL Minimum Standards May 2016
32. Student handbook MBBS 2016 version 1
33. Key Performance Indicator data
 - a. Key Performance Indicator Summary 2015-16
 - b. Key Performance Indicator Summary T Year, 01 February 2017
 - c. Key Performance Indicator Summary P&F Years 01 February 2017

Provided by UNic to panel on day of visit

1. Hard copies of the email sent to students from Peter McCrorie concerning communication on the F1 programme.
2. Three hard copies of different issues of the MBBS UNic Student e-Newsletter (issues 8, 9 and 10).
3. Hard copies of the MBBS Applicant Questions and Answers given to the admissions and recruitment team.

Annex B – List of Participants

1. Dr Kyriacos Adamou, Assistant Professor in Geriatrics
2. Prof Efthymou Anastasiades, Module Co- Convenor for Life Maintenance, Chair of the Board, Aretaeio Hospital, Nicosia
3. Ms Athina Andreou, PBL, Communication and Clinical Skills Administrator
4. Ms Annie Armosti, Course Administrator (CS&T)
5. Dr Evis Bagdades, Consultant in Respiratory Medicine, T Year Medicine Lead
6. Prof Andreas Charalambous, Executive Dean
7. Ms Sue Chrysostomou, Careers Advisor
8. Ms Sara Demetriou, Senior Registry Officer
9. Dr Panos Economou, T Year Surgery Lead, Curriculum Lead for Surgery
10. Ms Jill Griffiths, Director of Quality Assurance
11. Dr Avgis Hadjipapas, lead for Statistics and Critical Appraisal
12. Dr Julia Hynes, Lead for Medical Ethics and Law
13. Dr Adonis Ioannides, Associate Dean for Academic Affairs and MBBS Course Director, Module Convenor for Life Cycle, Theme Lead for Basic Clinical Sciences
14. Ms Irene Ioannidou, Director of Clinical Education and Programme Management
15. Ms Valentina Ionova, Exams Office Coordinator & Senior Examinations Officer (MBBS)
16. Dr Joseph Joseph, T Year Lead and Chief Examiner for T Year, Module Convenor for Intro module (T year), Module Convenor for Life Structure, Curriculum Lead for Medicine
17. Dr Gabriel Kalakoutis, Curriculum Lead for Obstetrics and Gynaecology
18. Dr Theano Kalavana, Clinical and Communication Skills Lead (CS &T Year), Interprofessional learning Lead (CS & T Year) Lead and Community Visits Lead (CS & T Year)
19. Ms Eleni Kammitisi, Senior Admissions Officer
20. Dr George Kanellopoulos, Chair of Department of Clinical Education, F Year Lead, Module Convenor for Life Support, Curriculum Lead for Cardiology
21. Dr George Kaponides, Clinical Lead for Neuroplus block (Limassol)
22. Prof Peter Karayiannis, Associate Dean for Faculty and Research, Module Convenor for Life Protection, Lead for Investigation of Disease
23. Dr Ourania Kolokotroni, Theme Lead for Community and Population Health, Curriculum lead for Public Health and Epidemiology
24. Dr Andreas Kosti, Medicine Clinical Lead Tutor (LGH)
25. Dr Alex Kroushovski, Clinical Skills Lead, Senior Lecturer in Anatomy and Orthopaedics
26. Prof Theodoros Kyriakides, Module Convenor for Life Control, Curriculum Lead for Neurology
27. Ms Anna Lazari, Registrar (Academic and Assessment)
28. Dr Petros Leptos, Orthopaedic Surgeon, Dikteon Medical Center
29. Dr Louis Loizou, Chief Examiner for F Year, Module Co-Convenor for Life Maintenance
30. Dr Marios Loizou, Academic Lead (NGH), Surgical consultant at Nicosia General Hospital, Chair of P&F Year sub-committee (Nicosia)
31. Dr Stella Loizou, Academic PBL Lead
32. Prof Peter McCrorie, Chair of the Department of Medical Education, Academic Lead for MBBS Assessment
33. Dr Michael Murphy, Chief Operating Officer

34. Dr Paola Nicolaides, Assessment Domain Lead for Doctor as a Professional, Theme Lead for Personal and Professional Development, Curriculum Lead for Professionalism, Curriculum Lead for Paediatrics, P Year Lead
35. Ms Daphne Nicolaou, Quality Assurance Officer
36. Dr Soulla Nicolaou, CS Year Lead, Chief Examiner for CS Year, Module Convenor for Intro module (CS Year), Lead for Pharmacology
37. Ms Pamela Pastou, Student Service Centre Coordinator
38. Dr Anna Polyniki, Chief Examiner P Year, Curriculum Lead for Psychiatry
39. Dr George Samoutis, CS Year Clinical Placements Lead, CS & T Year GP Lead, Curriculum Lead for GP
40. Dr George Sendonaris, Medicine Clinical Lead Tutor (NGH)
41. Mr Constantinos Stylianos, Director of Administration
42. Mr John Surrey, Director of Admission & Development
43. Ms Ioanna Theophylactou, P&F Year Coordinator
44. Ms Valia Tsiakala, Associate Director of Admissions
45. Ms Anastasia Vassiliou, Clinical Placements Administrator (CS & MD6)

Annex C – List of Essential Action Points, Desirable Action Points and Good Practice

Essential Action Points:

- UNic to construct a clear written strategy regarding the future direction of the course, including who the course is aimed at, clear progression routes into the P and F years and then into practice (including Foundation Year application).
- UNic to link this documented strategy to a risk register and to provide updates to SGUL.
- UNic to articulate a fully developed contingency plan for the Foundation Programme in Cyprus and provide regular and frequent updates to SGUL regarding the progress of application for this programme.
- UNic to develop a plan to improve the relationship with their MBBS students, including a communication strategy which has been developed in full partnership with students.
- UNic to provide Greek taught classes that are accessible to students in that they are scheduled appropriately around their timetable and that these should include common medical terminology. UNic may wish to consider running a pre-course for students prior to the first year of the MBBS4 degree.
- UNic to ensure that the external facing promotional material for the MBBS4 course is much more transparent to applicants, in particular signposting the need for the Greek language and defined postgraduate opportunities; this material needs to be made available to SGUL for auditing purposes.

Advisable Action Points

- UNic to consider, in liaison with SGUL, more regular review schedule of MBBS4 programme. The current schedule for periodic review is every five years.
- UNic to consider the appointment of a communications officer for the course who could devise and implement strategy for communicating with MBBS students. This communications officer should feed into the communications strategy.
- UNic should have its normal entry criteria to the programme a 2:1 degree (in addition to its MCAT requirement). The requirement for a 2:1 could be potentially offset by other criteria i.e. for students who also have a formal or experiential Spanish/Greek language qualification.
- UNic to collect and disseminate (through SGUL reporting mechanisms) equality and diversity data on the process of application and pre-interview contact with UNic.
- UNic to move to an opt-out policy for lecture recording.
- UNic to record data concerning lecture cancellations and take action where appropriate.
- UNic to implement a student-led awards scheme for excellent teachers and clinical tutors.

Good Practice:

- The course team demonstrated a clear enthusiasm and commitment to the success of the course. The clinical team, in particular, were exceptionally accessible to the students whilst on attachment; their level of commitment to training students is gold standard.
- The course provides robust monitoring and training for its educators; who also demonstrated strongly positive attitudes and engagement with developmental initiatives and SGUL's PGCert.

- Where students have failed or are not progressing as expected, the level of support and feedback is excellent.
- The students welcomed the introduction of a student centre, suggestion box and the appointment of a careers support administrator.
- The panel noted the robustness of the PBL tutor peer review process.
- Strong support offered to newly arriving students by the admissions team in terms of assistance with applications for accommodation and numerous administrative tasks prior to and on arrival at UNic. This support offered by the admissions and Student Affairs teams was commended by the panel.
- Strong engagement of the UNic team with the SGUL team across many initiatives including curriculum review and cross auditing of MMI rating between SGUL and UNic.

Periodic Review: UNic response to Action Items raised

	Essential Action Points	UNic Actions	Responsible Person(s)	Deadline
1.	UNic to construct a clear written strategy regarding the future direction of the course, including who the course is aimed at, clear progression routes into the P and F years and then into practice (including Foundation Year application).	Please find enclosed.	Professor Andreas Charalambous Dr Adonis Ioannides	N/A
2.	UNic to link this documented strategy to a risk register and to provide updates to SGUL.	The relevant areas of potential risk have been added to the School's risk register. We will be happy to provide regular updates to SGUL as required and will work with the Executive Group and/or Steering Group as appropriate to discuss where these items are best discussed.	Dr Michael Murphy	N/A
3.	UNic to articulate a fully developed contingency plan for the Foundation Programme in Cyprus and provide regular and frequent updates to SGUL regarding the progress of application for this programme.	At the time of the visit, a group of students were facing difficulty in gaining access to the UK Foundation Programme through Tier 5 visa eligibility, and the School was awaiting the outcome of the GMC's review of its proposal for a Postgraduate Clinical Training Programme to be delivered in Cyprus. The GMC has granted approval for 2017/18 and has agreed that we may seek to reapply for future years. The Tier 5 visa issue has also since been resolved. Hence, no contingency is required at this stage. Should the GMC have not approved the Cyprus Postgraduate Clinical Training programme, graduates would be able to apply for residency programmes in their home country. Please also see 'training	Dr Adonis Ioannides	N/A

		<p>pathways' in the enclosed document regarding the direction of the course.</p> <p>Having now received the initial approval of the GMC we will update our website accordingly.</p> <p>Professor Higham, Principal of SGUL and Paul Ratcliffe, Chief Operating Officer have been kept apprised of progress of the development of the training programme and we will continue this communication.</p>		
4.	UNic to develop a plan to improve the relationship with their MBBS students, including a communication strategy which has been developed in full partnership with students.	<p>The School has undertaken a review of its Communication Strategy, with the aim of enhancing the student perspective within it. We believe that this will make it more engaging for both the School and students.</p> <p>The Medical School Students' Society President and Vice President, through their membership of the Quality Assurance Group, have been members of the group initially reviewing the strategy.</p> <p>The revised version of the strategy is being finalised and we will be happy to share it with SGUL once completed. We expect to roll this out in line with the new academic year.</p>	Dr Adonis Ioannides	28/08/2017
5.	UNic to provide Greek taught classes that are accessible to students in that they are scheduled appropriately around their timetable and that these should include common medical terminology. UNic may wish to consider running a pre-course for students prior to the first year of the MBBS4 degree.	<p>Greek taught classes have been offered to students from 2011 onwards. These are free-of-charge and available to all students.</p> <p>From 2015 onwards they were combined with provision of Greek classes for MD students. Ordinarily, classes take place on Thursday evenings and Saturday mornings for beginners (A1 level of the Common</p>	Ms Irene Ioannidou	N/A

		<p>European Framework for languages) and Tuesday evenings and Saturday lunchtimes for elementary learners (A2 level). Thus, wherever possible, they are provided so as not to impact on timetabled MBBS sessions. Additionally, intermediate level (B1 / B2 level) classes are being planned for and will be arranged accordingly so as to maximise student accessibility. We appreciate that not all sessions will be convenient for all students to attend so we are considering the development of online classes. In the meantime, the School will continue to liaise with students as to the preferred day/time for delivery.</p> <p>For those students that plan to stay in Cyprus for P&F years, there will be a requirement for a specific level of demonstrable Greek language skills. This will be of benefit to students, not only in their everyday interactions in Cyprus, but in the clinical setting and their interactions with patients and healthcare professionals.</p>		
6.	<p>UNic to ensure that the external facing promotional material for the MBBS4 course is much more transparent to applicants, in particular signposting the need for the Greek language and defined postgraduate opportunities; this material needs to be made available to SGUL for auditing purposes.</p>	<p>Further details shall be added to the website prior to commencement of the next recruitment cycle.</p> <p>The Admissions Team have been provided with further guidance as to how to advise candidates with regards to knowledge of the Greek language for P&F years of the MBBS and for the Postgraduate Clinical Training Programme that has been developed for those that this could apply to.</p> <p>Postgraduate opportunities remain as originally stated when the programme was validated, i.e., that the programme provides its graduates with eligibility to</p>	Mr John Surrey	01/09/2017

		<p>apply for provisional registration with the General Medical Council and the ability to apply for F1 training in the UK, subject to prevailing immigration regulations. Additionally, for those who are from outside of the European Economic Area the opportunity to apply for residency training in their home country applies. For those not wishing to return to their home country at the point of graduation, the Cyprus Postgraduate Clinical Training programme has been created. Those who successfully graduate from the Cyprus Postgraduate Clinical Training Programme will be eligible to apply for full registration with the GMC. The need to be conversant in Greek for the Postgraduate Clinical Training Programme has been communicated to those graduates due to commence in 2017/18 throughout. Details that are added to the website will note this requirement too.</p> <p>We will continue to provide materials to SGUL in line with the institutions' partnership agreement.</p>		
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	Advisable Action Points	UNic Actions	Responsible Person(s)	Deadline
1.	UNic to consider, in liaison with SGUL, more regular review schedule of MBBS4 programme. The current schedule for periodic review is every five years.	This item will be added to the agenda of the Joint Steering Committee so that it is considered at the appropriate level. The Joint Steering Committee applies and monitors the terms of the partnership agreement.	Professor Andreas Charalambous	
2.	UNic to consider the appointment of a communications officer for the course who could devise and implement strategy for communicating with MBBS students. This communications officer should feed into the communications strategy.	The Medical School has an existing Communications team comprising: <ul style="list-style-type: none"> ○ Director of Communications ○ Communications Officer Their roles are included within the strategy and they have been involved in the review of the existing strategy. (Please also see item 4 above).	N/A	
3.	UNic should have its normal entry criteria to the programme a 2:1 degree (in addition to its MCAT requirement). The requirement for a 2:1 could be potentially offset by other criteria i.e. for students who also have a formal or experiential Spanish/Greek language qualification.	It has been agreed with Admissions colleagues of both institutions that we will work towards this. However, as agreed this will be implemented over a period of time. We do not view the offsetting of undergraduate degree classification through language qualifications (or other) to be appropriate, as the primary aim is for the entry criteria at both institutions to be aligned. The demonstration of language skills are not akin to those of successfully progressing through a three- or four-year degree programme.	Mr John Surrey	
4.	UNic to collect and disseminate (through SGUL reporting mechanisms) equality and diversity data on the process of application and pre-interview contact with UNic.	This will be rolled out with the next admissions cycle commencing autumn 2017, to include a requirement for applicants to state the following: Disability; Religion and Belief; Sexual orientation. They are already required to provide details of gender, age and nationality/race.	Mr John Surrey	01/09/2017

5.	UNic to move to an opt-out policy for lecture recording.	P&F year recordings will continue to take place at UNic. For CS&T years, we will be implementing an opt-out policy from 2017/18. We will collect data with regards to those who opt-out during the year to ascertain if any patterns emerge and, where appropriate, make informed changes to the policy in time for the academic year 2018/19.	Dr Adonis Ioannides Ms Anna Lazari	21/08/2017
6.	UNic to record data concerning lecture cancellations and take action where appropriate.	This will be implemented from the 2017/18 academic year. Action taken will remain as per previous years, i.e., to notify students in a timely manner and ensure that sessions are rescheduled as soon as possible. Confirmation of the date of the session's delivery will be recorded on the log. We will monitor the data to identify if any patterns are emerging and take further action where necessary and appropriate.	Ms Irene Ioannidou	31/07/2017
7.	UNic to implement a student-led awards scheme for excellent teachers and clinical tutors.	This will be considered at the next Faculty Affairs Committee and, subject to approval, will be discussed with the Medical School Students' Society.	Professor Peter McCrorie Professor Peter Karayiannis	27/07/2018

Additional comments in relation to the Periodic Review panel's report

We feel it is important to note the following additional remarks, and do so on the advice of the Panel to include them within the School's response to the Periodic Report. These pertain to specific paragraphs within the report that are not covered by those areas highlighted for action which are dealt with above.

- **Paragraph 20: Relationship between the course team and the students**

We note the panel's perception of the relationship of the School and its students though are disappointed that the panel has relied on limited exposure to reach such a negative conclusion.

- **Paragraphs 38 to 42: Access to Postgraduate Training**

The School's primary aim is to support its students into postgraduate training. The clear progression route for each student has always been, and remains so, for them to undertake postgraduate training in their home country. Thus, the School supports all of its students through the relevant postgraduate application process. We are aware that a number of our students hope to pursue postgraduate training in a country that is different to that of their home nation, and we provide them with appropriate advice to support them through any additional routes that students may wish to pursue.

It has always been the intention of the School to provide students with further opportunities by way of a postgraduate programme in Cyprus. As a result of uncertainty for a specific group of students in 2016/17 (see paragraph below regarding Tier 5 visas) we brought forward the development of the Postgraduate Clinical Training Programme in Cyprus, and submitted a proposal to the General Medical Council in May 2017. We have received initial approval from the GMC to deliver the programme in 2017/18 with the ability to reapply for future years. The programme is available for all graduates who wish to apply to it, and the School's website shall be updated accordingly.

Further, in the intervening months since the Periodic Review panel visited Cyprus in May, we received confirmation from the UKFPO that those students, who had during the academic year 2016/17 been deemed ineligible to enter F1 training with a Tier 5 visa, have now all been offered an F1 position. They are due to commence training in August. We have also received confirmation that those students applying into the system through Tier 5 eligibility in 2017/18, will be able to proceed through the application process.

- **Paragraph 74: Student Representatives**

The paragraph notes, "it was unclear to the panel how the course team supported the training and development of student representatives", and UNic has been informed subsequently that this pertains to a discussion with the students rather than with the course team, hence the following is to provide information.

The School has a Faculty Advisor to the Medical School Students' Society (MSSS), who is appointed annually by the MSSS. The Faculty Advisor is on hand to support both the MSSS

President, Vice-President and other officer roles, as well as all Curriculum Representatives. There is a Curriculum Representatives roles and responsibilities document that sets out clearly the requirements for each representative that was developed by the MSSS with the School's input. In addition, the MSSS are encouraged to meet with the Associate Dean for Academic Affairs, Registrar and Director of Quality Assurance regularly. We will work with the MSSS officers to ensure that this information is cascaded more appropriately at the point of handover of their positions, and to further encourage meetings with senior administrators at the School.

- **Paragraphs 130 to 167: Periodic Review panel meetings with students**

It is noted that there were a number of comments from students during their meetings with the Panel that are factually inaccurate. Whilst we understand that the panel must reflect what the students conveyed to them in its report, we list below some clarifying remarks:

- (Para 145) Lebanese graduates are able to practise in the Lebanon.
- (Para 152) UNic has not stopped providing Greek classes.
- (Para 161) Library use data has been collected routinely for a number of years. This data is analysed by the School when assessing where changes to hours may be warranted.