

## **Quality Assurance & Enhancement Framework for the University of Nicosia Medical School**

### **1. Introduction**

The Medical School at the University of Nicosia should have in place structures and strategies (“the framework”) to ensure the quality of all aspects of its programmes.

**1.1** The following framework sets out the undertaking of formal quality management procedures by which the Medical School aims to satisfy any conditions set by the following:

- Regulations as set by external professional, statutory and regulatory bodies, for example, but not limited to, the Cyprus Agency of Quality Assurance and Accreditation in Higher Education (DI.P.A.E.), General Medical Council of the UK (GMC), and the UK’s Quality Assurance Agency (QAA);
- International standards, for example the European Association for Quality Assurance in Higher Education’s Standards and Guidelines and the World Federation for Medical Education’s Global Standards for Quality Improvement;
- Reporting obligations to the University of Nicosia;
- Franchise agreements, for example with St George’s, University of London (SGUL);
- SGUL validation conditions and recommendations;

Appendices to this strategy include relevant documents that should be read in conjunction with the framework, and those which support the work of the Quality Assurance team at the Medical School.

**1.2** The framework aims to:

- Improve outcomes for students through enhancing the quality of services delivered
- Improve outcomes for staff through enhanced professional practice and through linking the framework to staff development plans
- Ensure that findings from monitoring and review are dealt with appropriately; commending work that satisfies the framework conditions and dealing constructively where improvements can be made
- Communicate effectively to all staff all outcomes from reviews.

### **2. The Framework**

A quality management framework has been developed and implemented to ensure a consistent and systematic approach to the quality of medical education, and to demonstrate a commitment to continuous monitoring, review and evaluation of the School’s working practices.

**2.1** In order to achieve this, the framework must:

- ensure the provision of comprehensive guidelines to support the work of staff at the Medical School in relation to quality assurance and enhancement processes and requirements
- co-ordinate activities as required by internal and external bodies; to meet their standards, adhere to policies and procedures, specifically those noted in paragraph 1.1
- coordinate activities that enhance the quality of the learning opportunities and support available to students, for example by identifying and disseminating good practice internally as well as to partners such as SGUL and the wider institution at UNic

- ensure all relevant policies, procedures and strategies in relation to learning, teaching and assessment and in relation to quality assurance with reference to national and international developments are approved, relevant and up-to-date, and established effectively
- co-ordinate initiatives and schemes which promote excellence in learning and teaching and assessment including associated staff development initiatives
- collaborate with colleagues (internally and at partner institutions) in order to consider implications and opportunities for educational provision at the Medical School
- monitor the operation of internal quality assurance procedures and revise these procedures where appropriate
- produce annual and (where appropriate) periodic reports on key areas of quality assurance and enhancement including annual monitoring, accurate and up to date documents for validation and review, visiting examining and accreditation visits and reports
- ensure that arrangements for quality assurance and enhancement reflect the respective expectations of all relevant professional, statutory and regulatory bodies
- contribute to preparations for internal and partners' Institutional Audits when requested; and to provide reports and monitor follow-up action in the light of any reviews
- provide information and reports as requested to both UNic and partners' committees (e.g. UIQAC, UMBC, TPPC, QAEC, Executive Committee and Steering Group)
- consider any other matters as requested for comment in areas covered above.

*Appendix i provides details of the responsibilities for the above areas of the framework.*

### **3. Management of Quality Assurance Measures**

Through undertaking the formal quality management procedures of UNic and, where appropriate, partner institutions, the Medical School aims to ensure compliance with internal regulations, partnership agreements; any validation conditions and recommendations; all reporting obligations to internal committees; as well as any regulations as set by external bodies.

- 3.1** Locally at UNic and on an operational level, overall responsibility for the Quality Assurance of the programme is with the Executive Dean and delegated to the Associate Deans for Academic Affairs, for Faculty & Research, and for Students. They are supported by the Director of Quality Assurance in achieving all obligations.

The course management structures in place (*see Appendix ii*) illustrate the formal reporting lines for the relevant areas of the Quality Framework, and those Committees that feed in to this structure. Cross-membership of committees by senior academic and administrative staff (*see 3.2*) allows for all groups to remain informed of key activities.

Critical to these structures and the relevant decision-making procedures are the processes for achieving the framework, specifically:

- Enhancing the quality of services delivered
- Enhancing professional practice and linking the framework to staff development plans
- Recognising monitoring outcomes: commending work that satisfies the framework conditions and dealing constructively where improvements can be made
- Communication methods

**3.2** Operational responsibility for implementing the Quality Framework has been delegated to the Medical School's Quality Assurance Group (QAG).

The Associate Deans, Department Chairs, Programme Directors, as well as specific theme leads (e.g. Professionalism) are each directly responsible for the regular review and quality assurance of specific areas. These areas have been identified based on individuals' expertise.

Originally, these were matched to the domains of GMC's Tomorrow's Doctors 2009 document. With the expansion of the School's provision to a number of undergraduate and postgraduate programmes, and in light of changing structures for national quality assurance in Cyprus, as well as changes to the GMC's own expectations for medical education, the QAG member's responsibilities have been enhanced.

Such responsibility will include:

- Adherence to all relevant chapters and subsections of agreed standards. At this point, these include: ENQA Standards and Guidelines, WFME Global Standards, the QAA's Quality Code, the GMC's Promoting Excellence, as well as internal standards
- Effective implementation of specific standards and criteria through appropriate and sufficient communication to relevant staff, students and clinical partners
- Discuss all aspects of quality management and to foster the sharing of ideas and expertise and develop excellence;
- Develop and implement quality improvements to the Medical School's programmes, teaching and learning, and support mechanisms.
- Develop related strategies, policies and processes to encourage best practice in line with national and international expectations;
- Collate data and information for analysis as part of regular review and monitoring of all related strategies, policies and procedures, including graduation and employment data;
- Undertake QA audits as necessary, and implement effective change, both proactively and reactively, in the instance of non-conformities, and monitor follow-up actions;
- Contribute to any internal and external validation or accreditation procedures that relate to the quality management of their area of expertise and responsibility;
- Report to Department QA Committees and programme committees on new QA related strategies and policies of school;
- Report to UIQAC and share good practice with the wider institution;
- Receive and monitor the annual reports collated by the Department QA Committees and programme committees and collate an overview annual report to identify areas required for shared focus / enhancement.

Reports on any areas of significance pertaining to the quality of the programme shall be reported regularly to the Quality Assurance Group.

In addition, periodically detailed reviews of each of the main areas of focus and the effectiveness of quality assurance procedures pertaining to that area shall take place, with an overall review of QA processes annually at the end of each academic year.

The Quality Assurance Group shall comprise the following:

- Executive Dean
- Associate Dean for Academic Affairs (Chair)
- Associate Dean for Faculty and Research
- Associate Dean for Students
- Director of Quality Assurance
- Programme Directors
- Chair of Clinical Education
- Chair, Centre of Medical Education
- Professor of Medical Education
- Professor of Postgraduate Medicine
- Chair of Dept. of Primary Care & Population Health
- Co-Chairs of Dept. of Basic and Clinical Sciences
- UIQAC Faculty Representative
- Patient Safety / Professionalism Lead
- Chief Operating Officer
- Registrar
- Director of Admissions and Development
- Quality Assurance Officers
- Student Representation (normally, the President or Vice-President of the Medical School Student Society)

The Quality Assurance Group shall convene at least twice per academic year.

As part of their responsibility within QAG, the Programme Directors of the School's programmes shall ensure that academic standards are maintained across the School as well as identifying shared process and policy, and examples of good practice.

Meetings are chaired by the School's Associate Dean for Academic Affairs. Through membership of UIQAC, the Director of Quality Assurance reports to the university's quality assurance committee, required by their position. The Programme Directors responsible for those programmes that are delivered alongside a partner institution are required to report to the respective committees at the partner institution where required.

- 3.3** To enhance data collection and review processes, a Quality Monitoring Log has been produced per programme. Based on the individual quality standards and criteria respective to each programme, the logs are additionally mapped to staff development and training sessions as well as all processes, policies and supporting documents that are relevant. The logs serve as evolving documents updated in line with new strategies that are employed, changes to practice, along with a record of any adverse events that occur and the resolutions sought to resolve them both reactively and proactively. *See Appendix iii.*

Each Lead responsible for specific QA areas shall be required to maintain accurate data on the Logs. A central master copy of each Log is held by the Quality Assurance Office. This will ensure that the most up to date and relevant version at any given time can be shared. Furthermore, it enables a 'corporate

history' of processes, policies and strategies to be documented and stored. All changes to standard practice or associated training should be shared with the Quality Assurance Office on a regular basis.

#### 4. Governance & Responsibility

Dependent on the programme, governance and responsibility for the academic quality of each programme is with the Senate of the institution awarding the qualification. For the School's current programmes this is as follows:

Programme	Type of Partnership	Degree Awarding Body
Doctor of Medicine	N/A	University of Nicosia
Doctor of Philosophy	N/A	University of Nicosia
Master of Public Health	N/A	University of Nicosia
Master of Science in Family Medicine	N/A	University of Nicosia
Master of Science in Family Medicine <i>Programme in closure phase</i>	Concurrent Award Validated by SGUL	University of Nicosia St George's Hospital Medical School
Master of Science in Health Services Administration	N/A	University of Nicosia
Bachelor of Medicine, Bachelor of Surgery	Franchise	St George's Hospital Medical School

**4.1** The Senate of the University of Nicosia, as the top academic policy-making and monitoring body, is responsible for the quality management of the institution overall. UNic's Senate devolves, to the University Internal Quality Assurance Committee (UIQAC), the responsibility for the implementation of quality assurance management procedures and the monitoring of academic standards across its educational provision.

UIQAC's role is to ensure that academic standards are in line with those set out by the national agency, The Cyprus Agency of Quality Assurance and Accreditation in Higher Education (DI.P.A.E.) and the prevailing laws in the Republic of Cyprus pertaining to the operation of Private Universities.

To achieve the standards expected by DI.P.A.E, UIQAC takes responsibility for, the:

- development, implementation, auditing and evaluation of a QA framework which comprises policies/procedures/mechanisms;
- development of the Quality Assurance Manual;
- monitoring the implementation of the QA policies/ procedures/ mechanisms at all University's levels;
- providing support in all academic/professional accreditation activities and external assessment activities;
- establishment of effective channels of communication to ensure the dissemination of good practice within the University;
- appoints the Internal Quality Assurance Committee Auditor (IQACA) from one of its members.

**4.1.1** The Medical School is required to have a School Internal Quality Assurance Committee with reporting responsibilities to the UIQAC. At the Medical School the Quality Assurance Group undertakes this function.

**4.2** Within the Medical School, each department is required to have a Quality Assurance Committee with reporting responsibilities to the School's Quality Assurance Group.

Membership of the Department QA Committees shall include:

- Chair of Department
- Programme Directors of programmes within that department
- Student Representation, a third year undergraduate student where applicable
- Quality Assurance Officer

Department QA Committees shall be responsible for:

- the application of the standards set out in Article 12 of the “Quality Assurance and Accreditation of Higher Education and the Establishment and Operation of an Agency on Related Matters Law of 2015”;
- assisting the work of the Institutional Internal Quality Assurance Committee for the preparation of special self-assessment reports in relation to External Assessments relating to the Department and its curricula, in accordance with the standards determined and published by the Agency;
- the analysis of internal strengths and weaknesses (SWOT analysis) in the Department and/or Programme, as well as external factors that create opportunities and obstacles to achieve their goals. The evaluation of the Department or Programme will focus on, but will not be limited to, the following elements of the Institution / Department or Programme:
  - a. the effectiveness of teaching and the resources available for that purpose;
  - b. programmes and degree titles in relation to the scientific and professional objectives of each programme or institution;
  - c. the research work and its synergy with teaching;
  - d. administration, student welfare and teaching support;
  - e. sufficiency of the number and quality of academic and teaching staff;
- reporting their findings to the respective Department Council, where appropriate;
- reporting their findings to the Medical School Quality Assurance Group to facilitate its work;
- providing an integral role in the applications for departmental and or programme evaluations;
- the effective implementation of specific standards and criteria at programme committees through appropriate and sufficient communication to all (staff, students and clinical partners).

Each Department Quality Assurance Committee shall convene at least twice per academic year.

**4.3** For the MBBS, through its franchise agreement with St. George's, University of London, overall responsibility for the academic quality and standards of the programme is held by SGUL's Senate. Senate delegates to the Quality Assurance and Enhancement Committee (QAEC) the responsibility for the development of SGUL's quality assurance management procedures and these procedures are documented in the Quality Manual (*See Appendix iv*) SGUL's senior Executive Committee is the Strategy Policy and Resources Committee (SPARC) and matters of policy and resources are reported from QAEC to SPARC.

**4.3.1** The purpose of the Quality Manual is to ensure that the academic standards of all SGUL programmes are appropriate and meet the expectations of relevant national bodies, such as the Quality Assurance Agency of the UK. The Quality Manual also describes the procedures that

enable students to make the best use of the learning opportunities available to them. SGUL's Quality Manual is used to support the work of the Quality Assurance Group at UNic in relation to the MBBS.

The Quality Manual also includes procedures for approving modifications to validated programmes and reviewing programmes every five years. A periodic review of MBBS (SGUL) took place in May 2013, to which the MBBS (SGUL, Nicosia) team contributed. A periodic review of the MBBS (SGUL, Nicosia) took place in May 2017, with the outcome of a recommendation to extend the approval of the degree. A further periodic review of MBBS (SGUL) will take place in late Spring 2019.

**4.3.2** QAEC is also responsible for the development of strategy and policy in relation to all aspects of learning, teaching and assessment. QAEC has responsibility for delivery of SGUL's Education Strategy 2015-20 and works with faculty-based quality assurance committees and course management groups to ensure that the intentions of the Education Strategy are met. Through membership of QAEC, the Course Director at UNic is kept aware of quality management matters and is able to feed any issues of quality management directly to SGUL.

## 5. External Regulations and Recommendations

To satisfy the conditions and stipulations of external bodies, the Quality Assurance Group will develop, guide and implement a number of policies, procedures, guidelines and/or strategies. All such processes will share the guiding aims of maintaining academic standards, assuring and enhancing academic quality at all levels and providing appropriate information about education provision.

Such strategies relate to those that ensure that the School's programmes meet international standards and requirements as well as those relevant to specific programmes, such as those set down by Professional Statutory or Regulatory Bodies (PSRBs).

**5.1** The following provides details of the standards used in evaluating the different programmes currently offered by the Medical School:

Programme	Agency or PSRB	Details of Standards
ALL PROGRAMMES	DI.P.A.E via European Association for Quality Assurance in Higher Education (ENQA)	Standards & Guidelines for Quality Assurance in the European Higher Education Area
Doctor of Medicine	DI.P.A.E via World Federation for Medical Education (WFME)	Global Standards for Quality Improvement
Doctor of Philosophy	DI.P.A.E	Standards & Guidelines for Quality Assurance in the European Higher Education Area
Master of Public Health	DI.P.A.E via World Federation for Medical Education (WFME)	Global Standards for Quality Improvement Master's Degrees in Medical and Health Professions Education

Master of Science in Family Medicine	DI.P.A.E via World Federation for Medical Education (WFME)	Global Standards for Quality Improvement Master's Degrees in Medical and Health Professions Education
Master of Science in Health Services Administration	DI.P.A.E via World Federation for Medical Education (WFME)	Global Standards for Quality Improvement Master's Degrees in Medical and Health Professions Education
Bachelor of Medicine, Bachelor of Surgery	Quality Assurance Agency (QAA) General Medical Council (GMC)  St George's Hospital Medical School (SGUL)	Quality Code Promoting Excellence: standards for medical education and training Quality Manual

## 6. Communicating the Framework

In ensuring adequate communication across the Medical School a number of approaches will be utilised including:

- Providing schedules for audit and review
- Reporting findings from monitoring and evaluation
- Disseminating updates to procedures and any necessary changes resulting from monitoring processes
- Recording and commending good practice

The Director of Quality Assurance is responsible for the initial dissemination of all quality assurance processes. Quality Assurance Group members are then responsible for communicating changes to practice or policy that may impact on the quality of education delivered.

Through cross-membership of the School's management, department and programme structures information will be distributed regularly and appropriately to all relevant staff and students.

## 7. Working with External and Overseas Partners

It is essential that external and overseas clinical placement sites are integrated into mechanisms that report upwards to ensure that the Medical School can undertake continuous review and implement change and enhancements. It is also important to ensure that UNic students receive the same standard of teaching, assessment, service and support regardless of location of study. The quality framework will therefore be extended to all external and overseas placement providers. This will be outlined through Service Level Agreements (SLA) to ensure programme monitoring and evaluation processes are embedded within their provision.

- 7.1** A Service Level Agreement will be signed with each clinical partner to ensure that all aspects of the programme are delivered and monitored appropriately and in line with expected standards. A copy of the generic SLA together (with a list of the supporting documents that will accompany it) can be found as *Appendix vii*.

Whilst the SLA will be tailored as appropriate for each individual partner it will, at a minimum, set out the responsibilities of each partner (students, Medical School and clinical provider). It will also form part of the overall Clinical Teaching Agreement with each site.

This process will help establish what is required for the delivery of clinical placements, associated assessments and support for students, and where responsibility lies between each partner. Meeting the requirements of the SLA will be embedded in the formal programme of monitoring visits conducted by the Chair of Clinical Education. This will encompass all aspects of programme delivery, and will assist with establishing clear guidelines for monitoring site visits.

## **8. Student Input to the Framework**

Students play a key role in achieving the framework, and thereby in ensuring the quality of education. They will be engaged to help evaluate their respective programme as a whole, as well as the individual teaching sessions that they receive.

**8.1** This will be achieved through thorough programme monitoring and evaluation processes:

- Online surveys relating to the teaching on their programme
- Clinical Placement and Clinical Attachment Feedback (where applicable)
- Committee representation (via the Programme Committees and their respective sub-committees)
- Internal surveys such as the Student Experience Survey

**8.2** In addition, students are encouraged to provide feedback on an individual level. They can bring concerns to members of staff, their Programme Committee, or to one of the lower-level management groups. Where these systems may on occasion be too slow to deal with specific problems that arise, a system exists for staff and students to be able to draw attention to specific problems with staff, students, courses, documentation or service departments. Evaluation will also be guided by any student complaints which will identify adverse situations that require review and monitoring. (*See Appendix ix for the Complaints Procedures*). An annual report of complaints activity will be made available on request.

**8.2.1** The School's Student Communication Strategy shall set out how the School will share information including processes for feedback. (*See Appendix viii*).

## **9. Supporting QA practice: Staff Development**

The success of the framework relies on the continuous contribution of staff to QA practices. Both academic and administrative staff are involved in the delivery of the framework at ground level. Training for this is reflected through comprehensive staff development strategies, peer review and appraisal.

Staff development includes all individuals involved in medical and healthcare students' education at the medical school and clinical placements, including academics, clinicians and administrators.

Staff development for teaching and assessment in all years of programmes is covered in the UNic Staff Development Strategy (*see Appendix x*). The Academic Lead for Staff Development has responsibility for its implementation. Together with the Chair of the Department of Clinical Education they are responsible for the development of external partners in line with our commitment to quality management. The academic staff development strategy is rolled out concurrently to the administrative staff development strategy that is in place (*Appendix xi*).

The implementation and effectiveness of the strategies will be monitored by the Academic Lead for Staff Development and reported to the Quality Assurance Group as well as through any required annual programme monitoring reports.

## **Appendices**

- I. Quality Framework Requirements
- II. Committee Structures, Terms of Reference and Membership
- III. Medical School Quality Monitoring Logs
- IV. SGUL Quality Manual
- V. MD Quality Manual
- VI. Postgraduate Programmes Quality Manual
- VII. Service Level Agreement
- VIII. Student Communications Strategy
- IX. Student Complaints Procedure
- X. UNic Staff Development Strategy (Academic staff)
- XI. UNic Administrative Staff Development Strategy

## Appendix i: Implementation of Quality Framework

	<b>Quality Framework Requirements</b>	<b>Responsibility</b>
A	Ensure the provision of comprehensive guidelines to support the work of staff at the Medical School in relation to quality assurance and enhancement processes and requirements	Associate Dean for Academic Affairs Director of Quality Assurance
B	Co-ordinate activities as required by internal and external bodies; to meet their standards, adhere to policies and procedures	Director of Quality Assurance
C	Coordinate activities that enhance the quality of the learning opportunities and support available to students, for example by identifying and disseminating good practice	Associate Dean for Students Programme Directors
D	Ensure all relevant policies, procedures and strategies in relation to learning, teaching and assessment and in relation to quality assurance with reference to national and international developments are approved, relevant and up-to-date, and established effectively	Associate Dean for Academic Affairs Chair, Center for Medical Education Director of Quality Assurance
E	Co-ordinate initiatives and schemes which promote excellence in learning and teaching and assessment including associated staff development initiatives	Associate Dean for Academic Affairs Academic Lead for Staff Development
F	Collaborate with colleagues (internally and at partner institutions) in order to consider implications and opportunities for educational provision at the Medical School	Associate Dean for Academic Affairs
G	Monitor the operation of internal quality assurance procedures and revise these procedures where appropriate	Director of Quality Assurance
H	Produce annual and (where appropriate) periodic reports on key areas of quality assurance and enhancement including annual monitoring, accurate and up to date documents for validation and review, visiting examining and accreditation visits and reports	Director of Quality Assurance
I	Ensure that arrangements for quality assurance and enhancement reflect the respective expectations of all relevant professional, statutory and regulatory bodies	Director of Quality Assurance
J	Contribute to preparations for internal and partners' Institutional Audits when requested; and to provide reports and monitor follow-up action in the light of any reviews	Director of Quality Assurance
K	Provide information and reports as requested to both UNic and partners' committees	Director of Quality Assurance
L	Consider any other matters as requested for comment in areas covered above	Director of Quality Assurance