



Review of UK transnational education in Cyprus: St George's, University of London and the University of Nicosia

November 2015

Executive summary

Medicine has been taught at St George's since 1733. The institution became a constituent school of the University of London in 1900. St George's, University of London gained powers to award taught degrees and research degrees in 2009. The University of Nicosia (UNic) is a private university that in 2009 sought to establish the first medical school in Cyprus, with purpose-built accommodation on its campus at Nicosia.

St George's was approached by the University of Nicosia in Cyprus to franchise its four year MBBS graduate entry programme in medicine. The MBBS is St George's first and only franchise arrangement, although it has signalled its intention to expand this activity internationally in its Strategic Plan. The MBBS 4 (SGUL) graduate entry programme in medicine is mirrored in its entirety at the UNic Medical School. The curriculum, delivery and assessment are in English and are identical to the programme delivered in London. Students complete the first two years of the programme in Cyprus at UNic's medical school. The final two years of the programme are delivered at a clinical placement site in one of Cyprus, Israel, or the USA. As St George's is a body approved by the UK General Medical Council (GMC) to award a primary medical qualification (PMQ), the GMC was fully involved in approving the delivery of the programme overseas.

The review team found that St George's operational management of the programme delivery and assessment is secure and robust, with a number of positive features. There are good communications and excellent team work between the counterpart teams. The assessment processes are identified as extremely robust for a collaborative arrangement, as is the programme for staff development for both academic and administrative staff.

However, St George's overall approach to the organisation of collaborative links demonstrated some weaknesses, and this follows from a recommendation in the report from the 2011 Institutional Audit by QAA. In addition, the review team also observed that St George's is not making appropriate use, in the award of the qualification in Cyprus, of national reference points for academic standards, such as *The Framework for Higher Education Qualifications in England, Wales and Northern Ireland* (FHEQ).

Introduction

1 Medicine has been taught at St George's since 1733. The institution became a constituent school of the University of London in 1900. St George's, University of London gained powers to award taught degrees and research degrees in 2009. While remaining a constituent college of the University of London, St George's awards foundation certificates and degrees, undergraduate certificates and diplomas, and postgraduate certificates and diplomas, and awards bachelor's, master's and research degrees for students enrolling from 2011 onwards. The student body now comprises over 5,500 undergraduate and postgraduate students studying medicine, biomedical sciences and a number of different healthcare disciplines.

2 The University of Nicosia (UNic) in Cyprus, formerly known as Intercollege, is a private sector higher education institution founded in 1980. In 2007 it was recognised and approved by the Cyprus Ministry of Education and Culture (MOEC) as a private university operating in accordance with Cypriot legislative requirements. It has obtained the Final Licence of Operation from the Evaluation Committee for Private Universities (ECPU), which means that its programmes will be automatically recognised by the state. UNic is the largest private university in Cyprus and operates across three sites offering undergraduate and postgraduate programmes across a range of disciplines. In 2011, the University of Nicosia Medical School was established by UNic, with purpose-built accommodation. It constitutes the first medical school in Cyprus. In addition to the provision of first degrees in medicine, its aim is to provide an academic home for the Cypriot medical community, support the delivery of continuing medical education and clinical research in medicine in Cyprus, and to offer a base from which Cypriot doctors might pursue an academic career in parallel to clinical practice.

3 In early 2009, St George's, University of London (St George's), was approached by UNic with a proposal that the SGUL four-year graduate entry programme in medicine (the MBBS 4) should be franchised to UNic. Hitherto, St George's had engaged in a modest number of collaborative arrangements, mostly with UK higher education institutions and NHS trusts, but had signalled its intention to expand this activity internationally in its 2010-15 Strategic Plan. At the time the arrangement was initiated, St George's had not defined all the terms that it used in relation to collaborative programmes and agreements. In its 2011 Institutional Audit report on St George's, QAA recommended that St George's incorporate an institutional definition of collaborative provision, and a full taxonomy of related terms, within institutional policy and guidance. Nevertheless, the arrangement with UNic would fall within the definition of a franchise, as defined in the glossary of the UK Quality Code for Higher Education, *Chapter B10: Managing Higher Education Provision with Others*.

4 It is St George's first and only franchise arrangement. The MBBS 4 (SGUL) graduate entry programme in medicine is mirrored in its entirety in the MBBS (SGUL Nicosia) delivered in Cyprus. The curriculum, delivery and assessment are in English and are identical to the programme delivered in London. Students complete the first two years of programme (the CS and T years) in Cyprus at the purpose-built medical school at UNic. The third and fourth years (P and F) of the programme are being delivered across a range of clinical sites in Cyprus, Israel, the USA and Puerto Rico. Most students will be based at the same clinical site for the final two years. St George's retains direct responsibility for the programme content, the teaching and assessment strategy, the assessment regime and quality assurance. The medical school in Nicosia forms part of UNic, which is responsible for the setting up and running costs of the operation and for delivering and administering the programme. Examining is also delegated to UNic staff under the auspices of the SGUL MBBS Examination Board.

5 In November 2010, the St George's Council agreed the arrangement subject to validation and authorised the signing of a Memorandum of Agreement which took place in December 2010. The details of the franchise of the MBBS 4 (SGUL) to UNic were subsequently approved by a validation panel in June 2011 and the first cohort of students was admitted in September of the same year.

6 There is no reference to franchising of programmes as a strategic initiative in St George's 2010-15 strategic plan, but its International Strategy 2011-15 makes reference to the UNic development. St George's newly approved Internationalisation Strategy 2015-20 identifies the consolidation and development of existing partnerships to a critical mass as a key objective, and signals its intention to consider extending the portfolio of programmes with UNic alongside wider expansion of its TNE activities. The portfolio of collaboration with UNic has already expanded to include a new PGDip and MSc in Family Medicine, which was approved in June 2015 as a validated, as opposed to a franchised, programme. It was proposed and developed by the UNic Medical School and has already received accreditation by the Evaluation Committee of Private Universities (ECPU). The qualifications will be awarded concurrently with St George's, beginning with entrants in 2015. As the Cypriot government intends to introduce a National Health Insurance Scheme (NHIS) providing universal healthcare, based on the UK NHS, there are likely to be a number of developmental opportunities such as this one.

7 The first students were enrolled on the MBBS (SGUL Nicosia) programme in September 2011. A total of 289 were on the course in 2014-15. The annual first year intake rose from 30 in 2011 to 90 in 2014.

8 In 2011, a recommendation of the QAA Institutional Audit was that it would be advisable for St George's to implement, during 2011-12, a comprehensive institutional policy, plus procedures for the approval, monitoring and review of collaborative partners, programmes, and agreements (including a typology of arrangements). A Framework for the consideration and approval of collaborative provision (education), and a consequential revision of the Quality Manual, was not approved until October 2015, although some aspects of this had been trialled during the intervening years.

Set-up and operation

Developing, agreeing and managing arrangements for setting up and operating the link

9 At the time that the MBBS 4 franchise arrangement to UNic was being explored, St George's had not yet defined detailed processes or institutional criteria for the selection and approval of another organisation with which to collaborate.

10 The review team was advised that the process to develop and approve the link and UNic as the proposed delivery organisation involved detailed investigations and negotiations led by senior management staff from both institutions. There is no documentary evidence of what these visits entailed, and neither a detailed report of the findings and outcomes nor a narrative analysis of the due diligence undertaken was presented to the committees approving the proposed collaborator. A recommendation about strategic planning and operational management of collaborative provision was identified in the 2011 Institutional Audit, including the approval of partners.

11 By contrast, the newly approved Framework for the consideration and approval of collaborative provision (education) appears to provide a more sound and comprehensive approach to the investigation and approval of collaborative link arrangements but this hasn't

yet been tested in practice. The framework indicates that Senate approval may additionally be required for high-risk initiatives. It includes initial work on a taxonomy/categories of types of arrangements, and takes account of practice and experience elsewhere in the sector. St George's might find it useful to amplify the definitions, characteristics and implications of the various types of link arrangements as it embeds and develops these activities. There remains some uncertainty as to whether there is adequate evaluation and review of the collaboration at institutional level (as opposed to the programme level) on a periodic basis (see paragraph 15).

12 The Memorandum of Agreement between St George's and UNic was first signed in December 2010 for a period of five years. It was revised in the light of experience in 2014 and signed at the beginning of 2015 for a subsequent period of 25 years. The team was advised that UNic's financial backers were seeking security for the scale of investment. St George's took steps to ensure that the risks of a period of this length were mitigated by arrangements for exit that might be necessitated as a result of changes in ownership or from statutory or regulatory requirements. However, no provision is made within the Memorandum for its own periodic review and amendment within this 25 year time-frame. The newly approved Framework for the consideration and approval of collaborative provision (education) does not require the effectiveness of a written agreement to be regularly monitored and reviewed. St George's, therefore, has no formalised provision for the Memorandum itself to be reviewed before its renewal. The review team noted that, while the 2015 Memorandum of Agreement is comprehensive, there are some minor inconsistencies in terminology and some arrangements do not appear to reflect practice. The review team **recommends** that a timetable be established for the regular review and updating of the Memorandum of Agreement.

13 The Memorandum of Agreement makes provision for a Joint Steering Group (JSG), co-chaired by the Principal of St George's and the President of UNic, to manage the agreement and to monitor the operation of the programme and the agreement on behalf of the institutions. The JSG meets three times a year, but its terms of reference do not require it to report to a senior committee of St George's, although the review team was advised that it reported periodically to SPARC and Council.

14 The Memorandum of Agreement states that the arrangement will be monitored by the Steering Committee, which will receive an annual report comprising the annual programme monitoring report, reports from the GMC, and financial and marketing information. The minutes of this group for a period of almost two years do not record having received or discussed any such annual reports. Although individual reports, as they were produced, have been considered at a variety of committees, a holistic view of the health of the arrangement appears not to have been taken at a given point on an annual basis as required by the legal agreement.

15 In advance of renewing the Memorandum of Agreement in 2015, St George's reviewed the franchise arrangement, principally from a financial and strategic perspective, and the exercise was limited in breadth and depth. The newly approved Framework for the consideration and approval of collaborative provision (education) makes provision for the repeat of due diligence on the delivery organisation at contract renewal or every five years in the case of longer agreements. It is currently not clear that this includes a repeat of academic due diligence on the organisation as a whole (outwith specific programme validation) which would need to be addressed. In addition, an evaluation of the effectiveness of the collaboration seems to be linked only with contract renewal. St George's might want to consider this review/evaluation encompass a review of governance arrangements for the link and to take place on a regular periodic basis (alongside the repeat of due diligence), with findings being reported to a senior committee of the University.

16 Since 2011, a GMC Quality Assurance of Basic Medical Education (QABME) team has been fully involved in the development and approval of the MBBS (SGUL Nicosia) programme. At the request of the GMC, St George's put in place a comprehensive Management Plan that clearly sets out responsibilities for how the MBBS (SGUL Nicosia) programme is run on a routine basis in Nicosia, and for how accountability to St George's is ensured. A parallel set of academic committees to manage the programme has been established and these work effectively, mirroring those responsible for the MBBS 4 (SGUL) programme in London. A range of student-focused committees at UNic Medical School report to the MBBS Course Committee (Nicosia), as do the suite of teaching and learning and assessment committees/groups that operate for each of the years of the programme running in parallel to, and complementing, those established for the MBBS 4 (SGUL).

17 In addition to a parallel deliberative structure for the management of the franchised programme, counterpart officers and roles were created in the UNic medical school with operational responsibilities equivalent to those appointed for the MBBS 4 (SGUL) programme in London. These include (in addition to the Executive Dean of the medical school) the Course Director, Deans of Clinical and Medical Education, Year Leads, Academic Lead for Assessment, Chief Examiner, Responsible Examiners and Domain Leads. There is regular and effective dialogue between counterparts, as there is between the parallel committees.

18 There is a UNic Quality Plan, which supplements the Management Framework in setting out how quality and standards are managed and overseen for the MBBS (SGUL Nicosia) at programme level. This is comprehensive and confirms that Senate (through QAEC) is ultimately responsible for quality and standards on the programme. The Plan sets out how student input will feed into quality assurance mechanisms and how staff development will be tailored to support it. The Plan extends to all overseas and external clinical placement providers so that all aspects of the programme are delivered and monitored appropriately. Academic/educational due diligence was undertaken on each of the initial placement sites proposed for the final two years (in Israel, Cyprus and the USA) as part of the validation process. Tripartite service level agreements are in place for all clinical placement arrangements, in order to ensure that St George's requirements are met.

19 The franchise arrangement was developed on the basis of Directive 2006/123/EC of the European Commission and the modified Tertiary Education Law of 2010 of the Republic of Cyprus, allowing franchised degree programmes to be operated by Cypriot private higher education institutions. The in-country regulation was understood and acted on. The programme complies with European Union Directive 2005/36/EC (which expects the programme to be completed mainly in the EC) as the medical training delivered in the third country is validated by the authority awarding the qualification. The Cyprus Medical Council supports the programme.

Quality assurance

Academic standards

20 The programme is identical in content and delivery to the MBBS 4 (SGUL) offered in London. Learning outcomes are identical to those of the MBBS 4 (SGUL). In those areas necessary, appropriate delivery adjustments are made to take account of the Cyprus context. For example, alternative placements were provided for achieving the outcomes in the second year GP/geriatrics attachment in line with the way that GP and geriatric services are provided in Cyprus. Clinical placements therefore offer equivalent, rather than identical, experience due to some differences in the way in which services are organised and delivered. In other cases, supplementary material, primarily in the form of comparative

studies, has been designed and delivered as additional teaching in order to apply the programme to a Cypriot context; the teaching of medical law and ethics has been approached in this way. Entry criteria are also identical to those for MBBS 4 (SGUL).

21 Failure to provide assurance through minutes and reports that St George's was making full use of the FHEQ was identified as a concern in the last two QAA Institutional Audit reports (2005 and 2011). There is insufficient evidence in validation documentation or validation reports for either the validation of the MBBS (SGUL Nicosia), or the recent validation of the MSc in Family Medicine, that the issue of alignment of programme outcomes with the qualification descriptors of the FHEQ has been explicitly addressed and discussed. St George's appears to use programme specifications as the definitive record of each of its programmes. However, the programme specification section of the SGUL Quality Manual makes no reference to the need to include the FHEQ level at which the programme is located and the FHEQ level does not appear on the programme specification for the MBBS (SGUL Nicosia). Although documentation in relation to exit awards is inconsistent, St George's confirmed that exit qualifications could be awarded on the MBBS (SGUL Nicosia). However, no separate programme outcomes for these qualifications are included on the relevant programme specification. In addition, the templates for external examiner reports do not explicitly ask the external examiner to address whether national threshold academic standards have been met.

22 Initially, St George's set its credits for each of the T, P and F years at credit Level 6, indicating in the sample transcript that the MBBS (SGUL Nicosia) was at FHEQ Level 6. St George's advised that the assignment of Level 6 was an error and that the transcripts had been amended to Level 7, which is more typical for first degrees in medicine. The University advised the review team that it did not credit rate the MBBS and that statements related to credit were used to indicate the equivalent volume and level of learning. However, the validation document states that the programme is based upon the accumulation of credit in each year of the programme 'using the standard undergraduate UK framework and the European Credit and Transfer System (ECTS)'. The review team **recommends** that St George's makes effective use of the national reference points for threshold academic standards, clarifying the FHEQ level at which it is locating the MBBS (SGUL Nicosia) and whether it is awarding academic credit for these programmes (and, if so, at what credit levels).

23 The validation section of the Quality Manual specifies that a validation event is required for a collaborative arrangement, and details the procedures to be followed. A validation event was held in June 2011 to approve the full four years of the MBBS (SGUL Nicosia) programme and independent external members were involved. The validation documentation submitted to the panel was comprehensive, and the procedure and operation of the panel was generally thorough. In particular, the panel explored any differences that might emerge as a result of the Cypriot (or other placement) contexts. Under St George's internal quality assurance arrangements, the detailed plans for the roll-out of each subsequent year of the MBBS (SGUL Nicosia) were reviewed alongside the implementation of the current/previous year. These were approved by a subset of the validation panel, including an external member, before students could be enrolled onto the next year of study. Site visits to, together with due diligence on, the proposed placement sites for the final two years at the Sheba Medical Center (Tel Aviv, Israel), Nicosia General Hospital, Jackson Park Hospital, Chicago and Swedish Covenant Hospital were conducted as part of these events. The validation reports were submitted to QAEC and then reported to Senate. A full revalidation event is planned for the 2016-17 academic year and quinquennially thereafter.

24 The identical annual programme monitoring procedure is used for the MBBS programme at both the London and UNic sites. A common standard template is used but the MBBS 4 (SGUL) and the MBBS (SGUL, Nicosia) streams of the programme complete

separate versions of the template so that performance can be compared. The qualitative and quantitative data required are fully comprehensive and include an evaluation of quality management processes and enhancements planned, and good practice identified. The reports are analytical, actions are identified wherever necessary, and action plans are produced. The forms include an assessment of how far the previous year's action plan was acted on, and loops are effectively closed. It is evident that external examiners' comments are considered by the relevant SGUL assessment groups and that detailed action plans are drawn up. Student representatives on committees saw the annual monitoring reports. The programme annual monitoring report for the MBBS (SGUL Nicosia) programme feeds up to the Undergraduate Medicine and Biomedical Education Committee (UMBEC) at St George's, a senior academic committee below Senate, at the same time as that for MBBS 4 (SGUL). Effective consideration is given and comparisons between them are drawn at UMBEC. The programme annual monitoring process and its management is a **positive feature**.

25 The MBBS is subject to periodic review under SGUL review procedures and a full periodic review of the MBBS 4 (SGUL) took place in 2013, to which the Nicosia team contributed. The franchised programme will be subject to a revalidation on a quinquennial basis, next falling due in 2016.

Assessment

26 The steps taken to assure the equivalence of assessment on the MBBS 4 (SGUL) and MBBS (SGUL Nicosia) programmes, and continuity of academic standards, are extremely secure. The regulatory framework for the MBBS 4 (SGUL) applies in full to the franchised programme, including arrangements for plagiarism and poor academic practice. UNic students take exactly the same assessments as the MBBS 4 (SGUL) students. Examinations are held synchronously in London and at the relevant UNic sites. Scrutiny of the assessment process is overseen by a single MBBS Board of Examiners based at St George's in London, and a single team of external examiners is appointed for both streams of the programme. Representation from the UNic team is included in the membership of the MBBS Board of Examiners.

27 The overall assessment strategy (and how it would operate at UNic) was considered and approved as part of the validation event. The assessment strategy involving a wide range of assessment methods was designed, and individual assessments are planned, set, and evaluated each year by the St George's MBBS Assessment Committee (MAC). UNic is represented on this committee by the UNic course director and five of the UNic assessment leads and senior assessment administration staff. It operates at a strategic and planning level. At UNic, a local Assessment Management Group has been established, which coordinates and implements the detailed assessment arrangements in Cyprus. It also prepares the assessments section of the annual programme monitoring report. Membership includes the Year Chief Examiners and assessment leads at UNic. Beneath this there are subject-based assessment groups at UNic, which are counterparts of those for the MBBS 4 (SGUL) in London. Their responsibilities include blueprinting against learning outcomes, standard setting, and developing marking criteria for each assessment. The Cyprus and St George's assessment groups work together to create shared assessments, which benefit from the input of both teams and ensure that neither the London nor UNic cohorts of MBBS students are disadvantaged relative to each other. For example, examination question writers from St George's and UNic are partnered, and they review proposed questions and draft marking schemes together to ensure that they are fit for purpose for both cohorts.

28 At UNic, assessment leads who shadow the work of the equivalent assessment leads at St George's are established for each of the assessment domains. Domain-specific officers are also appointed in Israel and the USA to oversee assessment implementation in

the P and F years. No member of UNic staff or clinical staff is permitted to be involved in assessment unless they have completed the St George's assessment training.

29 Multiple choice questionnaires are marked electronically and thus consistency in marking across sites is assured. Short answer questions and other written assessments have initially been double-marked in conjunction with St George's staff to ensure consistency in marking, but also as a training exercise. Ultimately, UNic staff will take responsibility for double marking at the UNic site and any queries will be resolved in videoconference meetings with St George's. As a transitional measure, the MBBS Assessments Committee has decided that double marking should not be universal, and it determines how many and which assessments will be double-marked. It continues to determine the proportion of scripts from Cyprus that will be moderated by St George's in London. Relative performance of the St George's and UNic cohorts is compared and reflected on in the MBBS Assessments Committee and in the annual programme monitoring reports.

30 All MBBS candidates (at UNic and St George's) are considered by the same MBBS Board of Examiners for each year of the programme, and the UNic course director is a member of the Board. There is evidence that the Board discusses the comparative performance of the two cohorts and identifies whether there are any reasons for discrepancies.

31 The same team of external examiners is used for MBBS (SGUL Nicosia) and for MBBS 4 (SGUL). There are external examiners for each year/domain and a programme external examiner. External examiners are expected to attend relevant Observed Structured Clinical Examinations (OSCEs) on a rotational basis so that all placement sites in the final two years are visited over a cycle, the OSCE being identical irrespective of site. Although the external examiners' reports refer to the UNic cohort, the report templates are not structured to elicit comments separately on each stream. This might be a useful additional tool in comparing performance and assuring consistency of standards.

32 Feedback to students on each assessment is planned by the MBBS Assessment Committee so that it is appropriate and timely for that exercise. Students whom the review team met confirmed that it was useful and that it was provided on a regular basis.

33 The review team concludes that St George's management of the assessment process is extremely robust and exemplary in ensuring that the academic standards of the franchised programme in UNic and those of the MBBS 4 (SGUL) are the same. In addition, the team was impressed by the integrated way of working, and the management of the assessment process is therefore a **positive feature**.

Quality of learning opportunities

34 In 2012-13, a Quality Framework was drawn up for the UNic Medical School, one tenet of which was the establishment of a local Quality Assurance Group. The Group initially met monthly to discuss how UNic was meeting the criteria of *Tomorrow's Doctors 2009* which sets out the outcomes and standards of undergraduate medical education and provide a framework for the GMC review processes. In 2013-14, it conducted an audit of specific issues, such as the planning and delivery of interprofessional learning. It is reviewing the impact of language barriers to student learning and the student experience. The group reports directly to the MBBS Course Committee (Nicosia). It effectively involves a large range of staff in quality management processes and assists in the continuous review of the medical school's operational activities.

35 The admissions process for the MBBS (SGUL Nicosia) is identical to that for the MBBS 4 (SGUL) but is conducted by UNic. The process is consistent with St George's Admissions Policy, and the specific responsibilities of UNic are codified in a document

entitled Admissions Responsibilities. A representative of St George's is on the admissions panel, which approves the selection of candidates for interview and which also makes the final selection of students. Interviews are conducted by a team of staff from Cyprus. All staff in Cyprus involved in selection are fully trained for their respective roles. The Director of Admissions is a member of the MBBS Course Committee in Nicosia and is required to provide regular reports on admissions and recruitment to that committee. St George's has effective means of ensuring that its admissions policies and procedures are adhered to.

36 Students are provided with a full week's orientation and an orientation binder at the start of the CS year, and these include an introduction to Cypriot culture. Local orientation is also put in place at clinical attachments in the T year and for placement sites in the final two years. Information is regularly topped up throughout the year.

37 A personal tutorial system is in place. Students are expected to meet their personal tutors once each term for formal, structured discussions covering their academic, social and administrative/organisational experience of the programme. Upon enrolment on the programme, students are allocated a personal tutor who supports them throughout the four years of study. For P and F years, a second personal tutor is appointed at the clinical site. In addition, Problem Based Learning tutors are appointed in the first two (CS and T) years. Students were appreciative of peer tutors for clinical skills.

38 Students are supplied with a range of handbooks in addition to a comprehensive MBBS Student Handbook. These include module, elective, student-selected component, clinical/placement year and assessment handbooks. Students considered these to be useful, timely and entirely comprehensive. Students said that the information on assessment could not be clearer. The one area where students felt they could have benefitted from clearer advice and more support was on the choice of placement sites for the final two years, and the implications of these for subsequent professional registration.

39 An independent Student Counselling Service is available at UNic, together with a Careers Office. Students also have access to the Academic Success Centre, which offers free peer tutorials in a variety of subjects including chemistry, biochemistry, mathematics and statistics, as well as a writing lab. UNic offers a comprehensive range of services to support students with disabilities, coordinated by the Health and Safety Office. Cypriot law requires facilities open to the public to make provision for disabled access. Placement providers are given advance notice of any students with specific support needs and UNic works with placement providers to ensure such needs are appropriately met and that reasonable adjustments are put in place. Information about the support for the academic and welfare needs of students is clearly signposted in the MBBS Student Handbook.

40 Although the MBBS (SGUL Nicosia) programme is delivered in English, one significant challenge is the barrier to communication faced by non Greek-speaking students in clinical settings, which could hinder their observation of, and participation in, patient and doctor interactions. UNic has introduced a number of strategies to ensure that differences in language do not inhibit the learning experience of students and lead to concerns about patient safety. All students are offered optional Greek language classes at the start of the year. Other strategies include the pairing of Greek and non-Greek students on attachment, and training in how to use interpreters in clinical settings. One of the validation panels noted that T year students had identified language as problematic, and students whom the team met said that it continued to pose challenges. However, they also stated that it provided useful learning: the training they had received in working with an interpreter was a valuable transferable skill. Building on their experience in this area, the UNic medical school has recruited a doctoral student to carry out a research programme focusing on language difference in medical training.

41 There is regular and comprehensive programme and module evaluation. As in London, students at UNic are asked to provide quantitative and qualitative evaluations of their learning on a weekly basis in the CS and T years, evaluating how well the learning objectives have been addressed as well as the efficacy of the tutor. Upon the conclusion of each module, a detailed debrief meeting, including student representatives, reviews delivery of the module and student evaluations. This informs future module delivery and highlights more generic issues that require immediate attention. Clinical attachment and placement feedback is also obtained. The evaluation data is analysed and considered at the relevant Year Committees (which include student representatives). Students are asked to complete a localised version of the St George's Student Experience Survey, although completion rates have been low.

42 Students felt that they had every opportunity to evaluate their programme and their learning. They were aware of the analysis of their evaluations in the annual programme monitoring reports and associated action plans. It was evident to them that appropriate action was generally taken in response to issues raised and that feedback loops were closed effectively.

43 At programme level, two student representatives for each year of the programme are elected by their cohort peers. Elected representatives are included on the Student Affairs Committee, MBBS Course Committee, CS & T Year/P & F Year Committees, Module Debriefs in CS and T Year, and on the Placement Management Group. This provides students with a mechanism for influencing programme development. Student representatives at programme level are encouraged to interact with the St George's Students Union. UNic students had formed a medical student society, headed by elected student representatives. Although student representatives are not trained, they receive a briefing and a formal handover from the previous office holder.

44 The student complaints and appeals procedures mirror those operating at St George's in London, but the local officers (corresponding to the London officers) deal with the initial stages. Students did not know the detail of the process but knew where to locate the relevant materials that explained what to do.

45 Students experience a wide range of learning methods centred around clinical Problem Based Learning (PBL), and clinical attachments offering equivalent rather than identical experience to the MBBS 4 (SGUL) programme. Ensuring that the experiences are capable of delivering the requisite learning outcomes has been a preoccupation of the validation panels. There is scope for learning materials to be contextualised in content on an ongoing basis, provided that the module learning outcomes remain the same. For instance, materials related to the health of the homeless on the MBBS 4 (SGUL) programme were altered for the UNic franchise to address the health of refugees. The learning materials were originally provided by St George's. It is now a dynamic process whereby the two course teams interact and develop the course materials together. Changes to the curriculum are jointly considered. As noted in the MBBS periodic review, the contribution of UNic has positively influenced the development of the MBBS.

46 The medical school at UNic was purpose built in 2010 following significant capital investment. It includes 14 PBL rooms and all necessary facilities for medicine, such as the anatomy laboratory and a clinical skills laboratory. The GMC regarded the facilities as excellent. Initially, and with the approval of the relevant governmental authorities, cadavers were obtained from overseas from an appropriate donation scheme, as no such scheme currently exists in Cyprus. Developing a public education campaign to enable the establishment of a donation scheme is a longer term aim of the anatomy department.

47 UNic students have full access to the e-learning medical education resources available to students at St George's in London (via a virtual learning environment). There is dedicated library space in the medical school in Nicosia, which was designed to house all the reading requirements for the MBBS. St George's library staff advised on initial purchase of books, and continue to advise on monitoring demand to inform future purchases. In addition, MBBS students have access to the resources and facilities of the University of Nicosia library on the main campus. Students noted, however, that the resources on the virtual learning environment are not well organised and are difficult to locate. This was one area where student feedback seemed not to result in positive changes. Students also stated that they would find video recordings of lectures helpful.

48 St George's was involved in the initial interview and selection process for all staff teaching on the MBBS (SGUL Nicosia). St George's continues to provide final approval for all teaching faculty related to the MBBS (SGUL Nicosia). The validation events conducted by St George's confirmed sufficient clinical capacity of a high standard in placement sites to accommodate the delivery of each year of the programme. The UNic medical school has a Faculty Affairs Committee responsible for the strategic direction of recruitment and for senior level accountability of personnel management and development. It also oversees appraisal.

49 All staff who teach on the MBBS (SGUL Nicosia) programme (including all clinical supervisors and placement teachers) are required to undergo training before they are permitted to teach. St George's has put in place a comprehensive UNic Medical Faculty Development programme comprising seven elements, which include the St George's teaching skills course on best practice in medical education and the St George's PGCert in Healthcare and Biomedical Education. The programme sets out which elements are mandatory for which operational roles. Educational leads at the medical school were required to follow the entire programme, including the PGCert. The implementation of the Medical Faculty Development programme is overseen by the Faculty Affairs Committee and the Human Resources department. The validation panels found evidence of engagement from clinicians in all clinical sites. The training is dynamic, and aspects are being cascaded to the UNic team that trains new appointees.

50 A full team of administrative staff was appointed in Nicosia to support the MBBS (SGUL, Nicosia) programme. UNic has a bespoke staff development strategy, providing training that has been identified, designed and delivered by the St George's MBBS Programme Manager in conjunction with the UNic quality assurance manager. It is comprehensive, thorough and ongoing as policies and procedures change, and includes exam-specific training from the St George's assessment team. The extensive and robust staff development programme for medical faculty staff and the development strategy for administrative and support staff is a **positive feature**.

51 A formal system of performance review has been developed, which takes place on an annual basis and is carried out by senior members of the faculty. It addresses issues such as completion of appropriate training, attainment of role objectives, reflection on their performance, training targets, and feedback from students as well as from peer reviews. Peer observation of teaching is currently more informal but is widely practised. A more systematic practice is under development.

52 As noted in paragraph 28, the delivery of assessments is coordinated by the local Assessment Management Group in Nicosia. The administrative team at UNic works locally within the regulatory and procedural frameworks of St George's. The UNic approach is aligned with the SGUL process and staff seek advice from their London counterparts if they are in any doubt. Module marks are entered by UNic staff on the master sheets provided by St George's. St George's produces the final mark sheets for the whole cohort, and is

responsible for the production of the Pass Lists following the MBBS Examination Board meetings.

53 The MBBS (SGUL Nicosia) programme is delivered in accordance with the policy and regulatory framework of St George's, which reflects UK legal requirements, including the provisions of the *Equality Act 2010*. The legislative frameworks of Cyprus are broadly comparable with those of the UK. As students might complete their training in countries that are culturally and socially different, steps have been taken to ensure that these differences would not have a bearing on the learning opportunities available to students and their capacity to develop the same professional standards as doctors who had completed their training in the UK.

54 There is a multi-layered approach to links and communication between St George's and the UNic medical school, both in terms of executive roles and deliberative structures. The Dean of Medical Education and the Dean of Clinical Education (responsible for the overall academic direction of the programme) were both initially seconded from SGUL, and succession planning is now in place. Representation from UNic on St George's committees secures formal communication. The team heard from both academic and administrative staff that there was frequent, often daily, contact between counterpart staff and teams. The full participation of UNic staff in the development of the curriculum and assessment and the multi-layered and integrated approach to communications between St George's and UNic staff is a **positive feature**.

Information on higher education provision

55 Broadly, the information made available to students prior to, during and on completion of the programme was accurate and reliable. However, there were two specific areas of concern relating to information provided to initial cohorts of students. Although information on the location of the final two years was initially unclear, the placement options have now been clarified. However, students felt that there was still insufficient information about, and hence understanding of, the fact that all students might not be able to get their preferred placements.

56 The second issue relates to professional registration. The award of a UK PMQ will entitle a medical student to apply for provisional registration with the GMC. Full registration is obtained on satisfaction of a number of requirements, including completion of a foundation (F1) year almost exclusively provided in the UK. However, given current immigration rules and the oversubscription of the course, granting of a visa to the UK for this purpose cannot be guaranteed for non-EU UNic graduates. Similar complexities arise for non-US graduates who wish to achieve full registration to practise in the USA. All UNic students have received letters explaining the accredited status of their degree programme and their options for transfer to full registration with the UK GMC or in other jurisdictions. Although the situation is now transparent and clearly communicated to students, the initial intakes of students were in a less satisfactory position.

57 The UNic careers adviser provides information on postgraduate registration, and UNic has also appointed a head of quality assurance for North America to support student applications for residency programmes in the US. Students whom the review team met indicated that they felt there should be more universal and proactive advice to students earlier in the programme about a matter as important as their postgraduate options. St George's may wish to reflect on how this might best be achieved.

58 The Memorandum of Agreement specifies that St George's must have full control over marketing and publicity. Administrative staff confirmed that sign-off from St George's is

required for all publicity and marketing materials. Templates of handbooks are initially provided by St George's and UNic is invited to suggest where local information should be incorporated and updated, so that the programme information for the MBBS (SGUL Nicosia) is jointly produced. Final approval of all changes and documentation, however, rests with staff at St George's.

59 St George's issues the degree certificates and the transcripts are issued by UNic to the template provided by St George's. The transcript specifies the name of the provider and location of study. However, the certificate, which does not itself refer to UNic or the location of study, makes no reference to the existence of a transcript containing this information. Indicating on the certificate that it should be read in conjunction with the transcript would ensure transparency and provide the reader with a fuller understanding of the qualification.

Conclusion

Positive features

The following positive features are identified:

- the programme annual monitoring process and its management (paragraph 24)
- the management of the assessment process (paragraph 33)
- the extensive and robust staff development programme for medical faculty staff and the development strategy for administrative and support staff (paragraph 50)
- the full participation of UNic staff in the development of the curriculum and assessment and the multi-layered and integrated approach to communications between St George's and UNic staff (paragraph 54)

Recommendations

St George's, University of London is recommended to take the following action:

- a timetable be established for the regular review and updating of the Memorandum of Agreement (paragraph 12)
- St George's should make effective use of the national reference points for threshold academic standards, clarifying the FHEQ level at which it is locating the MBBS (SGUL Nicosia), and whether it is awarding academic credit for these programmes; and, if so, at which credit levels (paragraph 22)

St George's, University of London's response to the review report

St George's, University of London is pleased that so many elements of the partnership with the University of Nicosia are identified as effective, robust and good practice, with four areas identified as particularly positive features. This is testament to the careful approach taken to managing the course including oversight of the partnership, quality assurance, assessment, student support and many other areas. From the initial development of the partnership, St George's has worked closely with the clinical, teaching and professional services teams at the University of Nicosia to ensure that the MBBS course is delivered to St George's high standards. The course has been subject to detailed review by the General Medical Council over the last four years with similar positive findings.

We welcome recommendations that would help us to strengthen the partnership and our oversight of it. We've looked carefully at the recommendations and one - relating to the review of the Memorandum of Agreement - seems to reflect a misunderstanding of our processes. Even so, we are happy to confirm that we will regularly review and update the MoA and, indeed, it was always our intention to do so.

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