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Εθνική Αρχή
Ανώτατης Εκπαίδευσης
Hellenic Authority
for Higher Education

Αριστείδου 1 & Ευριπίδου 2 • 10559 Αθήνα | 1 Aristidou str. & 2 Evripidou str. • 10559 Athens, Greece
T. +30 211 1903 400 • E. secretariat@ethaae.gr • www.ethaae.gr

Accreditation Report
for the Postgraduate Study Programme of:

Newer methods and technologies in the treatment of Diabetes

Department: Medicine

Institution: Aristotle University of Thessaloniki

Date: 16/06/2026

Με τη συγχρηματοδότηση της Ευρωπαϊκής Ένωσης
ΕΣΠΑ 2021-2027
Πρόγραμμα
Ανθρώπινο Δυναμικό και Κοινωνική Συνοχή
enqa.

Report of the Panel appointed by the HAHE to undertake the review of the Postgraduate Study Programme of **Newer methods and technologies in the treatment of Diabetes** of the **Aristotle University of Thessaloniki** for the purposes of granting accreditation

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PART A: BACKGROUND AND CONTEXT OF THE REVIEW

I. The External Evaluation & Accreditation Panel

The Panel responsible for the Accreditation Review of the postgraduate study programme of Newer methods and technologies in the treatment of Diabetes of the **Aristotle University of Thessaloniki** comprised the following five (5) members, drawn from the HAHE Register, in accordance with Law 4653/2020:

1. VISVIKIS DIMITRIS (Chair)
   (Title, Name, Surname)
   National Institute of Health and Medical Research
   (Institution of origin)

2. MITSIADIS THIMIOS
   (Title, Name, Surname)
   Universität Zürich, Switzerland
   (Institution of origin)

3. SILIKAS NIKOLAOS
   (Title, Name, Surname)
   University of Manchester
   (Institution of origin)

4. ΞΑΝΘΟΠΟΥΛΟΣ ΑΘΑΝΑΣΙΟΣ
   (Title, Name, Surname)
   University of Patras
   (Institution of origin)

5. *(Title, Name, Surname)*

   (Institution of origin)

II. Review Procedure and Documentation

Brief reference to the Panel preparation for the postgraduate study programme review, as well as to the documentation provided and considered by the Panel. Dates of the review, review, meetings held, and any additional information regarding the procedure, as appropriate.

Following the requirements of Quality Assurance in Higher Education (laws 4009/2011 and 4653/2020), the Hellenic Authority for Higher Education (HAHE), upon individual invitation and after official acceptance, established an independent External Evaluation and Accreditation Committee (EEAP), with the mission of assessing the compliance of the Postgraduate Studies Program (PSP) in "Novel methods and technologies in treatment of Diabetes Mellitus" of the Aristotle University of Thessaloniki which was scheduled for the 18/5 and 20/5/2026. The established EEAP consists of four experts, three from Universities and Institutes abroad, and one student representative from Greece.
The EEAP received and considered the following supporting documents through the HAHE Panel-Accreditations online information platform (in the order they had been deposited):

M1.1. new Πολ. Ποιότ. ΠΜΣ.pdf
M1.2 new Στοχοθεσία Ποιότητας.pdf
M2.1 new Απόφαση Συγκλήτου.pdf
M2.2 new Εσωτ. Καν. Λειτ..pdf
M2.3 new Οδηγός Σπουδών.pdf
M2.4. Περιγρ. Μαθ._Διπλ..pdf
M2.5. Κατ. Διδ. Προσωπ.pdf
M3.1. Αξιολόγηση από φοιτητές.pdf
M3.2. Καν. Παραπόνων.pdf
M3.3. Καν. Ακαδ. Συμβ.pdf
M3.4. Μεθ. Διδ.-Αξιολ..pdf
M4.1. Κανον. Δεοντ. Ερευν..pdf
M4.2. Καν. Σπουδών_κα.pdf
M4.3. new Καν. Ηλ. Μαθ..pdf
M4.4. new Υπόδ. Διπλ-Παραρτ..pdf
M5.1. Συν. Αναφ. Επιδ.pdf
M5.2 new Επιλ. Διδ. Προσωπ..pdf
M5.3 Συμβ. Διδ. Προσωπ..pdf
M5.4 Πολ. Υπ. Προσωπ..pdf
M6.1 Περ. Υπ.- Υπηρ..pdf
M6.2 new Σχ. Αξιοπ. Διδακ..pdf
M6.3 new Μελ. Βιωσιμ. Λειτ..pdf

M6.4 new Αξιολ. Επάρκ. Πόρων.pdf
M6.5 Καταλ. Διοικ.. Προσωπ..pdf
M6.6. Ενημ. Υλικό_Φοιτ..pdf
M7.1 Αναφορές δεδομένων ΟΠΕΣΠ.pdf
M7.2 Λειτ. Πληροφ. Συστημ..pdf
M7.3 Εργαλεία συλλογής δεδομένων .pdf
M7.4 Αναφ. Αναλ. Πληρ..pdf
M8.1. Συντ. Ιστοσελ..pdf
M8.2 Ιστοσελίδα (σύνδεσμος) .pdf
M10.1 new Έκθ. Προόδου ΠΜΣ.pdf
M1. new Πρόταση Ακ. Πιστοποίησης ΠΜΣ.pdf
M0. Πίνακας Περιεχομένων.pdf
M9.1_Αποτ._Εσωτ.Αξιολ.pdf

The assessment/accreditation process was carried out exclusively remotely using the Zoom platforms. All times indicated are Athens time. During the Zoom meetings, staff members from the University provide us with additional information (including a copy of the presentation made by the director of the program on the 18/5). The scheduled agenda of the certification review was as follows:

18/05/2026
15:00-16:00 Private meeting of the EEAP to discuss first impressions from the PSP and to assign specific principles for each member
16:00-18:00 Meeting with the director of the PSP Professor Triantafyllos Didangelos, Prof. Stefanos Triaridis, Professor, Head of the School of Medicine, AUTh, Dr. Tsimtsiou Zoi, Associate Professor, School of Medicine AUTh, OMEA Member; Prof. Chouvarda Ioanna, Professor, School of Medicine AUTh, OMEA Member; Dr. Goulas Antonios, Professor, School of Medicine, MODIP Committee Member; Prof. Nikolaos Maghioros, President of the QAU; Mrs Alexandra Tzaneraki, MODIP Committee Secretary
18:00-18:30 Scheduled Online tour of the facilities of the PSP in the form of a short introductory video which was already seen by the EEAP. Instead, the conversation with the PSP directors was extended.
18:30-19:00 Debrief meeting with the EEAP members only to discuss first impressions following the presentation of the PSP and the associated discussions.
20/05/2026
15:00-16:00 Meeting with the teaching staff of the PSP: Mr. Arsos Georgios Emeritus Professor
of Nuclear Medicine, Aristotle University of Thessaloniki (AUTH); Director of the 3rd Laboratory of Nuclear Medicine; Ms. Giannoulaki Parthena Clinical Dietitian–Nutritionist; Head of Dietetics & Nutrition Department, AHEPA University Hospital; PhD (AUTH); Ms. Divani Maria Assistant Professor of Nephrology, Faculty of Medicine, University of Thessaly

(Larissa)
16:00-17:00 Meeting with 10 students of the PSP in different semesters (2nd, 4th, 6th).
17:30-18:30 Meeting with 10 graduates of the PSP all in employment and in different disciplines (internal medicine, geriatrics, pediatrician, emergency & critical care nurse).
18:30-19:30 Meeting with 6 social partners of the PSP (industry and public hospitals).
20:00-20:30 Closure meeting with the director of the PSP Professor Triantafyllos Didangelos, Mr. Stefanos Triaridis, Professor, Head of the School of Medicine; Dr. Tsimtsiou Zoi, Associate Professor, School of Medicine AUTh, OMEA Member; Prof. Chouvarda Ioanna, Professor, School of Medicine AUTh, OMEA Member; Dr. Goulas Antonios, Professor, School of Medicine, MODIP Committee Member; Prof. Nikolaos Maghioros, President of the QAU; Mrs Alexandra Tzaneraki, MODIP Committee Secretary.
The EEAP members would like to thank everybody involved for their availability during the whole online accreditation procedure.

III. Postgraduate Study Programme Profile

Brief overview of the postgraduate study programme with reference to the following: history, academic remit, duration of studies, qualification awarded, employment opportunities, orientation challenges or any other key background information. Short description of the home Department and Institution, with reference to student population, campus or any other related facts.

The Aristotle University of Thessaloniki (AUTH) was founded in 1925 and was named after the famous ancient philosopher Aristotle. It is one of the largest Universities of Greece, covering an area of about 34 hectares and located in the Centre of the city. It consists of 41 Faculties and Schools offering a diverse spectrum of studies. Overall, it has approximately 74.000 registered students (65.000 undergraduate and 9.000 postgraduate, 4.000 of which at Doctoral level), more than 2.500 permanent teaching staff and approximately 800 permanents administrative staff (https://www.auth.gr/en).

The School of Medicine (SM) was founded as Medical Faculty of the Aristotle University of Thessaloniki in 1942. Seventeen years after the foundation of Aristotle University, the SM became one of the four Schools of the Faculty of Health Sciences. The School of Medicine in the first academic year (1942-43) accepted 385 medical students, mainly males. Currently there are about 3000 undergraduate students in the School of Medicine. The main goals of the School of Medicine of AUTH are to educate medical students as well as to provide Greek health professionals with the highest scientific standards, and to perform high quality research independently and in collaboration with other Greek and international research institutions.

The SM is organized in nine Sectors: Anatomy and Pathology, Physiology and Pharmacology, Biological Sciences and Preventive Medicine, Radiology - Medical Physics and Informatics, Sensory Organs, Children's Health, Neurosciences, Surgery, and Internal Medicine. Additionally, the School of Medicine offers and hosts 57 postgraduate programs (some of them are Interdepartmental or interinstitutional and 7 as participants). Concerning the number of postgraduate students at the School of Medicine there are a total of 3650 MSc and 992 PhD students and 74 postdoctoral scientists.

Since the 2019–2020 academic year, the Department of Medicine of the Faculty of Health Sciences at Aristotle University of Thessaloniki (AUTH) has offered the PSP entitled "Modern Methods and Technologies in the Therapeutic Management of Diabetes Mellitus." The program is designed to provide healthcare professionals with advanced training in the therapeutic management of Diabetes Mellitus and its complications, based on the latest scientific evidence and developments across all relevant fields. Particular emphasis is placed on modern treatment techniques and emerging technologies. The program aims to promote

knowledge, application, and research in the field of diabetes while equipping postgraduate students with specialized skills and expertise to support their professional and academic careers. The curriculum consists of two taught semesters (60 ECTS), one semester of practical training (30 ECTS), and one semester dedicated to the Master's thesis (30 ECTS). Admission is based on an application and interview process, and courses start each year in October.

The students in this PSP are graduates of the Departments of Medicine, Dentistry, Pharmacy, Biology, Nursing as well as other Health Scientists (such as Physiotherapists, Nutritionists-Dietitians), graduates of other related Departments (such as Psychology, etc.). The PSP is taught in greek.

PART B: COMPLIANCE WITH THE PRINCIPLES

PRINCIPLE 1: QUALITY ASSURANCE POLICY AND QUALITY GOAL SETTING FOR THE POSTGRADUATE STUDY PROGRAMMES OF THE INSTITUTION AND THE ACADEMIC UNIT

INSTITUTIONS SHOULD APPLY A QUALITY ASSURANCE POLICY AS PART OF THEIR STRATEGIC MANAGEMENT. THIS POLICY SHOULD EXPAND AND BE AIMED (WITH THE COLLABORATION OF EXTERNAL STAKEHOLDERS) AT THE POSTGRADUATE STUDY PROGRAMMES OF THE INSTITUTION AND THE ACADEMIC UNIT. THIS POLICY SHOULD BE PUBLISHED AND IMPLEMENTED BY ALL STAKEHOLDERS.

The quality assurance policy of the academic unit should be in line with the quality assurance policy of the Institution and must be formulated in the form of a public statement, which is implemented by all stakeholders. It focuses on the achievement of special goals related to the quality assurance of the study programmes offered by the academic unit.

Indicatively, the quality policy statement of the academic unit includes its commitment to implement a quality policy that will promote the academic profile and orientation of the postgraduate study programme (PSP), its purpose and field of study; it will realise the programme's goals and it will determine the means and ways for attaining them; it will implement appropriate quality procedures, aiming at the programme's improvement.

In particular, in order to implement this policy, the academic unit commits itself to put into practice quality procedures that will demonstrate:

a) the suitability of the structure and organisation of postgraduate study programmes
b) the pursuit of learning outcomes and qualifications in accordance with the European and National Qualifications Framework for Higher Education - level 7
c) the promotion of the quality and effectiveness of teaching at the PSP
d) the appropriateness of the qualifications of the teaching staff for the PSP
e) the drafting, implementation, and review of specific annual quality goals for the improvement of the PSP
f) the level of demand for the graduates' qualifications in the labour market
g) the quality of support services, such as the administrative services, the libraries and the student welfare office for the PSP
h) the efficient utilisation of the financial resources of the PSP that may be drawn from tuition fees
i) the conduct of an annual review and audit of the quality assurance system of the PSP through the cooperation of the Internal Evaluation Group (IEG) with the Institution's Quality Assurance Unit (QAU)

Documentation

- *Quality Assurance Policy of the PSP*
- *Quality goal setting of the PSP*

Study Programme Compliance

I. Findings

The Department of Medicine of Aristotle University of Thessaloniki (AUTH) has established a quality assurance policy that is fully aligned with the institutional quality policy approved by the University Senate. The Department emphasizes continuous improvement in teaching, research, and administrative activities through the active participation of academic staff, researchers, administrative personnel, and students. It promotes a culture of quality and develops postgraduate programmes that address contemporary scientific and societal needs while maintaining high academic standards. There are currently 50 such PSPs.

The PSP in Modern Methods and Technologies in the Therapeutic Management of Diabetes Mellitus operates within this institutional framework and has adopted specific quality assurance mechanisms. These include alignment of learning outcomes with the European and National Qualifications Frameworks (Level 7), annual quality objectives, regular programme evaluations, student and course assessments, monitoring of graduate employability, and the provision of high-quality support services. The programme also implements procedures for internal evaluation, data collection and analysis, stakeholder engagement, and continuous updating of publicly available information on their website.

Specific quality objectives of the programme include the provision of postgraduate education of international standards, the promotion of innovative educational methods, the development of critical and research-oriented thinking, exposure to cutting-edge scientific fields, integration of laboratory and clinical experiences, enhancement of research activities, and strengthening of academic advising and student support.

II. Analysis

The quality assurance framework demonstrates a strong alignment between institutional strategy and programme-level implementation. The Department's commitment to continuous quality improvement is reflected in systematic processes for programme design, monitoring, evaluation, and revision. The existence of formal mechanisms for stakeholder involvement, student evaluation, graduate tracking, and annual internal reviews indicates a mature quality assurance system consistent with European Standards and Guidelines (ESG). However this is all in theory. In practice, the response of the students to course evaluations is well below 50% and there are no examples of how feedback has led to Programme improvements. At the same time there is no formal way that the stakeholdres can contribute in the future PSP evolutions.

At the programme level, the PSP exhibits a clear commitment to ensuring academic excellence through well-defined learning outcomes, qualified teaching staff, and evidence-based educational practices. The emphasis on compliance with Level 7 qualification frameworks, the integration of research and clinical exposure, and the focus on graduate employability demonstrate a coherent

educational strategy. However, there is a need to increase the research orientation of the PSP both in terms of practical aspects but also in terms of teaching staff and student dissertation research activities.

The close collaboration between the Department, the Internal Evaluation Group (OMEA), and the University's Quality Assurance Unit (MODIP) provides an effective governance structure for monitoring quality performance and implementing corrective actions when necessary. These arrangements support accountability and ensure that quality assurance activities are embedded in the programme's regular operations.

III. Conclusions

The Department of Medicine and the PSP have established a comprehensive and well-structured quality assurance framework that is fully aligned with the quality policy of Aristotle University of Thessaloniki. The framework demonstrates a clear commitment to academic excellence, continuous improvement, stakeholder participation, and compliance with national and European quality standards.

The PSP benefits from robust quality assurance procedures that support the achievement of its educational objectives, ensure the relevance of its learning outcomes, and promote high-quality teaching, research, and student support. The programme's focus on innovation, employability, and research integration further strengthens its academic profile and societal impact.

Beyong the written procedures, there is a reduced rate of response from students to the surveys for the assessment of the programme which does not allow to demonstrate through concrete examples the programme adaptation to students or stakeholders feedback. Similarly there is a need to increase the research activities of the teaching staff as well as the associated practicals and the student dissertation research component in order to promote research oriented teaching.

Panel Judgement

Principle 1: Quality assurance policy and quality goal setting for the postgraduate study programmes of the institution and the academic unit	
Fully compliant	
Substantially compliant	**X**
Partially compliant	
Non-compliant	

Panel Recommendations

1.1 Increase the feedback of students and stakeholders to the PSP contents and provide concrete examples of course adaptation to such feedback

1.2 The internal PSP evaluation must have been able to assess the lack of externalization and need to increase the research achievements of the teaching staff. Appropriate changes to the procedures need to be consequently made.

PRINCIPLE 2: DESIGN AND APPROVAL OF POSTGRADUATE STUDY PROGRAMMES

INSTITUTIONS SHOULD DEVELOP THEIR POSTGRADUATE STUDY PROGRAMMES FOLLOWING A DEFINED WRITTEN PROCESS WHICH WILL INVOLVE THE PARTICIPANTS, INFORMATION SOURCES AND THE APPROVAL COMMITTEES FOR THE POSTGRADUATE STUDY PROGRAMMES. THE OBJECTIVES, THE EXPECTED LEARNING OUTCOMES AND THE EMPLOYMENT PROSPECTS ARE SET OUT IN THE PRORAMME DESIGN. DURING THE IMPLEMENTATION OF THE POSTGRADUATE STUDY PROGRAMMES, THE DEGREE OF ACHIEVEMENT OF THE LEARNING OUTCOMES SHOULD BE ASSESSED. THE ABOVE DETAILS, AS WELL AS INFORMATION ON THE PROGRAMME'S STRUCTURE ARE PUBLISHED IN THE STUDENT GUIDE.

The academic units develop their postgraduate study programmes following a well-defined procedure. The academic profile and orientation of the programme, the research character, the scientific objectives, the specific subject areas, and specialisations are described at this stage.

The structure, content and organisation of courses and teaching methods should be oriented towards deepening knowledge and acquiring the corresponding skills to apply the said knowledge (e.g. course on research methodology, participation in research projects, thesis with a research component).

The expected learning outcomes must be determined based on the European and National Qualifications Framework (EQF, NQF), and the Dublin Descriptors for level 7. During the implementation of the programme, the degree of achievement of the expected learning outcomes and the feedback of the learning process must be assessed with the appropriate tools. For each learning outcome that is designed and made public, it is necessary that its evaluation criteria are also designed and made public.

In addition, the design of PSP must consider:

- *the Institutional strategy*
- *the active involvement of students*
- *the experience of external stakeholders from the labour market*
- *the anticipated student workload according to the European Credit Transfer and Accumulation System (ECTS) for level 7*
- *the option of providing work experience to students*
- *the linking of teaching and research*
- *the relevant regulatory framework and the official procedure for the approval of the PSP by the Institution*

The procedure of approval or revision of the programmes provides for the verification of compliance with the basic requirements of the Standards by the Institution's Quality Assurance Unit (QAU).

Documentation

- *Senate decision for the establishment of the PSP*
- *PSP curriculum structure: courses, course categories, ECTS awarded, expected learning outcomes according to the EQF, internship, mobility opportunities*
- *Labour market data regarding the employment of graduates, international experience in a relevant scientific field*
- *PSP Student Guide*
- *Course and thesis outlines*

- *Teaching staff (name list including of areas of specialisation, its relation to the courses taught, employment relationship, and teaching assignment in hours as well as other teaching commitments in hours)*

Study Programme Compliance

I. Findings

The EEAP reviewed the submitted documentation in line with HAHE guidance for EEAP reviews. The document set for the review was complete and well-presented. The EEAP discussed details of the Programme with the Course Director, the MODIP members, the AUTH Senior Management team, associate academics and fellow teaching staff as well as prospective students and graduates. Feedback was sought from external stakeholders. Preliminary conclusions were discussed with the Course Director, MODIP and AUTH Senior Officers at the close-out meeting. In its current form, the Programme design adheres to HAHE principles, the European standards for Quality Assurance within the EHEA, and the Departmental and Institutional (AUTH) strategic plans. The Programme maintains a high standard through a comprehensive curriculum structure, which effectively integrates a wide range of educational activities. The learning objectives are well-defined and focused, helping students to meet their educational and professional needs.

The PSP 'Novel methods and technological developments in treatment of Diabetes Mellitus' was originally started in 2019 and it was re-established in 2023. It aims to cultivate and promote the application, research and knowledge in the entire scientific field of Diabetes Mellitus.

The programme lasts for two years (4 semesters), where the third semester consists of clinical laboratory practice and the fourth semester is the dissertation, offering a total of 120 ECTS and costs 5000 euros total. It admits students from a very large number of university departments: Medicine, Dentistry, Pharmacy, Biology, Nursing as well as other Health Scientists (such as Physiotherapists, Nutritionists-Dietitians), graduates of other related Departments (such as Psychology, etc.). Students are required to attend all classes. Classes are held on Saturdays, on average twice a month.

The teaching staff of the PSP includes approximately 30 faculty, the majority from AUTH, (though it isn't that clear on the webpage who is the core staff etc.). The quality of the faculty both in terms of academic as well as clinical accomplishments is good.

II. Analysis

This PSP is run by Professor Didangelos. Overall, the PSP fulfills an important role in Greek post graduate education concerning the significance of diabetes mellitus that affects several aspects of everyday life of people diagnosed with this. At the

same time, the EEAP suggests to the current leadership of the programme that a limited re-evaluation of aspects of the programme as well as its novelty with respect to current medical practice would be helpful.

The rapid development of many new drugs and the technological achievements in the therapeutic treatment of Diabetes Mellitus is making this PSOP very relevant but at the same time poses the challenge to keep up with the technological advances and ensure they are fully represented in the curriculum.

As it currently stands, the PSP in its theoretical courses contains 70% online teaching. Aspects of formal exposure to patient environment are present but enhancing them would benefit the students. Novel elements like data analysis techniques with artificial intelligence should be included and/or strengthened, raising the profile of the PSP. In addition, although the large heterogeneity in the medical and non-medical specialties of the students can be justified by the multi-disciplinary aspects of diabetes there is a need to provide optional teaching material (mainly oriented towards the basics of each of the subjects covered) to make sure that all students can easily follow the main courses but also allowing the time to go more in depth on them. Finally, including some of the courses in English would allow a migration towards an international PSP.

In terms of stakeholders there is a combination of both clinical and technology providers which is very appropriate for the nature of the PSP. However, the relationship of the PSP with these stakeholders needs to be further amplified with the organization of common events (teaching staff, stakeholders, students) and the creation of stakeholders committee that could allow them to exchange ideas between them and provide feedback towards the PSP future evolutions and subjects for student dissertations.

III. Conclusions

Overall this is a good quality PSP looking at the new therapies in combination with technological developments for Diabetes Mellitus covering several areas, such as diet, long term effects, treatment options etc. The topic is very useful and seems unique in the Greek landscape of PSPs. Some adjustments on the courses could improve it significantly.

Panel Judgement

Principle 2: Design and approval of postgraduate study programmes	
Fully compliant	
Substantially compliant	**X**
Partially compliant	

Non-compliant	

Panel Recommendations

2.1 Increase formal exposure and practice to the clinical environment.

2.2 Amplify teaching of novel elements, including that of the artificial intelligence for data analysis and implementation of new technological solutions. Amplify the corresponding number of research-oriented dissertations on these subjects.

2.3 Introduce some optional teaching material on the basics of each of the subjects treated during the course which would allow going more in depth in these subjects during the first two semesters (for example in the field of data analytics, diabetes and nutrition, etc).

2.4 Expand the list of stakeholders and social partners including the creation of a stakeholders committee which should be helpful for the further development of the PSP.

PRINCIPLE 3: STUDENT-CENTRED LEARNING, TEACHING, AND ASSESSMENT

INSTITUTIONS SHOULD ENSURE THAT POSTGRADUATE STUDY PROGRAMMES PROVIDE THE NECESSARY CONDITIONS TO ENCOURAGE STUDENTS TO TAKE AN ACTIVE ROLE IN THE LEARNING PROCESS. THE ASSESSMENT METHODS SHOULD REFLECT THIS APPROACH.

Student-centred learning and teaching plays an important role in enhancing students' motivation, their self-evaluation, and their active participation in the learning process. The above entail continuous consideration of the programme's delivery and the assessment of the related outcomes.

The student-centred learning and teaching process

- *respects and attends to the diversity of students and their needs by adopting flexible learning paths*
- *considers and uses different modes of delivery, where appropriate*
- *flexibly uses a variety of pedagogical methods*
- *regularly evaluates and adjusts the modes of delivery and pedagogical methods aiming at improvement*
- *regularly evaluates the quality and effectiveness of teaching, as documented especially through student surveys*
- *strengthens the student's sense of autonomy, while ensuring adequate guidance and support from the teaching staff*
- *promotes mutual respect in the student-teacher relationship*
- *applies appropriate procedures for dealing with the students' complaints*
- *provides counselling and guidance for the preparation of the thesis*

In addition

- *The academic staff are familiar with the existing examination system and methods and are supported in developing their own skills in this field.*
- *The assessment criteria and methods are published in advance. The assessment allows students to demonstrate the extent to which the intended learning outcomes have been achieved. Students are given feedback, which, if necessary is linked to advice on the learning process.*
- *Student assessment is conducted by more than one examiner, where possible.*
- *Assessment is consistent, fairly applied to all students and conducted in accordance with the stated procedures.*
- *A formal procedure for student appeals is in place.*
- *The function of the academic advisor runs smoothly.*

Documentation

- *Sample of a fully completed questionnaire for the evaluation of the PSP by the students*
- *Regulations for dealing with students' complaints and appeals*
- *Regulation for the function of academic advisor*
- *Reference to the teaching modes and assessment methods*

Study Programme Compliance

I. Findings

The PSP “Novel methods and technological developments in treatment of Diabetes Mellitus” is a four-semester postgraduate programme with a total workload of 120 ECTS. The first semester includes four taught courses corresponding to 30 ECTS, while the second semester includes three taught courses corresponding to another 30 ECTS. The third semester is dedicated to Clinical Laboratory Practice, also corresponding to 30 ECTS, and the fourth semester is devoted to the PSP thesis, which carries 30 ECTS.

The Programme has a clear clinical and professional orientation. It focuses on the modern therapeutic management of Diabetes Mellitus, including pharmacological treatment, metabolic dysregulation, complications, patient education and newer technologies, such as continuous glucose monitoring systems and insulin pumps. The official documentation presents clinical training in specialised diabetes outpatient clinics as an important part of the Programme.

The Programme includes a substantial online component, which gives flexibility to working professionals. During the interviews, staff and students confirmed that the Programme mainly attracts doctors, who represent approximately 70% of the student body, but also includes students from other health-related backgrounds. Teaching staff explained that they try to adapt the teaching to the background and needs of each cohort.

Students reported that they are exposed to clinical practice through outpatient clinics and hospital settings. They have the opportunity to observe patient management, continuous glucose monitoring systems, insulin pumps and other newer diabetes technologies. This is a positive feature, as it links theoretical teaching with real clinical practice.

The Programme also includes group assignments, literature searches, group work related to thesis preparation and some case-based teaching. Students mentioned that certain courses include patient-case analysis and discussion. However, these activities do not appear to be systematically reflected in final grading. Assessment remains largely based on final written examinations, often multiple-choice questions covering the full course content.

Clinical skills developed during the clinical component are assessed mainly through final examinations rather than through structured practical assessment.
There is limited evidence of systematic use of logbooks, portfolios, supervisor evaluations, structured case presentations or direct assessment of clinical reasoning, patient education skills and interpretation of diabetes technology data.

Students also reported that there is no dedicated hands-on course in data analysis, which is mostly covered at a theoretical level. Artificial intelligence is not offered as a separate course, although it is reportedly included within other teaching areas. Students suggested that one or two additional sessions on

nutritional management of diabetes would also be useful.

Student satisfaction surveys are formally conducted, but participation remains limited. This was broadly consistent with the interview evidence, where staff indicated that only around 40% of students complete evaluation questionnaires. Although the formal framework includes an academic advisor system, students reported that there is no clearly assigned academic advisor for each student in practice.

II. Analysis

The Programme has a strong applied and clinical rationale. Its subject matter is highly relevant, and students clearly benefit from exposure to diabetes care, complications, newer therapies, continuous glucose monitoring and insulin pump technology. This supports the development of clinically relevant knowledge and professional confidence.

There is evidence of student-centred learning through clinical exposure, case discussions, group work and literature-based activities. These elements help students move beyond passive learning and connect the teaching with real-world diabetes care. The Programme is particularly valuable for doctors and other health professionals who can directly apply the acquired knowledge in clinical practice.

However, the assessment strategy is not fully aligned with the Programme's clinical and practical aims. Although students participate in clinical and case-based activities, final assessment still relies heavily on written examinations, especially multiple-choice formats. This creates a gap between what the Programme aims to develop clinical reasoning, practical management, patient education and technology interpretation and what is formally assessed.

For a clinical PSP, assessment should provide clearer evidence that students can apply knowledge in practice. Skills would be better assessed through structured case presentations, portfolios, supervisor evaluations or practical scenarios.

The heterogeneous student background is both a strength and a challenge. It supports interdisciplinary learning, but students without a medical background may need more structured bridging support. At present, the approach appears flexible and responsive, but still largely informal.

The feedback loop also needs strengthening. A 40–45% participation rate in course evaluations limits the Programme's ability to use student feedback systematically. In addition, the academic advisor function appears to exist formally but is not sufficiently operational in practice, which weakens individualised student support.

III. Conclusions

The Programme provides clinically relevant teaching, exposure to real diabetes care and education in modern diabetes technologies. Students and graduates value the Programme and report that it contributes to their everyday clinical practice.

At the same time, the Programme should improve the alignment between learning outcomes, teaching methods and assessment. The clinical and technological skills developed during the Programme should be assessed more explicitly and systematically.

Panel Judgement

Principle 3: Student-centred learning, teaching, and assessment	
Fully compliant	
Substantially compliant	
Partially compliant	**X**
Non-compliant	

Panel Recommendations

3.1 Introduce structured assessment of clinical and practical skills, such as case presentations, clinical portfolios, logbooks or supervisor evaluations.

3.2 Reduce over-reliance on final written examinations by increasing the weight of case-based assignments, group work and applied exercises.

3.3 Develop more hands-on teaching in data analysis, CGM interpretation and diabetes technology.

3.4 Consider adding more structured teaching on nutritional management of diabetes.

3.5 Clarify and implement the academic advisor system, with a clearly assigned advisor for each student.

3.6 Increase student participation in course evaluations and document how feedback leads to Programme improvements.

PRINCIPLE 4: STUDENT ADMISSION, PROGRESSION, RECOGNITION OF POSTGRADUATE STUDIES, AND CERTIFICATION.

INSTITUTIONS SHOULD DEVELOP AND APPLY PUBLISHED REGULATIONS COVERING ALL ASPECTS AND PHASES OF STUDIES (ADMISSION, PROGRESSION, THESIS DRAFTING, RECOGNITION AND CERTIFICATION).

All the issues from the beginning to the end of studies should be governed by the internal regulations of the academic units. Indicatively:

- *the student admission procedures and the required supporting documents*
- *student rights and obligations, and monitoring of student progression*
- *internship issues, if applicable, and granting of scholarships*
- *the procedures and terms for the drafting of assignments and the thesis*
- *the procedure of award and recognition of degrees, the duration of studies, the conditions for progression and for the assurance of the progress of students in their studies*
- *the terms and conditions for enhancing student mobility*

All the above must be made public in the context of the Student Guide.

Documentation

- *Internal regulation for the operation of the Postgraduate Study Programme*
- *Research Ethics Regulation*
- *Regulation of studies, internship, mobility, and student assignments*
- *Degree certificate template*

Study Programme Compliance

I. Findings

Admission procedures are clearly defined. The Programme accepts graduates from Medicine and other health-related fields, including Dentistry, Nursing, Pharmacy, Biology, Dietetics, and other relevant disciplines. The annual intake is set between 10 and 40 students. Candidates are selected through published criteria, including degree grade, research or professional experience, foreign language knowledge, computer skills and interview performance.

The Programme has a clearly defined clinical and professional identity and is formally regulated through its internal regulations and study documentation. It is designed to train health professionals in the modern management of Diabetes Mellitus, including complex clinical cases, complications, modern diabetes technology and patient education.

The Programme applies the ECTS system and is structured around taught components, clinical training and a postgraduate thesis. Its stated aims include the provision of high-level postgraduate studies, the development of specialised graduates with a solid theoretical background, systematic clinical training in diabetes management, promotion of research, and development of critical and research skills relevant to doctoral-level studies.

The student body apparently consists of doctors, who represent approximately 70% of students, but the Programme also attracts students from other health-related fields. This creates an interdisciplinary learning environment, although it also results in differences in prior clinical knowledge. Teaching staff reported that they try to adapt teaching according to the composition of each cohort.

The clinical training component is a valuable part of the Programme. Students attend outpatient clinics and hospital settings, where they are exposed to real patients and diabetes technologies. Students reported that this clinical component supports their understanding of diabetes management and helps them connect theory with practice.

Thesis work is an important component of the Programme. Students reported that many current theses use clinical data, which is a positive element and strengthens the applied character of the Programme. Graduates, however, reported that during the COVID-19 period many theses were bibliographic, probably because access to clinical data was limited.

A major concern is thesis progression. Although there are 38 members of teaching staff, only around 20 appear to supervise theses. With more than 70 students, this

creates a considerable supervision load, approximately four students per supervisor. Interview evidence also indicated that some students take more than one additional year to complete their thesis.

Student mobility appears weak. Students reported that they were not aware of anyone using Erasmus+, and teaching staff also indicated that Erasmus mobility is not active. Although the Programme has produced publications, these are not systematically updated on the Programme website, reducing the visibility of research output. Finally, a Diploma supplement template is available for the Programme, supporting certification and transparency of the qualification.

II. Analysis

The Programme meets the main formal requirements of Principle 4. It has a defined academic structure, applies ECTS, includes clinical training and has a thesis component. It also has a clear clinical orientation and attracts a relevant student population, mainly health professionals.

The admission profile appears broadly appropriate for the Programme's aims. The predominance of doctors is understandable given the clinical nature of the subject. At the same time, the inclusion of students from non-medical backgrounds requires more structured bridging support. At present, adaptation to student background seems to depend mainly on the flexibility of the teaching staff rather than on a formal preparatory mechanism.

The clinical training element is one of the Programme's strongest features. It is clearly relevant to professional skill development and supports the Programme's stated aim of preparing graduates for complex diabetes care. However, the Programme should better document and monitor what each student gains from this clinical component.

The main weakness under Principle 4 is thesis progression. The number of students, the limited number of active thesis supervisors and the reported delays suggest that the thesis phase is not sufficiently structured. A Master's thesis requires clear milestones, early topic selection, methodological support, regular progress checks and realistic supervision capacity.

The applied character of many current theses using clinical data is positive. However, all students should receive adequate methodological and supervisory support, especially when working with clinical datasets. The lack of dedicated hands-on data analysis training may also affect thesis progression and thesis quality.

Mobility is another weak point. The Programme operates in a rapidly evolving international field, but Erasmus+ or other mobility opportunities do not appear to be actively used. This limits international exposure and exchange of good

practices.

The absence of an active alumni network is also relevant to Principle 4, as it limits the systematic tracking of graduate progression and outcomes. Informal personal contact with teaching staff is valuable, but it cannot replace a structured mechanism for monitoring alumni and using their feedback.

III. Conclusions

The Programme has a clear structure, ECTS allocation, clinical training, thesis requirements and certification documentation. It supports progression towards advanced professional competence in diabetes care.

However, thesis progression and supervision capacity require significant strengthening. Mobility is weak, alumni tracking is absent, and research outputs should be documented more systematically. The Programme should also provide more structured support for students from non-medical backgrounds.

Panel Judgement

Principle 4: Student admission, progression, recognition of postgraduate studies and certification	
Fully compliant	
Substantially compliant	
Partially compliant	**X**
Non-compliant	

Panel Recommendations

4.1 Introduce clear thesis milestones, including topic approval, methodology review, progress meetings and final submission timeline.

4.2 Increase thesis supervision capacity or distribute supervision more evenly across the teaching staff.

4.3 Provide stronger methodological and data-analysis support for students working with clinical data.

4.4 Develop bridging support for students from non-medical or less clinically oriented backgrounds.

4.5 Promote Erasmus+ and other mobility opportunities more actively.

4.6 Establish an alumni network and systematically monitor graduate progression.

4.7 Update the Programme website with publications and outputs arising from the PSP

PRINCIPLE 5: TEACHING STAFF OF POSTGRADUATE STUDY PROGRAMMES

INSTITUTIONS SHOULD ASSURE THEMSELVES OF THE LEVEL OF KNOWLEDGE AND SKILLS OF THEIR TEACHING STAFF, AND APPLY FAIR AND TRANSPARENT PROCESSES FOR THEIR RECRUITMENT, TRAINING AND FURTHER DEVELOPMENT.

The Institution should attend to the adequacy of the teaching staff of the academic unit teaching at the PSP, the appropriate staff-student ratio, the appropriate staff categories, the appropriate subject areas, the fair and objective recruitment process, the high research performance, the training-development, the staff development policy (including participation in mobility schemes, conferences, and educational leaves-as mandated by law).

More specifically, the academic unit should set up and follow clear, transparent and fair processes for the recruitment of properly qualified staff for the PSP and offer them conditions of employment that recognise the importance of teaching and research; offer opportunities and promote the professional development of the teaching staff; encourage scholarly activity to strengthen the link between education and research; encourage innovation in teaching methods and the use of new technologies; promote the increase of the volume and quality of the research output within the academic unit; follow quality assurance processes for all staff (with respect to attendance requirements, performance, self-assessment, training, etc.); develop policies to attract highly qualified academic staff.

Documentation

- *Procedures and criteria for teaching staff recruitment*
- *Employment regulations or contracts, and obligations of the teaching staff*
- *Policy for staff support and development*
- *Individual performance of the teaching staff in scientific-research and teaching work, based on internationally recognised systems of scientific evaluation (e.g. Google Scholar, Scopus, etc.)*
- *List of teaching staff including subject areas, employment relationship, Institution of origin, Department of origin*

Study Programme Compliance

I. Findings

The PSP's teaching body comprises between 31-34 members according to the various documents provided by HAHE and the PSP's webpage. It mainly consists of faculty members from the School of Medicine of AUTH, complemented by lecturers from other academic institutions, and organizations. The teaching staff includes a balanced mix of senior and junior academics, with satisfactory gender representation.

The PSP operates within a transparent and merit-based framework for the recruitment and promotion of teaching staff, in accordance with article 143 of law 4957/2022. Faculty evaluation is based on teaching effectiveness, scientific and research activity, international presence, contribution to innovation, and

adherence to academic ethics.

The Department actively supports professional development through educational leave, participation in conferences, international collaborations, mobility programmes, and pedagogical training provided by the Centre for Teaching and Learning Support (KEDIMA).

Teaching staff mobility is encouraged through participation in Erasmus+, Epicur, Campus Europae, and other international academic networks. However, these mobility schemes and international collaborations are not widely utilised by PSP faculty members.

The allocation of workload enables faculty members to sustain administration and research activity. However, research activity within the PSP remains limited, with low support from funded projects and a relatively small number of scientific publications. Master's theses mainly consist of meta-analyses and statistical studies. Practical exercises are included in the teaching process. Both basic and clinical applied research appear to be insufficiently promoted.

Although the PSP demonstrates a clearly defined orientation towards Diabetes Mellitus and its multidisciplinary therapeutic management, a clear research strategy encompassing specialised scientific fields, while promoting interdisciplinary and translational research, is not articulated in the existing documentation.

A linkage between teaching and research exists, since courses are delivered by researchers and clinicians who integrate current scientific developments and evidence-based practice into the curriculum. Teaching quality is evaluated through student surveys conducted within the institutional quality assurance framework. However, participation rates in student questionnaires remain low (44%), limiting the effective use of feedback for quality improvement.

II. Analysis

The evidence indicates that the PSP operates within a well-structured academic framework aligned with European quality assurance standards. Recruitment and promotion procedures are transparent, merit-based, and compliant with national legislation, supporting academic excellence and integrity.

The School of Medicine demonstrates a strong commitment to faculty development through institutional support, pedagogical training, and participation in international collaborations and mobility programmes. These initiatives enhance teaching quality, research cooperation, and internationalisation. However, international teaching staff mobility (e.g., Erasmus+) and collaborations with foreign institutions remain limited. The low participation of faculty members in international research projects indicates a

small degree of collaboration and exchange with foreign Institutions.

The balance between teaching and research activity appears effective, allowing faculty members to maintain scientific productivity and integrate current research findings into the educational process. The close connection between teaching and research strengthens the programme's academic and interdisciplinary character. However, the research activity is not supported by competitive funded projects. The level of scientific publications as appears in the webpage of the PSP is relatively weak. Master's theses are mostly based on systematic reviews, statistics, and meta-analyses. Practical educational activities take place during the 3rd semester, while laboratory-based activities are missing. A clearly defined research strategy for the PSP is evident in the available documentation.

Although student evaluation of teaching staff is formally integrated into the PSP's quality assurance procedures, low participation rates (44%) in evaluation questionnaires limit the effective use of student feedback for continuous quality improvement and accountability.

The PSP's specialised orientation in Diabetes Mellitus gives the opportunity to establish a strong programme with clear and unique academic and scientific identity.

III. Conclusions

The PSP demonstrates substantially compliance with principle 5. Accreditation standards in academic staff recruitment, development, clear multidisciplinary PSP orientation, and students' practical activity are the positive points. However, engagement in funded basic and clinical research remains limited, and scientific output, international student and staff mobility, and the development of a structured research strategy require further strengthening. In addition, low student participation in evaluation procedures weakens the effectiveness of quality assurance mechanisms.

Panel Judgement

Principle 5: Teaching staff of postgraduate study programmes	
Fully compliant	
Substantially compliant	
Partially compliant	**X**
Non-compliant	

Panel Recommendations

5.1 Develop and formally adopt a clear, structured PSP research strategy focusing on Diabetes Mellitus, with defined priorities in basic, clinical, and translational research.

5.2 Strengthen participation in competitive national and international funded research projects to enhance scientific output and research sustainability.

5.3 Increase international mobility of academic staff (e.g. Erasmus+,), with targeted incentives and institutional support.

5.4 Encourage greater involvement of faculty in funded national and international research projects and consortia to enhance scientific output and global visibility.

5.5 Enhance research productivity through structured support for publications, research groups, and integration of MSc theses into active research projects beyond statistics/meta-analyses.

5.6 Expand laboratory-based training components to better connect teaching with applied clinical and experimental research.

5.7 Improve student engagement in quality assurance processes by increasing response rates in evaluation surveys and promoting a stronger feedback culture.

5.8 Establish support mechanisms to harmonize and monitor teaching quality across all faculty.

5.9 Create the notion of the “teacher of the year” and distribute trophies to the best PSP teachers.

PRINCIPLE 6: LEARNING RESOURCES AND STUDENT SUPPORT

INSTITUTIONS SHOULD HAVE ADEQUATE FUNDING TO COVER THE TEACHING AND LEARNING NEEDS OF THE POSTGRADUATE STUDY PROGRAMME. THEY SHOULD –ON THE ONE HAND- PROVIDE SATISFACTORY INFRASTRUCTURE AND SERVICES FOR LEARING AND STUDENT SUPPORT, AND – ON THE OTHER HAND- FACILITATE DIRECT ACCESS TO THEM BY ESTABLISHING INTERNAL RULES TO THIS END (E.G. LECTURE ROOMS, LABORATORIES, LIBRARIES, NETWORKS, CAREER AND SOCIAL POLICY SERVICES ETC.).

Institutions and their academic units must have sufficient resources and means, on a planned and long-term basis, to support learning and academic activity in general, so as to offer PSP students the best possible level of studies. The above means include facilities such as the necessary general and more specialised libraries and possibilities for access to electronic databases, study rooms, educational and scientific equipment, IT and communication services, support and counselling services.

When allocating the available resources, the needs of all students must be taken into consideration (e.g. whether they are full-time or part-time students, employed students, students with disabilities), in addition to the shift towards student-centred learning and the adoption of flexible modes of learning and teaching. Support activities and facilities may be organised in various ways, depending on the institutional context. However, the internal quality assurance proves -on the one hand- the quantity and quality of the available facilities and services, and -on the other hand- that students are aware of all available services.

In delivering support services, the role of support and administration staff is crucial and therefore this segment of staff needs to be qualified and have opportunities to develop its competences.

Documentation

- *Detailed description of the infrastructure and services made available by the Institution to the academic unit for the PSP, to support learning and academic activity (human resources, infrastructure, services, etc.) and the corresponding firm commitment of the Institution to financially cover these infrastructure-services from state or other resources*
- *Administrative support staff of the PSP (job descriptions, qualifications and responsibilities)*
- *Informative / promotional material given to students with reference to the available services*
- *Tuition utilisation plan (if applicable)*

Study Programme Compliance

I. Findings

The Programme benefits from access to relevant clinical learning environments, including specialised diabetes outpatient clinics and hospital settings. The internal regulations describe clinical training in specialised diabetes clinics as central to the Programme, including clinical examination, evaluation of laboratory tests, diagnosis, dietary planning, therapeutic management, intensive insulin therapy, insulin pumps and newer diabetes technology.

Students confirmed that they attend outpatient clinics and hospital wards and that they are exposed to diabetes technologies such as continuous glucose

monitoring systems and insulin pumps. They did not identify major gaps in material or technical infrastructure. This suggests that the Programme has access to resources that are appropriate for its clinical aims.

The Programme is largely delivered online, which provides flexibility and makes it accessible to working professionals. However, students noted that the sense of belonging to a learning group may be limited by the online format. Some non-compulsory meetings take place at conferences and scientific events, but these do not appear to form a structured community-building strategy.

Administrative support is a clear strength. Students described the secretarial support as very good. Graduates also reported that the secretariat continues to send information about conferences, meetings and scientific events. This helps maintain some contact after graduation, although there is no formal alumni network.

The Programme has tuition fees of 5,000 euros per student, with a planned intake of 35 students per year and estimated annual tuition income of 125,000 euros. A tuition utilisation plan has been submitted. However, the connection between tuition income and specific improvements in student learning, practical training, thesis support or student services could be made clearer.

Stakeholders are involved in the Programme, including representatives from pharmaceutical companies and companies working in diabetes technologies. They contribute to teaching through presentations and lectures, and some graduates work in pharmaceutical companies. Stakeholders were positive about the Programme and the performance of graduates. However, their role in curriculum design appears informal rather than systematic.

There is no active alumni network. Graduates maintain mainly informal personal contact with teaching staff, while communication from the Programme is mostly through the secretariat. The academic advisor system also appears weak in practice, as students reported that there is no separately assigned advisor for each student.

II. Analysis

The Programme has relevant and valuable learning resources. Access to outpatient clinics, hospital settings, patients with diabetes, continuous glucose monitoring systems, insulin pumps and modern diabetes technology is a major strength. These resources are highly appropriate for a clinical MSc and support the Programme’s professional aims.

The online delivery model provides flexibility and is suitable for many working professionals. However, online delivery also requires intentional student support and community-building mechanisms. Optional meetings at conferences and

scientific events are useful, but they do not replace a structured support strategy for online students.

Administrative support appears to function well and is valued by students. This is an important strength, especially in a Programme with a large student body and many working professionals.

The main weaknesses under Principle 6 concern academic and progression support. The lack of a clearly assigned academic advisor for each student weakens the support framework. This is especially important in a heterogeneous cohort, where students may have different academic backgrounds and different levels of clinical experience.

Thesis support also appears stretched. The number of supervisors is limited in relation to the number of students, and thesis delays suggest that support during the dissertation phase is not fully adequate. This is both a resource issue and a progression issue.

Stakeholder involvement is promising but under-formalised. Since diabetes care is closely linked to clinical services, pharmaceutical innovation, medical devices and digital technologies, the Programme would benefit from a formal stakeholder advisory mechanism. This would allow external partners to contribute more systematically to curriculum review, skills development, employability and future trends. The lack of an alumni network is another missed opportunity. Alumni could support mentoring, career development, curriculum feedback and professional networking.

III. Conclusions

The Programme provides access to relevant clinical environments, modern diabetes technologies, digital learning resources and strong administrative support. Students and graduates recognise its practical value.

However, student support should be organised more systematically. The academic advisor system should be fully implemented, thesis support should be strengthened, stakeholder involvement should be formalised, and an alumni network should be developed.

Panel Judgement

Principle 6: Learning resources and student

support	
Fully compliant	
Substantially compliant	**X**
Partially compliant	
Non-compliant	

Panel Recommendations

6.1 Assign a clearly identified academic advisor to each student and communicate this role formally.

6.2 Strengthen thesis support by increasing supervision capacity and monitoring supervisor workload.

6.3 Develop a formal alumni network for mentoring, career guidance and graduate feedback.

6.4 Formalize stakeholder involvement through an advisory board or regular stakeholder review process.

6.5 Strengthen community-building activities for online students.

6.6 Ensure equitable access to clinical learning opportunities and diabetes technology exposure.

6.7 Use tuition income more visibly to enhance practical training, digital learning resources, data-analysis support and student services

PRINCIPLE 7: INFORMATION MANAGEMENT

INSTITUTIONS BEAR FULL RESPONISBILITY FOR COLLECTING, ANALYSING AND USING INFORMATION, AIMED AT THE EFFICIENT MANAGEMENT OF POSTGRADUATE STUDY PROGRAMMES AND RELATED ACTIVITIES, IN AN INTEGRATED, EFFECTIVE AND EASLILY ACCESSIBLE WAY.

Institutions are expected to establish and operate an information system for the management and monitoring of data concerning students, teaching staff, course structure and organisation, teaching and provision of services to students.

Reliable data is essential for accurate information and decision-making, as well as for identifying areas of smooth operation and areas for improvement. Effective procedures for collecting and analysing information on postgraduate study programmes and other activities feed data into the internal system of quality assurance.

The information collected depends, to some extent, on the type and mission of the Institution. The following are of interest:

- *key performance indicators*
- *student population profile*
- *student progression, success, and drop-out rates*
- *student satisfaction with their programmes*
- *availability of learning resources and student support*

A number of methods may be used to collect information. It is important that students and staff are involved in providing and analysing information and planning follow-up activities.

Documentation

- *Report from the National Information System for Quality Assurance in Higher Education (NISQA) at the level of the Institution, the department, and the PSP*
- *Operation of an information management system for the collection of administrative data for the implementation of the PSP (Students' Record)*
- *Other tools and procedures designed to collect data on the academic and administrative functions of the academic unit and the PSP*

Study Programme Compliance

I. Findings

The PSP collects core data as part of AUTH QA framework: course descriptors, evaluation of teaching staff, thesis records, admissions, and completion rates. The presentation to the EEAP shows that the programme has an internal evaluation process, uses student questionnaires each year, tracks some teaching staff research output, and collects only limited data on graduates' academic progression (publications, PhDs).

Students of this PSP have a very low participation, typically well below 50%. Although the feedback is positive, the low numbers result in an evaluation that cannot be reliable or representative. The EEAP was not presented with some concrete examples of how this feedback works. The PSP is also subject to internal

monitoring via MODIP.

II. Analysis

Student satisfaction with the PSP for recent years is typically around 90%. However, as mentioned above, the low numbers of students involved in the assessment make this rather unreliable. A significant problem as discussed in the evaluation, is the delay in thesis submission and the consequent appearance of a cohort of long-term students.

Although the PSP collects data on its student cohort, a more detailed set of findings could also be added such as: thesis supervision quality; functioning of the academic advisor role; longitudinal trends in evaluations, etc.

In addition, data collected from evaluations and internal reviews remain largely descriptive and KPI setting does not appear to guide programme development. Similarly, the programme does not seem to generate annual dashboards or reports summarising student outcomes, laboratory performance, or thesis quality.

III. Conclusions

The PSP collects important information on its students and the overall state of the programme but additional data need to be included in this set. It is also important to tackle the problem of the older students still not finished.

Panel Judgement

Principle 7: Information management	
Fully compliant	
Substantially compliant	**X**
Partially compliant	
Non-compliant	

Panel Recommendations

7.1 Improve rate of questionnaire completion with the aim of consistently reaching at least 70%. It must be doable to discover what has caused the drop in recent years.

7.2 Engage with the old students not yet graduated to find ways to help them finish.

7.3 Follow career progression of the graduating students and include some of this information in analysis of the PSP.

PRINCIPLE 8: PUBLIC INFORMATION CONCERNING THE POSTGRADUATE STUDY PROGRAMMES

INSTITUTIONS SHOULD PUBLISH INFORMATION ABOUT THEIR TEACHING AND ACADEMIC ACTIVITIES RELATED TO THE POSTGRADUATE STUDY PROGRAMMES IN A DIRECT AND READILY ACCESSIBLE WAY. THE RELEVANT INFORMATION SHOULD BE UP-TO-DATE, OBJECTIVE AND CLEAR.

Information on the Institutions' activities is useful for prospective and current students, graduates, other stakeholders, and the public.

Therefore, Institutions and their academic units must provide information about their activities, including the PSP they offer, the intended learning outcomes, the degrees awarded, the teaching, learning and assessment procedures applied, the pass rates, and the learning opportunities available to their students. Information is also provided on the employment perspectives of PSP graduates.

Documentation

- *Dedicated segment on the website of the department for the promotion of the PSP*
- *Bilingual version of the PSP website with complete, clear and objective information*
- *Provision for website maintenance and updating*

Study Programme Compliance

I. Findings

The PSP website is operational and provides general information about the programme. Key information regarding the PSP structure, mode of attendance, assessment criteria, and degree awarded is available online and offers a satisfactory general overview. The website is accessible in both Greek and English; however, several important documents (e.g., regulations, quality targets/FEK) have not been translated into English, which limits accessibility for non-Greek-speaking users.

The QAP is published and accessible through the PSP website. Nevertheless, parts of the website content are outdated, incomplete, or not fully aligned with the material provided during the evaluation process. In addition, discrepancies were observed in the number of teaching staff listed online.

The presentation of the teaching staff in the PSP website is minimalistic. The website currently includes only the names of academic staff, while detailed CVs and academic profiles are absent. Essential information such as research interests, selected publications, competitive grant acquisitions, international and national distinctions, and links to Google Scholar and Scopus profiles is not available. Furthermore, an organisational chart (organigramme) is missing.

Course outlines are available online; however, they are not sufficiently detailed. In addition, the website does not provide links to publications produced by PSP faculty members or to students' dissertations.

The website also lacks a clearly structured and targeted promotional section.

Content addressed to prospective students and external stakeholders is limited, while partnerships and collaborations with organisations such as hospitals, clinics, and the Municipality of Thessaloniki are not sufficiently highlighted.

Finally, the website lacks dynamic and modern features, such as an alumni section, information on Erasmus+ mobility, visible presentation of research and collaboration activities, and a list of external stakeholders. These shortcomings reduce the website's effectiveness as a communication, dissemination, and outreach tool.

II. Analysis

The PSP website is operational and provides a satisfactory general overview of the programme, including its structure, mode of attendance, assessment criteria, and degree awarded. It is available in both Greek and English, supporting accessibility; however, the lack of English translation for key documents such as regulations and quality targets (FEK) limits usability for non-Greek-speaking users.

Although transparency requirements are broadly met, the website's overall effectiveness as a communication and outreach tool is constrained by issues of completeness, consistency, and updating. Parts of the content are outdated or incomplete and, in some cases, not fully aligned with the information provided during the evaluation process. Discrepancies in the number of teaching staff listed further raise concerns regarding data accuracy and maintenance.

The presentation of academic staff is particularly weak. It is limited to names only, without structured CVs or academic profiles. Essential information such as research interests, publications, competitive grants, distinctions, and links to academic databases (e.g. Google Scholar and Scopus) is missing. An organisational chart is also absent. Course information is available but lacks sufficient detail at module level, and there is no systematic access to faculty publications or students' dissertations.

From a strategic communication perspective, the website does not function effectively as a promotional or outreach platform. There is no clearly structured promotional section, and limited visibility is given to partnerships and external collaborations with hospitals, clinics, or the Municipality of Thessaloniki. In addition, the absence of dynamic content, such as research highlights, Erasmus+ mobility information, alumni activity, and dissemination of student work, reduces engagement and external attractiveness.

III. Conclusions

The PSP is partially compliant with the criteria regarding public information. Although the website provides basic programme information and meets core transparency requirements, it does not adequately support the PSP's academic profile, international orientation, or strategic communication objectives.

Weaknesses such as incomplete staff profiles, not detailed course information, lack of student's mobility, absence of students' dissertations, outdated content, and insufficient visibility of partnerships reduce the website's clarity, usability, and outreach potential. Furthermore, the lack of dynamic features, including alumni activities and stronger promotional content, limits its effectiveness in enhancing the programme's visibility and international engagement.

Panel Judgement

Principle 8: Public information concerning the postgraduate study programmes	
Fully compliant	
Substantially compliant	
Partially compliant	**X**
Non-compliant	

Panel Recommendations

8.1 Provide full English translations of all key documents, including regulations, quality targets/FEK documents, to improve accessibility for international users.

8.2 Develop comprehensive academic staff profiles including CVs, research interests, publications, competitive grants, distinctions, and links to Google Scholar and Scopus. Strengthen the website's role as a strategic communication tool by better showcasing academic achievements, research activity, and external collaborations.

8.3 Add an organisational chart (organigramme) to clearly present the PSP governance and administrative structure.

8.4 Enrich course descriptions with detailed learning outcomes, syllabus content, teaching methods, and assessment criteria.

8.5 Create dedicated sections for faculty publications and PSP students' dissertations to strengthen academic visibility and dissemination.

8.6 Enhance the website's promotional and outreach function by highlighting collaborations, partnerships, and links with external stakeholders.

8.7 Enhance visibility of partnerships and collaborations (e.g. hospitals, clinics, municipalities) through dedicated sections and updated content.

8.8 Introduce dynamic features such as Erasmus+ mobility opportunities and research

highlights to strengthen engagement and international visibility.

8.9 Add an alumni section to showcase graduate outcomes, career paths, and strengthen community engagement.

8.10 Regularly update website content to ensure accuracy, relevance, and alignment with current programme information and evaluation materials.

PRINCIPLE 9: ON-GOING MONITORING AND PERIODIC INTERNAL EVALUATION OF POSTGRADUATE STUDY PROGRAMMES

INSTITUTIONS AND ACADEMIC UNITS SHOULD HAVE IN PLACE AN INTERNAL QUALITY ASSURANCE SYSTEM FOR THE AUDIT AND ANNUAL INTERNAL REVIEW OF THEIR POSTGRADUATE STUDY PROGRAMMES, SO AS TO ACHIEVE THE OBJECTIVES SET FOR THEM, THROUGH MONITORING AND POSSIBLE AMENDMENTS, WITH A VIEW TO CONTINUOUS IMPROVEMENT. ANY ACTIONS TAKEN IN THE ABOVE CONTEXT SHOULD BE COMMUNICATED TO ALL PARTIES CONCERNED.

The regular monitoring, review, and revision of postgraduate study programmes aim at maintaining the level of educational provision and creating a supportive and effective learning environment for students.

The above comprise the evaluation of:

a) the content of the programme in the light of the latest research in the given discipline, thus ensuring that the PSP is up to date
b) the changing needs of society
c) the students' workload, progression and completion of the postgraduate studies
d) the effectiveness of the procedures for the assessment of students
e) the students' expectations, needs and satisfaction in relation to the programme
f) the learning environment, support services, and their fitness for purpose for the PSP in question

Postgraduate study programmes are reviewed and revised regularly involving students and other stakeholders. The information collected is analysed and the programme is adapted to ensure that it is up-to-date.

Documentation

- *Procedure for the re-evaluation, redefinition and updating of the PSP curriculum*
- *Procedure for mitigating weaknesses and upgrading the structure of the PSP and the learning process*
- *Feedback processes concerning the strategy and quality goal setting of the PSP and relevant decision-making processes (students, external stakeholders)*
- *Results of the annual internal evaluation of the PSP by the Quality Assurance Unit (QAU), and the relevant minutes*

Study Programme Compliance

I. Findings

The PSP "Novel Methods and Technologies in the Treatment of Diabetes Mellitus", offered by the School of Medicine AUTH, provides specialised postgraduate education to physicians and other health science professionals, biologists, psychologists, nutritionists, physiotherapists, etc. in the contemporary management of diabetes mellitus. The PSP places particular emphasis on advanced pharmacotherapy and modern technologies, addressing the complexity of diabetes management. It combines advanced theoretical instruction with practical training at the AHEPA University Hospital. The programme is supported by experienced academics and collaborates with several internationally recognised universities, strengthening its academic and research profile. The PSP

awards a level 7 qualification, aiming to develop advanced specialised knowledge, critical understanding, and problem-solving skills.

The self-assessment process is implemented annually in accordance with the IQAS of AUTH. It is coordinated by OMEA in collaboration with MODIP. The process includes the systematic collection of quantitative and qualitative data derived from student evaluations, teaching assessments, programme indicators, and administrative feedback. Student participation in evaluation questionnaires is approximately 44%. The collected data are incorporated into formal self-assessment reports addressing curriculum relevance, teaching quality, learning outcomes, student workload, and support services.

The outcomes of the self-assessment are submitted to MODIP. Findings are analysed and discussed within the general assembly, the coordinating committee of the PSP. Based on the evaluation findings, action plans are developed focusing on curriculum renewal, teaching enhancement, and improvement of learning resources and student support. However, several limitations were identified by EEAP, including moderate graduation rates (approximately 70% completing within the expected timeframe), limited internationalisation activities, absence of Erasmus+ mobility, lack of structured stakeholder and alumni involvement in curriculum review and redesign, and limited multilingual delivery, as all courses are conducted in Greek. Action plans are formally communicated to academic and administrative staff although implementation may be partial or delayed due to institutional and administrative constraints.

II. Analysis

The PSP demonstrates an established and procedurally compliant quality assurance system consistent with IQAS requirements. The annual self-assessment cycle, coordinated by OMEA and supervised by MODIP, confirms that quality assurance is embedded within the programme's governance structure and operates as a continuous improvement mechanism. According to the available documents, the programme actively updates course content based on international trends, emerging research areas, and societal needs, which are indicators of a level 7 programme.

The systematic collection and submission of data indicate procedural integrity and alignment with institutional quality governance. However, the relatively moderate student response rate (44%) raises concerns regarding the representativeness of student feedback and suggests the need for improved engagement strategies to strengthen evidence reliability in decision-making processes. Similarly, the percentage of PSP students completing their postgraduate studies in four semesters is 70%.

The dissemination of results within formal academic bodies ensures transparency and supports internal accountability. Nevertheless, the absence of structured

involvement of stakeholders, alumni, and external partners in curriculum review represents a significant limitation in terms of external validation and labour-market alignment, particularly for a level 7 qualification where applied expertise and professional relevance are critical. The programme tracks academic performance and research output but lacks data on graduate employment, career progression, or employer satisfaction, which are key indicators of programme effectiveness at level 7.

The action-planning mechanism demonstrates that evaluation outcomes have the potential to be translated into operational improvements, particularly in curriculum updating and teaching enhancement. However, key gaps remain in strategic dimensions of PSP development, especially internationalisation, student and staff mobility, and stakeholder engagement. The absence of Erasmus+ activity and the exclusive use of Greek as the language of instruction limit the PSP's international exposure and restrict its alignment with best practices in European postgraduate education.

While the PSP successfully supports the acquisition of specialised knowledge and practical competencies in a complex and evolving field, further strengthening is required in terms of critical autonomy, research integration, and international academic engagement that are prerequisites for level 7.

III. Conclusions

The PSP demonstrates an effective quality assurance system with regular self-assessment, reporting, and internal dissemination aligned with IQAS and MODIP. It is committed to continuous improvement in teaching, practical training, and curriculum relevance. However, further development is needed in stakeholder and alumni involvement, student participation in evaluations, and internationalisation through mobility, collaborations, and language provision to fully meet level 7 postgraduate standards.

Panel Judgement

Principle 9: On-going monitoring and periodic internal evaluation of postgraduate study programmes	
Fully compliant	
Substantially compliant	**X**
Partially compliant	

Non-compliant	

Panel Recommendations

9.1 Strengthen internationalisation through participation in Erasmus+ and other mobility schemes, development of international academic collaborations, and inclusion of courses or modules delivered in English.

9.2 Promote the alumni and stakeholders' involvement in curriculum review and strategic programme development to enhance labour-market relevance and external validation.

9.3 Improve student participation rates in evaluation questionnaires to ensure more representative and reliable quality assurance data.

9.4 Develop a formal alumni tracking and feedback mechanism to monitor graduate employability, professional progression, and programme impact.

9.5 Further reinforce research integration, critical thinking, autonomy in clinical decision-making, and interdisciplinary learning.

9.6 Promote greater participation of academic staff in international research projects, scientific networks, and consortia to strengthen the PSP's international visibility and research profile.

9.7 Improve monitoring of student progression and timely graduation rates through targeted academic support and mentoring mechanisms.

9.8 Expand digital learning resources and student support services to further support flexible and student-centred learning approaches.

9.9 Ensure more systematic implementation and follow-up of action plans arising from the annual self-assessment process.

9.10 Establish a permanent external advisory board with representatives from industry, healthcare, and research institutions to review and advise on curriculum relevance and outcomes.

9.11 Ensure that the totality of PSP students complete their studies in four semesters.

PRINCIPLE 10: REGULAR EXTERNAL EVALUATION OF POSTGRADUATE STUDY PROGRAMMES

THE POSTGRADUATE STUDY PROGRAMMES SHOULD REGULARLY UNDERGO EVALUATION BY PANELS OF EXTERNAL EXPERTS SET BY HAHE, AIMING AT ACCREDITATION. THE TERM OF VALIDITY OF THE ACCREDITATION IS DETERMINED BY HAHE.

HAHE is responsible for administrating the PSP accreditation process which is realised as an external evaluation procedure, and implemented by panels of independent experts. HAHE grants accreditation of programmes, based on the Reports delivered by the panels of external experts, with a specific term of validity, following to which, revision is required. The quality accreditation of the PSP acts as a means for the determination of the degree of compliance of the programme to the Standards, and as a catalyst for improvement, while opening new perspectives towards the international standing of the awarded degrees. Both academic units and Institutions must consistently consider the conclusions and the recommendations submitted by the panels of experts for the continuous improvement of the programme.

Documentation

- *Progress report of the PSP in question, on the results from the utilisation of possible recommendations included in the External Evaluation Report of the Institution, and in the IQAS Accreditation Report, with relation to the postgraduate study programmes*

Study Programme Compliance

I. Findings

This PSP's Programme is undergoing its first external accreditation process. Previous institutional accreditation of AUTH in 2015 concluded that all postgraduate programmes offered by the University were of excellent quality and covered an impressively broad range of scientific disciplines. The accreditation panel also strongly supported the University's strategy to establish English-taught postgraduate programmes in order to attract international students.

The 2015 institutional review identified two main areas for improvement: the absence of a coordinated mechanism to promote interdisciplinarity and interdepartmental collaboration, and insufficient academic staffing. To address these issues, the review recommended the establishment of organized seminars for postgraduate students to encourage research exchange and networking, greater flexibility in programme duration, and the mandatory inclusion of independent research and a Master's thesis in all postgraduate programmes.

The Department of Medicine underwent external evaluations in 2011 and 2020 and responded effectively to the recommendations made during the earlier review. Over the subsequent years, the Department significantly expanded its portfolio of postgraduate programmes, broadened the range of scientific fields covered, introduced tuition fees that contributed to improving educational resources, established English-language Master's programmes, made the Master's thesis compulsory across all programmes, created a dedicated Postgraduate Studies Committee and Office, and extended electronic student evaluations to

postgraduate education. During the 2020 external accreditation, no concerns were raised regarding postgraduate studies. The reviewers highlighted that both undergraduate and postgraduate curricula met expected standards regarding course content, clinical training, and workload, and confirmed that the learning outcomes and qualifications awarded were fully aligned with the European and National Qualifications Frameworks for Higher Education.

II. Analysis

Internal evaluation by MODIP was successfully completed. It is surprising that certain shortcomings that this EEAP have pointed out in terms low rate of students feedback for the PSP courses and the research activity evaluation of the teaching staff have not been picked up by this internal evaluation. It may mean that there is a need to review the internal evaluation procedures.

III. Conclusions

The internal evaluation by MODIP has not pointed out evident aspects where the PSP should be improved. To achieve full compliance MODIP should review the overall internal evaluation procedures and associated thresholds finding solutions for (i). enhanced internationalization as well as improved students and stakeholders' engagement to the evaluation process.

Panel Judgement

Principle 10: Regular external evaluation of postgraduate study programmes	
Fully compliant	
Substantially compliant	**X**
Partially compliant	
Non-compliant	

Panel Recommendations

10.1 Improve the internal evaluation process to ensure that obvious shortcomings are addressed well before the external evaluation of the PSP

PART C: CONCLUSIONS

I. Features of Good Practice

The PSP programme addresses a highly relevant and rapidly evolving area of therapeutic solutions and associated technological developmens in the field of Diabetes Mellitus. The programme is well aligned with the growing recognition of Diabetes Mellitus as a multidisciplinary specialty and responds effectively to the increasing demand for healthcare professionals with advanced knowledge and skills in the therapeutic options' management.

Its curriculum is structured around clearly defined learning outcomes that promote clinical reasoning, critical thinking, and the application of evidence-based therapeutic approaches across a broad range of solutions. The PSP employs a variety of active learning methods, including clinical placements, case-based discussions, group work, and literature review activities. These approaches encourage critical thinking, engagement, and the practical application of knowledge to real-world clinical situations.

The PSP provides students with comprehensive exposure to diabetes management, its complications, modern pharmacological treatments, continuous glucose monitoring systems, and insulin pump technologies. This contributes significantly to the development of clinically relevant competencies and professional confidence.

Clinical training is a major strength of the Programme, providing students with meaningful opportunities to develop professional skills and gain hands-on experience in the management of complex diabetes cases. This component is closely aligned with the Programme's educational objectives and professional outcomes.

Many dissertations are based on clinical datasets and address practical healthcare challenges, fostering the integration of research findings into clinical practice and strengthening evidence-based decision-making skills.

The Programme operates within a well-structured academic framework that is aligned with European quality assurance standards. Recruitment and promotion procedures are transparent, merit-based, and fully compliant with national regulations, supporting academic integrity and excellence. The School of Medicine actively supports faculty development through pedagogical training opportunities, institutional support mechanisms, and participation in national and international academic initiatives, contributing to the continuous enhancement of teaching quality.

Faculty members successfully balance teaching responsibilities with research activities, enabling them to incorporate contemporary scientific developments into

the curriculum and strengthen the Programme's academic and interdisciplinary character.

Students benefit from access to outpatient clinics, hospital facilities, patients with diabetes, continuous glucose monitoring systems, insulin pumps, and other modern diabetes technologies. These resources provide an optimal learning environment for advanced clinical education.

Administrative services appear efficient, responsive, and highly valued by students. This support is particularly important given the size of the student cohort and the significant proportion of students who are healthcare professionals balancing study with professional commitments.

II. Areas of Weakness

The Programme relies heavily on online delivery, with approximately 70% of theoretical teaching conducted remotely. While this provides flexibility for working professionals, it may limit opportunities for direct interaction and experiential learning. Clinical exposure is included within the curriculum; however, a stronger emphasis on patient-centred learning and practical clinical experiences would further enhance the educational experience.

The curriculum would also benefit from the integration of emerging topics such as artificial intelligence and advanced data analysis techniques, which are increasingly relevant in diabetes care and research. In addition, given the diverse academic and professional backgrounds of students, the provision of optional preparatory or bridging materials would help ensure a more homogeneous knowledge base and facilitate deeper engagement with advanced course content. The exclusive use of Greek as the language of instruction further limits the Programme's international attractiveness and development.

The thesis component appears to face several challenges related to supervision capacity and research support. The number of active supervisors is limited relative to the student cohort, and delays in thesis completion suggest that the supervision process is not sufficiently structured. Clear milestones, systematic progress monitoring, and enhanced methodological support would strengthen student progression and dissertation quality. Furthermore, although many theses make valuable use of clinical datasets, students would benefit from more extensive hands-on training in research methods and data analysis.

Research activity within the PSP is not strongly supported by competitive funded projects, scientific publication output appears relatively modest, and laboratory-based educational activities are absent. The number of systematic reviews, statistical studies, and meta-analyses also suggests the need to diversify research approaches and strengthen the PSP's overall research strategy.

Internationalisation represents one of the PSP's main areas for development. Participation in Erasmus+ and other mobility schemes appears very limited for both students and academic staff. International collaborations and involvement in multinational research projects remain relatively weak, reducing opportunities for academic exchange and exposure to international best practices. The exclusive use of Greek as the language of instruction further restricts the PSP's international visibility and attractiveness. Greater emphasis on mobility initiatives, international partnerships, and English-language teaching would significantly enhance the PSP's international profile.

While administrative support is reported to function effectively, academic support structures could be strengthened. In particular, the absence of a clearly assigned academic advisor for each student weakens the support framework, especially given the diversity of the student population in terms of academic background and professional experience. More structured academic mentoring and monitoring would help students navigate their studies more effectively and improve progression through the dissertation phase.

Although transparency requirements are generally fulfilled, the Programme's website does not fully serve as an effective communication and promotional platform. Several sections contain incomplete, outdated, or inconsistent information, and discrepancies exist regarding academic staff listings. Faculty profiles are limited and lack detailed information on qualifications, research interests, publications, grants, and academic achievements. Course descriptions are often insufficiently detailed, and there is no systematic access to publications or student dissertations. In addition, the website provides limited visibility for partnerships, research achievements, student activities, international mobility opportunities, and alumni engagement. These shortcomings reduce the Programme's external visibility, attractiveness, and capacity to engage prospective students and stakeholders.

The Programme has established quality assurance procedures, but their effectiveness is constrained by limited use of performance data for strategic decision-making. Student participation in teaching evaluations remains relatively low, reducing the reliability and representativeness of feedback. Quality assurance data are primarily descriptive and do not appear to be systematically linked to measurable key

performance indicators or long-term development objectives. Furthermore, the Programme lacks comprehensive annual reporting mechanisms, such as performance dashboards covering student outcomes, thesis quality, supervision effectiveness, and graduate success. More robust data collection and analysis would support evidence-based planning and continuous improvement.

III. Recommendations for Follow-up Actions

Establish a formal Stakeholder Advisory Board including clinicians, healthcare organisations, technology companies, pharmaceutical representatives, patient associations, and alumni. Organise annual stakeholder forums bringing together students, faculty, healthcare professionals, industry partners, and policymakers. Involve stakeholders systematically in curriculum review, programme evaluation, dissertation topic identification, and employability initiatives.

Introduce dedicated modules on artificial intelligence, machine learning, digital health technologies, and advanced data analytics in diabetes care. Develop optional preparatory courses or bridging modules for students from diverse academic and professional backgrounds. Gradually introduce English-language teaching modules to support internationalisation and attract international students.

Reduce the proportion of exclusively online teaching by increasing face-to-face sessions, workshops, and interactive learning activities. Expand structured clinical exposure through additional patient-centred teaching activities, clinical rotations, and case-based learning.

Establish a formal Stakeholder Advisory Board involving clinicians, industry representatives, technology providers, patient organisations, and alumni. Organise regular stakeholder engagement events to facilitate collaboration, curriculum feedback, and identification of emerging educational and research priorities.

Strengthen thesis supervision by increasing supervisory capacity and implementing structured monitoring procedures with clear milestones and progress reviews.

Develop a stronger research strategy by promoting participation in funded research projects, scientific publications, and more diverse research activities, including laboratory-based experiences where feasible.

Develop a comprehensive internationalisation strategy with measurable objectives for student and staff mobility, international collaborations, and global visibility.

Increase participation in Erasmus+ and other international exchange programmes while strengthening partnerships with leading international institutions.

Strengthen the quality assurance system through the systematic use of performance indicators, comprehensive data analysis, and regular reporting to support evidence-based decision-making and strategic development.

Create a formal alumni and employability monitoring system to strengthen graduate engagement, track career outcomes, and use stakeholder feedback to support continuous programme improvement.

Establish a structured academic advising and mentoring system to provide continuous guidance, monitor student progression, and support timely completion of studies and dissertations.

IV. Summary & Overall Assessment

The Principles where full compliance has been achieved are:

0

The Principles where substantial compliance has been achieved are:

1, 2, 6, 7, 9, 10

The Principles where partial compliance has been achieved are:

3, 4, 5, 8

The Principles where failure of compliance was identified are:

0

Overall Judgement	
Fully compliant	
Substantially compliant	**X**
Partially compliant	
Non-compliant	

The members of the External Evaluation & Accreditation Panel

Name and Surname	Signature
VISVIKIS DIMITRIS	Signed by VISVIKIS DIMITRIS - 16/06/2026 13:29:01 +03:00
MITSIADIS THIMIOS	Signed by MITSIADIS THIMIOS - 16/06/2026 13:29:01 +03:00
SILIKAS NIKOLAOS	Signed by SILIKAS NIKOLAOS - 16/06/2026 13:29:01 +03:00
ΞΑΝΘΟΠΟΥΛΟΣ ΑΘΑΝΑΣΙΟΣ	Signed by ΞΑΝΘΟΠΟΥΛΟΣ ΑΘΑΝΑΣΙΟΣ - 16/06/2026 13:29:01 +03:00