External Quality Assurance Audit Report

National Commission for
**Further and
Higher Education**
Malta

IDEA Leadership and

Management Institute

Carried out between the 23rd &
25th September 2019

Table of Contents

Abbreviations List

ECTS   European Credit Transfer System

QA audit   External Quality Assurance Audit

IQA   Internal Quality Assurance

MQF   Malta Qualifications Framework

NCFHE   National Commission for Further and Higher Education

NQAF   National Quality Assurance Framework for Further and Higher Education

1. Executive Summary

1.1 Section A: Background

This report is a result of the External Quality Assurance process undertaken by an independent peer review panel. The panel evaluated the documentation submitted by the educational institution and conducted an on-site audit visit. The panel was responsible for giving judgements on Standards 1 and 3 – 11. As outlined in the External Quality Audit Manual of Procedures, the NCFHE sought external expertise to evaluate and give judgement on Standard 2. Through this report, the panel also highlighted areas of good practice, which in view of an NCFHE peer review panel, make a positive contribution to academic standards and quality and are worthy of being emulated and disseminated more widely.

1.1.1 The Peer Review Panel

The Peer Review Panel was composed of:

Chair of Panel: Dr Anca Prisacariu

External Peers: Dr Inġ. Owen Casha

Student Peer Reviewer: Mr. Wilbert Tabone

QA Managers (NCFHE):   Ms. Fiona McCowan, Ms. Sibby Xuereb

1.1.2 Specific Terms of Reference and Main Lines of Inquiry

As defined in the NCFHE Quality Audit Manual of Procedures, the panel was responsible for examining how the institution manage its own responsibilities to ensure the quality and standards of the education that they offer. In particular, the following issues were addressed:

1. the fitness for purpose and effectiveness of the Internal Quality Assurance (IQA) processes, including an examination of the systems and procedures that have been implemented and the documentation that supports them;
2. the compliance of licensed providers with the established regulations and any conditions or restrictions issued by the NCFHE;
3. the governance and financial sustainability of providers, including assurances about the legal status of the provider, the appropriateness of corporate structures and the competence of staff with senior management responsibilities.

In preparation for the audit visit, the panel identified that, due to the age and size of the institution, there is a tendency to adopt a very centralised and informal style of management; this means that most responsibilities in terms of decision making, leadership, management and administration are concentrated with a reduced number of individuals, and formal provisions at the institution are either not documented or inconversant with how to demonstrate coherent implementation and impact. These two areas have, therefore, been identified as lines of inquiry.

1.2 Section B: Key Findings, Judgements and Recommendations

1.2.1 Standard 1 - Policy for Quality Assurance

Summary of Main Findings

IDEA Leadership & Management Institute (ILMI) has developed a Quality Assurance Policy which is an operational playbook describing all institutional processes for Admission, Progression, Recognition, Certification, Programme Design and Development, Learning Resources and Student Support and Information Management. However, the policy does not describe the institutional quality assurance system, its processes, mechanisms, instruments, reporting, data collection, timeframes, quality cycle and responsibilities of all individuals and units involved in these processes.

Looking at the policy making area in more general terms, the panel has identified:

- recent policies that have not had the chance to be fully implemented;
- policies that have been developed right before the audit;
- areas such as Human Resources Management, as well as Programme Monitoring and Revision, that are under-regulated, which will be detailed in the next sections of the present report.

IMLI produced the first comprehensive Self-Assessment Report as one of the required submissions for the audit process carried by the NCFHE; the panel is therefore concerned to observe that the quality assurance system is driven by the external processes the institution is undergoing and not by internal ownership and commitment for the constant quality improvement of their operations. One of the priorities of the institution is "to introduce more rigid quality systems"; the panel would like to underline that rigidity does not necessarily mean effective and that a rigid quality assurance system, often associated with a check-box approach, is not conducive to an enhancement of organisational quality culture.

The panel believes that the processes dedicated to strategic planning do not successfully support the institution in defining its key strategic priorities and, subsequently, implement them and monitor their achievement.

Good Practice Identified

N/A

Judgement

Requires improvement to meet Standard 1.

Recommendations

   KR.1 The institution should revise the quality assurance policy so that it describes the

institutional quality assurance system, its processes, mechanisms, instruments, reporting, data collection, timeframes, quality cycle, as well as responsibilities of all organisational units and institutional leadership, individual staff members and students with respect to quality assurance;

KR.2 The institution must ensure that the Quality Assurance Policy, as well as all institutional policies, are made publicly available on the institutional website;

KR.3 The institution must enhance the involvement of both internal and external stakeholders, including students and employers, in quality assurance, as well as in general policy making processes;

KR.4 The institution must expand and evidence the role of the internal quality management system and policy in the institutional strategic management;

KR.5 In order to avoid dependency on key people and risk the loss of institutional memory, the institution must ensure a transparent and predictable system of policies, procedures and processes across the whole range of institutional activities, including Human Resources Management, and Programme Monitoring and Revision;

R.1 The institution may wish to regulate institutional provisions for encouraging and safeguarding academic freedom;

KR.6 The institution must develop policies and procedures for ensuring the integrity, reliability, suitability and continuous availability of the technological infrastructure, regardless of whether these are outsourced to a third party company;

KR.7 The institution must develop and publish detailed procedures for guarding against intolerance of any kind or discrimination against the students or staff;

R.2 The institution must plan and conduct regular internal self-assessment processes aimed at identifying room for improvement and developing solutions;

R.3 The institution may wish to increase the internal commitment for the constant quality improvement and develop the quality culture across the institution so that it supports the institution in the development of its operations;

KR.8 The institution should revisit the strategic planning methodology to provide for a successful implementation. This will ensure that the strategic planning processes include broader consultations with all internal and external stakeholders, provide resource allocation (material, human, financial), assigned responsibilities and timelines for each strategic objective, associate measurable targets and Key Performance Indicators to each strategic objective, draft and adopt action plans that narrow down the institutional strategic objectives on a more short-term scale and assign specific actions supporting the achievement of strategic objectives, ensure the effective and transparent monitoring and reporting on the implementation of the strategic plan on short and medium term;

R.4 The institution may wish to ensure a coherent implementation of the IQAAP and establish formal processes for its monitoring and reporting.

1.2.2 Standard 2 - Institutional Probity

Summary of Main Findings

IDEA Leadership & Management Institute Limited (ILMI) is adhering to fiscal, FSS/NIC, employment and other regulatory obligations with the Malta Business Registry amongst others, in a proper and timely manner. The company is properly capitalized and has a sound equity and reserves base, which when taken together with cash and other assets, implies that the business has adequate cash reserves to deal reasonably with unpredicted circumstances and to continue in operation and implement its plans.

From a financial perspective the company is still a small operation and is therefore inherently reliant on the continued support of its ultimate beneficial owner, that is its sole shareholder. However, the company regularly prepares financial budgets and thus sets targets against which to monitor actual performance. These budgets show a steady performance in terms of pre-tax profitability. Its size renders it flexible and able to withstand any short-term pressures or negative trends.

Good Practice Identified

GP.1 Sound business planning and budgetary function.

Judgement

Requires improvement to meet Standard 2.

Recommendations

KR.9 The institution must have a standard operating procedure in writing covering the engagement and selection for the headship positions that might arise in the future;

KR.10 The institution must ensure that all individuals in key roles are suitably qualified for the positions they occupy;

KR.11 The institution must ensure that its management and internal quality assurance systems are developed and formalized in order to avoid dependence to key people and risk the loss of institutional memory;

R.5 The institution must ensure a task division that distributes tasks fairly across the organisation as opposed to having them centralised with a key individual.

1.2.3 Standard 3 - Design and Approval of Programmes

Summary of Main Findings

The process for the design and approval of programmes is defined by a Programme Development Process Map and is limited to a small number of key people. Such a process is not subject to formal institutional approval, but is rather limited and tied to the role of the Director of Studies. Students

are not involved in the design, but are directly involved in assessing the quality of the delivery of the programmes through the feedback they submit. The panel finds this system too centralised and limits the involvement of a wider spectrum of stakeholders.

The process of amending programmes is quite rigid since it only takes place at the end of each cycle. It is not clear whether the institute takes evidence-based decisions during the design and approval of its programmes.

The relationship between the programmes' learning outcomes and the assessment methodology is shown in the unit descriptors and proposed lecture plans. A clear distinction between knowledge, skills and competences is made. The expected student workload is defined by ECTS learning credits. Although the institute clearly indicates the minimum requirements in terms of qualifications and competences of teaching staff, a training philosophy is currently being adopted by the institute. In such context, the institute designs and approves programmes and unit content, whereas the role of the lecturer is simply to deliver the content with limited academic freedom. In addition, no benchmarking is adopted during the design and approval of programmes and there is a limited oversight in the processes involved.

Good Practice Identified

N/A

Judgement

Requires improvement to meet Standard 3.

Recommendations

KR.12 The design and approval of programmes must be subject to a formal institutional approval process rather than being limited and tied to the role of the Director of Studies;

KR.13 The institution must involve students in the design and review of programmes, rather than limiting their role to solely providing feedback on the delivery of lectures;

KR.14 The institute must shift from the training mentality, currently being adopted, towards an academic philosophy which takes into consideration various methods of assessment, nurtures educational freedom and involve various stakeholders, particularly the lecturers;

R.6 The institution may ensure that teachers are aligned on the expected student workload in terms of ECTS or ECVET learning credits;

KR.15 The institution must define clear selection criteria and the minimum eligibility to enhance transparency during admissions;

R.7 The institution way wish to consider building upon the good relationships with a number of employers and industry stakeholders and involve them in the design and review of work-related programmes.

1.2.4 Standard 4 - Student-centred Learning, Teaching and Assessment

Summary of Main Findings

Student-centred learning on the one hand is encouraged by valuing feedback from students along the course of the unit delivery, offering flexibility in using various teaching methods and the fact that often lectures are centred around the background and work experience of students. In addition, the institute targets specific deficiencies in students. Students are presented with a learning environment in which two way communication exists between the lecturer and the student and which nurtures the culture of knowledge delivery via the use of practical scenarios and test cases, often brought to the table by the students themselves. Students are well aware of what is required from them during their assessment and procedures exist to protect against cheating. Assessment is consistent throughout all the study units. Assessors are also familiar with the assessment methodologies adopted within their programmes. The moderation of assessment involves only the lecturer and the programme manager in case of a revision of assessment. This is very limited in terms of arrangements for the moderation of assessments and reduces the consistency, oversight and fairness of assessment arrangements.

Good Practice Identified

N/A

Judgement

Requires improvement to meet Standard 4.

Recommendations

KR.16 The institution must improve the consistency, oversight and fairness of the assessment arrangements;

KR.17 Lecturers must provide both graded feedback and qualitative feedback on a compulsory basis;

KR. 18 The institution must ensure that arrangements for the moderation of assessment involve more than one assessor, particularly in the case of a revision of assignment;

R.8 The appeals board must be clearly structured and regulated through definite regulations, as opposed to being set up on an adhoc basis;

KR.19 Monitoring of QA processes, particularly those related to monitoring to what extent learning outcomes are being achieved, must be carried out by a wider pool of people in order to decentralise from the role of the director of studies and programme manager;

1.2.5 Standard 5 - Student Admission, Progression, Recognition and Certification

Summary of Main Findings

Students are admitted to the institute following a decision by the Admissions Board in a

straightforward setup. The panel is however concerned with the transparency of the process as there is no evidence of the functionality of this board. It however commended the setting up of an ad-hoc appeals board which acts as a safety net to prospective students. Students are kept well informed with their progress on the VLE system which offers a number of dashboards containing per module and programme information. It is also noted that the institution has developed suitable policy and processes for RPL. Furthermore, the panel noted that the institute's issued certificates meet the necessary requirements but the diploma supplement requires improvement due to missing key information.

Good Practice Identified

GP.2 Straightforward and comprehensive induction programme.

GP.3 Transparent and clean student management platform.

Judgement

Requires improvement to meet Standard 5.

Recommendations

KR.20 The institution must ensure the transparency of the admissions process;

KR.21 More detail must be added to the diploma supplement, including the missing total number of ECTS and classification status;

R.11 The institution may wish to consider the setting up of a permanent appeals board in contrast to an ad-hoc board.

1.2.6 Standard 6 - Teaching Staff

Summary of Main Findings

All the teaching staff at the institution are employed on an invoice basis (part-time) while their main affiliation is with another provider. Each of the employed staff is provided with a position description and a contract of service.

ILMI does not currently provide opportunities for continuous professional development. Also, due to the particularities of the institutional affiliation of academic staff, the institution does not promote staff research and scholarly activity to inform teaching practice.

The quality assurance system includes student evaluation of modules, meant to monitor the delivery of teaching and learning which ensures that the standards required for individual programmes of study are being met; both teaching staff and students are familiar with the module evaluation survey and endorse the usefulness of such a process; there is evidence that module evaluation surveys are being used to inform not only minor changes across the program, but also higher decision making such as staff contractual relations. The results of the module surveys are

discussed individually between the staff member and the Director of Studies or Curriculum Development Manager. However, the improvement oriented scope of the surveys is not formally regulated: individual discussions, no action plan for improving the teaching performance is agreed with the individual teaching staff, no follow-up evaluation to monitor if individual discussions have resulted in a positive improvement in teaching.

Besides the student module evaluation, there is no evidence of any other performance review mechanism for teaching staff.

Good Practice Identified

N/A

Judgement

Requires improvement to meet Standard 6.

Recommendations

KR.22 The institution should ensure the fair and consistent implementation of the recruitment policy, as well as a coherent approach in task division and communication with other institutional policies, such as CPD;

KR.23 The institution should provide continuous professional development to staff in a regular and coherent approach that includes assigned responsibilities, identify training needs, budget allocated, training provided, impact assessed, monitoring of training impact;

R.12 The institution may wish to increase the support given to staff in the development of teaching methods and the enhancement of the student learning experience;

R.13 The institution may wish to encourage innovation in teaching methods and the use of new technologies;

KR.24 The institution should enhance institutional efforts to promote staff research and scholarly activity to inform teaching practice;

KR.25 The institution should ensure transparency and predictability in all areas of teaching staff management – recruitment, promotion, performance review;

KR.26 The institution must increase the capacity of systems and procedures to monitor the delivery of teaching and learning and to ensure that the standards required for individual programmes of study are being met: survey content, logistics in conducting the surveys, data processing, etc;

KR.27 The institution must ensure that survey results are discussed with all individual staff so as to contribute to formal action planning processes and serve as a base for continuous development in the quality of their teaching;

KR.28 The institution must follow-up on the implementation of agreed areas of improvement identified through the module survey and monitor and confirm the closing of the quality feedback loop.

1.2.7 Standard 7 - Learning Resources and Student Support

Summary of Main Findings

ILMI delivers its courses at four different venues spread around Malta and Gozo. Prior to this audit, the NCHFE and the review panel members had the impression that lectures were delivered solely at the Hard Rocks Business Centre premises, since it was the only one listed on the licensing agreement. No judgement on the other premises could be made since the panel members did not physically visit them. This posed a difficulty in objectively assessing the learning resources in all the premises except those within the main ILMI premises.

Apart from the operations and administrative office, the main premises hosts two main lecture rooms equipped with adequate equipment for lecturing such as interactive screens, Wi-Fi access and flip charts. ILMI has in place the necessary learning infrastructure, including ICT platforms, to support in teaching and learning. In particular, ILMI provides to the students adequate and readily accessible learning resources via a virtual learning environment (VLE) cloud based platform called CANVAS. Students find this VLE very user friendly. The VLE platform is also used to store, monitor and provide comments on the student progression. The institute also has a physical library which includes core reference books. ILMI ensures that all students have access to academic tutors and mentors via email, CANVAS and one-to-one meetings. In addition, students and lecturers often build up an informal relationship and lecturers allow students to reach them even through mobile messaging applications.

Good Practice Identified

N/A

Judgement

Requires improvement to meet Standard 7.

Recommendations

KR.29 The institution must ensure that all administrative, operational and support staff are given opportunities for continuous professional development in order to improve and develop their competences;

KR.30 The institution must ensure that all administrative, operational and support staff are appropriately qualified for their role within the institute;

KR.31 The institution shall inform NCHFE, latest 30 days after the receipt of the final audit report, of all the venues used to deliver the course, so that they are properly listed in the licensing agreement.

1.2.8 Standard 8 - Information Management

Summary of Main Findings

Admission records are organised and transparent. An overview of the student status is provided on

an electronic spreadsheet system. It was noted however that there is no provision for vulnerable student groups on this sheet. On the other hand it is commended that the VLE system offers a comprehensive dashboard with student progress information, status of assignments and data on when contact was initiated between the educator and the student. The administrator panel offers insights on course participation, retention rates, proof of assessment and attendance. It was noted that current student satisfaction surveys are carried out in hard-copy format, but a move to the VLE will eventually occur. Finally, it is noted that since at the time of audit, the first cohort of students is expected to graduate, no tracer studies have thus far been carried out.

Good Practice Identified

GP.4 The ICT infrastructure at the institute offers clear, concise and transparent data to students, especially through the use of specific dashboards on the VLE, which provide a good breakdown of relevant information for students to keep track of their progress.

Judgement

Meets Standard 8.

Recommendation

KR.32 The institution must include a provision for vulnerable student groups on records.

1.2.9 Standard 9 - Public Information

Summary of Main Findings

The panel noted that there exists a mismatch between the amount of information provided on the website and the brochure. There are also cases where certain information, such as on student progression or any further learning opportunities and information on career pathways, is not published anywhere. Whilst the brochures are updated regularly and on ad-hoc basis, at the time of the audit, the website was in the hands of a third party contractor and hence updates to its contents have to be sent to the contractor for execution to be made, therefore it cannot be maintained in real-time. It is also noted that prospective students had to contact the institute to request further information on a course - suggesting that the public information made available was not sufficient enough to aid them in making an informed decision. Furthermore, whilst students and alumni are supplied with promotional material to distribute, the institute does not consult the aforementioned about the usefulness of the public information that is made available nor does it consult them before updating the material.

Good Practice Identified

N/A

Judgement

Requires improvement to meet Standard 9.

Recommendations

KR.33 The institution must ensure that information is consistent across public information sources;

KR.34 Student policies must be published on the website;

R.14 The institution may wish to consider providing more information on teaching, learning and assessment procedures across all information sources;

R.15 The institution may wish to consider including more information on pass rates and information on further learning opportunities and career pathways across all information sources.

1.2.10 Standard 10 - On-going Monitoring and Periodic Review of Programmes

Summary of Main Findings

The institution has adopted a *Periodic Programme Review Policy* which clarifies the purpose of the programme review. However, the instruments used to achieve those purposes are not included in the document.

When asked about the processes dedicated to ensure the fitness for purpose of study programmes and if they are meeting the set objectives and expectations, the institution considered that the approval of the curriculum is perceived as vouching for the quality of the programme. The panel wishes to underline that the approval of the programme description may be seen as a quality label for the input of the educational content, but does not guarantee the quality and fitness for purpose of the process and outcome. To that extent, there is no evidence of engaging employers, alumni, or students in any structural units that discuss study programs review.

The panel therefore concludes not only that there is no evidence of any review process to date but, based on the existing policy and the meetings conducted by the panel, the institution is not clear either about the how arrangements for monitoring and periodically reviewing their academic programmes should look like in order to ensure they are meeting the set objectives and expectations.

Good Practice Identified

N/A

Judgement

Does not meet Standard 10.

Recommendation

KR.35 The institution must revisit the *Periodic Programme Review Policy* so as to clarify the regularity and instruments of the programme review;

KR.36 The institution should ensure that the monitoring and review of programmes include the input, process and outcome in order to ensure that programmes are meeting the set objectives and expectations;

KR.37 The institution must ensure that the programme review processes engage employers, alumni, and students as well;

R.16 The institution may wish to ensure that the programme development and review are also based on benchmarking processes that ensure the comparability and recognition of ILMI programmes;

R.17 The institution may wish to design the programme review process so as to ensure that it identifies recommendations for improvement and further development.

1.2.11 Standard 11 - Cyclical External Quality Assurance

Judgement

Requires improvement to meet Standard 11.

2. About the External Quality Audit

2.1 Introduction

The External Quality Assurance audit is a tool for both development and accountability. The QA audit shall ensure that the internal quality management system of the provider is:

- fit for purpose according to the provider's courses and service users;
- compliant with standards and regulations and contributing to the development of a national quality culture;
- contributing to the fulfilment of the broad goals of Malta's Education Strategy 2014-24;
- implemented with effectiveness, comprehensiveness and sustainability.

2.2 Reviewers

Evaluation subject	IDEA Leadership and Management Institute (ILMI)		
Peer Panel Members	**External Peers:** Dr Anca Prisacariu (Chairperson) Dr Inġ. Owen Casha **Student Peer Reviewer:** Mr Wilbert Tabone **QA Managers (NCFHE):** Ms Fiona McCowan Ms Sibby Xuereb		
Timeline	**Dates**		**Milestone**
	7th August 2019		Panel received induction and preparation
	27th August 2019		Panel met to determine the specific terms of reference, aims, objective and research question of the QA process
	26th August 2019		Preliminary provider meeting
	23rd to 25th September 2019		On-site audit visit

2.3 Institutional Context

IDEA Leadership and Management Institute (ILMI) is a licenced Institute approved by the National Commission for Further and Higher Education (NCFHE) as a Further and Higher Institution Provider (Licence Number: 2014-FHI-015). It offers short- and long-term accredited courses ranging from Malta Qualification Framework (MQF) level 3 (Awards, Certificates and Diplomas) to MQF level 7 (Masters degrees).

As part of its mission, ILMI provides learning opportunities to adults in supervisory and managerial positions as well as other employees wishing to develop a professional career. A total of 145 students are currently registered students following accredited programmes at MQF level 5 and level 7. A total of 115 of them are Maltese and the remaining 30 are foreigners working in Malta. ILMI provides a physical library and access to the online academic sources to support scholarly

activities. Additionally, funds are allocated to enlarge and update the existing library with new academic books relevant to each existing programme in the scholastic calendar.

ILMI defines its educational brief as follows:

- To recruit and educate students, regardless of background, nationality and disability;
- To provide education of the highest quality at undergraduate and postgraduate level;
- To offer, through the ILMI cross-disciplinary interest and partnerships, a stimulating and broadening educational environment;
- To act as supportive channels of communication between students and other official bodies (*i.e. Get Qualified Scheme*);
- To focus on giving working adults the opportunity to specialise and enhance their critical and creative abilities which are needed in a growing economy;
- To ensure that there are adequate opportunities for feedback from students and lecturers on all aspects of ILMI provision, and that appropriate arrangements are in place for responding to and reviewing such feedback.

2.4 General Terms of Reference, Aims and Objectives of the EQA

Quality assurance in Malta is underpinned by six principles that determine the remit and function of the *National Quality Assurance Framework for Further and Higher Education*, and the relationship between internal and external quality assurance to enhance learning outcomes.

i. The Framework is based on the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) and enriched by the European Quality Assurance Reference Framework for Vocational Education and Training (EQAVET) perspective.
ii. The Framework contributes to a National Culture of Quality, through:
    - increased agency, satisfaction and numbers of service users,
    - an enhanced international profile and credibility of providers in Malta,
    - the promotion of Malta as a regional provider of excellence in further and higher education.
iii. The Internal Quality Assurance (IQA) is fit for purpose.
iv. The External Quality Assurance (QA audit) is a tool for both development and accountability. The QA audit shall ensure that the internal quality management system of the provider is:
    - fit for purpose according to the provider's courses and service users,
    - compliant with Standards and regulations and contributing to the development of a national quality culture,
    - contributing to the fulfilment of the broad goals of Malta's Education Strategy 2014-24,
    - Implemented with effectiveness, comprehensiveness and sustainability.
v. The Quality Improvement Cycle is at the heart of the Framework.
vi. The integrity and independence of the QA audit process is guaranteed.

The QA audit provides public assurance about the Standards of further and higher education programmes and the quality of the learning experience of students. It presents an opportunity for

providers to demonstrate that they adhere to the expectations of stakeholders with regard to the programmes of study that they offer and the achievements and capabilities of students. It also provides a focus for identifying good practices and for the implementation of institutional approaches to the continuous improvement in the quality of educational provision.

NCFHE has a responsibility to ensure that a comprehensive assessment is conducted for all higher education providers in Malta. The QA audit provides an opportunity to assess the Standards and quality of higher education in Malta against the expectations and practices of provision across the European Higher Education Area, and internationally.

The QA audit examines how providers manage their own responsibilities for the quality and Standards of the programmes they offer. In particular, the following issues are addressed:

- The fitness for purpose and effectiveness of internal quality assurance processes, including an examination of the systems and procedures that have been implemented and the documentation that supports them.
- The compliance with the obligations of licence holders with established regulations and any conditions or restrictions imposed by NCFHE.
- The governance and financial sustainability of providers, including assurances about the legal status of the provider, the appropriateness of corporate structures and the competence of staff with senior management responsibilities.

The QA audit benchmarks the QA system and procedures within an institution against eleven (11) Standards:

1. Policy for quality assurance: entities shall have a policy for quality assurance that is made public and forms part of their strategic management.
2. Institutional and financial probity: entities shall ensure that they have appropriate measures and procedures in place to ensure institutional and financial probity.
3. Design and approval of programmes: self-accrediting providers shall have appropriate processes for the design and approval of their programmes of study.
4. Student-centred learning, teaching and assessment: entities shall ensure that programmes are delivered in a way that encourages students to take an active role in the learning process.
5. Student admission, progression, recognition and certification: entities shall consistently apply pre-defined and published regulations covering all phases of the student 'life-cycle'.
6. Teaching staff: entities shall assure the competence and effectiveness of their teaching staff.
7. Learning resources and student support: entities shall have appropriate funding for their learning and teaching activities and sufficient learning resources to fully support the students' learning experiences.
8. Information management: entities shall ensure that they collect, analyse and use relevant information for the effective management of their programmes and other activities.
9. Public information: entities shall publish information about their activities which is clear, accurate, objective, up-to-date and readily accessible.
10. On-going monitoring and periodic review of programmes: entities shall implement the 'Quality Cycle' by monitoring and periodically reviewing their programmes to ensure their continuing fitness for purpose.
11. Cyclical external quality assurance: entities should undergo external quality assurance,

approved by NCFHE, at least once every five years.

Peer-review panels essentially ask providers the following question about their arrangements for quality management:
'What systems and procedures are in place and what evidence is there that they are working effectively?'

The approach to quality assurance can be encapsulated in a number of key questions which providers should ask themselves about their management of quality.

- What are we trying to do?
- Why are we trying to do it?
- How are we trying to do it?
- Why are we doing it that way?
- Is this the best way of doing it?
- How do we know it works?
- Could it be done better?

Answers to these questions should form the basis of the provider's critical assessment of and response to the self-evaluation questionnaire.

The approach of QA audit is not simply about checking whether providers adhere to the regulations; it examines how providers are developing their own systems in addressing the expectations of sound management of educational Standards and the quality of their learning and teaching provision. It does not involve the routine identification and confirmation of criteria -– a 'tick- box' approach – but a mature and reflective dialogue with providers about the ways in which they discharge their obligations for quality and the identification of existing good practices.

2.5 Specific Terms of Reference and Research Questions

In preparation for the audit visit, the panel identified that, due to the age and size of the institution, there is a tendency to adopt a very centralised and informal style of management; this means that most responsibilities in terms of decision making, leadership, management and administration are concentrated with a reduced number of individuals, and formal provisions at the institution are either not documented or too young to demonstrate coherent implementation and impact. These two areas have, therefore, been identified as lines of enquiry.

The review team decided that, as part of an enhancement-led approach, it would issue recommendations linked to all parts of the operations of the institute. The report therefore distinguishes between:

- conditional recommendations (CR) which should be implemented before [the Panel to decide on timeframes, the panel should note that they might wish to allocate different timeframes for the CR given].

- key recommendations (KR) which need to be implemented expediently (Panel to include indicative timeframe within each recommendation] by the institute to address weaknesses;
- recommendations for improvement which are merely suggestions based on the panel analysis and observations.

3. Analysis and Findings of Panel

3.1 Standard 1: Policy for Quality Assurance

> Policy for quality assurance: entities shall have a policy for quality assurance that is made public and forms part of their strategic management.

Main findings

The institution has developed a Quality Policy statement, as a standalone document, described as follows:

> *The IDEA Leadership and Management Institute will constantly strive to offer Industry relevant and student-centered courses for Adults committed to the process of lifelong learning. The Institute achieves this by applying sound andragogical principles and a quality management system that adopts a Plan–Do–Check–Adjust (PDCA) approach towards continuous improvement.*

Secondly, the panel has received a Quality Assurance Policy, adopted in November 2017, which is an operational playbook describing all institutional processes for Admission, Progression, Recognition, Certification, Programme Design and Development, Learning Resources and Student Support, Information Management, etc, rather than a policy that describes the institutional quality assurance system, its processes, mechanisms, instruments, reporting, data collection, timeframes, quality cycle and responsibilities of all individuals and units involved in these processes.

The two documents are not made public. Generally, policies and procedures are made available to the academic community through the internal platform Canvas (further detailed under Standard 7); however, the platform is only available for current staff and students, not prospective candidates; policies and procedures are therefore not publicly available.

The quality policy has been developed through a top-down approach by the Director of Studies and there is no evidence that any internal and external stakeholders were engaged. The quality assurance policy does not form part of the institutional strategic management, as reflected in the document itself. In fact, according to the meetings conducted during the site visit, the panel could observe that the institutional leadership considers that the quality assurance system and the strategic management are two different things and should not interact with each other.

In regard to the structures dedicated to the implementation of the quality assurance policy, the institution has established the following:
- The Quality Assurance Board which, according to the ILMI's Board Policy, has the aim to guarantee transparency and efficiency, promoting a trustworthy education system

promoting continuous improvement, for the benefit of both internal and external stakeholders.
- The Quality Assurance Board is responsible for exercising the following functions:
    • to promote a culture of quality at the Institute;
    • to advise the Director of Studies on issues of quality assurance (QA);
    • to set up a mechanism for monitoring QA processes;
    • to promote the continuous improvement of quality; and
    • to support all staff to manage QA processes.
- The Quality Assurance Team which, according to the meetings conducted by the panel, is responsible to build up the actual QA processes of the institute;
- The Head of Quality, more recently recruited on a part-time basis.

With the exception of the QA Board, whose organisation chart and remit are clarified in the ILMI's Board Policy, the organisation of the quality assurance system task division was clarified during the site visit, but the quality assurance policy itself does not describe the responsibilities of organisational units and institutional leadership, individual staff members and students with respect to quality assurance. Beyond being part of different surveys further detailed in other sections of the present report, students are not engaged in any quality assurance processes.

Looking at the policy making area in more general terms, the panel has identified:
- recent policies that have not had the chance to be fully implemented;
- policies that have been developed right before the audit;
- areas such as human resources management, as well as program monitoring and revision, that are under-regulated, as it will be detailed in the next sections of the present report.

The Internal Quality Assurance Policy makes reference to the relationship between research and learning and teaching by clarifying that the "institute endeavours to maintain its course content and its tutoring methods up-to-date by fostering and encouraging the practice of research amongst its tutors who will be required to link the course content and its dissemination with research-based theories and models".

The principle of academic freedom is not being encouraged, safeguarded and catered for through the Quality Assurance Policy or any other institutional provision.
The issues of academic integrity and fraud are regulated under the *Code of Academic Integrity*, the *Recognising and Avoiding and Plagiarism Policy* and the *Student Plagiarism Policy*, as well as through a section on academic integrity, instruments and sanctions against plagiarism regulated in the Quality Assurance Policy.

The institution has not developed policies and procedures for ensuring the integrity, reliability, suitability and continuous availability of the technological infrastructure (incl. hardware and software). These services are being outsourced to a third party company, as further detailed under Standard 6, and ILMI has not developed any procedures for the quality assurance of the subcontracted activities.

ILMI has developed a policy for *Verifying Student Identity in Online Learning Activities*.
The QA Policy includes a section on the institutional commitment to equal opportunities that, together with a separate *Policy on Equality and Inclusivity,* underlines the intolerance of any kind or discrimination against the students or staff. However, neither these documents, nor the *Student Disciplinary Procedure* are detailing the transparent and predictable process and procedure to be followed in the situation of a breach in the community standards in regards to discrimination.

The QA Policy includes a section on the involvement of external stakeholders in quality assurance;

however, the panel can observe that these are rather principles and future plans, and not operational yet, considering that:
- the panel has asked for all surveys conducted by the institution and no questionnaire dedicated to employers has been presented;
- no external stakeholders are present in the quality assurance meetings taking place at the institution, according to the QA Board meeting minutes made available to the panel;
- in spite of the policy stating that "input from external stakeholders including employers from the world of work is obtained and evaluated as part of internal processes related to the design and development of programmes,'' no evidence to support this statement has been observed by the panel, through documentation or meetings conducted during the site visit.

Moreover, there is little evidence of engagement of internal stakeholders as well. In spite of the internal quality assurance policy declaratively embracing the participatory approach, no students are present at the quality assurance meetings taking place at the institution. Furthermore, none of the respective meetings have been dedicated to, for example, discussing the outcomes of the student surveys and discussing improvement actions based on student feedback.

According to the supplementary documents submitted to the panel, ILMI "produced the first comprehensive Self-Assessment Report as one of the required submissions for the Audit process carried by the National Commission for Further and Higher Education"; the panel is therefore concerned to observe that the quality assurance system is driven by the external processes the institution is undergoing and not by an internal ownership and commitment for the constant quality improvement of their operations.

One of the priorities of the institution is "to introduce more rigid quality systems"; the panel would like to underline that rigid does not necessarily mean effective and that a rigid quality assurance system, often associated with a check-box approach, is not conducive to a holistic organisational quality culture.

At the moment, the level of development of quality culture across ILMI does not support the development of the institutional operations. The very idea of quality culture is not well defined, spread or promoted across the institution. The institution should increase its efforts to promote the development of quality culture as a common understanding of quality values, for which every individual in the organisation is responsible, a set of shared ideas, beliefs and values about quality where everyone inside the academic community is sincerely engaged and motivated.

The panel has received, as supplementary documents, the *Strategic and Operational plan* of the institution drafted for a 4-year timeframe, between 2019 and 2022.

The plan has set the following phases with their corresponding objectives:
Phase 1 - The Foundation Stage - was characterised by the strategic decision to move away from training to embrace education for adults as the main business activity.
Phase 2 - The Development - had two strategic pillars: to establish ILMI in the education market by addressing specific needs, and to initiate a process to build a firm, practical, and solid educational institution based on best practices and quality systems.
Phase 3 - The Consolidation - includes 4 strategic objectives:
- Strengthen the internal quality and governance systems;
- Position ILMI among top 8 private providers in Malta;
- Start the process to become international;
- Transformation from management institute to academy.

The strategic planning structure and methodology do not meet the conditions that would ensure their successful implementation:
- most of the strategic actions are not specific and measurable enough to support the institution in analysing if they are heading in the right direction, with the right speed and, most importantly, identify when it has achieved its objectives; the institution might also consider setting intermediary KPIs in order to periodically evaluate the progress of its actions against the final target;
- the plan does not include resource allocations associated with each strategic objective/activity (human, material, budgetary, etc);
- the plan does not include a GANTT diagram to support ILMI in breaking down the calendar planning of its strategic objectives and actions;
- there is no reference to assigning individuals responsible for each strategic objective/action to be held accountable for its implementation;
- the plan does not make any reference to the monitoring and reporting on the implementation of the strategic plan (assigned team, cycle, instruments);
- none of the strategic planning design, implementation and monitoring includes any internal and external stakeholders, as it seems to be driven by a top-down centralised approach;
- in spite of the title used by the institution when submitting the strategic plan (*Strategic and Operation plan*), the document does not include a component dedicated to an action/operational. When inquiring about the clarity in this area, the management of the institution declared that actions are " created spontaneously". In spite of the strategic plan committing to " adopt an internal action plan to address the current areas for improvement during 2020", this has not been developed. The institution has made available to the panel the Internal Annual Action Plans and, separately, Operational Plans (that, in fact, included the same documents) for 2018 and 2019 respectively, but one for 2020 does not exist to support ILMI in narrowing down its general strategic objectives; such plan would allow the institution to provide further details to some of the actions so that to establish exactly *how and through what mechanisms* they will be implemented.

The panel therefore believes that the plan and processes dedicated to strategic planning do not successfully support the institution in defining its key strategic priorities and, subsequently, implement them and monitor their achievement.

The panel has also received an internal quality assurance action plan (IQAAP) which the institution has drafted based on the recommendations included in the Self-Assessment Report; however, in spite of actions in the IQAAP being planned to start as soon as January 2019, the panel learnt during the site visit that the quality assurance staff at ILMI has no clear view of the implementation stage of the plan. Moreover, no formal processes for the monitoring and reporting on the monitoring of the IQAAP have been established.

Good Practice Identified

N/A

Overall judgement for Standard

Requires improvement to meet the Standard 1.

Recommendations for improvement

KR.1 The institution should revise the quality assurance policy so that it describes the institutional quality assurance system, its processes, mechanisms, instruments, reporting, data collection, timeframes, quality cycle, as well as responsibilities of all organisational units and institutional leadership, individual staff members and students with respect to quality assurance;

KR.2 The institution must ensure that the Quality Assurance Policy, as well as all institutional policies, are made publicly available on the institutional website;

KR.3 The institution must enhance the involvement of both internal and external stakeholders, including students and employers, in quality assurance, as well as in general policy-making processes;

KR.4 The institution must expand and evidence the role of the internal quality management system and policy in the institutional strategic management;

KR.5 In order to avoid dependency on key people and risk the loss of institutional memory, the institution must ensure a transparent and predictable system of policies, procedures and processes across the whole range of institutional activities, including human resources management, and program monitoring and revision;

R.1 The institution may wish to regulate institutional provisions for encouraging and safeguarding academic freedom;

KR.6 The institution must develop policies and procedures for ensuring the integrity, reliability, suitability and continuous availability of the technological infrastructure, regardless of whether these are outsourced to a third party company;

KR.7 The institution must develop and publish detailed procedures for guarding against intolerance of any kind or discrimination against the students or staff;

R.2 The institution must plan and conduct regular internal self-assessment processes aimed at identifying room for improvement and developing solutions;

R.3 The institution may wish to increase the internal commitment for the constant quality improvement and develop the quality culture across the institution so that it supports the institution in the development of its operations;

KR.8 The institution should revisit the strategic planning methodology so that to provide for a successful implementation: ensure that the strategic planning processes include broader consultations with all internal and external stakeholders, provide resource allocation (material, human, financial), assigned responsibilities and timelines for each strategic objective, associate measurable targets and Key Performance Indicators to each strategic objective, draft and adopt action plans that narrow down the institutional strategic objectives on a more short-term scale and assign specific actions supporting the achievement of strategic objectives, ensure the effective and transparent monitoring and reporting on the implementation of the strategic plan on short and medium term;

R.4 The institution may wish to ensure a coherent implementation of the IQAAP and establish formal processes for its monitoring and reporting.

3.2 Standard 2: Institutional Probity

> Institutional and financial probity: entities shall ensure that they have appropriate measures and procedures in place to ensure institutional and financial probity.

Main findings

IDEA Leadership & Management Institute Limited (ILMI), having company registration number C-84813, is a is properly structured company which is owned and managed by Dr Silvio De Bono and Ms Natalie De Bono. The company is adhering to fiscal, FSS/NIC, employment and other regulatory obligations with the Malta Business Registry amongst others, in a proper and timely manner. The company is properly capitalized and has a sound equity and reserves base, which when taken together with cash and other assets, implies that the business has adequate cash reserves to deal reasonably with unpredicted circumstances and to continue in operation and implement its plans. Furthermore, it was noted that the company has clearly outlined the duties and responsibilities of the main roles within its structure, however, it does not have in place any written procedure relating to the engagement and selection for the headship positions as at present the company is owner-managed.

From a financial perspective the company is still a small operation and is therefore inherently reliant on the continued support of its ultimate beneficial owner, that is its sole shareholder. However, the company regularly prepares financial budgets and thus sets targets against which to monitor actual performance. These budgets show a steady performance in terms of pre-tax profitability. Its size renders it flexible and able to withstand any short-term pressures or negative trends.

The panel will also like to comment that the appointment of key roles at the institution does not seem to be transparent and equitable; the panel does not argue the legality of such appointments, but it does judge the accountability, transparency, fairness and equity of the procedure, especially in cases where certain individuals are not suitably qualified for the positions they occupy.

As in every small community, people are communicating rather informally; however, if the processes are based on individual, informal and inconsistent discussions, they risk to disappear when people in certain institutional positions are changing. Even if ILMI is a small institution, its management and internal quality assurance systems have to be developed and formalized in order to avoid dependence to key people and risk the loss of institutional memory.

The panel notes a very high concentration of responsibilities sitting with the Director of Studies; during the site visit we have observed that the same individual was referred to in tasks relating to staff mentoring, student psychological counselling, performance review, teaching and learning observations, student appeals, thesis supervisor assignment, student academic support, alumni exit meetings, nominations for committee compositions, etc. The panel finds that the background of one single person does not reflect relevant expertise in all these areas.

Good Practice Identified

GP.1 Sound business planning and budgetary function.

Overall judgement for Standard

Requires improvement to meet Standard 2.

KR.9 The institution must have a standard operating procedure in writing covering the engagement and selection for the headship positions that might arise in the future;

KR.10 The institution must ensure that all individuals in key roles are suitably qualified for the positions they occupy;

KR.11 The institution must ensure that its management and internal quality assurance systems are developed and formalized in order to avoid dependence to key people and risk the loss of institutional memory;

R.5 The institution must ensure a task division that distributes tasks fairly across the organisation as opposed to having them centralised with a key individual.

3.3 Standard 3: Design and Approval of Programmes

Design and approval of programmes: self-accrediting providers shall have appropriate processes for the design and approval of their programmes of study.

Main findings

The process for the design and approval of programmes is defined by a *Programme Development Process Map* and is limited to a few key people, including the Director of Studies, a programme developer and an external professional expert. Although the Director of Studies consults with the external professional expert, it can be noted that he has a central role in the identification of programme content and/or training needs. Students are not involved in the design, but are directly involved in assessing the quality of the delivery of the programmes (teaching and learning processes) through the feedback they submit along the course of their study. Student feedback is vetted solely by the Director of Studies. The panel finds this system too centralised and limits the involvement of a wider spectrum of stakeholders. The process for the design and approval of programmes is not subject to a formal institutional approval process, but is rather limited and tied to the role of the Director of Studies. In addition, the *Programme Development Process Map* raises questions on whether aspects such as feasibility (beyond the financial aspect) and comparability of programmes are taken into account.

The good relationship with a number of employers sets the prospect for a successful engagement of external stakeholders in reviewing and amending the programmes. The process of amending programmes is a quite rigid since it only takes place at the end of each cycle. Although ILMI employs a virtual learning environment platform (CANVAS) which is equipped with adequate data analysis tools to monitor and support student progression, there is no clear evidence that the institute makes use of it in designing programmes to enable smooth student progression. In addition, it is not clear

whether the institute takes evidence-based decisions during the design and approval of its programmes. Although the student target audience is defined, there is no evidence that the minimum eligibility and the selection criteria are clearly defined, which leads to a lack of transparency during admission. The relationship between the programmes' learning outcomes and the assessment methods is shown in the unit descriptors and proposed lecture plans, although it seems quite too rigid to have the same template for all the study units. This is particularly true with respect to the form of assessment. Nonetheless, a clear distinction between knowledge, skills and competences is made.

The expected student workload is defined by ECTS learning credits even though from the meetings conducted by the panel it transpired that not all teaching staff are always fully aware of its implications. Although the institute clearly indicates the minimum requirements in terms of qualifications and competences of teaching staff, a training philosophy is currently adopted by the institute. In such context, the institute designs and approves programmes and unit content, whereas the role of the lecturer is simply to deliver the content with limited academic freedom. In addition, no benchmarking is adopted during the design and approval of programmes and there is a limited oversight in the processes involved.

Good practice identified

N/A

Overall judgement for Standard

Requires improvement to meet Standard 3.

Recommendations for improvement

KR.12 The design and approval of programmes must be subject to a formal institutional approval process rather than being limited and tied to the role of the Director of Studies;

KR.13 The institution must involve students in the design and review of programmes, rather than limiting their role to solely providing feedback on the delivery of lectures;

KR.14 The institute must shift from the training mentality, currently being adopted, towards an academic philosophy which takes into consideration various methods of assessment, nurtures educational freedom and involve various stakeholders, particularly the lecturers;

R.6 The institution may ensure that teachers are aligned on the expected student workload in terms of ECTS or ECVET learning credits;

KR.15 The institution must define clear selection criteria and the minimum eligibility to enhance transparency during admissions;

R.7 The institution way wish to consider in building upon the good relationships with a number of employers and industry stakeholders and involve them in the design and review of work-related programmes.

3.4 Standard 4: Student-centred Learning, Teaching and Assessment

Student-centred learning, teaching and assessment: entities shall ensure that programmes are delivered in a way that encourages students to take an active role in the learning process.

Main findings

ILMI projects itself as a highly student-centred learning institution. It provides students with a welcoming learning environment and ample course material via a virtual learning platform (CANVAS) such as manuals, notes, a plagiarism detection software (Urkund) and videos. According to the information collected during the site visit, it transpires that students following courses at ILMI indeed receive adequate support from the lecturers and from the administrative and support staff. In addition, students confirmed that they enjoy a positive experience at the institute.

Student-centred learning is encouraged by valuing feedback from students (related to the teaching and learning processes) along the course of the unit delivery, offering flexibility in using various teaching methods and the fact that often lectures are centred around the background and work experience of students. In addition, the institute targets specific deficiencies in students, such as in adequate report writing and assignment presentation. This is particularly relevant for Level 5 students finding it difficult to express themselves adequately in writing. Students are presented with a learning environment in which two way communication exists between the lecturer and the student and which nurtures the culture of knowledge delivery via the use of practical scenarios and test cases, often brought to the table by the students themselves.

Students are well aware of what is required from them during their assessment and procedures exist to protect against cheating. Assessment is consistent throughout all the study units. Assessors are familiar with the assessment methodologies adopted within their programmes. The moderation of assessment involves only the lecturer and the programme manager in case of a revision of assessment. This is very limited in terms of arrangements for the moderation of assessments, given that it is highly questionable that the programme manager is well read in a wide spectrum of subject areas. This limits the consistency, oversight and fairness of assessment arrangements.

It transpired from the meetings conducted by the panel and from the documentation analysed, that the Programme Manager and the Director of Studies have direct and centralised control on the quality assurance processes such as monitoring the extent to which intended learning outcomes are achieved; the consistency and fairness of assigned assessment; the handling of students' complaints and appeals and the provision of learning material amongst others. Once again, it is highly questionable that such processes are limited to only two persons within the institute given the variety of courses being offered and the various fields being targeted.

Students receive both graded feedback and qualitative feedback via comments on the virtual learning environment (CANVAS). Although qualitative feedback is not mandatory, it is encouraged by the institute. Students are aware of the appeals boards and their main contact point for support in this regard: once again the Programme Management and Student Support Officer. Based on the meetings conducted during the site visit, the panel understood that the Appeals Board has never been set up, but it would be set up on an ad-hoc basis, should the need arise

N/A

Overall judgement for Standard

Requires improvement to meet Standard 4.

Recommendations for improvement

KR.16 The institution must improve the consistency, oversight and fairness of the assessment arrangements;

KR.17 Lecturers must provide both graded feedback and qualitative feedback on a compulsory basis;

KR.18 The institution must ensure that arrangements for the moderation of assessment involve more than one assessor, particularly in the case of a revision of assignment;

R.8 The appeals board must be clearly structured and regulated through definite regulations, as opposed to being set up on an adhoc basis;

KR.19 Monitoring of QA processes, particularly those related to monitoring to what extent learning outcomes are being achieved, must be carried out by a wider pool of people in order to decentralise from the role of the director of studies and programme manager.

3.5 Standard 5: Student Admission, Progression, Recognition and Certification

Student admission, progression, recognition and certification: entities shall consistently apply pre- defined and published regulations covering all phases of the student 'life-cycle'.

Main findings

Students are admitted to the institute following a decision by the Admissions Board which is composed of the Director of Studies, Programme Manager and a Technical Expert. The role of the board is clearly defined in the "Institute's Board Policy" document; however, as there are no board minutes, the panel is concerned about the transparency and consistency of the admission process if the decision making process is not clearly documented. On the other hand, the aforementioned "Institute's Board Policy" document makes provision for the ad-hoc setting up of an appeals board in case of a potential student not agreeing with an admissions decision.

The documentation analysed by the panel also suggests the process on student induction: students are given a handbook with their rights and responsibilities, as well as various procedures. Such information is also available online on the VLE system. There are also introductory meetings collectively and one-to-one meetings with the students when they apply. The students are kept informed on their progress and individual programmes through transparent information presented

on the VLE which includes the marks and credits awarded for every module and also the percentage of the course completed. Moreover, the panel found evidence of RPL processes through documentation outlining the regulations governing prior learning.

It was noted that issued certificates meet the necessary requirements; however, the diploma supplement should include details on the level and the total number of ECTS. Moreover, both the certificate and diploma supplement lack the classification status.

Good practice identified

GP.2 Straightforward and comprehensive induction programme.

GP.3 Transparent and clean student management platform.

Overall judgement for Standard

Requires improvement to meet Standard 5.

Recommendations for improvement

KR.20 The institution must ensure the transparency of the admissions process;

KR.21 More detail must be added to the diploma supplement, including the missing total number of ECTS and classification status;

R.11 The institution may wish to consider the setting up of a permanent appeals board in contrast to an ad-hoc board.

3.6 Standard 6: Teaching Staff

Teaching staff: entities shall assure the competence and effectiveness of their teaching staff.

Main findings

All the teaching staff at the institution is employed on an invoice basis (part-time) while their main affiliation is with another provider. Each of the employed staff is provided with a position description and a contract of service.

The institution has developed a *Recruitment policy,* as well as a recruitment process map; however, the process map is not fully in line with the process description provided in the recruitment policy: e.g. regarding the steps of the process, or the assigned person responsible to draft a new position description in case one is not already available.

According to the SAR, ILMI does not currently provide opportunities for continuous professional development. However, according to the recruitment policy "without compromising quality standards and effectiveness in the provision of education and learning, ILMI also considers in recruiting candidates with less qualification on the understanding that the candidates will undergo induction training and self-development programmes to ensure that in the shortest time possible all the competencies required for the job are reached". The panel considers this to be lacking consistency, considering that the institution does not provide any CPD, does not support staff in the development of teaching methods and the enhancement of the student learning experience and shows no initiative in encouraging innovation in teaching methods and the use of new technologies. Also, due to the particularities of the institutional affiliation of academic staff, the institution does not promote staff research and scholarly activity to inform teaching practice.

The institution generally provides appropriate conditions of employment for all staff. However, according to the meetings conducted by the panel, the institution could increase its efforts to ensure more transparency and predictability of areas such as promotion as well as to ensure that the required workload is manageable by existing staff.

The quality assurance system includes 3 surveys meant to monitor the delivery of teaching and learning and to ensure that the standards required for individual programmes of study are being met: student evaluation of modules, student evaluation of the mentoring/supervision programme and mentor evaluation of the mentoring/supervision programme.

According to the meetings conducted by the panel, both teaching staff and students are familiar with the module evaluation survey and endorse the usefulness of such process; there is evidence that module evaluation surveys are being used to inform not only minor changes across the program, but also higher decision making such as staff contractual relations.

However, the module evaluation survey does not include an open ended question asking students about their suggestions for the improvement of their learning experience, which the panel believes would serve as a clear identification of room for improvement.

Considering the small number of responses in the module survey, the institution does not centralise the results, but these are manually analysed by the Director of Studies.

According to the contract of service for lecturers, the forms dedicated to the student evaluation of modules are being distributed and collected by the lecturers themselves. The panel raises its concerns about the reliability of students feedback considering that the survey is not being conducted by an impartial third party (such as administrative staff) to ensure objectivity, confidentiality and no fear of repercussions in case students feel that criticism may impact the objectivity of how they are assessed.

The results of the module surveys are discussed individually between the staff member and the Director of Studies or Curriculum Development Manager. However, the improvement oriented scope of the surveys is not formally regulated: individual discussions, no action plan for improving the teaching performance is agreed with the individual teaching staff, no follow-up evaluation to monitor if individual discussions have resulted in a positive improvement in teaching.
Besides the student module evaluation, there is no evidence of any other performance review mechanism for teaching staff.

Good practice identified

N/A

Requires improvement to meet Standard 6.

Recommendations for improvement

KR.22 The institution should ensure the fair and consistent implementation of the recruitment policy, as well as a coherent approach in task division and communication with other institutional policies, such as CPD;

KR.23 The institution should provide continuous professional development to staff in a regular and coherent approach that includes assigned responsibilities, identify training needs, budget allocation, training provided, impact assessed, monitoring of training impact;

R.12 The institution may wish to increase the support given to staff in the development of teaching methods and the enhancement of the student learning experience;

R.13 The institution may wish to encourage innovation in teaching methods and the use of new technologies;

KR.24 The institution should enhance institutional efforts to promote staff research and scholarly activity to inform teaching practice;

KR.25 The institution should ensure transparency and predictability in all areas of teaching staff management – recruitment, promotion, performance review;

KR.26 The institution must increase the capacity of systems and procedures to monitor the delivery of teaching and learning and to ensure that the standards required for individual programmes of study are being met: survey content, logistics in conducting the surveys, data processing, etc;

KR.27 The institution must ensure that survey results are discussed with all individual staff so as to contribute to formal action planning processes and serve as a base for continuous development in the quality of their teaching;

KR.28 The institution must follow-up on the implementation of agreed areas of improvement identified through the module survey and monitor and confirm the closing of the quality feedback loop.

3.7 Standard 7: Learning Resources and Student Support

Learning resources and student support: entities shall have appropriate funding for their learning and teaching activities and sufficient learning resources to fully support the students' learning experiences.

Main findings

ILMI delivers its courses at four different venues spread around Malta and Gozo, namely: Sir Anthony Mamo Oncology Centre (SAMOC) at Mater Dei Hospital, the Local Council Association (LCA) in Marsa, the lecture room at the Gozo General Hospital in Victoria and the main ILMI premises at the Hard Rocks Business Centre in Burmarrad. During the audit, the panel members learnt that ILMI has plans to start delivering lectures at the Malta Life Sciences Park in San Ġwann.

Prior to this audit, the NCFHE and the review panel members had the impression that lectures were delivered solely at the Hard Rocks Business Centre premises, since it was the only one listed on the licensing agreement. The main findings presented in this report will therefore be referring only to the Hard Rocks Business Centre; no judgement on the other premises could be made since the panel members did not physically visit them, but were only shown some photographs of these venues. This posed a difficulty in objectively assessing the learning resources in all the premises except those within the main ILMI premises.

Apart from the operations and administrative office, the main premises comprise of two main lecture rooms equipped with adequate equipment for lecturing such as interactive screens, Wi-Fi access and flip charts. The premises are fully accessible via stairs and an elevator. The students have ease of access to parking since lectures are held late in the afternoon (typically after 17:00). ILMI has in place the necessary learning infrastructure, including ICT platforms, to support in teaching and learning. In particular, ILMI provides adequate and readily accessible learning resources to the students including an online library (ProQuest), manuals, notes, plagiarism detection software and videos via a virtual learning environment (VLE) cloud based platform called CANVAS. According to the interviews conducted by the panel, the learning platform CANVAS is found to be very user friendly. The institute also has a physical library which includes core reference books, which students may use. However, the students are not really aware of the physical library. The VLE platform is also used to store, monitor and provide comments on the student progression. The Programme Management and Student Support Officer makes sure to upload the material on the VLE. The lecturers cannot directly upload any material on the VLE. ILMI ensures that all students have access to academic tutors and mentors via email, CANVAS and one-to-one meetings. In addition, students and lecturers often build up an informal relationship and lecturers allow students to reach them even through mobile messaging applications. Although no clear evidence was provided to support that, ILMI takes into consideration the needs of all types of students; the fact that ILMI provides various forms of learning resources and support shows that the institute is proceeding in the right direction to provide a fully student-centred learning environment.

Academic advice and guidance is provided by mentors who are assigned to every student according to their place of work or profession. For each module, each student spends around five hours per module with their mentor, which is equivalent to two meetings per module. Both lecturers and students are aware of the support procedures and the mentorship system.

As part of the student support there is also an appeals board. Students are aware of the main contact point for support. This is the Programme Management and Student Support Officer. Staff and students know about this, however not by its proper name. From the interviews held, it transpired that it has never been set. If the need arises, it would be set up on an ad-hoc basis. Students have their representative which speaks on their behalf with the administrative and support staff. No formal elections are held to choose the student representative.

Currently ILMI does not have in place a framework through which it may offer its administrative, operational and support staff, opportunities for continuous professional development. From the

sample of curriculum vitae received by the panel, it transpired that not all administrative and support staff are appropriately qualified for their role within the institute, as further detailed under Standard 2.

Good practice identified

N/A

Overall judgement for Standard

Requires improvement to meet Standard 7.

Recommendations for improvement

KR.29 The institution must ensure that all administrative, operational and support staff are to be given opportunities for continuous professional development in order to improve and develop their competences;

KR.30 The institution must ensure that all administrative, operational and support staff are appropriately qualified for their role within the institute;

KR.31 The institution shall inform NCFHE, 30 days after the receipt of the final audit report, of all the venues used to deliver the course, so that they are properly listed in the licensing agreement.

3.8 Standard 8: Information Management

Information management: entities shall ensure that they collect, analyse and use relevant information for the effective management of their programmes and other activities.

Main findings

The institute keeps an admissions record on an electronic spreadsheet system with a field indicating the status of the applicant. Once a candidate is enrolled as a student, their progress is recorded in the same record sheet. It was however noted by the panel that there currently is no provision for vulnerable student groups on the Google sheet.

Progress information is acquired from the VLE system which provides the administrator account with a dashboard containing the acquired grade for each student in a particular module, their overall percentage score and an indicator of when contact was held by student and lecturer using the VLE instant messaging service. Students have their own dashboard area to track this information. Proof of assessment is found on the VLE system on a dashboard which highlights the status of the submitted assessment and the automatically generated plagiarism approximation score. The management has easy real-time access to student data both on the Google sheet and the VLE.

Course participation is highlighted through submission details of the student population, ie: graphs showing how assignments were submitted and also highlighting late submissions. The retention rates can be calculated from the Google sheet as students who have cancelled for various reasons are placed in a separate sheet together with further information highlighting the problem. The attendance is also stored online on the VLE and hence reports can be generated at any time.

Student satisfaction surveys in respect to their course and mentor are currently conducted in a hardcopy format; however, the institute would like to switch to an electronic format. This topic is further detailed under Standard 1.

At the time of audit, the first cohort of students is expected to graduate and therefore as of yet, no tracer studies have been carried out. The institute plans to carry these out in the future.

Good Practice identified

GP.4 The ICT infrastructure at the institute offers clear, concise and transparent data to students, especially through the use of specific dashboards on the VLE, which provide a good breakdown of relevant information for students to keep track of their progress.

Overall judgement for Standard

Meets Standard 8.

Recommendations for improvement

KR.32 The institution must include a provision for vulnerable student groups on records.

3.9 Standard 9: Public Information

Public information: entities shall publish information about their activities which is clear, accurate, objective, up-to-date and readily accessible.

Main findings

The institute makes use of social media, a website and printed brochures to disseminate information about the courses it offers to the public. Verbal evidence suggested that the institute also advertises on billboards. The panel had access to the former three mentioned sources. The Facebook page of the institute posts basic information on a particular course and links the visitor to the website, which is why the panel took the former and the brochures into consideration.

It was noted that the selection criteria, EQF level and ECTS credit numbers can be found on both the brochure and website. On the other hand, the intended learning outcomes are on the website but not the brochure. Both the website and the brochures provide some information about the teaching, learning and assessment procedures; however, the panel found that these are not detailed enough. Furthermore, neither the brochures nor the website have any details on the pass rates, student progression or any further learning opportunities and information on career pathways.

Whilst the brochures are updated regularly and on ad-hoc basis, at the time of audit the website was in the hands of a third party contractor and hence updates to its contents have to be sent to the contractor for execution to be made, therefore it cannot be maintained in real-time. It was made known to the panel that a new website was due to launch a few days after the site visit and it would address this problem.

Whilst promotional material is supplied to internal and external stakeholders, the institution did not consult them about the usefulness of the public information that is made available nor does it consult them before updating the material.

Students reported that they requested to be supplied with further information material about the courses from the institution by email in order to make an informed decision on joining a particular programme. This suggests that the information that is provided on the website may not have been enough. Furthermore, it was also noted by the panel that, at the time of the site visit, the website did not contain any institutional policy documents.

It was also noted by the panel that lecturers have no say in assigning credit value. This responsibility befalls the curriculum design manager followed by verification by the Director of Studies.

Good practice identified

N/A

Overall judgement for Standard

Requires improvement to meet Standard 9.

Recommendations for improvement

KR.33 The institution must ensure that information is consistent across public information sources;

KR.34 Student policies must be published on the website;

R.14 The institution may wish to consider providing more information on teaching, learning and assessment procedures across all information sources;

R.15 The institution may wish to consider including more information on pass rates and information on further learning opportunities and career pathways across all information sources.

3.10 Standard 10: On-going Monitoring and Periodic Review of Programmes

Ongoing monitoring and periodic review of programmes: entities shall implement the 'Quality Cycle' by monitoring and periodically reviewing their programmes to ensure their continuing fitness for purpose.

Main findings

The institution has adopted a *Periodic Programme Review Policy,* made available to the review panel as a supplementary document, which clarifies the purpose of the programme review. However, the instruments used to achieve those purposes are not included in the document.

Moreover, there seems to be a contradiction in the regularity of the programme review: the SAR clarifies that this cycle is to occur every three years, while the *Periodic Programme Review Policy* regulates that "the length of time between reviews is no more than five years". Furthermore, during the site visit, the staff the panel met also referred to an annual review process, but was not able to provide any details as to what the annual review process would entrail.

When asked about the processes dedicated to ensure the fitness for purpose of study programmes and if they are meeting the set objectives and expectations, the institution considered that the approval of the curriculum is perceived as vouching for the quality of the programme. The panel wishes to underline that the approval of the program description may be seen as a quality label for the input of the educational content but does not guarantee the quality and fitness for purpose of the process and outcome. To that extent, there is no evidence of engaging employers, alumni, or students in any structural units that discuss study programs review.

When asked about the external involvement included in the monitoring and review process, the institution has referred to the plan to engage external examiners at the *viva*; the panel underlines that the graduation process does not represent a process for programme review.

The panel has also addressed how the provider knows that its programmes are of a comparable standard to similar courses offered by other providers (and in other jurisdictions); during the site visit the panel learnt that the institution is not familiar with formal benchmarking processes. The panel is therefore concerned about the comparability and recognition of programmes at ILMI across Malta and broader Europe.

According to the SAR, ILMI have still not arrived at the stage in their lifetime as an educational institution to review all its programmes.

The panel therefore concludes not only that there is no evidence of any review process to date but, based on the existing policy and the meetings conducted by the panel, the institution is not clear either about how arrangements for monitoring and periodically reviewing their academic programmes should ensure they are meeting the set objectives and expectations.

Good practice identified

N/A

Overall judgement for Standard

Does not meet Standard 10.

Recommendations for improvement

KR.35 The institution must revisit the *Periodic Programme Review Policy* so as to clarify the regularity and instruments of the programme review;

KR.36 The institution should ensure that the monitoring and review of programmes include the

input, process and outcome in order to ensure that programmes are meeting the set objectives and expectations;

KR.37 The institution must ensure that the programme review processes engage employers, alumni, and students as well;

R.16 The institution may wish to ensure that the programme development and review are also based on benchmarking processes that ensure the comparability and recognition of ILMI programmes;

R.17 The institution may wish to design the programme review process so as to ensure that it identifies recommendations for improvement and further development.

3.11 Standard 11: Cyclical External Quality Assurance

Entities should undergo external quality assurance by, or with the approval of, the NCFHE on a cyclical basis, according to NCFHE guidelines, once every five years.

Main findings

The audit site visit at ILMI was conducted by the panel nominated by NCFHE and agreed by the institution. The site visit took place between 23-25 September 2019 at the Hard Rocks Business Park in Malta. The agenda of the site visit was drafted jointly by the institution, audit panel and NCFHE.

During the site visit, the panel confirmed the information provided by the institution in the self-evaluation documentation and explored in meetings the perceptions of internal and external stakeholders; based on these main aspects, the panel assessed the compliance of the institution with NCFHE institutional accreditation standards.

The evaluation faced a few significant obstacles, some of which have made the mission of the panel more difficult:

Firstly, the institution has not informed the panel or NCFHE in advance that it conducts activities in premises in addition the Hard Rocks Business Park, namely: Sir Anthony Mamo Oncology Centre (SAMOC) at Mater Dei Hospital, the Malta Life Sciences Park - San Ġwann, the Local Council Association (LCA) in Marsa, and the lecture room at the Gozo General Hospital in Victoria. The panel has only learnt about these during the site visit and was unable to check their compliance with the NCFHE accreditation standards. According to the representatives of the institution, this event has presumably happened unintentionally, ILMI simply considering that, once the respective premises have been already approved (by other Maltese authorities) to be used for educational purposes, declaring them on the NCFHE licence should not have been a requirement. Yet, the representatives of ILMI management have, during the site visit, gained a new understanding that the panel faced the difficulty of not being able to provide an assessment of standard compliance (in

particular Standard 7) of all premises currently in use by the institution, which is hereby reflected as a limitation of the audit process.

Secondly, the SAR was of very poor quality and it failed to provide sufficient explanatory/descriptive information for each individual standard in order to allow the reviewers to assess the institutional compliance. Considering that, according to the NCFHE External Quality Audit Manual of Procedures, the SAR constitutes the "principal data source for the audit", its poor quality has made the panel hunt down information in all institutional regulations, ask specific questions during the site visit and request a considerable amount of supplementary documents; the latter has been successfully provided by the institution.

Thirdly, the institution generally lacked the self-critical capacity, both in the submitted documentation, as well as in the meetings conducted during the site visit; this not only made it difficult for the panel to distinguish between objective information, facts unsupported by evidence and unsubstantiated judgements, but also made the panel wonder if the institution is generally self-aware of its current and upcoming challenges and has the ability to identify its risks and be honest about them (at least to itself) so that to address them accordingly. Generally, it is considered a significant shortcoming when an external quality assurance process identifies weaknesses that the institution has not already identified by itself and acknowledged in the self-evaluation documentation or during the site visit.

Lastly, the panel is unsure if the institution acknowledges any difference between training providers and higher education institutions, as founded hundreds of years ago to contribute to community development, to build minds, engaged citizens in democratic societies, a space of the free search for the truth, the good and the beautiful, a school of character and intelligence. Whilst some practices in the administration might be accepted in management consulting, that doesn't necessarily guarantee their efficiency from the educational management perspective. This distinction has to be made clear, especially for and by the people that are at the forefront of governance at institutional level and it should be accompanied by understanding the full weight that establishing a higher education institution implies. The panel, made of higher education professionals, wondered if ILMI understands its role in society.

Overall judgement for Standard

Requires improvement to meet Standard 11.

4. Response by the Provider

1. Preamble

IDEA Leadership and Management Institute would like to thank NCFHE and the Peer Review Panel for their comprehensive assessment carried out for the External Quality Assurance Audit of our further and higher educational organisation. The Institute also thanks the Peer Review Panel for the presentation of its External Quality Assurance Audit Report.

We notice that the Peer Review Panel acknowledges the young age of the Institute, and therefore in its early stages of development, that makes it difficult to demonstrate a strong framework and sufficient evidence of implementation and impact. The Institute values that the External Audit is an important component of assuring the Standards of the Institute as an educational organisation and thus ensuring both the integrity and overall efficiency and effectiveness of the Institute's practices as well as the quality learning experience provided to the student.

The Institute firmly believes in the value of developing a strong Quality Assurance System, allowing it to build trust with all its stakeholders, primarily but not solely that of our students and it is with this positive mindset that the Institute sees the External Audit Report. The Institute is approaching the Audit Report as a mature and reflective dialogue with NCFHE and the Peer Review Panel, an opportunity to help the organisation through its journey of further growth and development, strengthening its Quality Assurance System.

The Institute is pleased to note that the Peer Review Panel has identified good practices which the Institute is already exhibiting despite its young age and stage of development, an encouraging support towards its effort and commitment to further progress in strengthening and enhancing its quality assurance system and processes.

It is with this positive attitude that we are presenting this preamble as our introductory response to the Audit Report, understanding that your recommendations will lead to actions to improve the operations of our Institute.

While we are confident that the views of the Peer Review Panel will provide valuable input into the development of our educational organisation, however, we are disappointed that some values that we truly believe in and that we consider the cornerstones of our future have not been picked up by the auditors. We therefore would like to take this opportunity to set this record straight and again state these very clearly:

1. *We strongly believe that Quality has to be part of the fabric of the organisation.* It is what will ensure that the change we necessarily have to go through will lead us to excellence. We firmly believe that Quality is not the responsibility of a particular department or group of people but is the responsibility of each and every person that is in any way associated with our Institute. Our Quality system is being developed on these lines and we are totally committed to it.

2. *Our commitment towards equality and inclusivity* through fairness and transparency both at the workplace and in the learning environment. No discrimination has ever been practiced or will ever be tolerated. This is a core value of which we are proud.

3. *Our commitment to education in its widest holistic aspect.* ILMI's vision in providing learning opportunities stem from its belief in a holistic education which is concerned and thus addresses the broadest development of the individual learner and not with narrowly defined basic skills as occurs in an organisation whose philosophy is training. The Institute offers study programmes which address the broadest development of the whole person at cognitive and affective levels, thus promoting the personal and professional development of the learner as a whole person. Through its andragogical approach, each academic discipline provides a different perspective of a crucial dimension of life experiences at the place of work aligned to high cognitive competences, knowledge and skills as established by Qualifications Framework Level Descriptors.

   The Institute offers accredited study programmes which are all based on a learning outcome approach. Thus, its programmes allow academic freedom in their implementation and assessment while empowering the learner in own learning process, nurturing his/her responsibilities towards contributing both to the immediate community of practice and to the wider society as an active participatory citizen.

   Thus, besides enhancing the personal and professional development through a stimulating experiential learning environment, the adult learner is given the opportunity not only to further own studies but to progress in own employment status.

We do however wish to draw your attention to some comments made in this Audit Report which, in our view, do not present fairly the vision, the ethos, the values and beliefs of this professional organisation as an Institute implementing further and higher education studies. Primarily we are referring to the statement *'The panel, made of higher education professionals, wondered if ILMI understands its role in society '* (page 37)*.*

We make no apologies for the fact that ILMI as a private entity also seeks to operate as a profit-making business as this is a crucial component of sustainability. However, such a statement does not present or reflect a fair view of the auditee's position and operations. Contrasting to the above statement, the Audit Report itself, gives a very encouraging and supportive report regarding Standard 2: Institutional Probity, statements identifying sound good practices with a very strong sustainability in mind ensuring the delivery and commitment to our students, one example stating: '*The company is properly capitalized and has a sound equity and reserves base, which when taken together with cash and other assets, implies that the business has adequate cash reserves to deal reasonably with unpredicted circumstances and to continue in operation and implement its plans*' (page 24). Incidentally we do proudly point out that our continued performance and service to our students during the current pandemic was as good as that offered by the best educational institutions and not only in Malta.

Another aspect of concern is recommendation KR.10, *'The institution must ensure that all individuals in key roles are suitably qualified for the positions they occupy'* (page 25). As far as we know in our organisation all academic personnel are suitably qualified. Other staff in administrative roles are all sufficiently competent with respect to the responsibilities assigned to them within the corporate structure. This institution strongly values such competences achieved

through various forms of experiential learning as is highly encouraged across the EU and our own National Lifelong Learning strategy. I am sure the panel will agree with us and the many other experts across the world that competences can be demonstrated in various ways and not only through formal academic qualifications. During the recruitment process the Institute ensures that all staff meet job description requirements and any identified gaps are immediately addressed through training.

We respectfully point out that the comments expressed by the audit committee do not reflect the values and professionality of this higher education institution.

On page 21, it is stated that: *The principle of academic freedom is not being encouraged, safeguarded and catered for through the Quality Assurance Policy or any other institutional provision.* The Institute certainly agrees with the importance of academic freedom. We do wish to point out that academic freedom is not only encouraged but embedded in the methodology of the Institute's delivery and assessment of the study programmes.

The Institute's Study Programmes are based on learning outcomes where the content is indicative and not prescriptive. In their implementation the lecturers are given freedom in the methodology chosen both for delivery, and therefore in deciding how to reach the learning outcomes as well as the assessment. We would like to emphasise, that the assessment questions/assignments are designed by the individual lecturers themselves. For the sake of clarity, we would also like to point out that all our programmes are accredited by the NCFHE.

Again we wish to state that the comments of the auditors do not reflect our modus operandi

As already stated previously, we think that your recommendations will be valuable in strengthening our good practices and the quality management system as a driver for continuous improvement in the quality of the Institute's educational provision. However, we view that there is some overlap between some recommendations. Our view is that the number of recommendations listed can be diminished as indicated hereunder:
- Standard 1: R4 is already addressed in R3.
- Standard 4: KR.18 is already addressed in KR.16.
- Standard 5: R.11 is already addressed in R.8.
- Standard 6: KR.27, R.12 and R.13 are already addressed in KR.23.
- Standard 6: KR.25 is already addressed in KR.22.
- Standard 10: R.17 is already addressed in the other recommendations of this Standard.

Having said this, we take note of the judgments of the Standards. We are providing our initial response in the appropriate sections below.

2. Response to comments and proposals made by the Peer Review Panel in connection with Standards where the judgment was "Standard met or surpassed".

Referring to Standard 8: Information Management
Overall Judgement for Standard: Standard met
KR.32: The institute must include a provision for vulnerable student groups on records.

Our response:
This recommendation will be addressed in future programmes.

3. Response to comments and proposals made by the Peer Review Panel in connection with Standards for which the Peer Review Panel decided "Improvement is required".

3.1 Referring to Standard 1: Policy for Quality Assurance
Overall Judgement for Standard: Requires improvement to meet the Standard

Main findings

Page 20: The quality policy has been developed through a top-down approach by the Director of Studies and there is no evidence that any internal and external stakeholders were engaged.

Our response:

This top-down approach is not because this is the way the Institute believes it should work. At the time of the Audit, the top-down approach reflected the initial phase of the Institute starting itself as an educational organisation. The vision of the Institute is to move away from the top-down approach towards a more participative approach involving all stakeholders.

Both internal and external stakeholders' feedback was always given its valuable consideration to ensure continuous improvement. We are currently developing more robust procedures whereby the involvement of both internal and external stakeholders is not only implemented but also documented as evidence.

Page 20: The quality assurance policy does not form part of the institutional strategic management, as reflected in the document itself. In fact, according to the meetings conducted during the site visit, the panel could observe that the institutional leadership considers that the quality assurance system and the strategic management are two different things and should not interact with each other.

Our response:
As strategically planned, we are developing in this direction by formulating quality development through strategic planning.

Page 21: The principle of academic freedom is not being encouraged, safeguarded and catered for through the Quality Assurance Policy or any other institutional provision.

Our response:
.
Programmes are accredited and approved by NCFHE. The lecturer is given academic freedom in the methodology chosen both for delivery and assessment.   Please note the assessment questions/assignments are designed by the individual lecturers themselves.

Page 23: the quality assurance staff at ILMI has no clear view of the implementation stage of the plan.

Our response:

We are afraid we might have given the wrong message. We had submitted a plan in September 2019, with a very clear view that this Audit Report will be used to improve on that plan for its implementation. As we have discussed during the Peer Panel Interviews and have already stated in our introductory preamble, the Institute is approaching the Audit Report as an opportunity to help the organisation through its journey of further growth and development, strengthening its Quality Assurance System. We can consolidate this by providing evidence of further developments which have already taken place since September 2019; to name a few include:

- *Web-site developments;*
- *Change of Plagiarism software to ensure students are given a stronger support in their assessment;*
- *Strengthening and improving on our Assessment strategy;*
- *Introducing the Internal Verification Process of Assessment*
- *Development of the Quality Document Control Procedure;*
- *Organising CPD Sessions for both the Internal and Academic Staff;*
- *Ensuring documentation of Board meetings;*
- *Ensuring the quality functionality of the Admissions Board;*
- *Strengthening the human resource capacity.*

In our view this phrase does not reflect our mindset and our intentions.

Recommendations for Improvement

KR.1 The institution should revise the quality assurance policy so that it describes the institutional quality assurance system, its processes, mechanisms, instruments, reporting, data collection, timeframes, quality cycle, as well as responsibilities of all organisational units and institutional leadership, individual staff members and students with respect to quality assurance;

Our response:
We are taking action to ensure that the policy is revised to reflect a stronger quality assurance system.

KR.2 The institution must ensure that the Quality Assurance Policy, as well as all institutional policies, are made publicly available on the institutional website;

Our response:
While the Quality Assurance Policy is already on our e-learning platform, we are taking action to ensure that all necessary policies are made publicly available.

KR.3 The institution must enhance the involvement of both internal and external stakeholders, including students and employers, in quality assurance, as well as in general policy making processes;

Our response:
We are taking action to ensure more involvement of both internal and external stakeholders are involved in the continuous improvement of the quality assurance system.

KR.4 The institution must expand and evidence the role of the internal quality management system and policy in the institutional strategic management;

Our response:
We are taking action to further strengthen the internal quality management system.

KR.5 In order to avoid dependency on key people and risk the loss of institutional memory, the institution must ensure a transparent and predictable system of policies, procedures and processes across the whole range of institutional activities, including human resources management, and program monitoring and revision.

Our response:
As strategically planned, as the Institute is moving in its next stage of development, we are already in the process of ensuring the development of the necessary policies and procedures.

KR.6 The institution must develop policies and procedures for ensuring the integrity, reliability, suitability and continuous availability of the technological infrastructure regardless if these are outsourced to a third party company;

Our response:
This will be addressed through a specific policy and future contracts with our provider.

KR.7 The institution must develop and publish detailed procedures for guarding against intolerance of any kind or discrimination against the students or staff;

Our response:
The policy is already in place. Still, we are taking further action by reviewing it for improvement and then to publish.

KR.8 The institution should revisit the strategic planning methodology so that to provide for a successful implementation: ensure that the strategic planning processes include broader consultations with all internal and external stakeholders, provide resource allocation (material, human, financial), assigned responsibilities and timelines for each strategic objective, associate measurable targets and Key Performance Indicators to each strategic objective, draft and adopt action plans that narrow down the institutional strategic objectives on a more short-term scale and assign specific actions supporting the achievement of strategic objectives, ensure the effective and transparent monitoring and reporting on the implementation of the strategic plan on short and medium term;

Our response:
The strategic plan is being revised and will take these comments into consideration especially as regards identification of measurable targets and KPIs to aid implementation.

R.1 The institution may wish to regulate institutional provisions for encouraging and safeguarding

academic freedom;

Our response:
We believe that the institution is already addressing this.

R.2 The institution must plan and conduct regular internal self-assessment processes aimed at identifying room for improvement and developing solutions;

Our response:
We are already taking action to strengthen the process of the quality cycle.

R.3 The institution may wish to increase the internal commitment for the constant quality improvement and develop the quality culture across the institution so that it supports the institution in the development of its operations;

Our response:
This is already being implemented. We will also strive to make the PDCA cycle more apparent.

R.4 The institution may wish to ensure a coherent implementation of the IQAAP and establish formal processes for its monitoring and reporting.

Our response:
As indicated in our response to R.2, we are already taking action to strengthen the process of the quality cycle.

3.2 Referring to Standard 2: Institutional Probity
Overall Judgement for Standard: Requires improvement to meet the Standard

Main findings

Page 24: The company is properly capitalized and has a sound equity and reserves base, which when taken together with cash and other assets, implies that the business has adequate cash reserves to deal reasonably with unpredicted circumstances and to continue in operation and implement its plans.

Our response:
This is a point of Good Practice.

Page 24: ...it does not have in place any written procedure relating to the engagement and selection for the headship positions as at present the company is owner-managed.

Our response:
We are currently developing a policy document which establishes the profile of key persons in the organisation.

Page 25: The panel notes a very high concentration of responsibilities sitting with the Director of Studies; during the site visit we have observed that the same individual was referred to in tasks relating to staff mentoring, student psychological counselling, performance review, teaching and learning observations, student appeals, thesis supervisor assignment, student academic support, alumni exit meetings, nominations for committee compositions, etc. The panel finds that the background of one single person does not reflect relevant expertise in all these areas.

Our response:
We are currently developing a policy document which establishes the profile of key persons in the organisation.

Recommendations for improvement

KR.9 The institution must have a standard operating procedure in writing covering the engagement and selection for the headship positions that might arise in the future;

Our response:
We are currently developing a policy document which establishes the profile of key persons in the organisation.

KR.10 The institution must ensure that all individuals in key roles are suitably qualified for the positions they occupy;

Our response: They are and will always be. Please see our previous comments in preamble.

KR.11 The institution must ensure that its management and internal quality assurance systems are developed and formalized in order to avoid dependence to key people and risk the loss of institutional memory;

Our response:
We are taking action to further strengthen the internal quality management system.

R.5 The institution must ensure a task division that distributes tasks fairly across the organisation as opposed to having them centralised with a key individual.

Our response:
While this is already in place, we are already taking action to ensure that the current growth and development of the Institute are addressed.

3.3 Referring to Standard 3: Design and Approval of Programmes
Overall Judgement for Standard: Requires improvement to meet the Standard

Main findings

Page 25: The process for the design and approval of programmes is defined by a *Programme*

Development Process Map and is limited to a few key people, including the Director of Studies, a programme developer and an external professional expert. Although the Director of Studies consults with the external professional expert, it can be noted that he has a central role in the identification of programme content and/or training needs. Students are not involved in the design, but are directly involved in assessing the quality of the delivery of the programmes (teaching and learning processes) through the feedback they submit along the course of their study. Student feedback is vetted solely by the Director of Studies. The panel finds this system too centralised and limits the involvement of a wider spectrum of stakeholders. The process for the design and approval of programmes is not subject to a formal institutional approval process, but is rather limited and tied to the role of the Director of Studies. In addition, the *Programme Development Process Map* raises questions on whether aspects such as feasibility (beyond the financial aspect) and comparability of programmes are taken into account.

Our response:
The Institute offers only Study Programmes which are fully approved and accredited by NCFHE. The process which leads to the design of a programme has been overtly simplified in the above statement as this includes ongoing market research, interviews and meetings with external stakeholders in the relevant industry sector.
The process of the design and the writing of the study programme again is more complex than stated. It involves further extensive research and meetings between the Curriculum Development Manager and Experts with high academic qualifications and a strong expertise in the relevant industry sector. Once the study programme is designed and appropriately submitted on the official application template provided by NCFHE, it is then the full responsibility of NCFHE to examine and process the application before it approves and accredits it. The Director of Studies does not approve any study programme.

We believe that the auditors comments could have better reflected the actual process involved in the design and approval of the Study Programmes offered and implemented by the Institution.

Page 26: The good relationship with a number of employers sets the prospect for a successful engagement of external stakeholders in reviewing and amending the programs. The process of amending programmes is a quite rigid since it only takes place at the end of each cycle. Although ILMI employs a virtual learning environment platform (CANVAS) which is equipped with adequate data analysis tools to monitor and support student progression, there is no clear evidence that the institute makes use of it in designing programmes to enable smooth student progression. In addition, it is not clear whether the institute takes evidence-based decisions during the design and approval of its programmes. Although the student target audience is defined, there is no evidence that the minimum eligibility and the selection criteria are clearly defined, which leads to a lack of transparency during admission. The relationship between the programmes' learning outcomes and the assessment methods is shown in the unit descriptors and proposed lecture plans, although it seems quite too rigid to have the same template for all the study units. This is particularly true with respect to the form of assessment. Nonetheless, a clear distinction between knowledge, skills and competences is made.

Our response
We are somewhat surprised by some of these comments. The lack of evidence is simply due to the fact that the programmes are new. Whatever information eventually gathered from these programmes will be used in the design of future ones. We also do not understand where the inference of lack of transparency in student selection comes from. Student eligibility is clearly stated in each course specification and these are always adhered to. One other comment about the presumed rigidity due

to similar templates. We really do not understand where the relation standardisation equals rigidity comes from and we strongly object to this. We need standardisation in documentation as this simplifies our processes, but we certainly do not impose rigidity or imply lack of academic freedom. Our conclusion here is that the audit panel has arrived at conclusions that are not evidence based but rather based on their own personal preferences and which therefore make them subjective.

Recommendations for improvement

KR.12 The design and approval of programmes must be subject to a formal institutional approval process rather than being limited and tied to the role of the Director of Studies;

Our response:
The approval of programmes is already subject of a formal institutional approval process: that of NCFHE.
We kindly ask you to consider removing this recommendation.

KR.13 The institution must involve students in the design and review of programmes, rather than limiting their role to solely providing feedback on the delivery of lectures;

Our response:
 We are taking action to further strengthen the quality cycle of this process in future programmes.

KR.14 The institute must shift from the training mentality, currently being adopted, towards an academic philosophy which takes into consideration various methods of assessment, nurtures educational freedom and involve various stakeholders particularly the lecturers;

Our response: We have already explained that this is already being done.
We kindly ask you to consider removing this recommendation.

KR.15 The institution must define clear selection criteria and the minimum eligibility to enhance transparency during admissions;

Our response:
This was already in place during the Audit and all evidence was presented.
We kindly ask you to consider removing this recommendation.

R.6 The institution may ensure that teachers are aligned on the expected student workload in terms of ECTS or ECVET learning credits;

Our response:
While the Institute organises an induction session to the academic staff upon recruitment, we are currently strengthening this through organising CPD sessions.

R.7 The institution way wish to consider in building upon the good relationships with a number of employers and industry stakeholders and involve them in the design and review of work-related programmes.*
Our response:
We are taking action to strengthen this quality cycle to ensure to improve our study programmes.

3.4 Referring to Standard 4: Student-centred Learning, Teaching and Assessment
Overall Judgement for Standard: Requires improvement to meet the Standard

Main findings

Page 27: According to the information collected during the site visit, it transpires that students following courses at ILMI indeed receive adequate support from the lecturers and from the administrative and support staff. In addition, students confirmed that they go through a positive experience at the institute.

Our response:
It would be encouraging for the many members of staff who really put in a lot of effort to have this recognised as a Good practice.

Recommendations for improvement

KR.16 The institution must improve the consistency, oversight and fairness of the assessment arrangements;

Our response:
We have already taken action and the Internal Verification process is already in place.

KR.17 Lecturers must provide both graded feedback and qualitative feedback on a compulsory basis;
Our response:
Action will be taken to improve on the feedback given to the students.

KR.18 The institution must ensure that arrangements for the moderation of assessment involve more than one assessor, particularly in the case of a revision of assignment;

Our response:
This recommendation is included within KR.16.
We kindly ask you to consider removing this recommendation.

KR.19 Monitoring of QA processes, particularly those related to monitoring to what extent learning outcomes are being achieved, must be carried out by a wider pool of people in order to decentralise from the role of the director of studies and programme manager;

Our response:
Action will be taken to improve on the quality monitoring process of delivery of programmes.

R.8 The appeals board must be clearly structured and regulated through definite regulations, as opposed to being set up on an adhoc basis;

Our response:
We have already taken action and the Appeals Board is already in place.

3.5 Referring to Standard 5: Student Admission, Progression, Recognition and Certification
Overall Judgement for Standard: Requires improvement to meet the Standard

Main findings

Page 29: Students are admitted to the institute following a decision by the Admissions Board which is composed of the Director of Studies, Programme Manager and a Technical Expert. The role of the board is clearly defined in the "Institute's Board Policy" document; however, as there are no board minutes, the panel is concerned about the transparency and consistency of the admission process if the decision making process is not clearly documented. On the other hand, the aforementioned "Institute's Board Policy" document makes provision for the ad-hoc setting up of an appeal board in case of a potential student not agreeing with an admissions decision.

Our response:

We reiterate that the admission requirements are always clearly stated and student eligibility is therefore clear. We do concede however that minutes are lacking and that this will be rectified.

Page 29: the panel found evidence of RPL processes through documentation outlining the regulations governing prior learning.

Our response:
We again ask whether this can be considered as Good practice.

Recommendations for improvement

KR.20 The institution must ensure the transparency of the admissions process;

Our response:
We believe that the admissions process is fully transparent already. Because we totally understand the importance of this aspect of our operations, we do commit to thoroughly review the process and to strengthen our procedures accordingly.

KR.21 More detail must be added to the diploma supplement, including the missing total   number of ECTS and classification status;

Our response:
We have already taken action and the Diploma Supplement is already in place.

R.11 The institution may wish to consider the setting up of a permanent appeals board in contrast to an ad-hoc board.

Our response:
As indicates in our response to R.8, we have already taken action and the Appeals Board is already in place.

3.6 Referring to Standard 6: Teaching Staff
Overall Judgement for Standard: Requires improvement to meet the Standard

Page 30: All the teaching staff at the institution is employed on an invoice basis (part-time) while their main affiliation is with another provider.

Our response:

ILMI is not the first Higher and Tertiary Institution adopting this method. This approach brings along a number of advantages including, that the best lecturers are appointed, lecturers can keep themselves updated in the respective field, etc. In our opinion the advantages outweigh the disadvantages.
ILMI recruits highly qualified teaching staff with a specialisation in the subject area and with a strong expertise in the related industrial sector. They are all eligible as per approved and accredited application specifications. It is also worth noting that their performance at ILMI is constantly monitored and we do create an environment where they can feel an important member of our teaching community. We will be taking this further in the future because we actually do believe that we can turn this into a competitive advantage.

Page 30: The panel considers this to be lacking consistency, considering that the institution does not provide any CPD, does not support staff in the development of teaching methods and the enhancement of the student learning experience and shows no initiative in encouraging innovation in teaching methods and the use of new technologies

Our response:
CPD sessions are organised at ILMI, one was organised before the Audit.
Another two sessions have been organised this academic year.

Page 30: The institution generally provides appropriate conditions of employment for all staff. However, according to the meetings conducted by the panel, the institution could increase its efforts to ensure more transparency and predictability of areas such as promotion as well as to ensure that the required workload is manageable by existing staff.

Our response:

Management is always highly sensitive to staff motivation and morale. We do understand that the well-being of the workforce is important and directly related to the success of the enterprise. Although we have no reason to believe that this is weak at the moment, we are always committed to take all necessary steps and actions to keep our staff motivated also by actively supporting their professional development.

KR.22 The institution should ensure the fair and consistent implementation of the recruitment policy, as well as a coherent approach in task division and communication with other institutional policies, such as CPD;

Our response:
We strongly believe that our recruitment is and has always been fair. If this is not clear enough from

our policies and procedures, then we will review these carefully and rectify if necessary. We cannot think of any single case however when we have not been fair and consistent.

KR.23 The institution should provide continuous professional development to staff in a regular and coherent approach that includes assigned responsibilities, identify training needs, budget allocated, training provided, impact assessed, monitoring of training impact;

Our response:
We have taken action and already provided CPD sessions to both academic and internal staff. Action will be taken to address other areas of this recommendation.

KR.24 The institution should enhance institutional efforts to promote staff research and scholarly activity to inform teaching practice;

Our response:
Action will be taken to enhance scholarly activity with its teaching staff.

KR.25 The institution should ensure transparency and predictability in all areas of teaching staff management – recruitment, promotion, performance review;

Our response:
We believe this recommendation is already covered in KR.22.

KR.26 The institution must increase the capacity of systems and procedures to monitor the delivery of teaching and learning and to ensure that the standards required for individual programmes of study are being met: survey content, logistics in conducting the surveys, data processing, etc;

Our response:
Action will be taken to enhance the delivery of teaching.

KR.27 The institution must ensure that survey results are discussed with all individual staff so as to contribute to formal action planning processes and serve as a base for continuous development in the quality of their teaching;

Our response:
Agreed

KR.28 The institution must follow-up on the implementation of agreed areas of improvement identified through the module survey and monitor and confirm the closing of the quality feedback loop.

Our response:
Agreed, actions are already in progress

R.12 The institution may wish to increase the support given to staff in the development of teaching methods and the enhancement of the student learning experience;

Our response:
Agreed but please see our response to KR23

R.13 The institution may wish to encourage innovation in teaching methods and the use of new technologies;

Our response:
We certainly agree with the concept but would like to point out that this had already been in place and we consider this as a strong point.

3.7 Referring to Standard 7: Learning Resources and Student Support
Overall Judgement for Standard: Requires improvement to meet the Standard

Main findings

Page 32: Currently ILMI does not have in place a framework through which it may offer its administrative, operational and support staff, opportunities for continuous professional development.

Our response:
As indicated in the preamble, the Institute values everyone in the organisation as an individual where everyone is supported, and everyone's input is valued and acknowledged and where everyone is allowed the space and the opportunity to achieve own potential.

Page 32: From the sample of curriculum vitae received by the panel, it transpired that not all administrative and support staff are appropriately qualified for their role within the institute, as further detailed under Standard 2.

Our response:
As indicated in the preamble, all employees are competent in doing their job.
We kindly ask you to consider rephrasing/removing such wording to reflect better the reality of our operations.

Page 32: Academic advice and guidance is provided by mentors which are assigned to every student according to their place of work or profession. For each module, each student spends around five hours per module with their mentor, which is equivalent to two meetings per module. Both lecturers and students are aware of the support procedures and the mentorship system.

Our response:
From our experience in various other academic institutions we consider this as good practice and would have liked this to be picked up by the panel and mentioned as such in the report.

Recommendations for improvement

KR.29 The institution must ensure that all administrative, operational and support staff are to be given opportunities for continuous professional development in order to improve and develop their competences;

Our response:
We totally agree with this and we do already offer ample opportunity. We will however find ways to make this practice more visible.

KR.30 The institution must ensure that all administrative, operational and support staff are appropriately qualified for their role within the institute;

Our response
We have made our position abundantly clear elsewhere in this report. This KR is both superfluous and puts across a distorted picture of reality.

KR.31 The institution shall inform NCHFE, latest 30 days after the receipt of the final audit report, of all the venues used to deliver the course, so that they are properly listed in the licensing agreement.

Our response
Action has already been taken.

3.9 Referring to Standard 9: Public Information
Overall Judgement for Standard: Requires improvement to meet the Standard

Main findings

Page 34: Whilst the brochures are updated regularly and on ad-hoc basis, at the time of audit the website was in the hands of a third party contractor and hence updates to its contents have to be sent to the contractor for execution to be made, therefore it cannot be maintained in real-time. It was made known to the panel that a new website was due to launch a few days after the site visit and it would address this problem.

Our response
Action has been taken already.

Page 34: It was also noted by the panel that lecturers have no say in assigning credit value. This responsibility befalls the curriculum design manager followed by verification by the Director of studies.

Our response
NCFHE approves and accredits study programmes. Neither the Director of Studies, nor the lecturers nor anyone from the Institute carries this authority or its responsibility.
We kindly ask you to consider rephrasing/removing this statement.

Recommendations for improvement

KR.33 The institution must ensure that information is consistent across public information sources;

Our response:
We agree that information should be thoroughly consistent, but we have no reason to believe that it has not been so.

KR.34 Student policies must be published on the website;

Our response:
We are taking action to publish relevant policies.

R.14 The institution may wish to consider providing more information on teaching, learning and assessment procedures across all information sources;

Our response:
ILMI already provides all the required information, but we will continue to enhance this important aspect.

R.15 The institution may wish to consider including more information on pass rates and information on further learning opportunities and career pathways across all information sources.

Our response:
We will take this into consideration for the future.

Referring to Standard 11: Cyclical External Quality Assurance
Overall Judgement for Standard: Requires improvement to meet Standard

The evaluation faced a few significant obstacles, some of which have made the mission of the panel more difficult:

Firstly, the institution has not informed the panel or NCFHE in advance that it conducts activities in premises in addition the Hard Rocks Business Park, namely: Sir Anthony Mamo Oncology Centre (SAMOC) at Mater Dei Hospital, the Malta Life Sciences Park - San Ġwann, the Local Council Association (LCA) in Marsa, and the lecture room at the Gozo General Hospital in Victoria. The panel has only learnt about these during the site visit and was unable to check their compliance with the NCFHE accreditation standards. According to the representatives of the institution, this event has presumably happened unintentionally, ILMI simply considering that, once the respective premises have been already approved (by other Maltese authorities) to be used for educational purposes, declaring them on the NCFHE license should not have been a requirement. Yet, the representatives of ILMI management have, during the site visit, gained a new understanding that the panel faced the difficulty of not being able to provide an assessment of standard compliance (in particular standard 7) of all premises currently in use by the institution, which is hereby reflected as a limitation of the audit process.

Our response:
We addressed this problem immediately.

Secondly, the SAR was of very poor quality and it failed to provide sufficient explanatory/descriptive information for each individual standard in order to allow the reviewers to assess the institutional compliance. Considering that, according to the NCFHE External Quality Audit Manual of Procedures, the SAR constitutes the „principal data source for the audit", its poor quality has made the panel hunt down information in all institutional regulations, ask specific questions during the site visit and request a considerable amount of supplementary documents; the latter has been successfully provided by the institution.

Our response:
While we acknowledge the fact that SAR was not done to meet the required standards a a result of

lack of experience, the Panel's statements give a more negative view of the real situation and can do unfair and unnecessary damage to the institution.
.

Thirdly, the institution generally lacked the self-critical capacity, both in the submitted documentation, as well as in the meetings conducted during the site visit; this not only made it difficult for the panel to distinguish between objective information, facts unsupported by evidence and unsubstantiated judgements, but also made the panel wonder if the institution is generally self-aware of its current and upcoming challenges and has the ability to identify its risks and be honest about them (at least to itself) so that to address them accordingly. Generally, it is considered a significant shortcoming when an external quality assurance process identifies weaknesses that the institution has not already identified by itself and acknowledged in the self-evaluation documentation or during the site visit.

Our response:
We are very sorry and concerned that the audit panel have this impression. Clearly the level of communication during the audit could have been better. We attribute this to our lack of experience in similar audits. However, we do challenge the statement that the institution is not fully aware of the challenges ahead. We find comfort in the fact that all the recommendations identified by the panel were already known and in most cases, we have already taken action. We are therefore very confident that we are ready to face the future.

Lastly, the panel is unsure if the institution acknowledges any difference between training providers and higher education institutions, as founded hundreds of years ago to contribute to community development, to build minds, engaged citizens in democratic societies, a space of the free search for the truth, the good and the beautiful, a school of character and intelligence. Whilst some practices in the administration might be accepted in management consulting, that doesn't necessarily guarantee their efficiency from the educational management perspective. This distinction has to be made clear, especially for and by the people that are at the forefront of governance at institutional level and it should be accompanied by understanding the full weight that establishing a higher education institution implies. The panel, made of higher education professionals, wondered if ILMI understands its role in society
Our response to this has already been covered in our introductory preamble.

General response to this Standard:
Whilst recognizing that some documentation especially in the SAR might not have provided enough evidence to allow the reviewers to carry out the audit smoothly and efficiently, this was primarily due to lack of experience. However, we do notice the words and comments used do not provide a healthy medium for the expected mature and reflective dialogue which the Institution was expecting as an opportunity to help the organization through its journey of further growth and development.

4. Response to comments and proposals made by the Peer Review Panel in connection with Standards for which the Peer Review Panel decided "Does not meet Standard".

3.10 Referring to Standard 10: On-going Monitoring and Periodic Review of Programmes
Overall Judgement for Standard: Does not meet Standard

Recommendations for improvement

KR.35 The institution must revisit the *Periodic Programme Review Policy* to clarify the regularity and instruments of the programme review;

Our response:
Action is being taken to ensure the policy is clarified.

KR.36 The institution should ensure that the monitoring and review of programmes include the input, process, and outcome in order to ensure that programmes are meeting the set objectives and expectations;

Our response:
Action is being taken to ensure the monitoring and reviewing mechanisms are in place.

KR.37 The institution must ensure that the programme review processes engage employers, alumni, and students as well;

Our response:
Action is being taken to ensure that all stakeholders are involved in the programme review.

R.16 The institution may wish to ensure that the programme development and review are also based on benchmarking processes that ensure the comparability and recognition of ILMI programmes;

Our response:
ILMI is planning to develop mechanisms of programme review to include benchmarking process.

R.17 The institution may wish to design the programme review process to ensure that it identifies recommendations for improvement and further development.

Our response:
As indicated in the previous recommendations action is being taken to enhance the quality of programme review process to ensure improvement and further development.

Annex: Review Panel Bio Notes

In the setting up of the review panel for **IDEA Leadership and Management Institute,** the NCFHE sought to maintain a high degree of diligence in the process of selection of the members of Peer Review Panel. The Panel sought to be composed of specialists in quality assurance to act as External Peers, professionals and practitioners of quality assurance frameworks, as well as students who, prior to the audits, attended professional Training Seminars organised by the

NCFHE.

The following bio notes present the profiles of the members of Peer Review Panel. The bio notes are correct as at the time of when the QA audit was carried out from **23rd to 25th September 2019.**

Head of Review Panel/External Peer:

Anca Prisacariu holds a PhD in Educational Sciences from the University of Bucharest, Romania and was a Research Fellow within the Institute of Behavioural Sciences at the University of Helsinki, Finland. Her research preoccupations are around the quality assurance of higher education, focusing on enhancement-led systems and processes - some of the themes in the publications and peer-reviewed articles Anca has published.

Anca has broad working experience with international organisations for higher education and acts as an expert for different national quality assurance agencies across Europe and outside of it. From these positions, she has been a member of numerous review panels at study programme, institutional and quality assurance agency level. Her consultancy roles in different countries have given Anca an extensive experience and expertise in quality assurance, regulation, the development and review of standards frameworks.

Her activity as Advisor to the Minister of Education in Romania has added up experience in formulating, reviewing and implementing policies on higher education at national level. Also, her background in the student movement adds to her expertise topics like the Bologna Process, student centred learning, equity, equality and the social dimension of higher education, student engagement and representation.

Anca's subsequent roles in internal quality assurance added to her background expertise in the development of internal quality management frameworks, coordination of policy-making and revision, monitoring and performance management of the strategic and operational plans, auditing institutional processes and ensuring institutional compliance in external accountability processes.

Peer Reviewer:

Dr Inġ. Owen Casha received the B. Eng. (Hons) degree from the University of Malta in 2004 with first class honours. In the same year, he joined the Department of Electronic Systems Engineering (Faculty of Engineering) as a post graduate trainee. In 2007 he was engaged as an assistant lecturer in the Department of Microelectronics and Nanoelectronics (Faculty of ICT). From September 2007 until June 2008, he was on a research collaboration with CEA-LETI (Grenoble, France) and ST-Microelectronics, as part of his doctorate studies. He received a Ph.D. in Radio Frequency Integrated Circuit Design from the University of Malta in 2010 and promoted to lecturer. Following eight years of lecturing and research duties, he was promoted to senior lecturer in June 2015. His research interests are low voltage low phase noise radio frequency oscillators and synthesizers, design of high speed integrated circuits and RF MEMS design. He is the co-author of more than seventy-five peer reviewed papers and two book chapters. Dr Inġ. Owen Casha was involved as a peer reviewer in various External Quality Assurance (EQA) audits which were conducted by the NCFHE.

Student Peer Reviewer:

Mr Wilbert Tabone is a researcher in the areas of Artificial Intelligence, Human-Computer Interaction and the application of technology for digital cultural heritage. He graduated with a BSc.

(Hons.) with first class honours in Creative Computing from the University of London and later read for an MSc in Artificial Intelligence at the University of Malta, conducting his research at the Bernoulli Institute for Mathematics, Computer Science and Artificial Intelligence, University of Groningen in the Netherlands. Wilbert is involved in the cultural, technology and education sectors and is also an activist for a number of Maltese and international NGOs, including the Commonwealth Youth Council where he serves as an ambassador for Europe and Africa in the subcommittee.

He is currently spearheading Creative Computing development in the heritage sector and recently formed part of Malta.AI, the Malta National Task Force on Artificial Intelligence, tasked with formulating Malta's national strategy on AI. Wilbert was involved as a student reviewer in various External Quality Assurance (EQA) audits including the first conducted by the NCFHE.