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EXTERNAL QUALITY ASSURANCE PROVIDER

ACCREDITATION MANUAL FOR HIGHER EDUCATION INSTITUTIONS

CONTENTS

1 INTRODUCTION

The Accreditation Manual, hereafter "the Manual", reflects the provisions of the Further and Higher Education Act, the Further and Higher Education (Licensing, Accreditation and Quality Assurance) Regulations, and the National Quality Assurance Framework for Further and Higher Education.

The scope of external quality assurance in Malta is firstly to evaluate the education providers against the indicators included in this Manual, through the analysis of the self-assessment documentation as well as through the information recorded by the peer review panels during the accreditation visits; secondly, it is in the scope of external quality assurance to evaluate the progress the providers have made since the previous external quality assurance process, aimed at the continuous enhancement of quality and institutional capacity building of the higher education sector in Malta.

Based on this scope, the external quality assurance processes conducted based on this Manual aim to:

- certify the compliance of the providers with the indicators included in the Manual;
- consolidate the internal quality assurance systems at institutional level;
- support the providers in the quality enhancement and continuous development of their operations;
- increase the quality of learning outcomes across the Maltese higher education sector;
- enhance the student learning experience.

The Manual is applicable to external quality assurance processes conducted by the Malta Further and Higher Education Authority, hereafter referred to as *the MFHEA* or *the Authority*, with providers that deliver education at MQF level 5 and higher, through which accreditation is initially granted and confirmed periodically. Specifically, this Manual applies to:

- self-accredited providers;
- universities;
- higher education provision.

The Manual is addressing:

a. Representatives of education providers – management at institutional and unit levels, heads of departments, members of the academic community: students, academics, researchers, and administrative staff;
b. Committees and other structures directly responsible for quality management and external quality assurance;
c. Beneficiaries of higher education provision, namely the labour market, employers and, in a broader sense, society at large.

The Manual uses the terminology and concepts established in the applicable legislation and which are further developed by the MFHEA in order to strengthen its practical character. In achieving this, the MFHEA is working closely with all interested institutions, the Ministry for Education, Sport, Youth, Research and Innovation, the representatives of students, and unions. Transparency of information and decisions will be ensured so that the public can follow the developments of the quality assurance system, as part of the European Higher Education Area (EHEA) commitments for transparency and predictability.

GLOSSARY OF TERMS

FURTHER EDUCATION means all non-compulsory formal learning which serves to obtain a national qualification classified up to and including level 4 of the Malta Qualifications Framework, or a foreign qualification at a comparable level.

HIGHER EDUCATION means all non-compulsory formal learning or research which serves to obtain a national qualification classified at level 5 or higher of the Malta Qualifications Framework, or a foreign qualification at a comparable level.

A PROVIDER is any individual or body corporate licensed by the Authority to provide education services in or from Malta.

A PROGRAMME is any course of study accredited by the Authority which serves to obtain an award or a qualification classified within the Malta Qualifications Framework or to a foreign recognised and comparable qualifications framework.

INTERNAL QUALITY ASSURANCE is defined by a collective system of policies, processes, instruments, units, and individuals which a provider organises within their institution in order to guarantee with confidence that the quality of their provision is being maintained and improved.

EXTERNAL QUALITY ASSURANCE processes are conducted by the Authority in order to provide a confirmation of the quality level of a provider's activities (accountability) as well as to provide recommendations on how it might improve what it is doing (enhancement). External quality assurance processes involve a self-assessment by the provider, an accreditation visit conducted by a peer review panel, and an external report that has the end goal of the granting of accreditation (through licensing) and confirmation of accreditation (through audits) of providers at least every five years.

ACCREDITATION is the formal approval by the Authority that a provider meets quality standards. Accreditation is granted based on the results of the external quality

assurance processes in recognition of the quality of the provider; the initial accreditation of a provider is granted through a licensing process whereas the confirmation of accreditation is conducted through audit processes every five years.

LICENSING is a process required from providers to establish themselves or to attain or maintain a specific status, or to confer national qualifications or foreign qualifications at a comparable level; licensing is the formal process which providers have to undergo before the commencement of their operations in order to obtain an initial accreditation. Licensing is granted based on the compliance with the *minimal indicators* for quality assurance included in this Manual.

AUDIT is the external quality assurance process of the internal mechanisms adopted by a provider and its adherence to any of their obligations of licensing, accreditation, and other requirements set forth by the Authority in order to continuously monitor and improve the operation of a provider or of a programme; an audit confirms the accreditation of a provider by evaluating their compliance with both *the minimal and performance indicators* included in this Manual. Licensed providers have to undergo an audit at least every five years.

The MINIMAL INDICATORS included in this Manual reflect the mandatory level of achievement that providers have to demonstrate compliance with for accreditation purposes and therefore must be met both before the commencement of their operations (at licensing stage) as well as throughout their activities (during every audit process).

The PERFORMANCE INDICATORS included in this Manual reflect the mandatory level of achievement that providers have to demonstrate compliance with during the audit process in order to have their accreditation confirmed. Therefore, performance indicators must be met, starting with the first audit that a provider undergoes five years after the commencement of its operations as well as throughout their entire licensing period.

DEVELOPMENTS IN THE MALTESE EXTERNAL QUALITY ASSURANCE SYSTEM

In 2006, the National Commission for Higher Education (NCHE) was set up as a consultative and advisory body to government on the higher and further education sectors. The NCHE contributed towards the development and launch of the Malta Government Scholarship Scheme, it drafted recommendations for a Further and Higher Education Strategy, and, in 2010, published a Guide to Financial Support Schemes for Students in Further and Higher Education.

The National Commission for Further and Higher Education (NCFHE) incorporated both the Malta Qualifications Council (MQC) and the National Commission for Higher Education. In 2010, the MQC was merged administratively with the NCHE and the two functioned as a single organisation (NCHE-MQC) until the setting up of the NCFHE in 2012. In 2015, the NCFHE produced the first version of the External Quality Audit Manual of Procedures as a key deliverable of the ESF Project 1.227 'Making Quality Visible'. Through the project, the NCFHE implemented its legal obligation to set up a national audit system to monitor and propose enhancements for IQA mechanisms of

individual further and higher education entities. To this aim, initially, the National Quality Assurance Framework for Further and Higher Education (NQAF) was developed to provide the conceptual context for this audit work and also situated it in the national commitment to foster and promote a quality culture in education. The first revised version of the Manual of Procedures, referred to as *External Quality Assurance: Provider Audit Manual of Procedures*, retained the basic structure of the previous version but was amended following experience gained whilst conducting audits of licensed providers.

In 2021, the National Commission for Further and Higher Education was re-established as the Malta Further and Higher Education Authority (MFHEA), to seek to promote and develop further and higher education in Malta by means of regulation and by the promotion of best practices.

The Authority was assigned to undertake, among others, the following responsibilities:

a) accredit education providers and their programmes;
b) act as the competent authority for granting of a licence to further and higher educational entities accredited by the Quality Assurance Committee, and/or by any other agency registered with the European Quality Assurance Register for Higher Education (EQAR) and/or by any other agency as may be prescribed, provided that such agency has, in its accreditation, adhered to the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG);
c) renew, refuse, suspend or revoke licences, and establish the conditions under which a licence may be granted, renewed, refused, suspended or revoked, and the fees which may be payable in each case;
d) validate any learning provided in an informal or non-formal manner and classify the evaluation at a level in accordance with the Malta Qualifications Framework;
e) regulate the manner and conditions for the issue, validation, renewal, extension or variation of any certificate, licence or other document or any regulations, directive or order made thereunder, and as to the form, custody, production, cancellation, suspension, endorsement, and surrender of any such document;
f) review qualifications for the purposes of recognition and pegging to the Malta Qualifications Framework;
g) request information for the purposes of research and statistics;
h) compile and keep up-to-date records of such data as it may deem appropriate in connection with its functions;
i) carry out or give effect to any international treaty or other international agreements relating to education to which the Government is or intends to become a party.

In 2022, the MFHEA produced this second revised version, referred to as *External Quality Assurance: Accreditation Manual*, which contains streamlined information for providers preparing for external quality assurance processes and outlines the new standards to be used by the MFHEA in such exercises. The Manual was revised as part of the Erasmus+ project *Support to the European Quality Assurance in Vocational Education and Training (EQAVET) National Reference Points (NRPs)* and recognises that providers in Malta are now at different stages in their quality management journey, with some requiring licensing and are thus expected to meet minimal quality indicators,

while others will have gone through at least one audit exercise and will be expected to demonstrate performance in their quality assurance arrangements.

PRINCIPLES OF QUALITY ASSURANCE IN MALTA

Quality assurance in Malta and, therefore, the present Manual, is underpinned by the following principles which also determine the relationship between internal and external quality assurance.

According to the legislation, the development and evaluation of quality has both external and internal dimensions. The external dimension is established by the alignment to the European Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG), which ultimately ensures confidence in the quality and academic recognition of Maltese qualifications. The internal dimension of academic quality is built on the premise that internal quality assurance is the full responsibility of each provider.

First and foremost, the present Manual is built on the core principles of the European Standards and Guidelines for Quality Assurance in the European Higher Education Area, namely that:

a. Institutions have primary responsibility for the quality of their provision and its assurance;
b. Quality assurance responds to the diversity of education systems, institutions, programmes, and students;
c. Quality assurance supports the development of a quality culture;
d. Quality assurance takes into account the needs and expectations of students, all other stakeholders, and society.

Secondly, the Manual, through its external quality assurance processes, contributes to a National and Institutional Culture of Quality that consistently contributes to the achievement of a quality education, underlined as a public good that is worthy of public trust, and that contributes to the personal development and achievement of students as well as continuous improvement of quality of life, culture, and national economy in a European framework.

Thirdly, external quality assurance has an important public accountability role: institutions need to demonstrate the quality of the education to all stakeholders and the public at large, by:

- achieving quality levels that respond to the expectations of students and employers;
- underlining education as a public good;
- communicating consistent, clear, and coherent information to the public at large about the real results obtained and the intentions of improvement.

The processes outlined in the Manual ensure that the internal quality management systems of providers are:

- fit for purpose according to the provider's courses and service users; internal quality assurance processes are defined and designed specifically to ensure their fitness to achieve the aims and objectives set for them;
- compliant with Standards and regulations and contributing to the development of a quality culture;
- contributing to the fulfilment of the broad goals of Malta's Education Strategy;
- implemented with effectiveness, comprehensiveness, and sustainability.

Fourthly, the Quality Improvement Cycle sits at the heart of the Manual. Quality is not an end in itself; continuous improvement of quality and institutional management is the primary objective of the external quality assurance. The particularities of a quality culture which ensure continuous performance improvement shall be demonstrated across the institution and presented in the self-assessment report during the audit.

Fifthly, the integrity, transparency, and independence of the external quality assurance processes are guaranteed. They support mutual trust and better recognition of qualifications, programmes, and other provision. At systemic level, transparency does not only increase the trust in the quality assurance structures' operations but also in the education itself. Institutionally, transparency encourages engagement of the entire academic community and development of a quality culture.

Last but not least, the Manual, both in terms of procedures for external and internal quality assurance, and in terms of expectations reflected in the minimal and performance indicators, is grounded on the principle of stakeholder engagement, which includes the entire academic community and the world of work within which the institution operates. In particular, students are an equal partner in the governance and quality assurance of education. This implies students not only being a valuable source of feedback on the quality of their learning experiences and a source of unique perspective on the educational process but also a reliable partner in the processes of design and implementation of quality assurance. Providers are expected to embrace the active involvement of the students.

ACCREDITATION CONSIDERATIONS

The Standards and indicators presented in this Manual have been drafted in alignment with the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) and are being enriched through the Guidance for Quality Assurance for Online Learning Providers in Malta.

The Standards are structured to include:

- minimal indicators which reflect the mandatory level of achievement that higher education provision has to demonstrate compliance with for accreditation purposes and therefore must be met before the commencement of their operations (at licensing stage) as well as throughout their activities (during every audit);
- performance indicators which reflect the mandatory level of achievement that higher education provision has to demonstrate compliance with during the audit process in order to have their accreditation confirmed. Therefore, performance indicators must be met, starting with the first audit that a provider undergoes five years after the commencement of its operations as well as throughout their entire licensing period;
- where applicable, additional indicators have been developed in the context of online provision.

Programmes that are regulated by EU Directives must first be formally approved by the relevant Maltese authorities prior to being submitted for accreditation with the MFHEA.

In cases where providers that are licensed to deliver further education programmes wish to include in their operations higher education provision (MQF level 5 onwards),

they shall undergo, chronologically, both accreditation processes (licensing and audit). In cases where providers change the premises of their operations or add new premises on their license, the compliance of the new premises shall be assessed against the Standards in the NQAF and MFHEA regulations.

Foreign providers that deliver higher education in Malta, in their own capacity or in a partnership with a local education provider, will undergo, chronologically, both accreditation processes (licensing and audit), regardless of their accreditation status with other recognised quality assurance bodies abroad.

Similarly, providers that deliver, in other jurisdictions, higher education programmes leading to the awarding of Maltese qualifications, will undergo, chronologically, both external quality assurance processes described in the present Manual, regardless of their accreditation status with the recognised quality assurance bodies in the respective jurisdiction. The accreditation processes described in this Manual will be conducted under the same conditions for domestic or foreign providers delivering education in Malta, as well as Malta-licensed providers delivering education in other jurisdictions.

Providers may request the MFHEA to fulfil their accreditation requirements at both institutional and programme level through the services of another agency registered with the European Quality Assurance Register for Higher Education (EQAR), hereafter referred to as *foreign agency*. Providers that are interested in pursuing such external quality assurance process are to submit a request to the MFHEA prior to triggering the respective process.

Such request will need to demonstrate:

1. the transparency of the external quality assurance process;
2. the independence of the peer review panel in relation to the provider;
3. the experience and expertise of the foreign agency in the specific field of operations of the provider and/or in the programme;
4. the alignment of the external quality assurance process to the ESG and the Maltese NQAF.

Upon completion of the process, the foreign agency shall present the Accreditation Report to the MFHEA which decides whether or not to validate the report, justifying its decision. The MFHEA decision will refer strictly to the conformity of the accreditation process to the four points above and will not refer to the content of the Accreditation Report or the judgement of the foreign agency.

2 STANDARDS FOR ACCREDITATION

Standard 1. **Mission and strategic management**
Minimal indicators: 1.1. The institutional mission is concise, clear, and aligned with strategic planning. 1.2. The institution has a strategic development plan that is measurable, time-bound, and achievable. 1.3. There is an operational plan which describes future activities derived from the strategic plan, sets Key Performance Indicators (KPIs) and timelines together with resources needed for their implementation, and defines the responsibility for implementation of the goals. 1.4. The allocation of the institutional financial resources is done through a transparent budgeting process and is aligned to the strategic and operational plans. 1.5. The institution has a plan that ensures the business continuity of all its major processes. The plan takes into account all possible risks and mechanisms for their prevention as well as strategies for risk assessment and mitigation.
Performance indicators: 1.6. The mission of the institution has been defined and, if the case, revised based on a consultation process involving external and internal stakeholders. 1.7. The mission is recognised and shared by the members of the academic community of the institution. 1.8. The strategic plan takes full and realistic account of aspects of the internal and external environment affecting the development of the institution. 1.9. Strategic planning is a participatory process that actively involves staff, students, employers, and other stakeholders of the institution. 1.10. The institution collects and uses data to monitor the achievement of its stated objectives. An analysis of strengths, weaknesses, opportunities, and threats is presented, and it is indicated how the institution is planning further activities with regard to the performed analysis. 1.11. Strategic and operational plans are cascading further at team and individual levels. The institution sets benchmarks for its staff and the work completed by them in order to effectively manage the institution's activities.

Indicative evidence:

- Institutional website
- Mission statement
- Strategic, operational, and business continuity plans
- Mechanisms for the monitoring of the strategic and operational plans
- Strategic management monitoring reports
- Meeting minutes
- Interviews conducted by the peer review panel

Additional indicators in the context of online provision:

1.12. Strategic and operational plans mention online and blended learning.

Standard 2. Governance, organisational structure, and administration

Minimal indicators:

2.1. The procedures and criteria for the election/appointment of leadership positions and governance bodies are clearly defined in institutional regulations and made transparent to the academic community of the institution.

2.2. The persons occupying leadership positions and those sitting on senior governance bodies are qualified and fit for the responsibilities of their roles.

2.3. Provisions are made for membership of governance bodies to include representatives of all stakeholders - students, academic and administrative staff and, where possible, representatives of the labour market.

2.4. There is a formally adopted organisational structure where governance, decision making, and distribution of responsibilities of all levels and units are clearly defined in an achievable and realistic manner.

Performance indicators:

2.5. The leadership positions and governance bodies regularly review their own effectiveness and develop and implement plans for improvement in the way they operate; to this extent, governing bodies make use of meeting minutes which they record systematically and formally.

2.6. The institution takes active steps to ensure gender balance at all levels of governance and administration.

2.7. Student representatives are full members of governance bodies. There is a formal, independent, democratic, transparent, and non-discriminatory election procedure that does not limit students' right to represent and to be represented.

2.8. The organisational structure of the institution is fit for purpose and operates in a coordinated manner for the implementation of the goals described in the strategic plan. The administration is effective in terms of staffing levels and qualifications.

2.9. Staff satisfaction with governance, administration, working conditions, information flow, etc., is monitored regularly; such evaluation results are made available within the community and are used in quality improvement activities.

Indicative evidence:

- Institutional website
- Institutional regulations (e.g., by-laws, terms of reference, charters)
- Regulations for the election/appointment of leadership positions and governance bodies
- Membership and meeting minutes of governance bodies
- CVs of governance and administration
- Organisational structure
- Functions of units within the organisational structure
- Interviews conducted by the peer review panel

Additional indicators in the context of online provision:

2.10. A key managerial post or unit dedicated to the management of online and blended learning from an educational point of view is included in the organisational structure of the institution.

2.11. Sufficient resources are allocated to cater adequately for the technical infrastructure, training, and systems for online and blended learning.

Standard 3. Quality management

Minimal indicators:

3.1. The institution has formally adopted a quality management policy that describes the organisation of the quality management system, its processes, mechanisms, instruments, reporting, data collection, timeframes, and quality cycle. The policy is a public document.

3.2. The responsibilities of departments, schools, faculties, institutes and/or other organisational units as well as those in leadership roles and students, with respect to quality management, are clearly defined.

3.3. The quality management system forms part of the institutional strategic management system and covers the whole range of activities, both academically and non-academically.

3.4. The institution has relevant structures in place to provide oversight arrangements for quality management; sufficient staff, including at least one quality management role occupied by an internal staff member, resources and administrative support are allocated for the operational activities of quality management.

3.5. The institution regulates procedures for the quality management of any elements of an entity's activities that are subcontracted to or carried out by other parties; in the case of local representatives or franchises of foreign providers, explicit reference is made to the quality management procedures of the parent provider and the role of the local representative or franchise.

Performance indicators:

3.6. The leadership positions constantly work to strengthen the quality management function within the institution and actively promote the development of a quality culture characterised by a shared understanding and collective ownership of quality values.

3.7. Quality management functions throughout the institution are fully integrated into normal planning in a defined cycle of planning, implementation, assessment, and review, which ensure the continuous development of the institution's activities and its resources.

3.8. All academic and administrative units within the institution (including leadership roles and senior governance bodies) participate in the quality management processes and contribute to its continuous improvement.

3.9. Students and external stakeholders are effectively engaged in the design and implementation of the quality management structures and processes.

3.10. Performance reports are compiled regularly and used to drive improvements at all levels of the institution; regular internal self-assessments are carried out to provide an overview of performance for the institution as a whole and for organisational units and major functions within it.

3.11. Data is collected through a number of instruments and from a variety of stakeholders and is analysed through benchmarking exercises and observing trends over time; the results of these analyses are made available to the community and are used to support quality management, decision making, and policy management.

3.12. All quality management policies, procedures, and arrangements are regularly reviewed and improved.

Indicative evidence:

- Quality Management Policy
- Institutional website
- Functions of the relevant administrative office
- Position description of the relevant administrative role on quality management
- Membership, regulations, meeting minutes, and decisions of any quality committees
- Survey templates
- Consolidated survey data
- Quality improvement plans
- Self-assessment reports
- Interviews conducted by the peer review panel

Additional indicators in the context of online provision:

3.13. The quality management policy includes arrangements specific to online and blended learning.

Standard 4.
Integrity, accountability, and information management

Minimal indicators:

4.1. The institution has a Code of Ethics through which it defends the values of academic freedom and ethical integrity; the Code is fit for purpose and is made publicly available on the institutional website.

4.2. The Code of Ethics requires that all internal stakeholders act consistently with high standards of ethical conduct and academic integrity in research, teaching, and performance evaluation, and in the conduct of administrative duties, and to avoid conflicts of interest; the Code promotes a culture against intolerance, discrimination, and harassment of any kind amongst students and staff.

4.3. The institution publishes on its website clear, accurate, objective, up to date, and readily accessible information about its activities, including programmes. The information available shall be sufficient for prospective students to be able to make an informed choice in terms of the knowledge, skills, and competences they are likely to acquire on successful completion of the programme. The information provided shall be in accordance with the MFHEA regulations.

4.4. The institution has defined information management regulations, including on data protection and the protection of user privacy, aligned with GDPR provisions.

Performance indicators:

4.5. The institution actively supports its students and staff in their understanding of and responding to ethical issues. Teaching staff and students do not tolerate academic fraud, including cheating and plagiarism; the institution acts immediately upon any such occurrence.

4.6. There is evidence that the institution is applying the Code of Ethics and its associated processes on all activities related to governance, administration, teaching, assessment, and research. The results of their application are made public.

4.7. In the spirit of good governance principles, the members of the academic community are informed of the decisions relevant to them in a timely manner; all internal regulations, policies, procedures, and performance reports are made available to the community.

4.8. The institution maintains, retains, and archives student records in Malta. This information shall include:

a) Admission records, student details, proof of assessment;
b) Profile of the student population, including prevalence of vulnerable groups;
c) Course participation, retention, and success rates;
d) Students' satisfaction with their studies;
e) Employment rates and career paths when the course states an orientation towards employment.

Particularly, student academic records will be archived and kept readily available for 40 years.

Indicative evidence:

- Code of Ethics
- Mechanisms for the Code of Ethics implementation/procedures for addressing violations
- Activities carried out to introduce the Code of Ethics and promote compliance
- Institutional website
- Membership, regulations, meeting minutes, and decisions of the Ethics Committee
- Student records archives
- Interviews conducted by the peer review panel

Additional indicators in the context of online provision:

4.9. Staff understand the ethical implications of their actions at all times and attention is paid to the application of principles of academic ethics in the digital and online environment.

4.10. The institution has developed clear policies that cover issues such as recording of lectures and meetings, acceptable use, security, data protection, ownership of intellectual property, avoidance of creative theft, and commercialisation of ideas developed by staff and students.

4.11. The digital tools used by the provider, e.g., VLE, LMS, communication tools, and resources, leave a digital footprint; the data is analysed and included in the review process, with full respect of data protection regulations.

Standard 5. Teaching and administrative staff

Minimal indicators:

5.1. A comprehensive set of policies is accessible to all teaching and administrative staff. It includes provisions referring to recruitment, rights and responsibilities, performance evaluation, promotion, and professional development.

5.2. The institution has defined clear, fair, and transparent processes for the recruitment and appointment of all staff; these promote academic and professional expertise and are considerate of gender balance within the staff body.

5.3. The qualifications of teaching staff are at least one degree higher than the qualifications achieved by its completion. This requirement may be waived in justified cases, such as foreign language lecturers, industry guests, specialists, and doctoral candidates.

5.4. Arrangements are made for part-time and sessional teaching staff; in the case of teaching staff providing limited and ad hoc services, institutions monitor professional development activities that ensure they are up to date with developments in their fields and with the methodological requirements of their programmes.

5.5. The number of teaching staff allows a student-staff ratio which is adequate for the optimal delivery of education, including the support necessary for students, and is comparable to European best practice.

5.6. The workload of teaching staff is appropriately quantified and regularly monitored; it includes the teaching contact hours, preparation, evaluation, and complementary functions, including development activities. Teaching loads are taking into account the nature of teaching requirements in different fields of study.

5.7. The institution has a clear plan for all staff professional development for its full-time staff that is strategically driven, has a structured approach for identifying such needs, and allocates appropriate resources for its implementation.

5.8. Criteria and processes for performance evaluation are clearly specified and made known in advance to all staff; performance review also informs professional development aims.

Performance indicators:

5.9. All positions at the institution (academic, scientific, administrative) are filled through open competition; position holders have the relevant qualifications in order to effectively manage educational, scientific, research, and/or creative activities and administrative processes.

5.10. New staff is given an effective orientation to ensure familiarity with the institution and its services, programmes, and student development strategies, and institutional priorities for development.

5.11. When assessing the work of teaching staff, the effectiveness of their teaching, including student feedback, as well as their research, development and creative work, community service, and managerial work, as relevant, is taken into account.

5.12. Academic staff evaluation is done at least through self-assessment and students' and superiors' evaluations and occur on a formal basis at least once each year. The results of the evaluation are made available within the community.

5.13. Performance evaluations have follow-up processes which allow the institution to monitor improvement in performance and/or development progress.

5.14. The institution appropriately supports staff in the development of their professional, academic, and administrative roles, and formally encourages the sharing of good practice. Development opportunities serve both individual and strategic aims and are followed up by relevant monitoring processes to assess impact.

5.15. Staff turnover rate falls under 20% and arrangements are made to ensure that the student learning experience is not negatively impacted.

Indicative evidence:

- Employment handbook
- Policies and procedures for staff management, including those for recruitment and appointment, performance evaluation, and professional development
- CVs of all teaching and administrative staff
- Position descriptions for all roles within the institution
- Sample of employment agreements
- Staff satisfaction surveys results, consolidated data, action plans
- Teaching and administrative staff performance benchmarks
- Sample of performance evaluation folders
- Statistical data on staff
- Personal files of staff
- Professional development list of activities and attendance lists
- Interviews conducted by the peer review panel

Additional indicators in the context of online provision:

5.16. New staff orientation includes induction into the support mechanisms for tracking student participation and engagement in online courses and guiding students to support units in case of challenges.

5.17. The institution provides and/or facilitates for its academic staff specific training in online and blended learning, such as online learning design, developing and implementing pedagogies for online and blended learning, or successful delivery of online and blended learning.

Standard 6.
Design, monitoring, and review of programmes

Minimal indicators:

6.1. The institution has formalised policies and procedures for the design of its programmes, which it implements effectively in practice.

6.2. In designing its programmes, the institution is guided by its mission and the needs of the labour market. The choice of study programmes is based on up-to-date sectoral know-how such as, but not limited to, market analysis, Political, Economic, Social and Technological (PEST) analysis, and demographic research.

6.3. The institution ensures that the design process reflects the following characteristics:

- a) they define the expected student workload in terms of ECTS credits; expected student workloads are realistic and consistent with the calculation that, on average, 1 ECTS credit equals 25 study hours;
- b) they indicate the target audience, including any geographic/regional targeting, and the minimum eligibility and selection criteria, where applicable;
- c) they are learning outcome-based, distinguishing between knowledge, skills, and competences;
- d) they indicate appropriate learning dynamics and a measure of tutor-student and peer-learning interaction as is appropriate for the course level and content;
- e) they indicate appropriate resources and forms of assessment;
- f) they provide students with opportunities to elect non-compulsory components;
- g) they indicate the minimum requirements in terms of qualifications and competences for teaching staff;
- h) they indicate the person/s responsible for:
  - i) course design and content development;
  - ii) technical support;
  - iii) teaching the course and interacting and supporting students
- i) they are in line with the MQF and the Malta Referencing Report 2012 and subsequent updates;
- j) the process of the identification of training/programme needs involves the participation of external stakeholders who are likely to benefit from the outcomes of such provision;
- k) programmes that are employment-oriented involve stakeholders from the world of work in their design;
- l) they are designed so that they enable smooth student progression;
- m) they involve students in their design;
- n) they are subject to a formal institutional approval process.

6.4. The programmes' structure and content ensure a logical sequencing of their components, a relevant balance between theoretical and practical activities, and sufficient opportunities for students to achieve the learning outcomes within a reasonable timeframe.

6.5. In developing its programmes, the institution conducts comparative analyses of similar programmes in leading foreign higher education institutions.

6.6. The programmes' design is conducted in close engagement with internal and external stakeholders, including administrative staff, external academic peers, students, and employers.

Performance indicators:

6.7. The institution has formalised policies and procedures for the monitoring and review of its programmes, which it implements effectively in practice.

6.8. The institution is effectively monitoring and reviewing its programmes in order to i) ensure that they achieve the objectives set for them and are still aligned with the strategic goals, ii) review their content, structure, and methodologies in light of latest research/practice in the sector to ensure that they are up to date, and iii) respond to the changing needs of students.

6.9. The programme monitoring includes:

a) analysis of admissions, progression, completion, and student achievement;
b) analysis of student, graduates, and employer feedback (surveys, focus groups, etc.);
c) teaching staff reflections and observations;
d) external examiner feedback, if applicable;
e) programme self-assessment reports;
f) other metrics providing objective input into the validation of quality.

6.10. The programme review process distinguishes between minor and major modifications that are organised in annual and periodical reviews.

6.11. The programme monitoring and review are conducted in close engagement with internal and external stakeholders, including administrative staff, external academic peers, students, and employers.

6.12. There is a clear policy for termination of a programme which considers grounds and applicable legal implications; in such cases, the institution gives due consideration to the legal interests of the students and grants them an opportunity to smoothly complete their studies.

Indicative evidence:

- Policies and procedures for the design, monitoring, and review of programmes
- Analysis of labour market and employer demands
- Programme comparative analysis
- Student data on admissions, progression, completion, and achievement
- External examiner reports
- Catalogue of educational programmes
- Programme syllabi
- Final course description
- Academic calendar
- Programme self-assessment reports
- Student, graduate, and employer survey templates, consolidated data, action plans, focus group notes
- Alumni tracer studies

- Meeting minutes of programme reviews
- Mechanisms providing further educational opportunities to students in cases of termination of a programme
- Interviews conducted by the peer review panel

Additional indicators in the context of online provision:

6.13. Programmes designed for online and blended delivery cater for any specific particularities at the level of learning outcomes, their delivery and assessment, and pedagogies that enhance student interaction and gauge student learning in digital environments.

6.14. Online and blended programmes are reviewed through established quality assurance methods that have been adapted to the specific pedagogical and methodological approaches.

Standard 7. Student-centred learning, teaching, and assessment

Minimal indicators:

7.1. The teaching methods and learning environments are planned to be student-centred and to stimulate students' motivation, self-reflection, and engagement in the learning process. This includes:
   a) enabling flexible learning paths;
   b) considering the different modes of delivery, where appropriate;
   c) using innovation in pedagogical methods, including digital technologies;
   d) providing students with adequate support from the teaching staff.

7.2. The assessment system is designed in a way that ensures:
   a) the criteria for and method of assessment as well as criteria for marking are published in advance in a way that is understandable to students;
   b) if possible, more than one staff member is involved in the development of assessment tasks and student assessments;
   c) the achieved learning outcomes are analysed in relation to the intended outcomes;
   d) the regulations for assessment take into account mitigating circumstances;
   e) there are quality management arrangements in place to ensure the fitness for purpose of the assessment (validity, reliability, efficiency, transparency, fairness, authenticity, adequacy of feedback); this may include the usage of rubrics, second grading, internal moderation, external examination, usage of anti-plagiarism software.

7.3. The institution regulates the maximum number of opportunities a student is granted to pass one given assessment.

7.4. The institution has an appeal procedure which is well disseminated, makes clear the grounds on which academic appeals may be based, the criteria for decisions, and the remedies available.

7.5. Where applicable, a work-based learning/internship is integrated with speciality studies and students are provided with adequate supervision; there are detailed procedures defined to ensure the specific contribution of the work-based learning/internship to the programme's learning outcomes.

7.6. The institution has clearly defined the responsibilities for the supervisors of theses at all levels, including PhD students.

7.7. The high standard for the evaluation and defence of theses is ensured through transparent and fair procedures and by the involvement of highly qualified academic staff in the process, including those coming from outside of the institution.

Performance indicators:

7.8. The institution demonstrates the effective implementation of student-centred learning which respects and attends to the diversity of students and their needs, and regularly evaluates and adjusts the modes of delivery and pedagogical methods.

7.9. The teaching methods and learning support used for learning and teaching are modern, appropriate, and effective and contribute towards the development of autonomy, creativity, and innovation in the student.

7.10. The implementation of the assessment system demonstrates that:

a) the person/s managing and/or responsible for managing the assessment is/are familiar with existing examination methods and receive/s support to further develop competences in the field;

b) there are processes working effectively to ensure the fitness of the assessment methods for the achievement of the intended learning outcomes;

c) the arrangements aimed to ensure the fitness for purpose of the assessment are working effectively;

d) students are given feedback that is linked to advice on the learning process and improvement oriented.

7.11. The institution is implementing procedures that successfully reflect a validation of quality and demonstrate the effectiveness of the teaching, learning, and assessment through tools such as student assessment results, data analytics, teaching observations, peer monitoring, self-assessment, etc.

7.12. Students contribute to improving the quality of their studies by providing meaningful feedback on both the learning and teaching process and the organisation of studies; the results are available within the community and there is evidence that the feedback is acted upon in a timely manner.

Indicative evidence:

- Policies and procedures for assessment
- Programme documentation
- Student assessment samples
- Internal moderation reports
- External examiner reports
- Statistics on student appeals
- Procedures and mechanisms for the detection and prevention of plagiarism and for the due response procedures in case of its occurrence
- Student surveys, consolidated data, and improvement plans
- Internship/practice regulations
- Guidelines for thesis/dissertation supervision
- Supervisor/student ratio
- Regulations for the assessment and defence of theses/dissertations
- Interviews conducted by the peer review panel

Additional indicators in the context of online provision:

7.13. Teaching, learning, and assessment are adapted to online and blended delivery and closely aligned with digital resources.

7.14. Online and blended arrangements cater for activities that exploit active, constructive, cooperative, and authentic learning, as well as student-to-tutor and student-to-student interaction in digital environments.

7.15. In online assessments, measures, such as online proctoring systems, are taken to require confirmation of the identity of the test taker and the integrity of the test taker environment.

Standard 8. Student administration and student support services

Minimal indicators:

8.1. Accurate and reliable information about the institution, including the range of programmes, admissions procedures, services, scholarship opportunities, tuition and administrative fees, and other relevant information, is made publicly available to prospective students and other interested parties.

8.2. Admissions requirements are clearly specified and appropriately determined for the institution and its programmes.

8.3. A comprehensive set of policies is made widely available within the institution, providing clear and transparent information required for all phases of the student "life cycle" - admission, assessment, progression, suspension and termination of student status, mobility, recognition, certification and qualification award – including all concerning regulations, the rights and responsibilities of students, Code of Conduct, actions to be taken for breaches of conduct, responsibilities of relevant officers and committees, and penalties that may be imposed. Policies cater for the social dimension of higher education by taking active measures to safeguard the equity, inclusion, and diversity of the student body.

8.4. The institution regulates the maximum time a student can spend inactive within the institution (without engaging with their academic commitments and assessments) before their enrolment status is terminated and the student expelled.

8.5. There is a student agreement between the institution and each student which protects student rights and lawful interests.

8.6. Appropriate policies and procedures are in place to deal with academic misconduct, including plagiarism and other forms of conduct breach.

8.7. The institution has made provision for academic tutors to support student progress as needed, as well as services for career development and psychological support. The needs of a diverse student population (including mature, part-time, employed, and international students as well as students with special needs) has been taken into account when planning the student support services.

Performance indicators:

8.8. The admission requirements are consistently and fairly applied. Through its admissions processes, the institution promotes a gender balance approach across its student body.

8.9. A comprehensive orientation programme is organised for new students to gain a thorough understanding of the range of services and facilities available, and policies and procedures, as well as their rights and responsibilities.

8.10. A range of financial support opportunities is available in order to stimulate and reward performance as well as to socially support students with disadvantaged backgrounds. These two categories and their criteria are operated separately; academic scholarships and financial support can be cumulated.

8.11. Academic counselling, career planning and employment advice as well as access to personal or psychological counselling services are effective in supporting students.

8.12. Opportunities are provided through appropriate facilities and organisational arrangements for extracurricular activities for students – such as sports, arts, educational activities, student clubs and organisations - and support student initiatives.

8.13. A policy for the Recognition of Prior Learning (RPL) is in place and effectively implemented at the institution for Access (providing an alternative route into a programme for those who do not satisfy the formal eligibility requirement for the purpose of admission) as well as for Certification (arrangements for the recognition and transfer of credit from non-formal and/or informal prior learning).

8.14. There are effective processes in place to collect and analyse reliable data referring to the profile of the student population, student progression (including data to identify students at risk), success and drop-out rates, students' satisfaction with their programmes, learning resources and student support available, and career paths of graduates. The statistical data is used for quality management purposes as well as to support decision making and policy management.

8.15. The effectiveness and relevance of, and satisfaction in relation to, student services is regularly monitored; services are modified in response to evaluation and feedback.

Indicative evidence:

- Policies and procedures for admissions
- Institutional website
- Student Handbook
- Samples of student agreements
- Metrics referring to the admission, progression, success and drop-out rates, students' satisfaction with their programmes, learning resources, and student support available, etc.
- Activity reports of administrative services
- Student satisfaction surveys: templates, consolidated data, action plans
- Statistics on student participation in extracurricular activities
- Recognition of Prior Learning (RPL) policy
- Implemented and planned student initiatives/projects
- Interviews conducted by the peer review panel

Additional indicators in the context of online provision:

8.16. Online support resources contribute to the creation of real engagement between the staff and students; direct support provided through a virtual communication system, such as a forum, a live video session, email, pre-recorded videos, is considered contact hours.

8.17. Learning Management Systems (LMS) provide activity log data about students' access to material and tasks in online and blended delivery. Such data and learning analytics are checked and analysed to identify students who are lagging on online tasks and participation; the data assists the institution in identifying students at risk.

8.18. Information on whom to contact and where to seek technical support in case of access to the Learning Management System (LMS), Virtual Learning Environment (VLE), email, proctoring systems and to learning resources is presented to students on the institutional website, on course syllabi and course LMS. When possible, a chat room option is also provided to students on the website.

8.19. Students' orientation programme includes guidance on how student administration and student support services can be accessed online.

Standard 9. Learning resources and facilities

Minimal indicators:

9.1. The premises dedicated for the educational and administrative activities of the institution are under the ownership or lawful possession (lease) of the institution.

9.2. The institution provides an adequate, attractive, and well-maintained physical environment of both buildings and grounds. Facilities fully meet relevant Maltese legislation and regulations.

9.3. Appropriate provision for both facilities and learning resources is made for students and staff with physical disabilities or other special needs (such as visual or hearing impairments).

9.4. Library and other associated facilities and services are available for extended hours beyond normal class time to ensure access when required by users.

9.5. Up-to-date computer equipment and software are available and accessible for staff and students throughout the institution to support electronic access to resources and reference material.

9.6. Books, journals, and other materials, including online databases, are available in Maltese, English or other languages, as required for programmes and research organised at the institution. The main literature listed in the syllabi is made available by the institution either in hard copy or electronic format.

9.7. Technical support is available for staff and students using information and communications technology. Training programmes are provided to ensure effective use of computing equipment and appropriate software for assessments, teaching, and administration.

9.8. Institutions that offer digital education shall ensure that their digital infrastructure has:

a) automated procedures to ensure continuity of service in case of failure of their equipment or software;

b) backup systems, including real-time mirroring of data, full/incremental backups on site, and full/incremental backups offsite on physical data.

Performance indicators:

9.9. Space utilisation is monitored and, when appropriate, facilities reallocated in response to changing requirements.

9.10. The institution considers facilities and equipment that provide for ergonomic learning spaces as well as spaces conducive to autonomous and group learning.

9.11. The provider considers arrangements for offering students with special needs or disadvantaged backgrounds loan laptops to support their learning experience.

9.12. Quality management processes include feedback from principal users about the adequacy and quality of facilities as well as mechanisms for considering and responding to their views.

Indicative evidence:

- Institutional website
- Inventories of infrastructure, facilities, library, hardware, software
- Visit of facilities
- IT policy
- Data protection policy
- Library policy and regulations
- Statistics for use of library resources as well as use of electronic databases
- Student and staff satisfaction surveys: templates, consolidated data, action plans
- Interviews conducted by the peer review panel

Additional indicators in the context of online provision:

9.13. Any third-party digital resources purchased by the institution are scalable (expanded or upgraded to cater for an increased demand), avoid vendor lock-in (by using established standards) and are covered by a service-level agreement for maintenance and support by the vendor.

9.14. Staff and students are able to access most of the institutional resources online without the need for being physically on campus; this is included in the orientation programme of new students.

9.15. Students are able to access digital resources without the need to invest in high-end and expensive hardware and software. Resources are accessible on computing devices (both traditional laptops/desktops and smaller mobile devices likes smartphones and tablets) with average specifications.

Standard 10.
Research, development, and/or other creative activity

(applicable only to universities and providers that deliver programmes at MQF level 8)

Minimal indicators:

10.1. The institution includes in its strategic priorities objectives pertaining to research, development, and/or creative work which are consistent with its mission.

10.2. The institution has included in its budget a line dedicated to research/creative activity to enable the achievement of its research/creative objectives.

10.3. There are transparent and fair procedures established for the funding of research/creative objectives.

10.4. Sufficient financial, logistic, and human resources are made available for achieving the proposed research/creative objectives.

10.5. Expectations for academic staff involvement in research/creative activities are specified, and performance in relation to these expectations is considered in the individual performance review system and in promotion criteria.
10.6. There are clear policies, procedures, and relevant structural units to ensure the safeguarding of ethical principles in research/creative activities.

Performance indicators:

10.7. Teaching staff are encouraged to include in their teaching information about their research/creative activities that are relevant to courses they teach, together with other significant developments in the field.
10.8. The institution responds flexibly to the current needs of society and the labour market in terms of its research, development, and/or creative work and plans such activities in collaboration with enterprises, public sector institutions, and organisations of the third sector.
10.9. The institution regularly evaluates and analyses the quality of its research/creative activities. Reports are published regularly on implemented research, development, and/or creative activities. Evaluation results are used for the further development of research/creative activities.

Indicative evidence:

- Institutional website
- Strategic plan
- Institutional budget
- Policies for research ethics
- Research output reports
- Interviews conducted by the peer review panel

Additional indicators in the context of online provision:

Standard 11. Institutional cooperation, service to society, and internationalisation

Minimal indicators:

11.1. The institution includes in its strategic priorities, objectives pertaining to institutional cooperation, service to society, and internationalisation. There are clear indicators defining the institutional priorities in these areas.
11.2. There are budgetary allocations dedicated to institutional cooperation, service to society, and internationalisation to enable the achievement of its objectives in these areas.
11.3. Local employers and members of professions are invited to join relevant committees or other structural units considering study programmes and other institutional activities.

Performance indicators:

11.4. The institution demonstrates a relevant selection of its partners and has adequate monitoring processes in place for partnership outcomes.

11.5. The institution contributes to the development of the community's wellbeing by sharing its resources (library, sports facilities, etc.), by providing consulting and advisory services, or by organising various events.

11.6. Mechanisms are established to support cooperation with international higher education institutions, networks, and organisations. The institution is encouraging the international visibility of its staff and students by assisting and supporting their participation in different study mobility, fora, events, internships, summer schools, seminars, etc. and the development of collaborative arrangements with the international community.

11.7. There are agreements and memorandums of understanding signed with relevant international partners and organisations.

11.8. Regular contact is maintained with alumni, keeping them informed about institutional developments, inviting their participation in activities, and encouraging their support for new developments. The alumni are involved in activities aimed at the development of the institution.

11.9. Engagement in international cooperation and contributions to the community are included in promotion criteria and staff performance review. The impact staff have on society is taken into account when evaluating their work.

Indicative evidence:

- Institutional website
- Strategic plan
- Policies for institutional cooperation, service to society, and internationalisation
- Institutional budget
- Relevant statistical data and outputs for institutional cooperation, service to society, and internationalisation
- Memorandums of understanding signed by the institution
- Sample of performance evaluation files
- Interviews conducted by the peer review panel

Additional indicators in the context of online provision:

3 GUIDANCE FOR SELF-ASSESSMENT

The self-assessment documentation, understood in this section as the Self-Assessment Report (SAR) and its Annexes, is a central point of the peer review panel activity. More importantly, the self-assessment documentation should inform the students, their families, employers, other relevant stakeholders, and society at large about the institutional quality, the methods of assuring the quality of study programmes and institutionally, and, on the other hand, about the attention the institution gives to the quality and thoroughness of the information published, driven by its commitment to accountability and public responsibility.

A critical self-assessment process is the most important pre-condition of all external quality assurance exercises, and gives the institution the possibility:

- to create the conditions which, based on the analysis and internal evaluation results, should publicly confirm and certify, by the external evaluation process, the institution's strengths and assess the efficiency of its policies and procedures for quality assurance and continuous enhancement;
- to present its own perspective on the way the provider exercises its responsibilities in two fields of vital interest within the evaluation: providing quality programmes, publicly motivated by comparable benchmarks and, on the other hand, adequately exercising public responsibility and accountability for the education it delivers;
- to present its own evaluation on the efficiency of internal structures and mechanisms of quality assurance; the means to ensure the accuracy as well as the complete and credible character of the information published by the institution, its practices and procedures concerning the mission, and main objectives of institutional evaluation;
- to give the peer review panel the opportunity to understand the way the provider ensures the Standards and indicators institutionally and at the level of study programmes. Thus, the peer review panel can reach its conclusions regarding the level of confidence the provider can guarantee.

The self-assessment documents must:

- be honest and relevant;
- be concise and supported by attached documents;
- be public on the provider's website;
- include both a comprehensive description and self-critical evaluation.

The self-assessment documents must provide the peer review panel enough data to support them in understanding the main characteristics of the way the provider approaches the quality assurance process compared to the Standards and indicators included in this Manual, as well as its own standards and the comparable benchmarks it has set for itself. The documents must be presented effectively and concisely; thus, the provider's self-assessment documents must be elaborated as to minimise the need for additional data and clarifications the peer review panel might need. As the perception of the peer review panel depends (at least in the initial stages) on the provider's self-assessment documents, it is important for them to be clear and easily verifiable in the attached Annexes. The provider is expected to represent itself honestly and accurately to internal and external constituencies as well as to the general public. Self-assessment documentation should always be truthful, provide correct, reliable, and complete information, and avoid any actual or implied misrepresentations or exaggerated claims.

The general structure the self-assessment report (SAR) should follow is:

1. Introduction – a general presentation of the provider, its mission and objectives, its governance and management, the infrastructure and staffing arrangements, its primary areas of academic provision, students and their socio-economic characteristics, relevant information about the context in which the provider operates.
2. Main body comprising:
   - the provider's perspective on how it meets the Standards included in this Manual in terms of the existing systems and procedures;
   - an assessment of how effective these practices and procedures are in ensuring that the provider is fully compliant with the Standards;
   - a SWOT analysis for each of the Standards, including an outline of proposals for further developments to address any perceived gaps in procedures and to enhance the quality and standards of academic provision and the student experience.

   The main body will also include the evolution of institutional performance during the period since the previous accreditation process, if applicable.
3. Annexes - all the documents supporting the elements presented in the main body. The information in the SAR must be cross-referenced in the attached Annexes and should illustrate and substantiate the statements made.

The Standards presented in this Manual include a list of indicative evidence which providers may wish to consider submitting. The indicative evidence allows the peer review panel to assess the situation at the provider better and it is recommended that providers consider what such evidence they hold and to submit it as early on in the process as possible. The indicative evidence list is not exhaustive and does not preclude the peer review panel from requesting other types of evidence. The SAR and supporting documentation will be used by the MFHEA and the peer review panel throughout the whole external quality assurance process.

Providers are requested to submit the SAR and its Annexes in electronic format. If this information is available on the provider's website, they shall submit the URL webpage links for each requested item of supporting documentation and must ensure that this information (via web link) is available throughout the accreditation process. If the information is restricted to an intranet system and only available to staff and students of the provider, the peer review panel and the Accreditation Coordinator shall be given access to the intranet for the duration of the external quality assurance process.

The drafting of the SAR should involve academic staff, students, administrative staff, resource managers, and all others involved in supporting the students' experience. It should be a collaborative activity intended to present an honest and self-critical view of how well the provider is managing its responsibilities.

The peer review panel assesses the self-assessment documents submitted by the provider and evaluates the extent to which it indicates that the Standards are being met. It is a shared endeavour, with the provider having responsibility to conduct an open and reflective account of their progress to date and an assessment of how current practices could be further developed and enhanced. The peer review panel considers the evidence objectively and determines the extent to which Standards and expectations are being met.

The template to be used by the institutions when drafting the SAR is available as supporting document to this Manual. The Accreditation Coordinator at the MFHEA has the right not to accept the self-assessment documentation and return it to the provider for improvement purposes in order to ensure that the guidance provided in the Manual and its annexes is followed in practice.

4

GUIDANCE FOR THE ACCREDITATION PROCESSES

External quality assurance processes are conducted by the Authority in order to provide a confirmation of the quality level of a provider's activities as part of the MFHEA accountability responsibilities, as well as to provide recommendations on how they might improve what they are doing, for enhancement purposes.

Within the Maltese context, external quality assurance processes are of two types:

- the granting of accreditation through a licensing process - higher education provision has to demonstrate compliance with minimal indicators included in this Manual, which reflect the mandatory expected level before providers commence their operations;
- the confirmation of accreditation through an audit process - higher education provision has to demonstrate compliance with both minimal and performance indicators included in this Manual; a provider undergoes their first audit five years after the commencement of their operations and repeats it at least every five years.

The granting of accreditation through licensing is initiated by the provider intending to offer educational programmes within the Maltese context. The provider is required to apply to the MFHEA through the application form available on the MFHEA website.

Prior to the lapse of five years from the date of the provider obtaining their licence or in the case of a change in their licence, whichever the case may be, licensed providers must apply to the MFHEA. The Authority may, where it demonstrates a justified reason thereof with respect to a particular provider or programme, prescribe shorter periods for such periodic audits.

STAGE 1: PREPARATION FOR THE EXTERNAL QUALITY ASSURANCE PROCESS

The procedures for the granting or confirmation of accreditation by the MFHEA imply the following successive steps:

1. The MFHEA decides the starting of the accreditation process if the following eligibility conditions are cumulatively fulfilled:
   - the financial sustainability of the provider has been confirmed through an eligibility check detailed in the support documentation of this Manual, conducted by the MFHEA with the support of a certified accountant;
   - in the case of programmes that are regulated by EU Directives, the provider has submitted evidence to demonstrate that these have been formally approved by the relevant Maltese authorities.
2. The MFHEA notifies the provider if the request for the licensing/audit has been formally approved and if the process can commence. At this point, the MFHEA shall send an initial letter and request additional information depending on the application request, such as the application form/s, the dates of the provider's academic year and major examination periods, lists of all students and academic staff, among others; the letter will include the timeframe of the accreditation process.
3. After notifying the provider of the process commencement, the MFHEA informs the provider of proposed peer review panel members in fifteen weeks in case of initial provider accreditation and four weeks in case of confirmation of provider accreditation. Further details about the composition, profiles and responsibilities of the peer review panel are included in section 5 of this Manual.
4. The provider returns their comments on the peer review panel membership to the MFHEA within seven days of receiving the proposed panel composition. The provider can argue on potential conflicts of interest of the peer review panel members before a final decision on the peer review panel membership is made by the QAC. The peer review panel composition can be modified if the provider has solid reasons to believe that the objectivity and professionalism of the process might be affected. The provider will formally request the MFHEA to change the peer review panel composition if it is able to justify and argue its request. Any such request does not impact on the accreditation process timeframes and deadlines, such as the submission of the SAR or scheduling of the accreditation visit.
5. Should the comments from the provider on the panel composition be justified, the MFHEA will propose a new composition within 30 days; subject to institutional agreement, the membership of the peer review panel is finalised, and the panel formally appointed by the MFHEA.
6. Five weeks in case of initial accreditation and fourteen weeks in case of confirmation of accreditation, the provider submits the self-assessment and additional documentation to the MFHEA. The self-assessment shall be drafted in compliance with the guidelines provided by the present Manual. The documentation may be returned to the provider for improvement purposes in order to ensure that the guidance provided in the Manual and its annexes is followed in practice. As part of their due diligence, the MFHEA may collate information from other sources directly available to them, such as mass media sources, stakeholder input, and data from other agencies or MFHEA partners. The peer review panel shall be provided with other reports which were issued by the MFHEA or other quality assurance entities, if applicable. Information provided to the peer review panel shall also include any reports issued by any

awarding bodies that have accredited or reviewed programmes which are being delivered in Malta.

7. The student body of the provider is invited to complete a questionnaire about aspects that contribute to the quality of their learning experience. Each member of the student body should be invited to answer the questionnaire individually. The questions cover matters ranging from academic and staffing issues to the quality of the social life, how well the provider communicates with students, the quality of on-campus services, and the standard of facilities as well as any internship, work placements and practicals, etc. The student questionnaire answers will be sent directly to the MFHEA and will be anonymous. The MFHEA will issue the provider with a link to the questionnaire (which is to be completed online), which the provider is to forward to the entire student body within a week of receipt. The provider should also issue at least one reminder to the student body prior to the completion deadline. This is not applicable for initial provider accreditation.
8. The MFHEA organises an induction meeting with the panel aimed at establishing constructive working relationships and providing training on accreditation procedure and any other additional information concerning the provider.
9. Once the provider has submitted to the MFHEA the self-assessment documentation aligned with the guidance provided in the Manual and its annexes, this will be passed on to the peer review panel electronically. The peer review panel will commence a period of desk-based analysis of this information and other information assembled by the MFHEA, which will enable them to identify any gaps and areas where they wish to receive further information that could contribute to the understanding of the situation at the provider and could give a fuller perspective on the application of the Standards; such supplementary documentation can be requested and submitted at any point before and during the process, but not after the last day of the accreditation visit.
10. The MFHEA organises a Pre-Accreditation Panel Meeting as an opportunity for the peer review panel to come together and to discuss the findings of their desk-based analysis, including any conclusions about the progress made by the provider in terms of recommendations received during previous accreditation processes, if applicable. The Pre-Accreditation Panel Meeting does not involve a visit to the provider. The discussions at the Pre-Accreditation Panel Meeting will identify preliminary findings, areas of further investigation, supplementary documents that may be requested, and questions to be asked during the accreditation visit. During the meeting, the peer review panel will also agree on the duration of the accreditation visit as well as the units and individuals they wish to meet during this visit.
11. At least one week before the accreditation visit, a Pre-Accreditation Provider Meeting will take place between the peer review panel, which can be represented by the Chair or any other members, the Accreditation Coordinator/s, the Head of the Provider, and the Institutional Facilitator. This meeting has three main objectives: to ensure that the provider has a correct understanding of the aims, objectives, and procedure of the external quality assurance process, to provide any potential clarifications in relation to the

documentation submitted by the provider, to clarify/discuss the agenda of the accreditation visit.

Specific areas to be covered in the meeting include:

- Structure and practical arrangements of the accreditation visit;
- The individuals/roles that the peer review panel will interview during the accreditation visit;
- Clarification of any requests for additional evidence;
- Clarification of context, including overarching strategical and/or quality arrangements.
- Any other questions or issues that remain.

STAGE 2: ACCREDITATION VISIT

12. Thirty weeks after the provider received the notification of the process commencement, the peer review panel evaluates, through an accreditation visit at the institution, the compliance of the provider against the Standards and indicators included in the present Manual. In case of an accreditation process conducted at an institution that delivers education in multiple branches, the peer review panel will visit all branches of the provider and will evaluate each of the branches against the Standards and indicators included in the present Manual. The visit may last between 1 and 5 days, and may be increased depending on the size of the institution, the scale and complexity of the education offered, and the number of branches;
13. All activities shall be planned and conducted in conditions of minimum disturbance of the teaching activity; they have as the main purpose to give the peer review panel the opportunity to confirm the compliance of the self-assessment documentation against the state of affairs at the date of the accreditation visit, to collect the perception of the interviewees on different institutional matters as well as approach towards quality, to collect any other information that would help the peer review panel gain a full picture about the provider, to discuss and observe the academic standards, the quality of learning, the maintenance and improvement of the teaching standards and quality. However, the peer review panel can attend teaching activities if:
    - there are concerns that the peer review panel considers it is best for them to understand by such direct attendance;
    - class attendance may help confirm a judgement referring to an example of good practice;
    - the provider cannot offer any other evidence in order to prove that the teaching activity is of adequate quality;
    - there is evidence that the student learning opportunities and infrastructure available are not satisfactory.
14. At the beginning of the accreditation visit, the peer review panel will hold a meeting with the Head of Provider and with the Institutional Facilitator. This meeting will serve as an introduction and an opportunity to confirm the arrangements for the visit. Furthermore, they shall discuss any other organisational issues that they or the provider deem necessary. It will also provide an opportunity for the Head of Provider to give an overview of the

strategic priorities and any major updates which may have happened since the SAR was submitted.

15. The format of the accreditation visit will typically include the following:
    - meetings with the members of the governing structures of the provider;
    - meetings with academic staff selected by the MFHEA from the list of all those working at the institution;
    - meetings with staff members or service providers of the institution, including but not limited to management, administration, and quality assurance staff;
    - meetings with current students, selected by the MFHEA from the list of all those enrolled at the institution;
    - meetings with graduates, employers of graduates, and representatives of the world of work;
    - meetings with third parties interacting with the provider, such as degree awarding partners or external examiners;
    - the peer review panel can request additional meetings to be included on the accreditation visit agenda; also, the accreditation visit will include a visit to the facilities the provider is using for its activities.

    All meetings are confidential, and no one will be identified by name in the Accreditation Report. The peer review panel and the Accreditation Coordinator will also have regular contact with the Institutional Facilitator (although the Facilitator will not sit in during the private meetings) so that they can clarify any evidence or provide additional information, as needed.

16. At the end of the accreditation visit, the peer review panel will have a final meeting with the leadership of the institution, including the Facilitator, which will include a presentation of the preliminary findings. However, these findings are not to be taken as conclusive or comprehensive. The definitive findings and judgements shall be presented in the Accreditation Report.

STAGE 3: DRAFTING AND APPROVING THE ACCREDITATION REPORT

17. Following the final meeting, the peer review panel will, in private, consider the evidence and information it has gathered to decide on the judgements for each of the Standards, any elements of good practice that it wishes to highlight, and agree on any recommendations for action by the provider (including those the provider may already have identified). The peer review panel should ensure that a clear range of evidence is utilised in deciding its judgements, analysing various sources in order to come to a consensual, coherent, and consistent conclusion through triangulation and cross-referencing.

18. Peer review panels will consider the indicators included in this Manual when determining the judgement for each Standard. The judgements for each Standard will be expressed as follows:
    - Fully compliant - The institution is entirely in alignment with the Standard, which is implemented in an effective manner.
    - Substantially compliant - The institution is to a large extent in alignment with the Standard, the general principles of which are followed in practice.

- Partially compliant - Some parts of the Standard are met while others are not; the implementation of the Standard is not effective enough.
- Non-compliant - The institution fails to comply with the Standard.

19. The outcomes of the external quality assurance process are included in the Accreditation Report, a document that respects the general structure provided by the present Manual and the relevant template; the Chair of the peer review panel ensures that the Accreditation Report is collectively agreed by all the members of the peer review panel.
20. The Chair of the peer review panel submits the Draft Accreditation Report to the MFHEA no later than four weeks after the accreditation visit; the Accreditation Coordinator/s review/s the Report, firstly, in order to ensure that it respects the general structure provided by the present Manual and, secondly, to ensure that it has a coherent flow between the body of the report and the peer review panel recommendations (the recommendations have to be fully supported by evidence and arguments included in the body of the report). The approval process may include further communication between the MFHEA and the peer review panel so as to bring the Accreditation Report in line with the present guidelines.
21. The Accreditation Coordinator shall forward the Draft Accreditation Report to the QAC for their review and feedback.
22. The Accreditation Report is sent to the provider giving them the chance to correct any potential factual errors that might have been included. During this dialogue, the institution cannot submit further information and evidence that have not been already referred to during the accreditation visit or through the self-assessment report. The provider will submit its observations, strictly referring to the factual accuracy of the report, within two weeks of receiving the Accreditation Report.
23. Following the comments of the provider, the peer review panel analyses whether any corrections should be operated, finalises the report, and submits it to the MFHEA.

STAGE 4: THE ACCREDITATION DECISION

24. Upon receipt of the final version of the Accreditation Report, the QAC considers the report and, if approved, forwards it, along with the accreditation decision, to the MFHEA Board for endorsement;
25. The provider is officially notified of the accreditation decision. Should the provider disagree with the decision, they can submit an appeal in line with the instructions provided by the Policy and Procedure for Appeals. The decision made after the analysis of the appeal is final and may not be the subject of a new appeal to the MFHEA. Appellants who still feel aggrieved after exhausting the internal appeal system, may appeal to the Courts of Malta.

STAGE 5:
PROVIDER'S ACTION PLAN

26. Before the publication of the Accreditation Report, the provider is requested to submit an Action Plan, which shall explain how the provider will address the areas of improvement identified in the report and provide specific, proportionate, and measurable responses to all recommendations. The Action Plan will be an integral part of the Accreditation Report.
27. The MFHEA publishes the final accreditation decision together with the Accreditation Report on its official website. It is recommended that the Accreditation Report also be published on the provider's website.

STAGE 6:
FOLLOW-UP ACTIVITIES

28. The MFHEA will document and assess the actions taken by the institution in a series of follow-ups to the audit, which may include a site/online visit. In this case, the panel shall consist of at least two peer reviewers. The provider shall submit a self-assessment (follow-up report) on a yearly basis from the date of publication of the report. The follow-up report shall indicate how and by when each recommendation outlined in the audit report has been or will be implemented, including clear timeframes of implementation, until all the recommendations are fully addressed. The MFHEA may decide to conduct further follow-up visits during the five-year period of the license. The follow-up reports will be published on MFHEA's website.

5 ROLES AND RESPONSIBILITIES

THE ACCREDITATION COORDINATOR

In order to ensure smooth external quality assurance processes, to guarantee the quality of the accreditation visits through objectivity and professionalism, and to coordinate a close communication between the peer review panels and the providers at all stages, the MFHEA delegates one or more representative/s of the Authority (referred to as the Coordinator), who accompanies the peer review panel for the entire duration of the processes.

The Coordinator is an employee/officer of the MFHEA who has expertise in external quality assurance procedures and will act to ensure that the processes are conducted as outlined in the Manual. Their primary function is to coordinate the external quality assurance activity and advise the peer review panel and the provider on the procedure, with the aim of facilitating the implementation of the process in a timely manner.

To ensure that the principles of peer review are preserved and that sufficient distance is maintained from the MFHEA, given the multiple roles the MFHEA has with respect to licensed entities, the Accreditation Coordinator shall maintain an independent status and not be empowered to participate in the decision-making process of the external quality assurance processes.

The Accreditation Coordinator will have the following tasks and responsibilities:
Preparation of the accreditation visit:

- act as a custodian of the accreditation timeline with the purpose of ensuring its implementation consistently across the MFHEA's work;
- ensure that the self-assessment documentation submitted by the provider is aligned to the guidelines provided in this Manual and its templates; the Coordinator may revert back to the provider with feedback on the quality enhancement of the SAR and has the right not to accept the submission of the SAR until they consider that the documentation is of a satisfactory level of quality so as to set the peer review panel up for success;
- ensure that the peer review panel receives the self-assessment documentation in time to prepare adequately for the visit;

- provide guidance and address all concerns of the provider and peer review panel in approaching the self-assessment documentation and any potential requests for supplementary documentation;
- support the peer review panel and the provider in agreeing on the accreditation visit agenda; provide a first draft of the agenda so as to ensure consistency within MFHEA practices;
- act as an intermediary of all formal affairs and communication between the peer review panel and the provider.

During the visit

Administration of the accreditation visit:

- ensure that all practical arrangements, such as working/meeting rooms/links, are available for the peer review panel;
- act as an intermediary of all formal affairs and communication between the peer review panel and the provider;
- process potential requests for supplementary documentation requested by the peer review panel;
- ensure the adherence to the agreed accreditation visit agenda – timetable, locations, attendees, and adjust the agenda, if needed;
- provide support in applying the Manual and other supporting documentation (templates, annexes, etc.);
- offer clarifications for both the peer review panel and the provider regarding all administrative steps of the external quality assurance process.

Content coordination:

- attend all meetings on the accreditation visit agenda and peer review panel meetings; take notes in meetings and make them available to support the peer review panel in drafting the Accreditation Report;
- supervise and ensure the peer review panel covers all indicators included in the Manual;
- ensure the fair interpretation of all indicators included in the Manual;
- ensure the peer review panel triangulates and cross-references the data sources so as to reach sound judgements;
- provide feedback on the Accreditation Report for quality enhancement purposes – ensure consistency between the report sections as well as between the report body and its judgements, confirm that all statements are evidence based, and ensure the fairness of peer review panel judgements. The Coordinator has the right not to accept the submission of the Accreditation Report until they consider that the documentation is of a satisfactory level of quality so as to support a sound decision making of the MFHEA.

THE INSTITUTIONAL FACILITATOR

For the purpose of the external quality assurance process, the provider is invited to nominate the person in charge of quality assurance at the institution to act as the provider's main link with the MFHEA; this person will be referred to as the Facilitator.

The Facilitator should ensure they have a good understanding of the external quality assurance process and the ability to communicate clearly on topics relevant to the process, and that they are able to provide objective advice and guidance to the peer review panel; they should also have a detailed understanding of the provider's programmes and operations including, where appropriate, for subcontractors; preferably, the Facilitator should be sufficiently senior to ensure the cooperation of staff at all levels before, during and after the process, as well as to have authority to carry out the role with autonomy. The Facilitator should also be able to provide advice and guidance on the data sources and documentation that the provider is to make available to the MFHEA, including the SAR, to the peer review panel, where needed.

The Facilitator will be the main point of contact for the MFHEA for the duration of the external quality assurance process, including during the accreditation visit, and will help ensure there are clear lines of communication between the MFHEA and the provider. The Facilitator is not part of the peer review panel; as such, they will not be present during the deliberations of the panel, however, the Facilitator may be called upon during the meeting to answer any questions the panel might have. The Facilitator, similar to any other representative of the provider, shall not be present during the meetings taking place between the peer review panel and students, staff, employers, etc.

The Facilitator will carry out the following responsibilities:

- liaise with the MFHEA throughout the external quality assurance process to facilitate the organisation and smooth running of the exercise;
- prior to the accreditation visit, take part in a meeting with the Head of Provider and the Chair of the peer review panel to discuss the external quality assurance process arrangements (Scoping Visit);
- submit or ensure the submission of the self-assessment documentation;
- provide information to the MFHEA to enable the Authority to plan the external quality assurance process;
- provide the peer review panel with advice and guidance on the provider's structures, policies, priorities and procedures, as well as any clarification on matters related to the provider's compliance with the Standards included in this Manual;
- brief the interviewees the peer review panel will meet during the accreditation visit about the arrangements of the external quality assurance process;
- liaise with the Coordinator about the peer review panel's use of the provider's facilities, for example, working/meeting rooms/links;
- ensure that interviewees are available for meetings as scheduled and, if need be, organise supplementary meetings as requested by the peer review panel;
- ensure that the necessary documents are available for the peer review panel and facilitate the submission of supplementary documents, should they ask for any;

- receive the Accreditation Report and ensure the correction of potential factual errors;
- coordinate the communication between the MFHEA and the provider on any other subsequent topics, such as the Action Plan.

THE PEER REVIEW PANEL

The external quality assurance process shall be conducted by a peer review panel selected by the MFHEA. The panel shall have a minimum of three members: a Chair, between one and five experts, and at least one student. The panel may consist of international experts and may include representatives of the world of work. The MFHEA nominates one of the experts as the Chair of the peer review panel. The size and complexity of the provider will have an impact on the number of members included in the panel. The exact composition shall be approved by the Quality Assurance Committee (QAC).

The members of the peer review panel, including the Chair, will be appointed based on the following criteria:

- have at least a full MQF/EQF Level 7 degree;
- have excellent English writing skills and IT skills;
- preferably have significant experience in teaching at the level of provision of the provider;
- have collaborative skills and ability to work in a group;
- demonstrate availability and can commit to the timeline;
- have received training by the MFHEA on the undertaking of external quality assurance processes, and/or have prior experience of such exercises;
- have no conflict of interest in undertaking the external quality assurance process of a specific provider.

Students shall be appointed on peer review panels according to the following minimum criteria:

- be at least 18 years old at the point of application with the MFHEA;
- as a general principle, selected students should represent the diversity of the student body;
- to avoid possible conflict of interest issues, the selected students shall not be registered as a student of the provider, nor shall they be a past student of that provider.

The peer review panels nominated by the MFHEA have the duty to gather, verify, and exchange information and supporting elements so as to be able to check the statements made in the self-assessment documentation, as well as during the accreditation visits, and to formulate their own assessments on the performance of the provider against the Standards included in the present Manual. The peer review panels shall discuss and exchange the collected evidence, verify the comprehensiveness and interpretation of the data, and analyse various sources in order to come to a consensual, coherent, and consistent conclusion through triangulation and cross-referencing.

All peer review panel members shall be required to sign a Declaration of Interest Form prior to starting work on the external quality assurance process.

Peer review panels are requested to assess the way gathered evidence complies with the self-assessment carried out by the provider and with the facts observed during

the accreditation visit, as well as to verify to what extent the evidence supports the level of Standards' achievement the provider declares about itself. Peer review panels shall be selective with regard to the investigations and shall focus on the evaluation against the defined Standards.

When preparing for the external quality assurance process, the peer review panel must:

- read and assimilate self-assessment documentation effectively;
- use any evidence and self-assessment documentation to accurately identify the further sources of information required;
- formulate key areas for consideration for their allocated Standards;
- establish productive and constructive working relationships with the members of the peer review panel;
- apply their professional knowledge effectively to the requirements of the assigned role.

During the external quality assurance process, a peer review panel must:

- gather and record evidence systematically, and accurately identify when sufficient evidence has been gathered and where further evidence is required;
- conduct interviews and manage discussions in an appropriate and professional manner;
- establish open and professional relationships with key staff and, as appropriate, with employers and other partners;
- analyse and interpret data and other evidence astutely to inform judgements;
- write clear, evaluative, and comprehensive records of evidence that underpin and support the judgements;
- make sound judgements, securely based on a wide range of evidence, for example, discussions with students, documentation and performance data, and evidence supplied by other panel members;
- identify strengths, areas for improvement, and recommended actions;
- share evidence effectively with the other panel members and with staff from the provider;
- present and substantiate judgements clearly in panel meetings;
- contribute constructively to panel meetings and help the panel reach robust judgements;
- challenge judgements constructively and respond positively to the challenges of others;
- provide unambiguous and constructive feedback, firmly based on evidence;
- write clear, concise, and authoritative contributions to the Accreditation Report;
- work effectively to meet all deadlines.

Additionally, the Chair of the peer review panel will have the following supplementary responsibilities:

- ensure that the goals of the external quality assurance process are clear to the peer review panel and that they understand their roles within the exercise;
- establish an open and professional relationship with the provider that enables effective communications throughout the process;
- provide clear leadership to the peer review panel and build the panel to ensure that all members give their best;

- chair the main meetings included in the accreditation visit agenda (other meetings can be assigned to relevant panel members, e.g., student member for the meeting with students);
- lead the peer review panel meetings constructively to enable them to reach accurate and robust judgements;
- provide the relevant sections in the Accreditation Report for the assigned Standards;
- collate the final report, drawing on the peer review panel's contributions, and edit it to ensure that it matches the requirements of the Manual;
- ensure that the written report is a fair and accurate reflection of the provider, is written in straightforward language, and is of a quality that requires little or no further editing;
- ensure that the report is produced in the timeframe agreed with the Accreditation Coordinator;
- respond to and resolve any complaints made after the accreditation visit, including corrections of potential factual errors in the Accreditation Report, in close consultation with the panel members.

The selected peer review panel members shall receive induction and preparation by the MFHEA to ensure appropriate and effective service throughout the external quality assurance processes. Induction and preparation will ensure that all peer review panel members are fully up to date with the aims, objectives, and methods of the exercise and that they understand their own roles and responsibilities as part of the peer review panel.

Peer review panel members will only be nominated from a pool of experts maintained by the MFHEA and who have satisfactorily completed the MFHEA training. From time to time, the MFHEA shall also organise training courses aimed at a wider audience of prospective experts and student reviewers. Training will be designed to build upon the skills and experience of those undergoing it. As part of the training, the MFHEA will provide:

- training on the MFHEA's work, obligations and Standards;
- training on the *National Quality Assurance Framework for Further and Higher Education;*
- training on the external quality assurance process;
- training in specialist skills needed to carry out or facilitate the external quality assurance work;
- training reference material to use after completion of training;
- documents that peer review panel members need to conduct the external quality assurance processes to which they are assigned.