



Malta
Further & Higher
Education Authority



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PROGRAMME ACCREDITATION STANDARDS AND PROCEDURES



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INTRODUCTION

1. INTRODUCTION

The Programme Accreditation Standards and Procedures, hereafter “the Standards”, reflect 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 document, through the analysis of the self-assessment documentation, as well as through the information recorded by the peer-review panels during the accreditation process. 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 capacity building of the higher education sector in Malta.

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

- certify the compliance of the providers with the indicators included in this document;
- consolidate the internal quality assurance systems at the programme 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 provisions included in this document are 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 document applies to:

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

This document is addressing:

- a. Representatives of education providers – Management at institutional and unit levels, Heads of Departments, Heads of programmes, and 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 of study programmes;
- c. Beneficiaries of higher education provision, namely the labour market, employers and, in a broader sense, society at large.

This document 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.

Developments in the programme accreditation provisions

Initial programme accreditation prior to the start of delivery of educational activities has been established and conducted in Malta since 2012, with the establishment of the National Commission for Further and Higher Education (NCFHE), the predecessor of the Malta Further and Higher Education Authority (MFHEA).

For the processes relating to renewal of accreditation MFHEA developed, in 2022, a Programme Audit Procedure, which was implemented in two separate accreditation processes conducted as procedural pilots at the American University of Malta (AUM) and the Institute of Tourism Studies (ITS).

During 2023, the Authority triggered a process of revising the respective procedure and selected two independent experts to undertake this task. Based on a comprehensive international benchmarking analysis, two focus groups organised with the provider representatives and with the panels engaged in the two pilots, as well as an internal and external consultation processes with all relevant stakeholders, the experts proposed the present Programme Accreditation Standards and Procedures.

Principles of quality assurance in Malta

Quality assurance in Malta and, therefore, this document, 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, this document 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, this document, 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 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 this document 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 this document. 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 accreditation process.

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, this document, 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 document have been drafted in alignment with the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG). They are structured to include:

- Minimal indicators which reflect the mandatory level of achievement that a programme has to demonstrate compliance with for accreditation purposes and therefore must be met both before the start of the delivery of the programme, as well as on each renewal of accreditation (at least every 5 years);

- Performance indicators which reflect the mandatory level of achievement that a programme has to demonstrate compliance with every at least 5 years in order to have their accreditation renewed. Therefore, performance indicators must be met starting with the first renewal of accreditation (at least 5 years from the start of the delivery of the programme).
- Where applicable, specific indicators have been developed for the National Qualifications Framework (NQF) levels 7 and 8 (Masters and Doctoral degrees).

Foreign providers that deliver higher education in Malta, in their own capacity or in a partnership with a local education provider, will undergo the programme accreditation processes as detailed in this document, 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 the programme accreditation processes as detailed in this document, regardless of their accreditation status with the recognised quality assurance bodies in the respective jurisdiction. The accreditation processes described in this document 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 undergo the programme accreditation processes 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.

Glossary of terms

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 at institutional and programme level 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 programme (accountability) as well as to provide recommendations on how it might improve it (enhancement). External quality assurance processes involve a self-assessment of the programme, an evaluation conducted by a peer-review panel, and an external report that has the end goal of the granting of an initial accreditation (before the start of the delivery of the programme) and a confirmation of accreditation at least every 5 years.

Accreditation is the formal approval by the Authority that a programme meets quality standards. Accreditation is granted based on the results of the external quality assurance processes conducted at least every 5 years, in recognition of the quality of the programme.

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STANDARDS FOR ACCREDITATION

2. STANDARDS FOR ACCREDITATION

Standard 1: Programme organisation and management

Minimal indicators:

- 1.1. A clear justification for the introduction of the study programme is provided with regards to the mission and strategic goals of the institution, as well as economic and societal needs.
- 1.2. The learning outcomes of the study programme have been clearly defined and are in accordance with the respective levels of the Malta Qualifications Framework and the qualification framework of the European Higher Education Area.
- 1.3. The learning outcomes of the study programme consider the specificity of the field of study, level and an educational programme, and define the set of knowledge, skills and competences a programme aims to develop in graduate students. They also illustrate the contribution of the programme to the development of the field and society.
- 1.4. The programme structure and content ensure a logical sequencing of its components, a relevant balance between theoretical and practical activities.
- 1.5. In developing the programme, the institution has conducted comparative analyses of similar programmes in leading foreign higher education institutions.
- 1.6. The students' workload required for the study programme is devised in a way so as to allow them to reach the aspired qualification objectives in the study period specified.
- 1.7. The Head of the Programme possesses the necessary qualifications, knowledge and experience required for the effective programme management.

Performance indicators:

- 1.8. The programme has been delivered in accordance with the conditions established and approved at the stage of initial accreditation.

Indicative evidence:

- Mission and Strategic Plan of the institution
- Market analysis
- Programme structure
- Programme description
- Course syllabi
- CVs of programme management
- Interviews conducted by the peer review panel

Additional indicators in the context of NQF levels 7 and 8:

- 1.9. A well-established research environment is in place, which ensures close contact between Masters/Doctoral students and research staff as well as the opportunity for intra-university and non-university co-operation.
- 1.10. The programme structure ensures consistency between the teaching and scientific-research components of the programme (including each individual course) are logically organised and logical development of the content is ensured.

Standard 2: Quality management

Minimal indicators:

- 2.1. The programme has undergone an appropriate internal quality assurance process and has been formally approved by the higher education institution.
- 2.2. The institutional quality management policy describing the organisation of the quality management system, its processes, mechanisms, instruments, reporting, data collection, timeframes, and quality cycle, has applicable provisions for the programme level.
- 2.3. The study programme is supported by the institution's quality management system.
- 2.4. The responsibilities of the programme leadership and staff with respect to quality management, are clearly defined.
- 2.5. There are formal provisions for the involvement of all internal and external stakeholders – academic staff, administration, students, employers – as well as external experts, in the quality management processes at programme level.

Performance indicators:

- 2.6. There is evidence of implementation at programme level of the institutional quality management policy.
- 2.7. Performance reports are compiled regularly and used to drive improvements at the level of the study programme. Regular internal self-assessments are carried out to provide an overview of performance of the programme.
- 2.8. There is evidence of involvement of all internal and external stakeholders - academic staff, administration, students, employers - as well as external experts, in the quality management processes at programme level.
- 2.9. 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 enhancement.
- 2.10. Results of the internal quality assurance system are taken into account for further development of the study programme. This includes evaluation results, investigation of the student workload, academic success and employment of graduates. These results are taken into consideration when making programme-related decisions.
- 2.11. Programme staff participate in self-evaluations and cooperate with reporting and improvement processes in their sphere of activity.
- 2.12. The quality assurance arrangements for the programme are themselves regularly evaluated and improved.
- 2.13. The programme utilises the results of external quality assurance on a regular basis and ensures that results are used to improve the programme.

Indicative evidence:

- Quality Management Policy
- Rules and procedures for the establishment of new programmes
- Survey templates
- Consolidated survey data
- Internal meeting minutes
- Job descriptions of programme management
- Performance reports

- Quality improvement plans
- Self-assessment reports
- External quality assurance reports
- Interviews conducted by the peer review panel

Standard 3: Programme design, monitoring and review

Minimal indicators:

3.1. There is a policy for programme design, which has been implemented effectively in practice.

3.2. In designing the programme, the institution was guided by up-to-date sectoral know-how such as, but not limited to, market analysis, Political, Economic, Social and Technological (PEST) analysis, and demographic research.

3.3. The programme design process reflects the following characteristics:

- it defines 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;
- it indicates the target audience, including any geographic/regional targeting, and the minimum eligibility and selection criteria, where applicable;
- it is learning outcome-based, distinguishing between knowledge, skills and competences;
- it indicates appropriate learning dynamics and a measure of tutor-student and peer-learning interaction as is appropriate for the course level and content;
- it indicates appropriate resources and forms of assessment;
- it provides students with opportunities to elect non-compulsory components;
- it indicates the minimum requirements in terms of qualifications and competences for teaching staff;
- it indicates the person/s responsible for:
 - course design and content development;
 - technical support;
 - teaching the course and interacting and supporting students
- it is in line with the MQF and the Malta Referencing Report 2012 and subsequent updates;
- 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;
- programmes that are employment-oriented involve stakeholders from the world of work in their design;
- it is designed so that they enable smooth student progression;
- it involves students in the design process;
- it is subject to a formal institutional approval process.

3.4. The programmes design is conducted in close engagement with internal and external stakeholders (including educationalists), also including administrative staff, external academic peers, students and employers.

3.5. If the completion of the study programmes allows students access to a regulated profession, the programme is aligned to national and European Regulations, and the recommendations of national and international professional associations.

Performance indicators:

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

3.7. The institution is effectively monitoring and reviewing the programme in order to i) ensure that it achieves its objectives and is still aligned with the strategic goals, and ii) review its content, structure and methodologies in light of latest research/practice in the sector to ensure that it is up to date, and iii) responds to the changing needs of students.

3.8. The programme monitoring includes:

- a) analysis of admissions, progression, drop-outs, 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.

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

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

3.11. There is a clear policy for programme closure 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 trends and employer demands
- Programme comparative analysis
- Student data on admissions, progression, completion and achievement
- Programme self-assessment reports
- Student, graduates 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.

Standard 4: Student-centred learning, teaching and assessment

Minimal indicators:

4.1. The teaching methods 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 and technical staff.
- 4.2. 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.
- 4.3. There is a policy regulating the maximum number of opportunities a student is granted to pass one given assessment.
- 4.4. There is 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.
- 4.5. 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 programmes learning outcomes.

Performance indicators:

- 4.6. The effective implementation of student-centred learning respects and attends to the diversity of students and their needs, and regularly adjusts the modes of delivery and pedagogical methods.
- 4.7. 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.
- 4.8. 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.
- 4.9. There are implemented 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.
- 4.10. 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
- Interviews conducted by the peer review panel

Standard 5: Research (applicable only for MQF level 8)

Minimal indicators:

5.1. The study programme has defined scientific/applied research objectives (on its own or as part of a research centre or interdisciplinary programme), which are also reflected in the research development plan of the institution; sufficient financial, logistic and human resources are allocated for achieving the proposed research objectives.

5.2. Expectations for teaching staff involvement in research and scholarly activities are clearly specified, and performance in relation to these expectations is considered in staff evaluation and promotion criteria.

5.3. Clear policies are established for defining what is recognized as research, consistent with international standards and established norms in the field of study of the programme.

5.4. Policies are established for ownership of intellectual property and clear procedures set out for commercialization of ideas developed by staff and students.

5.5. There is a formally defined policy for research integrity, ethics and professional conduct.

5.6. There are formally defined procedures for research ethics approval whenever a student conducts generalizable research that will be made public and that involves human participants and personal data.

Performance indicators:

5.7. The academic staff has a proven track record of research results on the same topics as their teaching activity.

5.8. Each academic staff member and researcher has produced at least an average of one scientific/applied research publication or artistic outcome/product per year since the initial accreditation.

5.9. Academic staff are encouraged to include in their teaching information about their research and scholarly activities that are relevant to courses they teach, together with other significant research developments in the field.

5.10. Students are engaged in research projects and other activities.

Indicative evidence:

- Programme research objectives
- Employment contracts of academic and research staff
- Policies for research ethics and intellectual property

- Research output reports
- Interviews conducted by the peer review panel

Standard 6: Master's and Doctoral Student Supervision (applicable only for MQF levels 7 and 8)

Minimal indicators:

- 6.1. There is a transparently regulated process for the appointment, change and discontinuation of supervision for MA/Doctoral students.
- 6.2. There are policies regulating the rights, duties and nature of relationship between students and MA/Doctoral supervisors.
- 6.3. There is a formal methodology for the establishment of the ratio of MA/Doctoral supervisors to MA/Doctoral students; the methodology ensures effective management of the supervision.
- 6.4. The programme regulates the maximum number of MA/Doctoral students one supervisor can oversee. The number of MA/Doctoral students corresponds to the workload of their supervisors.
- 6.5. There are formally regulated procedures for the periodic formative assessment of the MA/Doctoral student's progress by their scientific supervisor.
- 6.6. The process of developing and defending the doctoral thesis is clear and transparent, and includes a public defence and publication of the doctoral thesis, as well as an independent committee for the thesis assessment and defence.

Performance indicators:

- 6.7. Supervisors conduct consultations with Doctoral students on a regular basis. The frequency of the consultations is relevant to the specificity of the programme and research topic. The supervisor advises the student in the research process on issues such as research design and project management, research methodology, professional development, writing of thesis/scientific-research paper/dissertation, the process of integration in local and international scientific network, participation in local and international scientific events and presenting research findings, publishing scientific papers in peer-reviewed research journals, participation in scientific grant contests, etc.
- 6.8. The high standard for the evaluation and defence of Doctoral thesis 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.
- 6.9. There are formally developed mechanisms for evaluating the quality of the activities of the MA/Doctoral supervisor which ensure the effective implementation and development of the supervision.
- 6.10. The requirements for the academic style of the dissertation are known in advance to the students and are considered when evaluating the dissertations of the students.
- 6.11. Mechanisms of academic and research ethics, academic integrity, plagiarism prevention, detection and response are used in the assessment of the thesis.

Indicative evidence:

- Guidelines for thesis/dissertation supervision
- Supervisor/student ratio

- Regulations for the assessment and defence of theses/dissertations
- Interviews conducted by the peer review panel

Standard 7: Teaching, administrative and technical staff

Minimal indicators:

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

7.2. There are 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.

7.3. 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.

7.4. 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.

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

7.6. 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.

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

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

Performance indicators:

7.9. Academic, scientific, and administrative positions 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.

7.10. 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.

7.11. 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.

7.12. 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.

7.13. Performance evaluations have follow-up processes which allow for the monitoring of improvement in performance and/or development progress.

7.14. Staff are supported 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.

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

Indicative evidence:

- Staff handbook
- Policies and procedures for staff management, including those for recruitment and appointment, performance evaluation, and professional development
- CVs of staff
- Position descriptions
- 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 NQF levels 7 and 8:

7.16. There are transparent qualification requirements for the Master/Doctoral supervisors, which are in line with the requirements of the respective level supervision and respond to the specifics of the programme and international best practice.

7.17. Due to the specificity and development of the field, the Master/Doctoral supervisors are equipped with the latest knowledge, have actively participated in scientific studies and have published scientific papers which correspond to the general theme and direction of the thesis of MA/Doctoral student.

7.18. The study programme has mechanisms for assessing the qualifications and for the development of supervisory competencies of MA/Doctoral academic staff.

Standard 8: Student administration and student support services

Minimal indicators:

8.1. Accurate and reliable information about the programme, 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 and criteria, as well as the admissions procedure are clearly defined and transparent, and guarantee that students will possess the necessary prior knowledge.

8.3. A comprehensive set of policies is made widely available, 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. There is a policy regulating the maximum time a student can spend inactive within the programme (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 formally signed with 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. There is 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.

8.8. The issuance of a diploma supplement free of charge is guaranteed.

Performance indicators:

8.9. The admission requirements are consistently and fairly applied. Admission of students with foreign qualifications is based on the principles of the Lisbon Recognition Convention and international best practice in the field.

8.10. 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.

8.11. 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.

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

8.13. 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.

8.14. A policy for the Recognition of Prior Learning (RPL) is in place and effectively implemented 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 academic credit, including credit from non-formal and/or informal prior learning).

8.15. 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.

8.16. 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
- Policy and procedures regarding recognition of foreign qualifications
- Recognition of Prior Learning (RPL) policy
- Policy for credit transfer
- Implemented and planned student initiatives/projects
- Interviews conducted by the peer review panel

Additional indicators in the context of MQF levels 7 and 8:

8.17. Admissions numbers for doctoral programmes are determined based on teaching and supervision capacities, scientific and societal needs, and in accordance with the analysis of the labour market.

Standard 9: Resources and infrastructure

Minimal indicators:

9.1 Transparent documentation for the funding of the study programme is available.

9.2. The adequate long-term implementation of the study programme is ensured in quantitative terms as regards premises, human resources and equipment. At the same time, it is guaranteed that qualitative aspects are also taken into account.

9.3. There is a financial plan at the level of the study programme that would demonstrate the sustainability of the study program for the next minimum three years.

9.4. The premises, equipment and entire infrastructure are appropriate for the delivery of the study programme and ensure the achievement of the intended learning outcomes.

9.5. The means and equipment used for the studies, including the software, is adequate for the current number of students and suitable to achieve the learning outcomes.

9.6. The number, relevance, and recency of the teaching materials at the library and reading rooms are suitable for the programme.

9.7. The physical or online library keeps all the core literature indicated in the syllabi as well as other teaching materials that ensure the achievement of programme learning outcomes.

9.8. Modern scientific periodicals, digital resources and international electronic library databases are available for students. The latter enables students to become familiar with the modern scientific breakthroughs in the field and achieve programme learning outcomes.

Performance indicators:

9.9. The effectiveness and relevance of infrastructure and resources is regularly monitored through processes that include surveys of student usage and satisfaction. Infrastructure and resources are modified in response to evaluation and feedback.

Indicative evidence:

- Institutional website
- Inventories of infrastructure, facilities, library, hardware, software
- 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

3

GUIDANCE FOR SELF-ASSESSMENT

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 quality of the programme, and the methods of assuring it.

A critical self-assessment process is the most important pre-condition of all external quality assurance exercises, and gives the provider 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 programme'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 a quality programme, 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 at programme level;
- to give the peer review panel the opportunity to understand the way the provider ensures the standards and indicators 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; and
- 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 document, 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 self-assessment documents, it is important for them to be clear and easily verifiable in the attached Annexes. The provider is expected to represent the programme honestly and accurately to internal and external constituencies as well as to the general public. The 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 – an introduction of the provider, a general presentation of the programme, its mission and objectives, its governance and management, the infrastructure and staffing arrangements, students and their socio-economic characteristics, relevant information about the context in which the programme operates;

2. Main body comprising:

- the provider's perspective on how the programme meets the Standards included in this document, in terms of the existing systems and procedures;
- an assessment of how effective these practices and procedures are in ensuring that the programme 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 the programme 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 document 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 programme 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 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 within the programme.

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 the programme 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 document. 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 document and its annexes is followed in practice.

4

GUIDANCE FOR THE ACCREDITATION PROCESSES

4. GUIDANCE FOR THE ACCREDITATION PROCESSES

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

- First-time accreditation (i. e. initial programme accreditation) – the provider has to demonstrate the programme compliance with the minimal indicators included in this document, which reflect the mandatory expected level before the start of the programme delivery;
- Renewal of accreditation (i. e. programme reaccreditation) – the provider has to demonstrate the programme compliance with both minimal and performance indicators included in this document; a programme undergoes reaccreditation processes at least every five years.

Initial programme accreditation is mandatory in order for courses to be pegged to the Malta Qualifications Framework (MQF) and be legally delivered. Together with the submission of the application for programme accreditation, new providers must also submit an application for institutional accreditation, i.e. undergo an external quality assurance process for the purpose of first-time accreditation. In case the provider wishes to add new study programmes to its educational portfolio, the institution needs to apply for initial programme accreditation in order for these programmes to be listed in their licence. Delivery is legal only of those study programmes which are included in the providers' licence.

The reaccreditation of study programmes is conducted by the Authority with a double purpose – to give a confirmation of the quality level of a programme, as part of the both provider and the MFHEA external accountability responsibilities, as well as to offer recommendations on how providers might improve the quality of teaching and learning at programme level and of the facilities used in its delivery.

The first-time programme accreditation is initiated by the provider intending to offer educational programmes within the Maltese context, while the re-accreditation may be initiated by the provider or the MFHEA. In case the accreditation is initiated by the MFHEA, the Authority can do so based on strategic considerations and a possible risk assessment. Given that higher education landscape in Malta is dynamic and diverse, the Authority may be:

- tackling a particular provider at a given point in time and addressing a series of courses that it is offering, or
- adopting a field study approach, with the MFHEA focusing its attention and efforts on a particular area (e.g., state regulated profession, courses which are most populated by students) and reviewing such a course or courses across institutions.

A provider may apply for the accreditation of a single study programme or of several programmes simultaneously; in that latter case, the accreditation of all programmes offered by the provider will be granted on the basis of evaluating a sample of the programmes delivered by the respective provider. For determination of the programme sample, the MFHEA will analyse official statistics on higher education, labour market data, other public information of significance regarding quality of studies provided. This could include, but not be limited to the following:

- the time the provider was issued with a licence;
- timing of updates to the provider licence and number of initial programme accreditations performed;

- number of study programmes per study field and MQF level per provider;
- student enrolment numbers per provider, per study programme, per study field, per MQF level, per mode of attendance; students of all study modes of delivery to be summed up; students seeking qualifications and students seeking awards to be accounted separately;
- discontinuation of studies percentage per study programme, per study field, per MQF level, per qualification/award. Drop outs to be separated from those expelled on the grounds of academic dishonesty; data regarding qualifications and awards to be separated; students who dropped out during their first year of study or were expelled divided by the total number of students enrolled, the resulting proportion is converted into a percentage;
- graduation on time calculated, for that purpose the total number of students per programme, study field and MQF level is taken, then from these students who graduated within the regular programme duration counted (a number of students who graduated on time is divided per total number of studies of the study field and MQF level; full time and part time students accounted together); and
- graduate employment data per study programme and study field matched with classification of occupations, employment position level per classification of occupations matched against requirements to occupy the position in terms of MQF level; employment within one year after graduated tracked (employed and self-employed put together), unemployed tracked by category (e. g. continuing studies; on maternity/paternity leave; military service; voluntary service; emigration).

The decisions on initiation of re-accreditation will be made flexibly by the MFHEA, based on its internal capacity, on knowledge of the programmes being offered, and considering providers requests. Such an approach allows the MFHEA to develop a strategic and risk-based approach following clear timelines focusing on specific areas of study.

Providers are therefore duty-bound to ensure the MFHEA is kept informed about any changes they may wish to make or re-accreditations to be initiated. They benefit in return, as good knowledge of institutions enables the MFHEA to develop a strongly networked system and effective feedback to all. The providers are also bound by the conditions attached to their licence or accreditation, as well as lawful provision of programmes and other activities, as stipulated in the Subsidiary Legislation.

Stage 1: Preparation for the accreditation process

The process of programme accreditation from the filing of the application to the conclusion of the process should take approximately 6 to 12 months depending on the quality of submission and the complexity of the application. The process implies a number of successive steps, as follows:

1. The provider is advised to familiarise with the entire process before commencing it, as external quality assurance entails work and efforts both on part of the provider and the Authority, and needs to be carefully planned.
2. The MFHEA decides the initiation of the accreditation process if the application is complete and contains the necessary information. In the event the application does not include all the

information required for the necessary invoices to be issued, the applicant will be requested to adjust and/or correct the application.

3. Based on the eligibility conditions assessment, the MFHEA notifies the provider if the request for the accreditation process has been formally approved and if the process can commence. Should that be the case, an invoice will be issued and sent to the provider within 10 working days. The provider needs to submit a proof of payment to the MFHEA.

4. Once payment is confirmed, the MFHEA notifies the provider if the request for the programme accreditation 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 dates of the 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.

Stage 2: Appointment of the peer review panel

5. Peer review panel members are selected from the pool maintained by the MFHEA for this purpose, based on their competence, profile and level of study programmes to be accredited, experience in the external quality assurance processes, and the past performance (as applicable), and availability. The proposed composition of the peer review panel is considered and approved by the QAC.

6. Four weeks after notifying the provider of the process commencement, the MFHEA informs the provider of the proposed peer review panel members. Further details about the panel composition, profile and responsibilities are included in section 5 of this document.

7. The provider returns their comments on the peer review panel membership to the MFHEA within seven calendar days of receiving the proposed panel composition. The provider will formally request the MFHEA to change the panel composition if it is able to justify and argue its request. The provider can argue on apparent or 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 QAC, after hearing the provider's arguments, has solid reasons to believe that the objectivity and professionalism of the process might be affected. Any such request does not impact on the accreditation process timeframes and deadlines, such as the submission of the SAR.

8. Should the comments from the provider on the panel composition be justified, the MFHEA will propose a new composition within 20 days; subject to provider agreement, the membership of the peer review panel is finalised and the panel formally appointed by the MFHEA.

9. Fourteen weeks after receiving the notification of the process commencement, the provider submits the self-assessment documentation to the MFHEA, drafted in compliance with the guidelines provided by the present document. The self-assessment documentation may be returned to the provider for improvement purposes in order to ensure that the guidance provided in the document and its annexes is followed in practice. As part of their

due diligence, the MFHEA will also collate information from other sources directly available to them, such as mass media sources, stakeholder input and data from other agencies or the 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.

10. Once the provider has submitted to the MFHEA the self-assessment documentation aligned with the guidance provided in the document and its annexes, this will be passed on to the peer review panel electronically. The peer review panel will commence the analysis of the programme accreditation application, in order to gain an understanding of the programme and could give a fuller perspective on the application of the Standards; if they choose so, supplementary documentation can be requested and submitted at any point before and during the process, but not after.

11. The peer review panel members will decide internally on the number, duration and frequency of meetings that they need to organise in order to enable them to successfully conduct the accreditation process.

12. In the case of re-accreditation, at least one week before the site-visit, a Pre-Accreditation Meeting will take place between the peer review panel, which can be represented by the Chair or any other members, the Head of the Programmes/s and, if applicable, the Institutional Facilitator. This meeting has three main objectives: to ensure that the institution has a correct understanding of the aims, objectives and procedure of the accreditation process, to provide any potential clarifications in relation to the submitted documentation and 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 strategic and/or quality arrangements; and
- Any other questions or issues that remain.

Stage 3: Site visit (applicable only to re-accreditation processes)

13. For initial accreditation processes, this step is skipped. Generally, initial accreditation processes are conducted desk-based only, unless extraordinary circumstances are identified by the MFHEA, then, a corresponding decision regarding visiting is made. A peer review panel nominated for initial accreditation processes will proceed to the analysis of the programme self-assessment documentation.

14. For re-accreditation processes, thirty weeks after the provider received the notification of the programme accreditation commencement, the peer review panel evaluates, through an accreditation visit at the institution, the compliance of the study programme/s against the Standards and indicators included in the present document. In case of re-accreditation processes conducted at an institution that delivers education in multiple branches, the peer

review panel will visit all branches and will evaluate each of them against the Standards and indicators included in the present document.

15. The re-accreditation visit may last between one and five working days, and may be increased depending on the number of study programmes submitted, the study fields to which the programme/s are attributed, number of study cycles in which programmes are to be delivered, scale and complexity of the education offered, and the number of branches, if applicable.

16. All accreditation activities shall be planned and conducted during the academic year, however, 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 re-accreditation visit, to collect the perception of the interviewees on different programme/s quality matters, to collect any other information that would help the peer review panel gain a full picture about the programme/s, 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;
- there is no other evidence to prove that the teaching activity is of adequate quality;
- there is evidence that the student learning opportunities and infrastructure available are not satisfactory.

17. At the beginning of the re-accreditation visit, the peer review panel will hold a meeting with the Head of educational unit (such as Dean of the Faculty, Heads of Schools, Institutes, Centres or similar), concerned with programme/s accreditation. 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 deem necessary. It will also provide an opportunity for the Head of Unit to give an overview of any major updates which may have happened since the SAR was submitted.

18. The format of the re-accreditation visit will typically include the following:

- meetings with the members of the governing structures of the provider's academic unit/s;
- meetings with academic staff selected by the MFHEA from the list of all those engaged in delivery of the programme/s;
- 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 in the programme/s; these meetings cannot be attended by any of staff members representing administration or academic staff; in addition, higher level students who are teaching at the same institution, shall not represent students in this meeting;
- meetings with graduates, employers of graduates and representatives of the world of work (the latter category is understood to encompass the private sector, public sector, and non-governmental organisations);
- 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 reaccreditation visit agenda;
- there shall be time allocated to review student final thesis, projects, papers or other similar work counting towards graduation from the programme/s;
- also, the re-accreditation visit will include an inspection of facilities the provider is using for delivery of the study programme/s.

19. The size of the meetings shall be kept reasonable in proportion to the time allocated for the meeting, but as a matter of principle shall not be more than eight persons whom the peer review team meets in order to allow meaningful contribution to the conversation of all participants. In case members of management or administration are also teaching in the programme, they shall decide in which capacity they meet the peer review panel and restrain from attending several meetings in order for the panel to gather a balanced view from multiple perspectives and contributors.

20. All meetings are confidential, no recordings are allowed. No one will be identified by name in the Accreditation Report.

21. At the end of the re-accreditation visit, the peer review panel will have a final debriefing meeting with the programme/s representatives, which will include a short 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 4: Drafting and approving the Accreditation Report

22. In case of initial programme accreditation, peer review panel members analyse the programme self-assessment documentation and form their individual opinions, they then meet online to jointly discuss their findings and subsequently draft a consolidated panel report. There could be several scenarios, that will require further input from the provider before the report is finalised:

- The peer review panel may recommend that the programme is accredited on condition that the identified non-technical errors are corrected. In this case, the applicant will be requested to review and revise the programme application accordingly before an accreditation decision is being made. The amendments required will be indicated in the evaluation report sent to the applicant by the MFHEA. Applicants will have two weeks to revise the application in case of an Award and four weeks in case of a Qualification. This process of application amendment can be repeated up to a maximum of three times.
- The peer review panel may request amendments to the technical content of the programme; in this case, the applicant is to review and amend the application before an accreditation decision is being made. The amendments required will be indicated in the evaluation report sent to the applicant by the MFHEA. Applicants will have two weeks to revise the application in case of an Award and four weeks in case of a Qualification. This process can be repeated up to a maximum of three times.

If the peer review panel members recommend not to accredit the programme, the accreditation report will be sent to the applicant by the MFHEA, indicating the reason behind the decision of the panel.

23. If the programme/s initial accreditation procedure is successful, the provider will be informed that the programme is officially accredited upon the receipt of the updated licensing conditions endorsed by the MFHEA. The applicant will be requested to provide a template certificate. In the case that a programme fails accreditation during the two remaining times allocated for correction of errors, the process will be concluded, and the applicant will be informed accordingly.

24. For programme re-accreditation, the peer review panel will draft the Accreditation Report, a document that respects the general structure provided by the present document 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. Only in exceptional cases, when no agreement has been reached, an expert may express a separate opinion, to be attached to the panel's report. In drafting the report, the panel shall 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.

25. Peer review panels will structure suggestions for improvement according to the following categories:

- Mandatory recommendations (MR) which are crucial to meet a standard and shall be implemented before [the Panel to decide on timeframes, the panel should note that they might wish to allocate different timeframes for the MR given.
- Key recommendations (KR) are important to improve a standard and which should be implemented expediently (the Panel must include an indicative timeframe within each recommendation] by the programme to address weaknesses.
- Recommendations (R) for improvement which are merely suggestions based on the panel analysis and observations; these could be implemented by the programme.

26. Peer review panels will consider the indicators included in this document when determining the judgement for each Standard to programme/s subject to accreditation. The judgements for each Standard will be expressed as follows:

- Fully compliant – The programme is entirely in alignment with the Standard, which is implemented in an effective manner.
- Substantially compliant – The programme 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 programme fails to comply with the Standard.

Having come to the conclusion regarding judgments per individual Standards, the peer review panel then shall provide the QAC with a final overall recommendation on the outcome of the procedure in terms of approval or denial of accreditation.

27. Based on the compliance assessment of the programme/s with each Standard, the panel will recommend one of the following types of outcomes:

- a. A positive outcome (grant the accreditation in the case of initial accreditation, confirm the accreditation in the case of re-accreditation) for:
 - a five-year period if all Standards are fully or substantially compliant;
 - less than a five-year period, assigning additional conditions, if one Standard is partially compliant, the rest of Standards are either fully or substantially compliant, and no Standard is non-compliant;
 - a provisional accreditation, subject to stipulated conditions if more than one Standard is partially compliant, the rest of Standards are either fully or substantially compliant, and no Standard is non-compliant;
- b. A negative outcome (refuse the accreditation in the case of initial accreditation, revoke the accreditation in the case of re-accreditation) if at least one Standard is non-compliant.

After a decision to refuse or revoke the accreditation of a programme/s has been made, the provider is not allowed to enrol students into the respective programme/s. The provider may re-apply for programme accreditation at any time and undergo a second accreditation process. If at least one Standard is non-compliant during the second accreditation process as well, evidencing that the challenges were not remedied, the programmes/s will be removed from the provider license.

28. 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 document and, secondly, to ensure that it has a coherent flow between the body of the report and the peer review panel recommendation (the recommendation has 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.

29. The Accreditation Coordinator shall forward the draft report to the QAC for their review and feedback.

30. The Accreditation Report is sent to the provider giving them the chance to correct any potential factual errors or errors of judgement made on errors of fact 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.

31. Following the comments of the provider, the peer review panel analyses whether any corrections should be operated, finalises the reports and submits it to the MFHEA.

Stage 5: The Accreditation Decision and Appeals

32. Upon receipt of the final version of the Accreditation Report, the QAC makes decisions on accreditation, based on the report of the peer review panel and response of the institution.

The QAC may revert back to the peer review panel for clarification of the issues that are necessary to make the decision. For the purpose of decision-making, the QAC does not consider documents of the provider, prepared and/or submitted after the site visit. The QAC may decide to endorse the recommendation of the peer review panel regarding the accreditation of the programme/s.

33. Once the QAC reached a final decision, the Accreditation Report is forwarded to the MFHEA Board for endorsement.

34. The provider is officially notified of the accreditation decision. The accreditation decision is entered into the register of accredited programmes maintained by the Authority.

35. Should the provider disagree with the decision, they can submit an appeal no later than 20 calendar days from the day they were informed of the decision in line with the instructions provided by the Procedure for dealing with programme accreditation 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.

36. Appellants who still feel aggrieved after exhausting the internal appeal system, may appeal to the Courts of Malta.

Stage 6: Provider's Action Plan and publication

37. 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.

38. Responsibility for publicity of external quality assurance results is shared by the Authority and the provider as follows:

- The MFHEA publishes the final accreditation decision together with the Accreditation Report on its official website.
- The programme Accreditation Report is also published on the provider's website. The programme accreditation status shall be clearly indicated in the media, advertising, publications or promotional materials aimed at future and current students, their parents, employers and the general public.

Stage 7: Follow-up activities

39. Once the Accreditation Report along with the decision is published on the MFHEA website, the provider shall submit summary report/s supported by evidence on the implementation of the recommendations in accordance with the target dates stipulated by the peer review panel. These reports demonstrate how the panel recommendations and corresponding measures of the same scope and completely matching the intent of review panel recommendations are being implemented. In any case, the institutions are fully responsible for swiftly addressing shortcomings of their provision and continuous improvement of studies and training so that

students, employers, other stakeholders and society at large can trust the quality of the education and qualifications / awards issued.

40. Since the MFHEA will be documenting and assessing the actions taken by the institution in a series of follow-ups to the re-accreditation, the provider shall submit a follow-up report on a yearly basis from the date of publication of the Accreditation Report. The follow-up report shall indicate how and by when each recommendation outlined in the Accreditation Report has been or is going to be met, including clear timeframes of implementation until all the recommendations are fully addressed.

An exceptional external quality assurance process

In line with Subsidiary Legislation, the MFHEA has the mandate to trigger an exceptional external quality assurance process, unrelated to programme accreditation, of any study programme at any time if there are concerns. These concerns may come in the format of student, staff or graduate's complaints; stem from the publicly available information or become the general knowledge of the MFHEA.

In case a complaint comes from a current student, a staff member or a recent graduate of a study programme, the following procedure is applied by the MFHEA:

- **1st step:** the complainant is first time contacted in writing to clarify any piece of information serving to specify the case (if needed), also enquiring if internal possibilities to rectify the case at a provider institution were used, and if so, what was their outcome;
- **simultaneously**, the MFHEA gathers publicly available information, also information which is not of the public domain but is in possession by public authorities, to enlighten the case;
- **2nd step:** the MFHEA approaches the provider in writing and seeks its explanation with supporting evidence regarding the essence of the complaint; in the event providers' response is not fully clear, the MFHEA may request a physical meeting with representatives of provider management and/or administration;
- **3rd step:** the complainant is second time contacted with a purpose of a physical or an online meeting with the aim to further discuss the case;
- **4th step:**
 - in case no grave misconduct and abuse is identified, the MFHEA issues a set of recommendations to improve provision of teaching and learning and supportive services or facilities as deem fit; the provider has an obligation to report back on implementation of the said recommendations within a time frame specified by the Authority;
 - in case fundamental flaws are possibly credibly found, the MFHEA will initiate a programme/s accreditation as described further;
- **5th step:** the complainant and the provider are informed of the outcome of the case correspondingly.

In case there is public information announced or the MFHEA becomes aware in its own ways of grave concerns regarding quality of teaching, learning and supportive services, the state of facilities, or any grave misconduct that may shatter confidence in the real value of Qualifications and Awards, an exceptional external quality assurance process of the programme may be initiated. This type of process will include the basic steps outlined in relation to the programme re-accreditation as follows:

- Terms of reference will be drawn by the Authority ; the scope of the process will depend upon the nature and extent of concerns and will include all or several selected relevant Standards for Accreditation contained in this document;
- The provider will be given a timeline to draft a SAR or a similar submission serving the scope and purpose of the process;
- Further stipulations of Stages 2-7 apply mutatis mutandis.
- Accreditation decisions taken as a result of the exceptional external quality assurance process will supersede the last periodic accreditation decision (if applicable).

Termination of external quality assurance processes

If, at any point in the application process for programme accreditation, no feedback, requested documents, amendments or clarifications are supplied by the providers for a period of 120 calendar days, then the application will be considered null and void, and the applicant will need to re-submit a new application.

The provider may withdraw the request (in writing) for the initial programme accreditation procedure up to the moment the decision on issuance on accreditation or denial thereof by the MFHEA. In such an event, any fees paid by the institution are not recovered either fully or in part. Upon the withdrawal of the request the procedure is terminated.

In case the request is withdrawn, the provider cannot re-apply for initial accreditation of the same study programme/s within 1 year after the date the initial accreditation procedure has been terminated.

5

ROLES AND RESPONSIBILITIES

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MFHEA

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 all stages, the MFHEA delegates one or more representative/s of the Authority given the number of study programmes to be accredited and the whole complexity of the exercise (referred to as the Accreditation Coordinator), who accompanies the peer review panel for the entire duration of the processes.

The Authority takes care of the staff member prior to being assigned the Accreditation Coordinator's task is properly trained and fit for the job, also in turn supported by their supervisors or mentors throughout the accreditation process as needed. The MFHEA has the overall responsibility over proper selection of review panel members, their training and briefing as needed for the assignments.

The Authority maintains ownership of the final accreditation reports and is responsible for proper handling of all records during and after the accreditation process.

The Accreditation Coordinator

The Accreditation 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 document. 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 and consistently across accreditations of different programmes and providers.

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 as outlined below.

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 document 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 re-accreditation 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 the 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 document 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;
- in the event some panel members underperform, address the issue with the panel Chair in private, seeking constructive solutions to the situation; in the event the panel Chair fails in their duty, address the issue with their superiors at the MFHEA.

Content coordination during and after the visit:

- attend all meetings on the accreditation visit agenda and peer review panel meetings; take notes in meetings and make them available (if need be) to support the peer review panel in drafting the Accreditation Report;
- supervise and ensure the peer review panel covers all indicators included in the document;
- ensure the fair interpretation of all indicators included in the document, in line with previous decisions of the MFHEA;
- ensure the peer review panel triangulates and cross references the data sources so as to reach sound judgements;
- shall 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 Accreditation 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.

Neither the Institutional Facilitator nor other representatives of the provider shall seek to establish direct communication with any members of the peer review panel; all communication shall be channelled via the Accreditation Coordinator, or in case the Accreditation Coordinator fails in their duty, via the MFHEA. This is to safeguard the integrity of the accreditation process and avoid undue influence over the peer review panel members or decision makers at the Authority, including QAC and the Board.

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, including a student. Among the three, the MFHEA appoints: a Chair, a student cannot act as a Chair, aside of that, students shall be treated as equal members of the panel. The panel may consist of international experts and may include representatives of the world of work (representing private sector, public sector or nongovernmental organisations as appropriate). The MFHEA nominates one of the experts as the Chair of the peer review panel. The number of study programmes, their cycle, disciplinary affiliation, 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 (this criterion is not applied for a representative of the world of work, who can possess relevant commensurate professional experience and not a formal training);
- have excellent English writing skills and good IT skills;
- preferably have significant experience in teaching at the level of provision of the provider (this criterion is not applied for representatives of the world of work);
- 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 in Malta or internationally;
- 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;
- for accreditation of programmes leading towards qualifications at MQF Level 6 and 7, student evaluators studying at higher level of education shall be drawn; and
- for the accreditation of programmes leading towards qualifications at MQF Level 8, student evaluators studying at the same level of education shall be drawn.

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 document. 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 and a Confidentiality Statement prior to starting work on the external quality assurance process. Panel members are independent in their work and shall not represent their respective institutions; they shall not assume positions of consultants or inspectors, but retain a critical friend stance. They shall abide by the principles of professionalism, objectivity and impartiality at all times. Panel members shall treat information, including personal data, in possession of which they come during the accreditation process with extreme care, and shall maintain the confidentiality of information obtained during the accreditation procedure. Panel members will not undertake any consultancy proposals at the provider in accreditation of which they were involved before two years passes from the finish date of their engagement with the MFHEA.

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; and
- 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; and
- 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; in the event some panel members underperform, address the issue directly with the panel member concerned in private or via the Accreditation Coordinator;
- chair the main meetings included in the accreditation visit agenda and in a consensual way assign chairing over other meetings to other panel members; as a general rule, student member of the panel shall be chairing for the meeting with students;
- lead the internal 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 this document;
- 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 time frame agreed with the Accreditation Coordinator; and
- 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 or attended a briefing. 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; and
- documents that peer review panel members need to conduct the external quality assurance processes to which they are assigned.

All panel members are responsible for timely and honest feedback provision at request of the MFHEA in respect to the accreditation process they served for, and the initial accreditation or re-accreditation procedure itself for enhancement purposes.

