



Malta  
Further & Higher  
Education Authority

# **External Quality Assurance**

## Audit Report

### **MATER DEI HOSPITAL (MDH)**

Carried out between  
27<sup>th</sup> and 28<sup>th</sup> April 2023

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Quality education for  
confident futures .

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## Abbreviations List

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CPD	Continuing Professional Development
ECTS	European Credit Transfer System
EQA/QA audit	External Quality Assurance Audit
IQA	Internal Quality Assurance
KPIs	Key Performance Indicators
MDH	Mater Dei Hospital
MFHEA	Malta Further and Higher Education Authority
MQF	Malta Qualifications Framework
NCFHE	National Commission for Further and Higher Education
NOAF	National Quality Assurance Framework for Further and Higher Education
SAR	Self-Assessment Report
TDU	Training and Development Unit

# Executive Summary

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## Institutional Background

Mater Dei Hospital (MDH) is a public acute general and teaching hospital. It was inaugurated on 29<sup>th</sup> June 2007, replacing St Luke's Hospital as Malta's main public general hospital. MDH collaborates with the University of Malta to provide pre-service and in-service training and education for registered healthcare professionals. MDH has a total of 5,100 employees, including doctors, nurses, allied health professionals, and administrative staff. The hospital's mission is to "create a Centre of Excellence in the provision of effective and efficient, acute patient centred quality care." MDH also aims to achieve high levels of patient and staff satisfaction and enhance teaching, research and innovation.

MDH is responsible for implementing the "Policy for the Continuous Medical/Pharmacy Education and the Continuous Professional Development Schemes within the Ministry for Health." This policy provides for an education allowance for identified categories of medical and allied health practitioners, as well as nurses and midwives.

All training provided within MDH is aimed at in-house staff. The Training and Development Unit (TDU) is the in-house training facility within MDH. Practically all training can be considered as part of the continuing professional development (CPD) of existing staff members. The TDU offers three main types of training:

- MFHEA-accredited courses: These courses are recognised by the Malta Further and Higher Education Authority.
- In-house courses: These courses are developed and delivered by MDH staff.
- Professional skills courses: These courses are provided by third-party providers, either locally or abroad.

MDH has opted for external accreditation of the institution and a number of key courses. This is because it is felt that pursuing and achieving such accreditation helps ensure that better quality is achieved, particularly owing to the external benchmarks provided by such accreditation. The scope of the review includes only the MFHEA-accredited courses.

## Overview of the Audit Process

This report is a result of the External Quality Assurance process undertaken by an independent peer review panel. The panel evaluated the documentation submitted by the educational institution and conducted an onsite audit visit. The panel is responsible for reaching conclusions on all Standards. As outlined in the External Quality Audit Manual of Procedures, the MFHEA sought external expert advice to evaluate the financial capacity of the provider. Through this report, the panel also highlighted areas of good practice which, in its view, make a positive contribution to academic standards and quality of education that are worthy of being emulated and disseminated more widely.

### Timeline

Panel induction and preparation	20 <sup>th</sup> January 2023
Panel received self-evaluation report and additional documentation	20 <sup>th</sup> January 2023
Panel meeting	16 <sup>th</sup> February 2023
Panel received additional documents upon request	7 <sup>th</sup> March 2023
Scoping visit	27 <sup>th</sup> March 2023
Panel meeting	28 <sup>th</sup> March
Onsite visit	27 <sup>th</sup> /28 <sup>th</sup> April 2023

## Summary of the Conclusions Reached by the Peer Review Panel

On the basis of the findings documented in the report, the panel has concluded that Mater Dei Hospital meets Standards 2, 4, 5, 6, 7, 8 and 11. It requires improvement to meet Standards 3 and 10. It does not meet Standards 1 and 9.

The recommendations listed for each Standard are proposed to improve the positive practice already attained. The panel made 11 mandatory recommendations, all of which are to be implemented within 12 months from the date of publication of this report. The panel also made five key recommendations, again which are to be implemented within 12 months from the date of publication of this report. The timescale has been selected to enable MDH to review its internal quality assurance arrangements and respond effectively to the recommendations. The panel also made 10 other recommendations.

# About the External Quality Audit

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## Aims and Objectives of the EQA

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

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

The QA audit provides public assurance about the Standards of further and higher education programmes and the quality of the learning experience of students. It presents an opportunity for providers to demonstrate that they adhere to the expectations of stakeholders with regard to the programmes of study that they offer and the achievements and capabilities of their students. It also provides a focus for identifying good practices and for the implementation of institutional approaches to the continuous improvement in the quality of educational provision.

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

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

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

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

1. Policy for quality assurance: entities shall have a policy for quality assurance that is made public and forms part of their strategic management.
2. Institutional and financial probity: entities shall ensure that they have appropriate measures and procedures in place to ensure institutional and financial probity.
3. Design and approval of programmes: self-accrediting providers shall have appropriate processes for the design and approval of their programmes of study.
4. Student-centred learning, teaching and assessment: entities shall ensure that programmes are delivered in a way that encourages students to take an active role in the learning process.
5. Student admission, progression, recognition and certification: entities shall consistently apply pre-defined and published regulations covering all phases of the student 'life-cycle'.
6. Teaching staff: entities shall assure the competence and effectiveness of their teaching staff.
7. Learning resources and student support: entities shall have appropriate funding for their learning and teaching activities and sufficient learning resources to fully support the students' learning experiences.
8. Information management: entities shall ensure that they collect, analyse and use relevant information for the effective management of their programmes and other activities.



9. Public information: entities shall publish information about their activities which is clear, accurate, objective, up to date and readily accessible.
10. Ongoing monitoring and periodic review of programmes: entities shall implement the 'Quality Cycle' by monitoring and periodically reviewing their programmes to ensure their continuing fitness for purpose.
11. Cyclical external quality assurance: entities should undergo an external quality assurance audit by, or with the approval of, the MFHEA on a cyclical basis, according to the MFHEA guidelines, once every five years.

Peer review panels essentially ask providers the following question about their arrangements for quality management:

'What systems and procedures are in place and what evidence is there that they are working effectively?'

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

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

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

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

## The Peer Review Panel

The peer review panel was composed of:

<b>Chair of Review Panel:</b>	Mr Andy Gibbs
<b>Peer Reviewer:</b>	Dr Robert Cassar (PhD)
<b>Student Peer Reviewer:</b>	Ms Eda Eren
<b>QA Managers (MFHEA):</b>	Ms Sibby Xuereb Ms Fiona McCowan

## Specific Terms of Reference

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

- Mandatory recommendations (MR) which are crucial to meet a Standard and **shall** be implemented within the timeframe decided by the panel and indicated in this report.
- Key recommendations (KR) which are important to improve a Standard and **should** be implemented expediently by the institution, within the stipulated timeframe, to address weaknesses.
- Recommendations (R) for improvement which are merely suggestions based on the panel's analyses and observations; these **could** be implemented by the institution.

## Institutional Context

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Mater Dei Hospital (MDH) is a public acute general and teaching hospital in Malta. It was inaugurated on 29<sup>th</sup> June 2007, replacing St Luke's Hospital as Malta's main public general hospital. MDH collaborates with the University of Malta to provide pre-service and in-service training and education for registered healthcare professionals.

MDH has a total of 5,100 employees, including doctors, nurses, allied health professionals, and administrative staff. The hospital's mission is to "create a Centre of Excellence in the provision of effective and efficient, acute patient centred quality care." MDH also aims to achieve high levels of patient and staff satisfaction and enhance teaching, research and innovation.

MDH is responsible for implementing the "Policy for the Continuous Medical/Pharmacy Education and the Continuous Professional Development Schemes within the Ministry for Health." This policy provides for an education allowance for identified categories of medical and allied health practitioners, as well as nurses and midwives. Senior staff members employed by the Foundation for Medical Services also have a CPD allowance.

All training provided within MDH is aimed at in-house staff. The Training and Development Unit (TDU) is the in-house training facility within MDH. Practically all training can be considered as part of the CPD of existing staff members.

The TDU is responsible for providing training to employees at MDH. The TDU offers three main types of training:

- MFHEA-accredited courses: These courses are recognised by the Malta Further and Higher Education Authority.
- In-house courses: These courses are developed and delivered by MDH staff.
- Professional skills courses: These courses are provided by third-party providers, either locally or abroad.

MDH has opted for external accreditation of the institution and a number of key courses. This is because it is felt that pursuing and achieving such accreditation helps ensure that better quality is achieved, particularly owing to the external benchmarks provided by such accreditation. The scope of the review includes only the MFHEA-accredited courses.

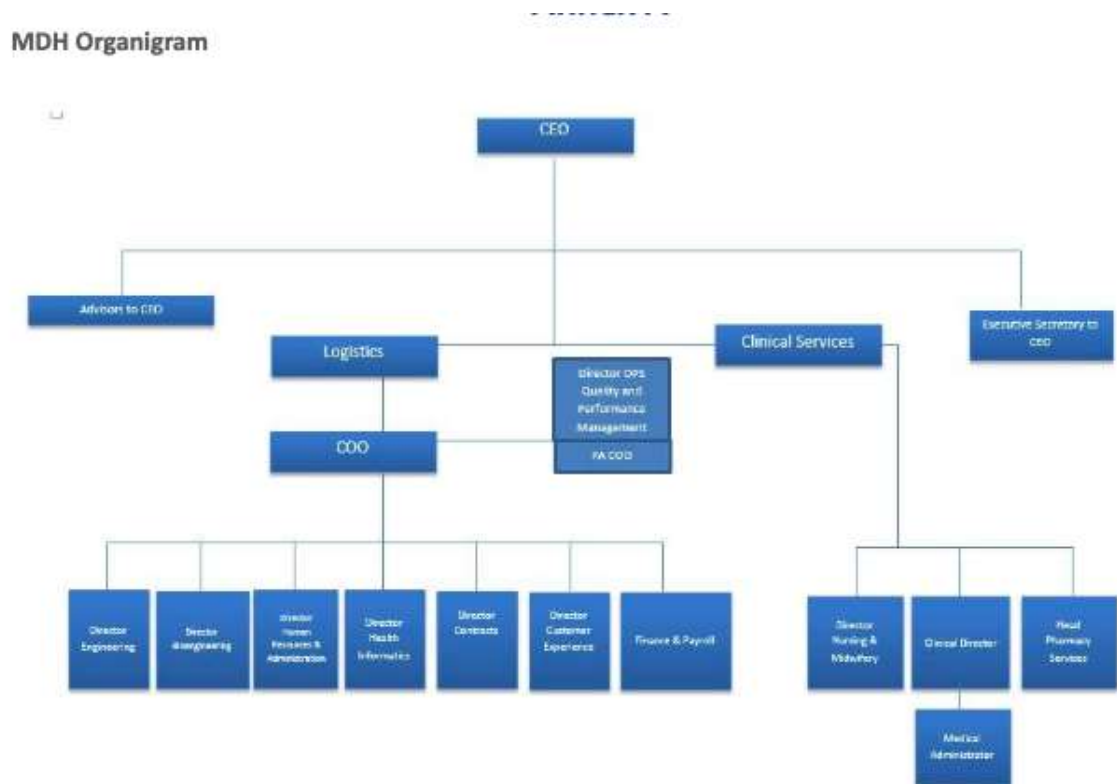
TDU lists 11 such programmes, of which three were offered in 2022. These are:

Orientation Programme for Newly Recruited Nurses – Award (80 students 2022)

Orientation Programme for Newly Recruited Midwives – Award (10 students 2022)

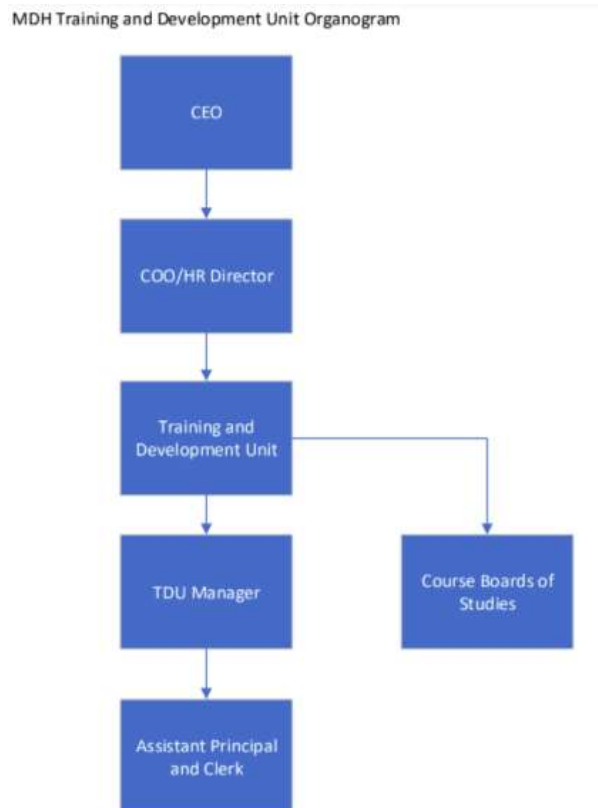
Awarding Paediatric Basic Life Support Skills for HealthCare Professionals (31 students 2022)

The Organigram of Mater Dei Hospital is shown below:



The TDU is responsible for providing training to employees at MDH.

The TDU is overseen by the Human Resources and Administration Directorate. The TDU's structure is shown here:



Since its inception, the TDU has trained over 1,000 employees.

In the first quarter of 2023, MDH hosted its first cyclical External Review by the MFHEA EQA panel. This review provided MDH with an opportunity to assess its training provision and identify areas for improvement.

The review is expected to be beneficial for MDH as it will help the hospital to:

- Ensure that its training provision is aligned with its strategic goals.
- Identify areas where training can be improved.
- Make recommendations for improvement.

The review is also expected to be beneficial for the TDU as it will provide the unit with an opportunity to receive feedback on its work. This feedback will help the TDU to improve its services and better meet the needs of MDH staff.

## Analysis and Findings of Panel

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### Standard 1: Policy for Quality Assurance

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

#### Main Findings

The panel was pleased to hear about the positive and optimistic viewpoints expressed by all participants regarding the Training and Development Unit at Mater Dei Hospital. The panel was particularly impressed by the desire to improve learning opportunities for employees and the pride gained from seeing employees succeed in their educational activities. The panel also heard from students who had undertaken programmes within the TDU and who believed that they had gained skills and knowledge that equipped them to do their job more effectively. Additionally, the panel heard from staff engaged in teaching and mentoring students about how they diligently reflected on how to respond to learner needs. Finally, the panel heard from medical practitioners and public health experts about how teaching staff new skills had led to health gain for patients and efficiency savings for the hospital.

The panel is encouraged by the positive outlook of all participants and believes that the TDU is on the right track. The panel examined the existing quality policy and concluded that it could be significantly improved so that it identifies, evidences and supports the quality of education.

The current Quality Assurance Policy is dated October 2017. It mentions that it will be fully operational by 2022 and updated two years after the policy launch. The document describes how the policy was developed, and lists some generic state and hospital policies on harassment, violence and equality, before listing the MFHEA Standards and how these will be met. Although many of the features required of a QA policy are mentioned in the document, the MDH IQA policy shows no evidence of being useful in organising the quality assurance system at MDH and there is little evidence overall that the policies and procedures are systematically applied, monitored, reviewed and improved.

The policy could be improved to reflect its purpose and how it will be enacted to ensure that the quality of education is maintained and improved. Currently the process is conducted in an informal way, driven by the enthusiasm and commitment of individuals, for example, the panel was told that meetings of the Course Board of Studies take place when there is feedback to consider, rather than regularly – as it happens, this is fairly frequently. In the longer term and as the level of activity grows, this approach is not sustainable as it does not clearly evidence a systematic process that involves identifying, assessing, and addressing the quality of all aspects of the TDU's activities, including teaching, learning, research and administration.

Similarly, the panel noted that meetings of the Course Board of Studies are not normally formally minuted except in certain instances, but decisions do tend to be recorded in emails among the members of the Course Board of Studies as well as through the approval of documentation produced in the process. Keeping records of meetings would be an effective way of keeping track of progress.

The scope of the policy could be made clearer. The policy indicates that it covers the courses accredited by the MFHEA and it is envisaged that this will be revised once a greater variety of training provided by MDH is accredited by the MFHEA. The policy also discusses wider education and training responsibilities, draws on wider hospital policies and procedures, and emphasises an institutional commitment to education and training. The policy mentions the wider responsibility of MDH for the implementation of the 'Policy for the Continuous Medical/Pharmacy Education and the Continuous Professional Development Schemes within the Ministry for Health' that provides for an education allowance for identified categories of medical and allied health practitioners, as well as nurses and midwives. The policy could usefully state how the various educational responsibilities will be combined.

The roles and responsibilities in the policy are inaccurate. The post of Director HR and Administration, mentioned in the policy, was not represented in any meetings, and has significant responsibilities in terms of the TDU, including approval of funds and fulfilment of MDH strategic plan aims and objectives and with respect to training and QA. The panel met with the relatively newly appointed Director of People Management who had been in the post for two months. This post is not mentioned in the IQA policy, which suggests some disconnect. The panel could not identify clear linkages between the training unit, strategic planning, funding and the QA policy. The policy could be further developed to adequately cover the responsibilities of all organisational units as well as those responsibilities of institutional leadership, individual staff members and students with respect to quality assurance. In addressing the roles of individuals, the TDU may also wish to consider the potential conflicts of interest that may be present when students are also employees and teachers are also line managers.

The policy advises that the MDH Mission Statement includes the aim: "to create a centre of excellence in the provision of effective and efficient, acute patient centred quality care. It also aims to achieve high levels of patient and staff satisfaction and enhance teaching, research and innovation." The QA policy could be instrumental in demonstrating excellence; however, this is not the case. It would be useful to indicate some dates and milestones and include it in the strategic plan.

The policy identifies procedures for managing academic fraud, identifying students and anti-discrimination policies.

The policy touches on the link between research and practice, asserting that CPD is dedicated to bringing together theory and practice in innovative and effective ways, citing Appendix A of the policy as an example of this. Examining Appendix A, it is not clear which aspects are considered innovative by MDH and a clear statement about what is meant by innovation at MDH and how effectiveness is measured would be helpful.

There was no evidence of the involvement of all external and internal stakeholders; this is confirmed in the SAR. Currently, no internal or external stakeholders or other parties are involved in quality assurance at MDH. This means that there are no representatives from patient groups, students or other organisations involved in the hospital's education quality assurance process. Consideration should be given to involving students and patient group representatives in quality assurance activities as well as involving others who are external to MDH.

According to the SAR, the IQA policy is not publicly available as required by the Standard.

### **Good Practice Identified**

The flexibility of staff to combine the needs of clinical service with the requirements of teaching was notable.

### **Recommendations for Improvement**

- MR1** MDH shall, within 12 months from the date of publication of this report, update the IQA policy to reflect the current state of the institution. The current policy is outdated and does not reflect the changes that have taken place at MDH since it was first written.
- MR2** MDH shall, within 12 months from the date of publication of this report, make the IQA policy publicly available. This will allow all stakeholders to be aware of the institution's quality assurance procedures and to provide feedback.
- MR3** MDH shall, within 12 months from the date of publication of this report, involve external stakeholders in quality assurance. This will help to ensure that the institution is meeting the needs of all its stakeholders.
- MR4** MDH shall, within 12 months from the date of publication of this report, create a clear link between the IQA policy and the institution's strategic plan. This will help to ensure that quality assurance is aligned with the institution's overall goals and objectives.
- MR5** MDH shall, within 12 months from the date of publication of this report, review and define the roles and responsibilities of all stakeholders in quality assurance. This will help to ensure that everyone knows what is expected of them and that there is no overlap in responsibilities.



**MR6** MDH shall, within 12 months from the date of publication of this report, involve students in quality assurance activities, including the Boards of Studies.

**MR7** MDH shall, within 12 months from the date of publication of this report, implement a system for monitoring and evaluating the effectiveness of the QA policy. This will help to identify areas where the policy can be improved.

**KR1** MDH should, within 12 months from the date of publication of this report, use the quality policy as a basis to make a clear improvement plan.

**KR2** MDH should, within 12 months from the date of publication of this report, identify how to manage actual and potential conflicts of interest.

**KR3** MDH should, within 12 months from the date of publication of this report, make formal minutes of meetings of the Course Boards of Studies.

## Conclusion

MDH does not meet the requirements of Standard 1.

## Standard 2: Institutional Probity

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

### Main Findings

Institutions within the public sector are already subject to stringent national financial and administrative regulations and oversight and to national legislation that regulates the appointment of senior personnel and the selection of staff. The EQA does not seek to duplicate the national regulatory structures and procedures already in place. Thus, for educational institutions within the public sector, Standard 2 is interpreted in terms of the capacity and resources of the provider to effectively implement its internal quality assurance procedures to improve the learning experience.

MDH is a government entity; therefore, its budget is planned ahead through the pertinent ministerial channels.

Headship positions are deemed to be fit for purpose and recruitment in accordance with national legislation that regulates the appointment of Headship positions.

MDH has a very detailed management structure in place.

The TDU's annual budget for training is €1 million. This budget is used to cover the costs of external courses as well as the salaries of the TDU staff. No specific financial information was provided for the MFHEA accredited programmes, although information was provided on the training budget overall. It is noted that the information is incomplete as training expenditure only includes costs associated with externally incurred expenses, such as when training is undertaken with an external training provider overseas. Salary costs for tutors and coordinators, who are practically always MDH employees, are not indicated as part of this expenditure. In any case, the information provided is outside the scope of the review.

The panel noted that the work of the TDU is largely conducted by one person and that teaching and mentoring has no specific personnel or budget identified. The panel heard that one lecture theatre had been repurposed due to clinical need, and even during the review visit, meeting times were changed or cancelled due to clinical needs and commitments. The panel suggests that a statement of clear strategic intentions with targets, budgets and milestones within the MDH strategic plan would assist in realisation of ambitions for the TDU.

## Good Practice Identified

N/A.

## Recommendations for Improvement

R1 MDH could create a statement of clear strategic intentions with targets, budgets and milestones for TDU. This will help to ensure that TDU has the resources and support it needs to achieve its goals. The statement should include the following:

- A clear vision for the TDU, including its mission, goals and objectives.
- A plan for how the TDU will achieve its goals, including specific targets and timelines.
- A budget that outlines the resources that will be needed to support the TDU's activities.
- A list of milestones that will be used to measure the TDU's progress.

The statement should be developed in consultation with all stakeholders, including the TDU staff, students and clinical staff. It should be reviewed and updated on a regular basis to ensure that it remains relevant and aligned with MDH's overall strategic plan.

## Conclusion

MDH meets the requirements of Standard 2.

## Standard 3: Design and Approval of Programmes

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

### Main Findings

The scope of this review encompasses 11 programmes accredited by the MFHEA.

All programmes define the expected student workload in terms of ECTS, indicate the target audience, are learning outcomes-based, indicate appropriate learning dynamics, and appropriate resources and forms of assessment are pegged to the MQF. The curriculum in action, as described by teachers and students, has excellent linkages between learning, teaching methods and assessment and students receive a high level of feedback.

There is a flow chart for the identification and development of new programmes. The flow chart lacks detail about priorities for programme development and elaboration on how programmes are selected for further development. There is a formal institutional approval process which could be further elaborated to involve relevant others and approval criteria. The process of the identification of training/programme needs does not involve the participation of external stakeholders who are likely to benefit from the outcomes of such provision (such as students and patient groups). All programmes are employment-oriented and do not involve stakeholders from the wider world of work (i.e., outside of MDH) in their design and review. Students are not involved in design and review.

The programmes are not situated within a lifelong learning framework; there is no identification of possible student progression.

Examples of student evaluation were provided, which indicated positive comments about the programmes, and the panel was told that the evaluations are considered at the Course Board of Study and improvements made. These Board meetings are not minuted and so there is no paper trail available to monitor the application of the quality cycle. Keeping records and defining actions arising from programme evaluation would make it more possible for MDH to demonstrate continual improvements and quality.

### Good Practice Identified

N/A.

## Recommendations for Improvement

- MR8** MDH shall, within 12 months from the date of publication of this report, involve external stakeholders in the identification of training/programme needs.
- MR9** MDH shall, within 12 months from the date of publication of this report, involve students in the design and review of programmes.
- KR4** MDH should, within 12 months from the date of publication of this report, keep records and minutes of meetings which define actions arising from programme evaluation and enable monitoring of the quality cycle.
- KR5** MDH should, within 12 months from the date of publication of this report, improve the process of identifying and developing new programmes.
- R2** MDH could situate programmes within a lifelong learning framework.

## Conclusion

MDH requires improvement to meet the requirements of Standard 3.

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

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

### Main Findings

The institution's primary aim is to provide MDH's members of staff with the right tools and skills to effectively perform their work duties.

Courses are designed in a way that meshes the theoretical component with the practical one. Through their training, learners are invited to reflect on the application of theory in practice and the practical implications of the theory. Through their delivery, trainers aim to build a series of competencies and develop practical knowledge and skills in learners with the aim to better equip them for the job they have been employed to do. Learners confirmed that sessions are very much interactive in nature, with frequent discussions between the trainers and learners as well as the learners themselves. This is also facilitated by the fact that, in most cases, trainers and learners are colleagues themselves.

Assessment, on the other hand, is aimed to test the acquisition of those competencies and the ability of the learners to make quick decisions in a stressful environment. The latter aspect is considered a key component of all training programmes, and a huge emphasis is placed on training learners to develop and hone the skills required, to be able to make those decisions in the best interests of the patients they will be serving. The panel noted that assessment is primarily formative and of a continuous nature. In the case where a summative component is included in the assessment of the course, this is done through multiple-choice tests. Details on the type of assessment and related logistics are presented to learners during the initial session when the course commences. Learners are also provided with detailed guidelines prior to the Case Study Assessment.

With regard to the assessment strategies in place at the centre, the panel noted favourably the use of both Assessment for Learning and Assessment of Learning being implemented. The assessment of skills and procedures is logged in a 'Competency Checklist Logbook'. This is filled in progressively during the course. Once the learner can demonstrate that a skill has been acquired, a senior member of staff, together with the learner/recruit, fills in the logbook. At the end of the course, the logbook will also be used to record the final evaluation which determines whether the learner has successfully completed the course and/or can receive his/her certificate of completion.

In the case of accredited courses, learners are assessed in three main areas, including a practical, oral and written component. Practical components are assessed through demonstrations. These test learners' ability to perform the tasks discussed during the training sessions. Case studies are used to test the oral dimension. Learners are also assessed through case studies and demonstrations. Case studies are generally chosen by the learners themselves with advice from the course coordinator and tutors. Needless to say, case studies are aimed to provide learners with real-life situations which test the skills and knowledge imparted in a context. As mentioned above, the written component is for the most part tested through multiple choice questions; however, the panel was informed that at times a written report is asked from the learners to establish whether they possess a deeper knowledge of the subject.

Interviewed learners confirmed with the panel that due to the profession they are engaged in, this practical component is very much appreciated, since it focuses on the skills and practices they will need during the course of the day.

The assessment process is facilitated through the use of a template, which details the name of the programme, eligibility criteria to successfully complete the course, core competencies achieved and respective grade and adjudication (final judgment). The panel is of the opinion that such a template provides tutors with an effective tool to record assessments, but it also provides learners with a clear picture of the progress made in a certain field.

Ultimately, it is the Board of Studies which determines whether a learner can be deemed to have successfully completed a course. This is done thanks to the use of a rubric which ensures fairness and standardisation across the board.

Academic misconduct is regulated through a fairly detailed policy, which is also provided to learners upon registration. Learners also benefit from a complaints/appeals procedure. All phases of these two processes are outlined in a policy which is also available to learners upon registration.

#### **Good Practice Identified**

N/A.

## Recommendations for Improvement

- R3** MDH could reflect on the way the case studies are administered, vetted and evaluated by the senior officers. The institution is encouraged to consider other assessment methodologies, inclusive of current ones, to explore other aspects of the curriculum imparted, including the practical component.

## Conclusion

MDH meets the requirements of Standard 4.



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

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

### Main Findings

The panel was informed that when prospective learners apply for a course, their application is considered on the basis of prerequisite criteria. These are different depending on the course. Once a learner has been accepted, s/he is informed either through an email or by the course coordinator.

Registered learners are sent all details pertaining to the course. Following this, an induction meeting of a few days is organised where further details about the course are provided by the course coordinator. Course logbooks referred to in Standard 4 are collected regularly by the coordinator/s to ensure that the learner is on the right track to successfully complete the course. Course coordinators also serve as a reference for newly recruited learners during the whole duration of their course. The panel acknowledges the efforts these professionals are placing into the system and the support they are providing to newly qualified members of staff.

The panel noted that in the case of certain courses which require learners to attend parallel sessions, such as for 'Basic Life Support', participants have access to an intranet system which allows them to choose and book from a range of available dates and timeslots.

Courses offered by the institution are standalone; hence learners do not have the possibility to move from one level of progression to the other. The panel invites the institution's management to reflect on such a system and determine whether the current approach is serving the needs of learners well, and of those who will be entering into courses in the near future. The institution is also invited to reflect on whether these standalone modules are conducive to a framework for lifelong learning as envisaged in the European Qualification Framework.

The institution provides a course transcript to the learner. This includes the learner's details, the name of the qualifications, date of award, number of ECTSs, name of study units and grade obtained. It also includes the date of issue, signatories and official stamps. In the case of training programmes which have an expiry and thus have to be repeated, this is also indicated.

The panel is of the opinion that the certificates issued by the institution comply with the requirements of the Standard, as indicated by the MFHEA.

### **Good Practice Identified**

Course logbooks referred to in Standard 4 are collected regularly by the coordinator/s to ensure that the learner is on the right track to successfully complete the course.

### **Recommendations for Improvement**

- R4** Mater Dei could reflect on whether their current approach, whereby the institution only offers standalone modules, is serving the needs of learners well, and of those who will be entering into courses in the near future.

### **Conclusion**

MDH meets the requirements of Standard 5.

## Standard 6: Teaching Staff

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

### Main Findings

The panel noted that all trainers involved in the delivery of courses at the institution are registered healthcare professionals with many years of experience in the field. From the interviews carried out with various stakeholders, the panel heard that the trainers have a high level of expertise in the specific training tasks they deliver during the programmes. The TDU and the Course Board of Studies select trainers on the basis of their expertise, qualifications, level of course they will be delivering, and their lecturing experience. The panel was informed that due to the type of training required, updated expertise in the respective field is considered a priority. In this regard, in selecting the right candidate to teach a specific programme, the input of Heads and/or the Directors of the clinical or administrative departments is sought.

It should be noted that MDH requires members of staff to regularly update their knowledge and skills in the area they practice in. This is considered to be an integral part of their clinical and administrative duties. Indeed, the Policy for the Continuous Medical/Pharmacy Education and the Continuous Professional Development Schemes with the Ministry for Health provides for a budget for CPD activities. The management of the institution also relies on this policy to ensure that trainers are up to date and hence what they will be delivering during sessions is also updated.

The panel learnt that a number of trainers are being provided andragogical training from the University of Malta. Additionally, the TDU is offering CPD sessions for trainers on further and higher education. Nevertheless, the institution's management is aware that this is not enough and hence it is planning to initiate a Teaching and Learning Support Unit whose remit will be to provide academic staff with courses and workshops intended to improve their teaching skills. The unit will also play a role in course design, curriculum reform, and testing and assessment. The institution is encouraged to pursue its intention to improve the quality of its learning and teaching across its various courses and programmes.

The panel was informed that a number of trainers have followed and/or are following the Train the Trainer courses run by the People and Standards Division in the public service. The management of the institution is encouraged to keep on motivating its trainers to follow similar courses. As part of its internal quality assurance mechanism, the management is also encouraged to evaluate the quality of learning and teaching at the institution, determine if there are areas which require upskilling and, following the participation of trainers in upskilling

courses, determine whether there are any improvements in the delivery and/or strategies used in sessions.

Currently, courses are being run in-situ since physical attendance in most courses is compulsory. This is also due to the practical nature of the courses themselves. Nevertheless, the panel was informed that the institution is considering the introduction of a virtual learning platform, whereby trainers will have the possibility to record sessions and post material for learners to access at any time.

Eventually, the platform will provide learners with a variety of digital learning tools. This platform is meant to alleviate the scheduling problems which crop up from time to time given that course participants are inserting their training into their work schedules.

In order to upskill trainers with the required competencies necessary for digital teaching and training, the institution is currently participating in a project with the University of Malta. The panel is of the opinion that this training shows that the management of the institution is forward-looking and it augers that it will leave trainers in a better position to approach the challenges of digital learning and teaching.

The panel also learnt that, at times, trainers from outside the medical field are recruited to deliver specialised courses such as on Law, teamwork, etc. In such cases, individuals are identified primarily through word of mouth and after evaluating their qualifications in the subject they are meant to teach.

### **Good Practice Identified**

Trainers involved in the delivery of courses at the institution are registered healthcare professionals with many years of experience in the field. Various stakeholders highlighted that trainers have a high level of expertise in the specific training tasks they deliver during the programmes.

### **Recommendations for Improvement**

**R5** MDH's management is encouraged to evaluate the quality of learning and teaching at the institution, determine if there are areas which require upskilling and, following the participation of trainers in upskilling courses, determine whether there are any improvements in the delivery and/or strategies used in sessions.

- R6** Mater Dei is invited to reflect on the role of the course coordinator, particularly in its larger courses, and carry out an assessment of its sustainability in the long run, especially when considering the growing workload on healthcare professionals.

## Conclusion

MDH meets the requirements of Standard 6.

## Standard 7: Learning Resources and Student Support

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

### Main Findings

From the information received during the site visit, it was seen that MDH had a separate budget for educational activities and this budget was allocated by the hospital management. This is a general budget allocated for training activities and it has been determined that there are no sub-budget items. This budget amount was determined to have been clarified with management approval based on identified requirements in every year.

The panel noted that MDH has made great efforts to provide physical and professional support to course participants. Course instructors and course coordinator, especially, make significant effort to support course participants' learning. This effort has also been confirmed, especially by course participants and course instructors. MDH shares different electronic resources, such as articles and books which they can benefit from in each course, with the course participants, in electronic form. Based on information obtained from course graduates and current participants, it was determined that there were no issues accessing these resources.

In addition, course participants have the opportunity to receive instant feedback from instructors and preceptors during clinical practices related to the course. This feedback is shared verbally and in writing with the participants. Written feedback on applications is also available in the competency logbooks prepared for the participant. According to the information obtained from the course participants in the meeting with the panel, this practice has been found to improve the clinical practice of the participants and motivate them to improve their clinical competence.

MDH has created a positive communication culture for participants who need support during and after the course, where they can easily reach the relevant course instructor and course coordinator. Course participants can reach course instructors and coordinator when they need to via email and phone. During the site visit, it was identified that two training rooms that MDH uses for course activities were converted into isolation rooms for compulsory reasons during COVID-19. It is known that physical support and staff support are provided from institutions such as the University, where the institution is in cooperation for the courses conducted. Most of the course practice is carried out with patients in clinics, accompanied by preceptors. This situation prevents the limitations of the physical areas available for the courses from being felt by the participants. However, it has been determined that there are difficulties in planning the

course location in case of courses corresponding to the same day and time in the information received from the course instructors.

The institution has a supportive policy for its employees to ensure and maintain their participation in the course. However, in the information obtained from the participants, it was learnt that sometimes the course hours were carried out in short periods and early morning. This situation was affecting the nurses' preparedness for the course.

MDH works hard to provide the necessary physical and professional support to the course participants. In addition, when the information and evidence obtained during the panel were evaluated, it was seen that there were areas that need to be improved in terms of budget and physical environment to ensure the standard.

### **Good Practice Identified**

There are competence logbooks for course participants that allow regular evaluation of their qualifications. Course participants find these competence logbooks useful in developing their clinical competency.

### **Recommendations for Improvement**

- R7** MDH has a separate budget for education. It is recommended to identify the budget sub-items spent for training in order to ensure the continuity of the courses given by MDH. It will be possible to take concrete measures against possible risks related to the courses when the sub-budget items are determined.
- R8** It is recommended to plan alternative locations where courses can be held to ensure the sustainability of courses.

### **Conclusion**

MDH meets the requirements of Standard 7.

## Standard 8: Information Management

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

### Main Findings

According to the information obtained during the site visit, the educational levels of the course participants, their gender, socio-demographic data, etc., are collected regularly. The data collected for each course are recorded regularly annually. These data are stored in Excel, PDF, or Word formats in accordance with the relevant data privacy policies. It was also determined that the basic statistical analysis for these data was carried out.

During the course, continuous feedback is received from the course participants at specific intervals. Feedback received is used for course improvements at the level of course instructors and course coordinators. This situation was confirmed in meetings with information from course participants and course instructors.

Participant feedback etc. data is still collected on paper. This poses a risk for possible data loss during the transfer of data to the electronic environment. Course coordinators are also aware of these risks and stated that they are researching alternative solutions such as transferring all documents to the electronic environment.

It has been observed that the records of previous years were also accessible by systematically collecting the data obtained from the participants by the institution. From the relevant evidence and the data obtained from the panel, it can be seen that the information obtained from the participants is statistically evaluated. However, the use of the analysis of the data obtained in the improvement of the courses is limited. In addition, since the data obtained are based on the participants' records on paper, appropriate planning should be made to prevent data loss in the long run and to ensure the sustainability of the system.

### Good Practice Identified

Following participant data with using basic statistical analysis, such as rate calculation, is a good example of practice.



## Recommendations for Improvement

- R9** It was seen in the site visit that the institution attaches importance to the feedback from the course participants. Accordingly, it is recommended that the institution document and regularly follow the improvements made using the participant feedback.
- R10** MDH analyses the data obtained from the participants at a basic level. It is recommended that this analysis be used to identify possible risks and opportunities for future course delivery.

## Conclusion

MDH meets the requirements of Standard 8.

## Standard 9: Public Information

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

### Main Findings

During the site visit, it was observed that MDH planned the courses for its staff and that information about the courses was not shared with the public. Information about course content, application, and selection criteria, learning outcomes, equivalence of learning loans, learning, and teaching and evaluation processes is conveyed to MDH's staff.

It has been noted that MDH uses a system called KURA intranet and that information about the course is shared with the staff of the institution. This information was also verified by the course coordinator and institution manager during the meeting with the panel.

During the site visit, the panel noted that the success status of course participants was followed by the institution. Although the participants have information related to their own success or failure situations, they do not have any information about the overall success rates of courses.

MDH organises the courses for its own staff systematically, but it has been observed that there is no public information process related to these courses.

### Good Practice Identified

N/A.

### Recommendations for Improvement

**MR10** Within the scope of this Standard, MDH shall, within 12 months from the date of publication of this report, share the course information with the public.

### Conclusion

MDH does not meet the requirements of Standard 9.

## Standard 10: Ongoing Monitoring and Periodic Review of Programmes

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

### Main Findings

In discussion with programme lecturers and as detailed in the SAR, MDH has in place arrangements for monitoring and periodically reviewing their academic programmes to ensure they are meeting the set objectives and expectations. It would be beneficial if there were records maintained of the systematic quality improvement of programmes and that the quality cycle is completed.

Although it seems that those directly involved in the programme contribute to development, there should be evidence of this involvement and development in the form of a record of recommendations for improvement and further development of programmes.

As mentioned above in this report, the internal quality assurance policy must be improved to provide evidence of the systematic application of quality improvement measures.

### Good Practice Identified

N/A.

### Recommendations for Improvement

**MR11** MDH shall, within 12 months from the date of publication of this report, improve the internal quality assurance policy to provide evidence of the systematic application of quality improvement measures as part of ongoing monitoring and periodic review of programmes.

## Conclusion

MDH requires improvement to meet the requirements of Standard 10.

## Standard 11: Cyclical External Quality Assurance

*Cyclical external quality assurance: entities should undergo an external quality assurance audit by, or with the approval of, the MFHEA on a cyclical basis, according to the MFHEA guidelines, once every five years.*

### Main Findings

MDH has fulfilled this Standard by virtue of hosting the EQA referred to in this report. This is the first EQA of MDH.

The panel observed the enthusiasm for learning and programme delivery, as well as the institution's ambitions for the future. The panel were enthused by the approach of the participants in the review and noted many good features of the teaching and learning within the institution. However, the quality assurance processes lack systematic organisation which leads to many of the good practices not being evidenced and many opportunities for development, growth and improvement not being identified. The panel noted the huge potential and desire for the development of educational opportunities within MDH.

### Recommendations for Improvement

N/A.

### Conclusion

MDH meets the requirements of Standard 11.

# Response by the Provider

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## Preamble

Mater Dei Hospital (MDH), Malta's public acute general and teaching hospital, is committed to excellence in providing acute patient-centred quality care, enhancing patient and staff satisfaction, and fostering teaching, research, and innovation. In collaboration with the University of Malta, MDH plays a pivotal role in healthcare professional education, underpinned by a robust policy for continuous medical/pharmacy education and professional development. With a dedicated Training and Development Unit (TDU), MDH offers a range of training programs, including MFHEA-accredited courses, aimed at promoting the continuous professional development of its staff.

## Audit Overview

The External Quality Assurance (EQA) process, conducted by an independent peer review panel, evaluated MDH's adherence to the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG). This evaluation included an onsite audit visit and a comprehensive review of MDH's educational offerings, particularly focusing on MFHEA-accredited courses. The audit aimed to assess MDH's internal quality assurance arrangements and its alignment with national and European quality assurance frameworks.

## Audit Findings and Recommendations

The audit panel concluded that MDH meets several Standards but identified areas requiring improvement to fully comply with Standards 3 (Quality Management) and 10 (Research, Development, and/or other Creative Activity), and found non-compliance with Standards 1 (Mission and Strategic Management) and 9 (Learning Resources and Facilities). To address these findings, the panel issued 11 mandatory recommendations (MR), five key recommendations (KR), and 10 additional recommendations (R), all aimed at enhancing MDH's quality assurance practices and educational standards. These recommendations are to be implemented within 12 months, reflecting the urgency and importance of strengthening MDH's quality assurance framework.

## MDH's Commitment to Quality Improvement

MDH acknowledges the findings and recommendations of the MFHEA audit report and is fully committed to addressing them through a comprehensive action plan. This plan will focus on:

1. Revising and publicizing the internal quality assurance policy to ensure it is fully integrated into the strategic management and covers all academic and non-academic activities.
2. Implementing measures to ensure greater transparency and accountability in the institutional operations of the training and development unit and financial management.
3. Enhancing procedures for the design and approval of programs to ensure they meet the highest educational standards.
4. Ensuring that teaching and learning processes at MDH actively engage students and support their academic and professional development.
5. Improving the clarity, accuracy, and accessibility of information about MDH's educational offerings and achievements.

## Conclusion

Mater Dei Hospital (MDH) acknowledges the recommendations from the MFHEA audit and is committed to addressing these to meet the required standards. The focus over the next five years is on continuous improvement across all areas of education, training, and development within MDH. This commitment is reflected in the structured approach to enhancing quality assurance processes and educational programs.

The action plan is designed to systematically address the audit's findings by:

1. Ensuring that governance structures are transparent and accountable, supporting the achievement of high-quality outcomes.
2. MDH educational offerings will be regularly reviewed and updated to ensure they remain relevant and meet the highest standards of healthcare education and practice.
3. MDH will provide ongoing opportunities for staff to enhance their skills and knowledge, ensuring they are equipped to provide the best possible care and education.
4. Strengthening partnerships with academic institutions, healthcare professionals, and the community is a priority, to ensure MDH programs effectively meet the needs of all stakeholders.
5. A comprehensive monitoring and evaluation framework will be implemented to ensure continuous assessment of MDH progress towards achieving its objectives.

Over the next five years, MDH is focused on implementing these strategies to enhance its operations and educational offerings. The main goal is to ensure that MDH adheres to the highest standards of healthcare education and patient care, in line with the expectations of the MFHEA and the respective stakeholders. Through dedicated efforts and continuous improvement, MDH aims to maintain its role as a key provider of healthcare services and education.

## Response to Key Recommendations and Recommendations Made by the Peer Review Panel

Action plan		
Recommendations	Actions to be taken to address the recommendation	Date for completion
<b>Standard 1:</b>		
KR1: Use the quality policy as a basis to make a clear improvement plan.	<p>The External Quality Assurance Provider Accreditation Manual for Higher Education Institutions is being used to make a clear improvement plan by understanding its principles, objectives, and the standards it sets. MDH will also evaluate current practices, processes, and outcomes against the standards outlined in the quality policy and the recommendations made by the MFHEA to update the IQA policy as outlined in the response to MR1 above.</p> <p>For each improvement area, MDH will define clear, measurable objectives that align with the quality policy's goals and this Action Plan will serve as a basis for implementation and monitoring of progress.</p>	31 December 2024
KR2: Identify how to manage actual and potential conflicts of interest.	<p>MDH will identify how to manage actual and potential conflicts of interest by enhancing the Conflict-of-Interest (Col) Policy that clearly defines conflicts of interest, outlines procedures for disclosure, and describes how conflicts will be managed or avoided.</p> <p>Staff will be trained on the importance of identifying and managing conflicts of interest. A clear disclosure mechanism of actual or potential conflicts of interest, ensuring privacy and confidentiality, will be developed, and a process or committee will be established to assess disclosed conflicts of interest and determine appropriate actions to manage or mitigate them.</p> <p>Detailed records of all disclosed conflicts of interest and the actions taken to address them will be kept, while regularly monitoring ongoing situations for any changes that may require action.</p> <p>The periodic review of the Col policy and management practices will be maintained to identify areas for improvement and ensure compliance with current laws and ethical standards.</p>	30 June 2024
KR3: Make formal minutes of meetings	Making Formal Minutes of Meetings of the Course Boards of Studies will include:	31 March 2024

<p>of the Course Boards of Studies.</p>	<p>The preparation of an agenda of items to be discussed and distributing it along with any relevant documents to all members ahead of the meeting.</p> <p>MDH will appoint a person to take minutes during the meeting to accurately capture discussions, decisions, and follow-up actions.</p> <p>Minutes will include the: date, time, location, attendees, key points discussed, decisions taken, action items (including responsible persons and deadlines), and any votes taken. They will be written clearly and concisely, focusing on outcomes and actions rather than verbatim discussions.</p> <p>After the meeting, draft minutes will be circulated to all members for feedback. If feedback is received, the minutes will be updated and circulated for approval during the next meeting. Approved minutes will be circulated to all members of the Course Boards of Studies and filed securely for future reference and accountability.</p> <p>Action items will be monitored and followed in the minutes to ensure they are completed as planned, reporting back on progress in subsequent meetings.</p>	
<p><b>Standard 2:</b></p>		
<p>R1: MDH could create a statement of clear strategic intentions with targets, budgets and milestones for TDU. This will help to ensure that TDU has the resources and support it needs to achieve its goals. The statement should include the following:</p> <ul style="list-style-type: none"> <li>- a clear vision for the TDU, including its mission, goals and objectives</li> <li>- a plan for how the TDU will achieve its goals, including</li> </ul>	<p>To respond to the Standard 2 - R1 recommendation MDH will take a structured approach to develop a clear Strategy Document for the Training and Development Unit (TDU). This document will serve as a guide for TDU's activities, aligning them with MDH's overall goals and ensuring that TDU has the necessary resources and support to achieve its goals. Therefore, MDH will:</p> <ol style="list-style-type: none"> <li>1. Define the Vision, Mission, Objectives and Targets of the TDU that reflect its role within MDH and its contribution to the overall goals of the institution, and establish clear and measurable objectives for the TDU, including specific targets that reflect the strategic priorities of MDH.</li> <li>2. Develop the Strategic Plan on how the TDU intends to achieve its objectives, including specific strategies, actions, responsibilities and deadlines. Allocate a budget that outlines the financial resources required to support TDU's activities, ensuring that adequate resources are allocated for training, personnel, technologies, and other essential needs.</li> </ol>	<p>31 August 2024</p>



<p>specific targets and timelines - a budget that outlines the resources that will be needed to support the TDU's activities - a list of milestones that will be used to measure the TDU's progress.</p> <p>The statement should be developed in consultation with all stakeholders, including the TDU staff, students and clinical staff. It should be reviewed by MDH and updated on a regular basis to ensure that it remains relevant and aligned with MDH's overall strategic plan.</p>	<p>3. Define Milestones that will be used to measure the TDU's progress towards achieving its goals, facilitating the monitoring and evaluation of performance.</p> <p>4. Consult with Stakeholders to develop the strategy document in consultation with all relevant stakeholders, including TDU staff, students, clinical staff, and MDH management, to ensure that the plan is inclusive, realistic, and aligned with everyone's needs.</p> <p>5. Establish a process for regular review and update the strategy document to ensure that it remains relevant and aligned with MDH's strategic changes and emerging needs.</p> <p>6. Communicate and implement the dissemination of the plan and the strategy document widely within MDH, ensuring that everyone is informed of the direction and objectives of the TDU while closely monitoring progress and adjusting strategies as necessary.</p>	
<b>Standard 3:</b>		
<p>KR4: Keep records and minutes of meetings which define actions arising from programme evaluation and enable monitoring of the quality cycles.</p>	<p>To respond to the Standard 3 - KR4 recommendation MDH will establish a formal system for documenting and archiving the minutes of Board of Studies meetings. This system will ensure that all decisions, actions taken, and the results of program evaluations are tracked effectively, making it easier to monitor quality cycles. A detailed outline is available in the response to recommendation KR3 above.</p>	<p>30 March 2024</p>
<p>KR5: Improve the process of identifying and developing new programmes.</p>	<p>To respond to the Standard 3 - KR5 recommendation MDH will improve the procedures for identifying and developing new training programs, ensuring that they are aligned with the current and future needs of the healthcare sector and effectively respond to the expectations of students and other stakeholders. Based on MFHEA's quality guidelines and the feedback obtained, MDH will:</p>	<p>31 December 2024</p>

	<p>1. Carry out market research and needs analysis to identify emerging trends in the healthcare sector, required skills and training gaps, while actively involving external stakeholders in the process of identifying training needs.</p> <p>2. Subsequently develop programs that specifically address the required skills and knowledge and perform comparative analyses of similar programs offered by other academic institutions, both nationally and internationally, to ensure that new programs are competitive and cutting-edge.</p> <p>A formalised procedure for the proposal, revision and approval of new programmes will be defined, including clear phases, evaluation criteria and timelines. MDH will also consider developing and implementing pilot programs to test curriculum effectiveness, teaching methods, and logistics.</p>	
<p>R2: MDH could situate programmes within a lifelong learning framework.</p>	<p>To respond to the Standard 3 - R2 recommendation MDH will integrate the programs into a lifelong learning context, ensuring that these are designed to support the continuous professional development of participants at all stages of their careers especially those returning to work. Implementing such a framework requires a systemic approach that considers the long-term learning needs of individuals. Such as:</p> <p>1. Identifying career paths in healthcare to identify the skills and knowledge required at different stages of professional careers.</p> <p>2. Assess the training needs of MDH employees at various professional levels and in different specialisations, to ensure that the programs offered are relevant and useful.</p> <p>3. Develop modular training programs that can be combined or followed sequentially to support career advancement and skills development throughout the career span.</p> <p>Promote Lifelong Learning highlighting the benefits of continuous professional development and the possibility of flexible learning arrangements.</p>	<p>31 January 2025</p>

<b>Standard 4:</b>		
<p>R3: MDH could reflect on the way the case studies are administered, vetted and evaluated by the senior officers. The institution is encouraged to consider other assessment methodologies, inclusive of current ones, to explore other aspects of the curriculum imparted, including the practical component.</p>	<p>To respond to the Standard 4 - R3 recommendation, MDH will adopt a multi-stakeholder approach to improve the administration, assessment, and evaluation of case studies, as well as explore alternative assessment methodologies that can enrich the learning process. The following actions are aligned to the MFHEA quality guidelines:</p> <ol style="list-style-type: none"> <li>1. Review current practices and existing procedures of current case study administration, verification, and evaluation to identify strengths and areas for improvement. Feedback will be gathered from students and staff on the existing case study process to understand the perception of its effectiveness and relevance.</li> <li>2. Develop evaluation methodologies that can complement or improve the existing approach, such as simulations, real-world projects, peer reviews, and practical evaluations, and hold training workshops for teaching staff on new assessment methodologies to ensure they are implemented effectively.</li> <li>3. Involve senior officers in the evaluation process on how to administer, audit and evaluate case studies, ensuring that evaluation is consistent, fair, and transparent. Moreover, senior officers will play an active role in periodically reviewing assessment methodologies to maintain alignment with best practice and educational objectives.</li> <li>4. A pilot program for new assessment methodologies will be implemented in selected study programmes, carefully monitoring the impact on the learning process. MDH will also evaluate the effectiveness of such evaluation methodologies and the involvement of senior officers in improving the quality of learning and relevance of case studies.</li> <li>5. Continuous feedback and iteration will take place through mechanisms that will be established for continuous feedback from students and teachers on new assessment practices. Such feedback will be periodically reviewed to adjust assessment practices, ensuring they remain effective and relevant.</li> </ol>	<p>31 January 2025</p>

Standard 5:		
<p>R4: MDH could reflect on whether their current approach, whereby the institution only offers standalone modules, is serving the needs of learners well, and of those who will be entering into courses in the near future.</p>	<p>In response to the Standard 5 - R4 recommendation, MDH will undertake a critical and strategic evaluation of the current training approach. This evaluation will aim to determine whether the current training offer, made up of independent modules, effectively and completely meets the learning needs of participants and supports their continuous professional development. To ensure a thorough process, MDH will:</p> <ol style="list-style-type: none"> <li>1. Conduct studies and surveys to collect data on the current and future training needs of learners, including both currently employed staff and potential future participants. MDH will include a broad range of stakeholders, such as students, alumni, faculty, healthcare professionals, and employers, in the evaluation process to gain a holistic view of training needs.</li> <li>2. Review the training modules currently offered to assess their effectiveness in meeting identified learning needs and contributing to ongoing professional development. MDH will identify any gaps in coverage of required skills or overlaps between modules that could be optimized.</li> <li>3. Evaluate the possibility of developing training paths that integrate different modules into coherent programs, potentially culminating in professional qualifications or certifications. MDH will also evaluate the introduction of competency-based training programs that allow participants to progress through proficiency levels in a flexible and personalized way.</li> <li>4. Design new programs or modules that better meet the needs of the learners, based on the analysis of needs and the review of the existing training offer. MDH will launch pilot programs to test the effectiveness and reception of the new training approaches among the target audience.</li> <li>5. Establish procedures to systematically gather feedback on pilot programs and new training methods from participants and stakeholders. This feedback will be used to assess the success of these programs, allowing MDH to make informed adjustments for ongoing enhancement of its training offerings.</li> </ol>	<p>31 January 2025</p>

<b>Standard 6:</b>		
<p>R5: MDH's management is encouraged to evaluate the quality of learning and teaching at the institution, determine if there are areas which require upskilling and, following the participation of trainers in upskilling courses, determine whether there are any improvements in the delivery and/or strategies used in sessions.</p>	<p>To respond to the Standard 6 - R5 recommendation in line with the MFHEA quality guidelines, MDH will:</p> <ol style="list-style-type: none"> <li>1. Organise periodic evaluations of the quality of teaching and learning using tools such as student feedback questionnaires, peer reviews between teachers, and observations of teaching sessions. MDH will analyse the results of these assessments to identify specific areas for improvement or skills strengthening (upskilling) of teaching staff.</li> <li>2. Develop and deliver targeted training courses for trainers, focusing on identified areas of upskilling, such as innovative teaching methods, use of technology in education, student assessment, and curriculum design. MDH will encourage and facilitate trainers' participation in relevant external professional workshops, seminars, and training courses.</li> <li>3. After participation in the upskilling courses, MDH will evaluate the improvement in the quality of teaching and in teaching strategies used by the trainers through student feedback, classroom observations, and trainers' self-assessments. Continuous feedback loops will be established where trainers can share experiences, successes, and challenges encountered in implementing new skills and teaching strategies.</li> <li>4. Use the results of post-training evaluations to make targeted adjustments to trainers' training programs and instructional strategies, thus encourage educators to explore and adopt innovative teaching methods and emerging technologies in education to enrich the students' learning experience.</li> <li>5. Systematically document the educational innovations introduced and the improvements achieved in the quality of teaching and learning, while also holding internal sharing sessions to allow trainers to exchange best practices, experiences, and teaching resources.</li> </ol>	<p>31 January 2025</p>

<p>R6: Mater Dei is invited to reflect on the role of the course coordinator, particularly in its larger courses, and carry out an assessment of its sustainability in the long run, especially when considering the growing workload of health professionals.</p>	<p>In response to the Standard 6 - R6 recommendation, MDH will analyse the role of the course coordinator by carrying out an assessment to ensure that the role is managed sustainably and that courses can continue to be delivered effectively despite the increased workload of health professionals.</p> <p>More specifically, to address this recommendation, MDH will:</p> <ol style="list-style-type: none"> <li>1. Conduct a thorough analysis of the current role of course coordinators, examining the tasks, responsibilities, and associated workload, especially in larger courses. It will gather feedback directly from course coordinators and trainers to understand current challenges and areas that require support or improvement.</li> <li>2. Identify the skills that course coordinators need to develop to effectively manage their roles, including time management, communication skills, and innovative teaching strategies.</li> <li>3. Redistribute responsibilities between course coordinators and other staff members to better balance workload and improve efficiency, while exploring the possibility of providing additional support to course coordinators, such as administrative assistance or technology resources, to lighten the workload.</li> <li>4. Develop and provide course coordinators with support materials, guides, and tools that can assist them in managing and administering courses.</li> <li>5. The impact of changes made to the course coordinator role will be monitored by MDH, and the effectiveness of these changes in improving the sustainability and efficiency of the role will be periodically assessed.</li> <li>6. Establish regular feedback loops with course coordinators to gather their perceptions of the changes made and identify further areas for improvement.</li> </ol>	<p>31 January 2025</p>
<p><b>Standard 7:</b></p>		
<p>R7: MDH has a separate budget for</p>	<p>To address the recommendation Standard 7 - R7, MDH will:</p>	<p>31 January 2025</p>

<p>education. It is recommended to identify the budget sub-items spent for training in order to ensure the continuity of the courses given by MDH. It will be possible to take concrete measures against possible risks related to the courses when the sub-budget items are determined.</p>	<ol style="list-style-type: none"> <li>1. Conduct a comprehensive review of the current educational budget to identify all overheads and specific expenses for each course or training program and categorise the budget into specific sub-items like teaching materials, staff salaries, learning technologies, and professional development.</li> <li>2. Adopt or develop budget tracking tools for detailed tracking of expenses for each course or program and establish a routine for periodic analysis to evaluate resource allocation and spending efficiency.</li> <li>3. Assess the financial risks associated with training delivery, considering various scenarios, and develop contingency plans to ensure training continuity despite budget constraints or unforeseen events.</li> <li>4. Involve internal departments and teaching staff in budget planning and consider feedback from students and external stakeholders to align budget allocation with participant needs and expectations.</li> <li>5. Maintain transparency in education budget management by clearly communicating spending priorities and decisions and publish periodic reports on budget expenditures and their impact on training outcomes.</li> <li>6. These measures aim to ensure effective and strategic management of MDH's education budget, enhancing the sustainability and effectiveness of its training programs in accordance with MFHEA recommendations.</li> </ol>	
<p>R8: It is recommended to plan alternative locations where courses can be held to ensure the sustainability of courses.</p>	<p>MDH will be exploring the possibility of making use of alternative locations for training to be held to ensure their sustainability. MDH will ensure that alternative premises dedicated for training activities will be used through lawful possession (lease) of MDH and will provide an adequate, attractive, and well-maintained physical environment of both buildings and grounds.</p> <p>MDH will ensure that alternative facilities fully meet the expected national legislations and regulations. The appropriate provision of facilities will be accessible for students and staff with physical disabilities or other special needs such as visual or hearing impairments.</p>	<p>31 January 2025</p>

<b>Standard 8:</b>		
<p>R9: It was seen in the site visit that the institution attaches importance to the feedback from the course participants. Accordingly, it is recommended that the institution document and regularly follow the improvements made using the participant feedback.</p>	<p>To effectively respond to MFHEA's Standard 8 - R9 recommendation, MDH will implement the following actions:</p> <ol style="list-style-type: none"> <li>1. Develop or adopt a digital system for collecting, analysing, and managing participant feedback. This system will allow MDH to collect feedback in a structured way, through course evaluation questionnaires filled out by participants at the end of each training module.</li> <li>2. Establish procedures for periodic analysis of the feedback collected, with the aim of identifying trends, strengths, and areas for improvement. This analysis will be carried out at least every six months and will involve course managers, teaching staff and management.</li> <li>3. Create an improvement log where actions taken in response to participant feedback are documented. This log will include a description of the problem identified, corrective actions taken, who was responsible for implementation, and timelines.</li> <li>4. Use the information gathered from feedback to regularly review and update course curriculum, learning materials and teaching methodologies. Each change made will then be documented and justified in the improvement log.</li> <li>5. Introduce mechanisms to evaluate the impact of the improvements made on learning outcomes and participant satisfaction. This activity will include follow-up surveys or targeted feedback sessions after changes are implemented.</li> </ol>	<p>31 January 2025</p>
<p>R10: MDH analyses the data obtained from the participants at a basic level. It is recommended that this analysis be used to identify possible risks and opportunities for future course delivery.</p>	<p>To address MFHEA Standard 8 - R10 recommendation - the strategic enhancement of training programs, MDH will undertake the following initiatives aligned with best practices in data utilisation and continuous improvement:</p> <ol style="list-style-type: none"> <li>1. Enhance its data analysis capabilities by providing specific training for analytics personnel and employing statistical analysis software to interpret participant feedback more effectively.</li> <li>2. Use analysis results to pinpoint trends, risks, and opportunities within training programs, including areas of weak participant understanding and opportunities for introducing new content or methodologies.</li> </ol>	<p>31 January 2025</p>



	<p>3. Create a data-driven action plan to address identified risks and leverage opportunities, outlining specific measures, responsible individuals, and deadlines.</p> <p>4. Integrate data analysis and resultant actions into the continuous improvement cycle for courses, involving regular curriculum reviews and updates to teaching methodologies and materials based on data insights.</p> <p>5. Maintain transparency by sharing analysis outcomes and subsequent actions with all stakeholders, including trainers, participants, and management, fostering an environment conducive to continuous improvement.</p> <p>6. Establish a monitoring and evaluation framework to ensure the effectiveness of implemented actions, continuously gathering participant feedback to assess the impact of changes.</p> <p>Through these steps, MDH commits to a systematic and transparent approach to enhancing the quality and responsiveness of its training programs.</p>	
<b>Standard 9:</b>		
<b>Standard 10:</b>		
<b>Standard 11:</b>		
<p>MDH has fulfilled this Standard by virtue of hosting the EQA. This was the first EQA for Mater Dei Hospital. No Recommendations.</p>	<p>N/A</p>	<p>N/A</p>

## Response to Mandatory Recommendations Made by the Peer Review Panel

Action Plan		
Mandatory recommendations	Actions to be taken to address the recommendation	Date for completion
<b>Standard 1:</b>		
MR1: Update the IQA policy to reflect the current state of the institution. The current policy is outdated and does not reflect the changes that have taken place at MDH since it was first written.	<p>For the IQA policy to reflect the current state of MDH, the following actions will need to be carried out:</p> <ol style="list-style-type: none"> <li>1. Revision of the Existing IQA Policy: A comprehensive review of the existing IQA policy will be carried out to identify areas that no longer reflect the MDH's current practices, structures, or policies. MDH will also engage key stakeholders, including teaching, administrative staff, and students, to gather feedback on perceptions of the current policy and suggestions for improvements.</li> <li>2. Identify Changes: MDH will document the significant changes that have occurred at MDH since the IQA policy was last written, including organizational changes, new quality standards, educational and technological innovations. After this MDH will ensure that the updated policy complies with MFHEA standards and guidelines, including any new requirements introduced after the last policy was drafted.</li> <li>3. Develop the New IQA Policy: Based on the feedback gathered and analysis of the changes, a new version of the IQA policy will be drafted that reflects the state-of-play and future objectives of MDH. Moreover, MDH will ensure that the policy is written in a clear and accessible manner, with specific definitions of terms and explanations of QA processes.</li> <li>4. Consultation and Feedback: MDH will hold an internal review session with stakeholders to discuss the updated draft policy and gather further feedback. MDH will then amend the policy based on the feedback received, ensuring that it accurately reflects the needs and expectations of all stakeholders.</li> <li>5. Approval and Implementation: MDH will submit the updated policy to the appropriate governance bodies for final approval and develop an implementation plan</li> </ol>	31 December 2024

	<p>outlining how and when the policy will be communicated within the institution, including training staff on any new processes or procedures.</p> <p>6. Monitoring and Review: MDH will establish mechanisms to monitor the implementation of the policy and its impact on the quality of education and training provided. Then MDH will include in the policy a commitment to its periodic review, to ensure that it remains relevant and abreast of changes within the institution and in the wider educational context.</p>	
<p>MR2: Make the IQA policy publicly available. This will allow all stakeholders to be aware of the institution's quality assurance procedures and to provide feedback.</p>	<p>Once the IQA policy is finalised and approved both internally and by the MFHEA, it will be made publicly available in an easily readable and accessible format, e.g., PDF. It will then be published on the official MDH KURA platform for all staff to be notified through its 'KURA NEWS' and on the official website of the Ministry for Health, in an easily identifiable section such as Training and Development Unit "Quality Assurance" / "Governance", thus ensuring that it is easily accessible without the need for login or registration, for all interested parties to consult it freely.</p> <p>MDH will communicate the availability of the IQA policy via email, the internal KURA platform messaging system, and other internal and external communication channels, inviting all stakeholders to familiarise themselves with the IQA policy and abide by its processes and procedures. Moreover, information sessions to explain the importance of IQA policy and how it affects the institution's activities will be held.</p>	<p>19 February 2025</p>
<p>MR3: Involve external stakeholders in quality assurance. This will help to ensure that the institution is meeting the needs of all its stakeholders.</p>	<p>To address this mandatory recommendation MDH will establish a mechanism that will involve relevant external stakeholders in quality assurance. This will be carried out to ensure that the needs of all its stakeholders are being met.</p> <p>The mechanism will include the strategic planning of a participatory process that actively involves staff, students, management, trainers and other external stakeholders relevant to the institution.</p> <p>Any feedback will be reflected in subsequent iterations of the IQA as outlined in the response to 'MR1 point 6 - Monitoring and Review' to ensure it further reflects the needs of all stakeholders.</p>	<p>31 December 2024</p>

<p>MR4: Create a clear link between the IQA policy and the institution's strategic plan. This will help to ensure that quality assurance is aligned with the institution's overall goals and objectives.</p>	<p>To develop a clear link between the IQA policy and the institution's strategic plan that ensures that quality assurance is aligned with the institution's overall goals and objectives, MDH will:</p> <ol style="list-style-type: none"> <li>1. When updating the IQA Policy, vide response to MR1 above, align it to the organization's Strategic Plan to identify areas of alignment and potential discrepancies. Strategic priorities will be determined, especially how they relate to the quality and continuous improvement objectives set out in the IQA policy.</li> <li>2. Ensure the integration and alignment, MDH will establish direct links between the objectives of the IQA policy and those of the strategic plan, ensuring that every aspect of the IQA policy directly supports the achievement of the institution's strategic objectives. Moreover, the strategic plan will include the specific objectives related to quality assurance, including activities for continuous improvement and excellence in teaching and learning.</li> </ol>	<p>31 December 2024</p>
<p>MR5: Review and define the roles and responsibilities of all stakeholders in quality assurance. This will help to ensure that everyone knows what is expected of them and that there is no overlap in responsibilities.</p>	<p>To respond to MR5 recommendation, and ensure that everyone knows what is expected of them, with no overlap of responsibilities, it will be crucial to map all existing internal and external stakeholders involved in the quality assurance process. This will include students, teaching and administrative staff, and all relevant levels of management.</p> <p>The roles and responsibilities of each stakeholder in the quality assurance process will then be defined in the IQA policy, ensuring that there is a clear understanding of expectations while minimising overlaps and conflicts of responsibility between different stakeholders.</p> <p>As part of the action to the response to MR1, MDH will update the IQA policy documentation to reflect the revised and clearly defined roles and responsibilities. It is worth noting that ongoing support and resources to help stakeholders effectively perform their roles in the QA process will be provided.</p>	<p>31 December 2024</p>
<p>MR6: Involve students in quality assurance activities, including the Boards of Studies.</p>	<p>Student involvement in QA activities is important, therefore MDH will include them in the Boards of Studies and other relevant committees as may be necessary to ensure their voice is heard and included in QA activities.</p>	<p>31 December 2024</p>

	<p>To identify the student, MDH will establish transparent criteria for the selection of participating students and provide them with adequate communication about QA practices, including understanding of QA standards and objectives.</p> <p>Students on the Board of Studies will have an active role in communicating their views and recommendations for consideration in the decision-making process. Ongoing support and guidance will be provided to such students to ensure that they are able to contribute effectively to discussions and decisions.</p>	
<p>MR7: Implement a system of monitoring and evaluating the effectiveness of the QA policy. This will help to identify areas where the policy can be improved.</p>	<p>To meet the Standard 1 - MR7 recommendation MDH will develop a mechanism that allows the effective measurement of the QA policy and the identification of areas for continuous improvement.</p> <p>The KPIs reflecting the objectives of the QA policy, such as student satisfaction, attendance and course completion success, teaching effectiveness and the impact of quality improvement initiatives will be generated using a monitoring system that facilitates gathering feedback such as the use of feedback forms to gather information on the defined indicators. A monitoring platform or data management system will be developed to track and analyse KPIs over time, making it easier to collect and interpret data. This data is key to ensure that the QA policy is improved periodically.</p> <p>To ensure periodic evaluation is carried out a timetable for periodic QA policy reviews will be set up to manage the data collected and assess the effectiveness of the policy, thus identifying and addressing areas for improvement.</p> <p>Evaluation reports will be generated and shared periodically on the effectiveness of the QA policy, highlighting successes, challenges, and areas for improvement. This will promote transparency and community involvement.</p> <p>To ensure that the continuous improvement cycle is carried out, MDH will closely monitor improvement plans to ascertain that they are implemented, and that progress is tracked against the established KPIs, assessing the impact of the actions taken.</p>	<p>31 December 2024</p>

	MDH will also maintain complete and detailed documentation of the monitoring and evaluation processes, including data collected, evaluation reports, and improvement plans, to ensure that information is easily accessible for future review.	
<b>Standard 2:</b>		
<b>Standard 3:</b>		
MR8: Involve external stakeholders in the identification of training/programme needs.	<p>To respond to the Standard 3 - MR8 recommendation MDH will adopt a structured approach that ensures the active inclusion of external stakeholders in the process of identifying training needs. This involvement will help ensure that the training programmes offered by the TDU are relevant, respond to the real needs of the healthcare sector, and are aligned with labour market expectations. The specific action will include:</p> <p>Mapping of external stakeholders including healthcare providers, professional associations, academic partners, healthcare employers, and patient representatives, this will enable TDU to understand the training needs of these stakeholders through interviews, surveys, or workshops.</p> <p>Creating engagement platforms through regular forums / consultation meetings with external stakeholders to discuss current and future trends in the healthcare sector, required skills and training gaps. External stakeholders will be engaged for existing and developing programs.</p> <p>Integrating feedback into the program development process by using feedback gathered from external stakeholders to inform the design and development of training programs, ensuring that they are relevant, and establishing mechanisms for the ongoing evaluation of training programs to ensure that they remain relevant and respond to the evolving needs of the health sector.</p> <p>The documentation and transparency process of engaging external stakeholders, including methods of collecting feedback, discussions in consultation forums, and decisions made based on this feedback. TDU will communicate with stakeholders, including program participants, how feedback from external stakeholders has influenced the development and improvement of programs.</p>	31 December 2024

<p>MR9: Involve students in the design and review of programmes.</p>	<p>To respond to Standard 3 - MR9 recommendation MDH will actively integrate students into the design and review process of curriculums. This involvement will ensure that the programs address students' needs and reflect their desired learning experiences. The following actions will be carried out by MDH:</p> <ol style="list-style-type: none"> <li>1. Create working groups that include student representatives to actively participate in the design and review of the programs and hold regular consultation sessions with students to gather feedback and suggestions on existing and developing programs.</li> <li>2. Implement systems for the continuous collection of student feedback, such as online questionnaires, suggestion boxes and discussion forums, and ensure that student feedback is analysed and considered in the curriculum review and update processes.</li> <li>3. Provide students involved with specific training on curriculum design principles and the quality assurance process to ensure they can contribute effectively and offer ongoing support to students involved in the process, including facilitating access to information and expert advice.</li> <li>4. Issue certificates to students who actively participate in the process of designing and reviewing the programs to enhance their contribution and inform the student community about the outcomes of their involvement and changes made to the programs based on their feedback.</li> <li>5. Monitor and evaluate the impact of student engagement on the quality and relevance of curriculums. MDH will prepare reports on the effectiveness of student engagement and, if necessary, adjust the process to improve collaboration and the effectiveness of student contribution.</li> </ol>	<p>31 December 2024</p>
<p>Standard 4:</p>		
<p>Standard 5:</p>		
<p>Standard 6:</p>		
<p>Standard 7:</p>		
<p>Standard 8:</p>		

Standard 9:		
MR10: Share the course information with the public.	<p>To meet MFHEA's Standard 9 - MR10 recommendation, which requires sharing course information with the public, the following actions will be taken:</p> <ol style="list-style-type: none"> <li>1. Develop an information web portal to publish comprehensive details about the courses offered, including course content, admission criteria, expected learning outcomes, and assessment processes. This site will be easily accessible and designed to be user-friendly for a wide range of users internally and externally.</li> <li>2. Use social media, staff mailing lists and the MDH Platform KURA – whereby Kura News information is shared with staff <a href="http://KURA - Hospital Intranet (gov.mt)">KURA - Hospital Intranet (gov.mt)</a> to implement the communications strategy that disseminates course information, highlight participant success stories, and announce new course offerings. This approach will help reach a wider audience and keep the community informed and engaged.</li> <li>3. Organize webinars and information sessions to present the courses, discuss the associated career paths and answer questions from potential participants. These events can be both in-person and virtual to maximise participation.</li> <li>4. Publish testimonials on the website of course participants and the successes achieved thanks to the training received. This can serve as a powerful marketing tool to attract new participants.</li> <li>5. Prepare and publish an annual report on course performance and outcomes, including participant success rates. This will demonstrate MDH's commitment to transparency and excellence.</li> <li>6. Ensure that all published information is accessible, including to people with disabilities, by adopting inclusive web standards and providing materials in alternative formats upon request.</li> </ol>	30 June 2024
Standard 10:		
MR11: Improve the internal quality assurance policy to provide evidence of the systematic application of quality improvement	<p>To respond to MFHEA Standard 10 - MR11 recommendation, MDH will take the following actions:</p> <ol style="list-style-type: none"> <li>1. Review and update the Internal Quality Assurance (IQA) Policy to ensure that it clearly reflects the procedures and mechanisms for the systematic application of quality improvement measures. This</li> </ol>	31 December 2024



<p>measures as part of ongoing monitoring and periodic review of programmes.</p>	<p>activity references procedures for continuous monitoring, periodic review of programs, and identification and implementation of necessary improvements.</p> <p>2. Implement a documentation system that records all phases of the quality cycle, including actions taken in response to feedback collected from program participants, periodic program reviews and evaluation results. This system will track the progress of improvements over time and provide a solid evidence base for the effectiveness of quality improvement measures.</p> <p>3. Broaden the involvement of internal and external stakeholders in the quality assurance and improvement process. This may include the creation of forums or committees that include representatives of faculty, students, alumni, and external partners to discuss and contribute to the review and improvement of programs.</p> <p>4. Organise training sessions for teaching and administrative staff on internal quality assurance policy and quality improvement practices. This activity will ensure that all members of the institution understand their roles and responsibilities in the quality cycle and are equipped to contribute effectively to the improvement process.</p> <p>5. Define clear key performance indicators (KPIs) to monitor the effectiveness of quality improvement measures and use benchmarking with other similar institutions to evaluate progress and identify further areas for improvement.</p> <p>6. Make the updated IQA policy and periodic program update reports publicly available, including monitoring results and improvement actions taken. This will demonstrate the institute's commitment to continuous quality improvement and transparency towards all stakeholders.</p> <p>7. Consider engaging external evaluation for the IQA policy and its implementation practices to obtain objective feedback and suggestions for further improvements.</p>	
<p>Standard 11:</p>		

## Annexes

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### Annex 1: Review Panel Bio Notes

In the setting up of the review panel for Mater Dei Hospital, the MFHEA sought to maintain a high degree of diligence in the process of selection of the members of the peer review panel. The panel sought to be composed of specialists in quality assurance to act as external peers, professionals and practitioners of quality assurance frameworks, as well as students who, prior to the audits, attended professional training seminars organised by the MFHEA.

The following bio notes present the profiles of the members of the peer review panel. The bio notes are correct as at the time the QA audit was carried out, between 27<sup>th</sup> and 28<sup>th</sup> April 2023.

#### **Chair of Review Panel: Mr Andy Gibbs**

Mr Gibbs is a teacher, facilitator and consultant with expertise in curriculum development, quality assurance, recognition, internationalisation and mobility. As European HE Expert and former Bologna Expert, he was a member of the BFUG Working Group on recognition, and adviser to the European Commission's HE reform experts training seminars led by UNICA/Brussels Education Foundation. Mr Gibbs is a member of UK NARIC Quality and Standards Group, Scotland's Global Citizens Steering Group and inaugural co-chair of UK Outward Mobility Community of Practice. He has led workshops, conferences, events and projects on HE Reforms at national and regional levels, with Ministries and universities, on curriculum development, Qualifications Frameworks, Programme and Module Development. Mr Gibbs has recently published on Learning Outcomes, Degree Profiles, Tuning Project and Competences.

#### **Peer Reviewer: Dr Robert Cassar**

Dr Cassar (PhD) is a currently an Education Officer - Regulatory within the DQSE (Directorate for Quality and Standards in Education) in the Ministry for Education and Employment. He has been performing this role since October 2016. His role primarily involves carrying out external reviews in compulsory education schools as well as in childcare centres. Prior to this role Dr Cassar was a lecturer for over eleven years in a post-secondary institution. During this time, apart from his lecturing duties, he also served as PR, website administrator and marketing officer. Between January 2009 and May 2013, Dr Cassar was liaison officer and course coordinator for a Chartered Institute of Marketing (UK) centre in Malta. The centre offered a number of fully licensed CIM courses. Throughout the years he also worked with numerous organisations, in various capacities, but mainly as marketing consultant, project manager and/or evaluator. In June 2014, Dr Cassar finished his doctorate studies in the field of 'Media and Cultural Studies'. Following completion of his studies, he published in various academic publications and continues to do so up until today. Dr Cassar has been involved in a number of Quality Assurance Audits for the MFHEA in both the role of Chair and Peer Reviewer.

### **Student Peer Reviewer: Ms Eda Eren**

Ms Eren is an integrated PhD student in the Fundamentals and Management Nursing Program at Hacettepe University in Turkey. She did a nursing internship at the Medical University of Sofia in 2018. Ms Eren completed her nursing undergraduate education at Hacettepe University in 2020. In the same year, she was accepted to the integrated doctorate program. After completing her undergraduate degree, Ms Eren worked as a nurse in the Cardiology and Cardiovascular Surgery Service of Guven Hospital for 4 months and the Intensive Care Service of Ataturk Chest Diseases and Thoracic Surgery Training and Research Hospital for 2 months. Then, she worked as a research assistant in the Department of Nursing at Ankara University Faculty of Nursing for one year. Currently, Ms Eren is working as a research assistant in the Department of Nursing Management at Hacettepe University Faculty of Nursing. She is studying quality and leadership.

## Annex 2: Agenda of the Onsite Visit

### EQA Audit Agenda

#### Mater Dei Hospital

Date: 27<sup>th</sup> and 28<sup>th</sup> April 2023

Venue: Mater Dei Hospital,  
Meeting Room 2  
Administration Block,  
Triq Donaturi tad-Demm,  
L-Imsida MSD2090

Time of Interview/Meeting	Interview/Meeting
08.30 – 09.00	Initial arrival at the provider and preparation
09.00 – 10.30	Meeting with the Head of Institution
10.30 – 10.45	Meeting with the CEO as the Head of the institution
10.45 – 11.00	Internal meeting
11.00 – 11.30	Training and Development Unit
11.30 – 11.45	Internal meeting
11.45 – 13.00	Course Board of Studies
13.00 – 14.00	Working lunch
14.00 – 14.45	Meeting with Students (from the programme for Newly Recruited Midwives)
14.45 – 15.00	Internal meeting
15.00 – 15.45	Meeting with Lecturers and Coordinators (from all three courses that are currently running)
15.45 – 16.15	Meeting with Alumni (from all courses)
16.15 – 17.00	Tour of premises
17.00 – 17.15	Conclusions of Day 1

Time of Interview/Meeting	Interview/Meeting
08.30 – 09.00	Initial arrival at the provider and preparation
09.00 – 09.30	Meeting with Heads of Departments (who had staff under their remit who completed these programmes)
09.30 – 09.45	Internal meeting
09.45 – 10.30	Meeting with Students (from the programme for Newly Recruited Nurses)
10.30 – 10.45	Internal meeting
10.45 – 11.30	Meeting with Students (from the programme in Paediatric Basic Life Support)
11.30 – 11.45	Internal meeting
11.45 – 12.45	Meeting with Lecturers and Coordinators
12.45 – 15.00	Working lunch and panel discussion
15.00 – 15.45	Panel presents the initial findings to Head of Institution



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