

Institute of Tourism Studies – Follow-up report September 2024

STANDARD 1: STANDARDS FOR INTERNAL QUALITY ASSURANCE	
JUDGEMENT:	
Recommendation (as per EQA Report)	Take-up and Implementation of Recommendation
<p>KR1- ITS should, within six months of the publication of this report, revisit the Research policy and procedure so that it meets its needs.</p>	<p>KR1- Done. (The ITS met its needs – the research met the current needs of the Institute for the past five years. The evidence is in the Library where the research is documented. The ARPB (the Board responsible for Research) has also revisited the same Policy and Procedure (PP) of Research to be found in the website https://its.edu.mt/upload/files/policies/P043%20-%20Research%20-%20A36%20and%20CA36.pdf The Board of Governors (BOG) approved this PP.</p>
<p>KR2- The institution should, within three months of the publication of this report, ensure that the ITS clarifies its definitions of academic misconduct, cheating and plagiarism, and that the sanctions applicable in case of breaches are clear and consistently communicated to those interested.</p>	<p>KR2- Done. (The revision has been carried out by the PP committee formed by the two COOs and an external. The PPs are uploaded on the ITS website. Plagiarism and cheating: https://its.edu.mt/upload/files/policies/P031%20-%20Against%20Plagiarism.pdf Academic Freedom and Integrity: https://its.edu.mt/upload/files/policies/P064%20-%20Academic%20Freedom%20and%20Integrity.pdf Both above approved by BOG.)</p>
<p>KR3- ITS should, within six months of the publication of this report, revisit the Human Rights Policy and Procedure so that it meets the needs it was created for.</p>	<p>KR3- Done. (ITS has revisited the Human Rights PP to meet the required needs: https://its.edu.mt/upload/files/policies/P055-%20Human%20rights.pdf Approved by BOG.)</p>
<p>KR4- The institution should, within six months of the publication of this report, ensure an alignment between the budgeting process and the strategic planning in order to assess how financial allocations correspond to the priorities identified and adopted at institutional level.</p>	<p>KR4- Done. (The Top Management along with all necessary internal and external stakeholders have created a strategy. The business plan for the strategy has been presented by a Third party. This then has been presented by the CEO to all the executive management participants meeting which is composed of Top Management and observation status of other members. The business plan is a large document that cannot be presented here but can be seen at the CEOs office. ITS is also using JIRA, a special software to monitor the strategy. A specific person has been</p>

MR1- The institution shall, within 3 months of the publication of this report, reconsider its governance principles and ensure that the meeting minutes of IQAC are auditable.

MR2- ITS shall, within a year of the publication of this report, revisit the composition of IQAC to ensure student representation amongst its membership.

MR3- The institution shall, within six months of the publication of this report, reform the system of surveys (as further detailed above) to ensure that they are fit for purpose in terms of structure and content, conducted regularly, safeguarding the anonymity of the respondents, as well as capturing the whole range of institutional activities and categories of stakeholders.

MR4- ITS shall, within one year of the publication of this report, reflect on the ITS institutional approach and preoccupation to scientific research and ensure that the outcomes are reflected vertically throughout the organisation through budgetary allocations to research, contractual arrangements, progression matrix and job descriptions alignment on research outputs from academic staff, upgrade of academic titles rank, as well as effective usage of research to inform teaching.

MR5- The institution shall, within one year of the publication of this report, refine and reflect in formal institutional documentation the relationship between research, and learning and teaching; the procedures for ensuring academic integrity and freedom; the procedures for ensuring against academic fraud; the procedure for verifying the identity of all enrolled students; the sanctions in case of discrimination, stereotyping, bullying or any form of abuse and any tools for their

tasked to do this while several Heads have access to their areas for KPIs.

MR1- Done. IQAC monthly report minutes are screened by BOG and CEO, signed by both and documented at CEO office. (The IQAC monthly reports are being audited by CEO and Board of Governors. Both CEO and BOG chair sign the monthly reports documented in CEOs office.)

MR2- Done. It has been revisited and two students form part of IQAC now.

MR3- Not done. There is no specific research officer/data analyst with a fit for purpose job description.

MR4- This is still being discussed at collective agreement which has not been approved yet.

MR5- Done and reflected in the revised Policies and procedures.

enforcement, as well as the definitions for notions such as tolerance, discrimination, openness, stigmatised groups, etc.

MR6- The institution shall, within one year of the publication of this report, strengthen the engagement of graduates, representatives of the labour market, employers of graduates or other external stakeholders in the strategic planning processes, as well as in the quality assurance arrangements relating to the design, approval and ongoing monitoring of courses and programmes.

MR7- The institution shall, within one year of the publication of this report, reform the policy making and management framework (as further detailed above) to ensure that it successfully enables the institution in ensuring the transparency, predictability, and effectiveness of its provisions – ensure their transparency and community engagement.

MR8- ITS shall, within six months of the publication of this report, draft and formally adopt annual/operational plans that break down the strategic plan into shorter timeframes and assign resources necessary for their implementation, responsible individuals and measurable KPIs.

MR9- The institution shall, within six months of the publication of this report, ensure that the strategic planning process cascades throughout the organisation at team and individual level work plans.

MR10- ITS shall, within six months of the publication of this report, draft and formally adopt strategic planning monitoring and reporting methodologies.

MR6- Done through organised focus groups. (The focus groups organised by the COO Academia include graduates' representatives of the labour market and also employers. The IQAC also has external members, one coming from the industry and another with a legal background. When the IQA unit will be formed it will be another step to screen the programmes as part of ongoing monitoring.)

MR7- Done through board of governors as can be evidenced from the BOG minutes. (The Board of Governors discusses policymaking as is current practice and also approves any management frameworks as fit for purpose within the economies of scale.)

MR8- Done through the JIRA software. (This is ongoing. Evidence is in the JIRA platform.)

MR9- Done through CEO and consequently through heads of departments to their staff. (Partly met before the audit. This was recorded and can be proven. KPIs will be done through operation which is ongoing. The CEO along with the appointed person for monitoring the strategy informed the Heads of each department accordingly for the KPIs.)

MR10- Done through JIRA software. (ITS has appointed a specific person for the monitoring and reporting of the Strategy including its planning and reporting methodologies. ITS uses the JIRA software for this.)

STANDARD 2: INSTITUTIONAL PROBITY

JUDGEMENT:

**Recommendation
(as per EQA Report)**

**Take-up and Implementation of
Recommendation**

KR5- ITS should, within a year of the publication of this report, reconsider the scope of the Board of Governors to ensure a more coherent separation between the operational and strategic levels in the organisation.

KR5- Talks in progress to recommend for a new Law - still ongoing.

KR6- The institution should, within a year of the publication of this report, revisit the organisation chart of the institution so that it reflects all entities that have a role in the decision-making process at ITS, such as Board of Studies or Executive Management Office.

KR6- Done - This was met, and a new organigram was presented. All the committees have their terms of reference which can be seen at the CEOs office. The Law, the legal notices and the collective agreements are also evidence of the decision-making process - they are found on the ITS website except for the collective agreement. The COOs carry out meetings with their respective staff while the CEO carries out the Executive management meeting. All minutes are documented at the CEOs office and COOs.

KR7- ITS should, within a year of the publication of this report, ensure the regularity in keeping formal meeting routines while also observing minute-taking in order to better preserve institutional memory.

KR7- Done before EQA as explained in Action Plan. (A tentative calendar plan is always issued and meetings requiring minutes are indicated along with to whom the minutes will be circulated. The structure of meeting minutes of BOS and PQVB is being revised by IQAC.)

KR8- The institution should, within two years of the publication of this report, conduct merit based hirings in order to ascertain that position holders in all key roles at ITS hold the relevant qualifications and experience to justify the positions they occupy and to make them successful in the role.

KR8- Done before EQA as explained in Action Plan. (This is already in place, and in line with the respective collective agreement and P&SD procedures from the top to the lowest position.)

MR11- The institution shall, within a year of the publication of this report, ensure equal student engagement and representation in decisional, consultative, strategic, and executive levels within ITS, while safeguarding the independence use of their voice.

MR11- Done before EQA as explained in Action Plan. Students have their fit for purpose representation especially in the Quality Assurance committee.

STANDARD 3: DESIGN AND APPROVAL OF PROGRAMMES**JUDGEMENT:****Recommendation
(as per EQA Report)****Take-up and Implementation of
Recommendation**

KR9- The institution should, as from the next curriculum development and review exercise, address the assessment component of the curriculum; assessment strategies should be better detailed and mapped to the respective learning outcomes.

KR9- Done by the Curriculum and design and development office.

KR10- ITS should, within one year of the publication of this report, provide capacity building opportunities in the field of curriculum design, development and review to all stakeholders involved in the process of curriculum development and review, including the members of different Boards and Committees, as well as to student members.

KR10- Done by the Curriculum and design and development office. (The curriculum design, development, and review CPD will be taken on board.

So far, a CPD in curriculum design and development has taken place in April 2023 but there was no student presence.

KR11- The institution should, within one year of the publication of this report, establish and roll out a human resource plan to recruit full time academic staff with doctoral qualifications, or alternatively support existing staff to acquire higher qualifications, so that they are better equipped to contribute to programme development, and to supervise research modules, of programmes at higher MQF levels.

KR11- Being discussed in collective agreement which has not yet been approved by all stakeholders therefore, still ongoing.

KR12- ITS should, within one year of the publication of this report, establish and implement a mechanism in place to engage students and alumni in programme development.

KR12- Done before the EQA as explained in the Action Plan. (This is already in place in the PQVB and the BOS. We mostly consult our alumni too.)

MR12- ITS shall, within six months of the publication of this report, establish and roll out a systematic, formalised, and documented process to collect input and feedback from industry stakeholders to inform programme development.

MR12- Done as explained in the Action Plan. The LITP and IITP. The ITS already has a process. Before the audit, we already started to streamline this process through a revised Legal Notice. It will include reports which will be referred to the Board of Studies (BoS) and, if applicable, to the Programme Quality Validation Board (PQVB). For better clarity, everything will be on one template. ITS will write the procedure in the QA Manual being revised by all internal stakeholders.)

<p>MR13- ITS shall, within six months of the publication of this report, pursue its endeavour to seek approval of the revised Scientific Committee Legal Notice and to then establish the sub- committees of the Scientific Committee.</p>	<p>MR13- Done through sub committees documented at COO Academia office. (Due to challenges ITS has decided to turn such sub committees into specific industry related focus groups which resulted in a much more efficient way to consult the industry and collect feedback. Evidence can be viewed at COO-Academia’s office.)</p>
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STANDARD 4: STUDENT-CENTRED LEARNING, TEACHING AND ASSESSMENT	
JUDGEMENT:	
Recommendation (as per EQA Report)	Take-up and Implementation of Recommendation
<p>KR13- ITS should, within one year of the publication of this report, provide CPD for all teaching staff based on the identified needs.</p>	<p>KR13- Done before EQA as explained in Action Plan. (CPDs are held every semester, the documentation of which is at COOs office. Identified needs are elicited from Lecturers’ appraisal done once a year by the COO-Academia or his designate. Next CPDs for next academic year will include as per recommendation the Teaching, learning and assessment methods.)</p>
<p>KR14- ITS should ensure, within one year of the publication of this report, that students are provided with qualified guidance and supervision for their research work through the enhancement of the internal capacity of staff with the relevant research skills.</p>	<p>KR14- Done before EQA as explained in Action Plan. (This was already planned for full-time and part-time staff in order to increase the capacity of the staff. The ITS decided to hold research CPDs with Academics in September 2021. The documentation of CPDs in Research is found at COOs office.)</p>
<p>KR15- ITS should, within 3 months of the publication of this report, revisit the Policy of Ethics and ensure that it includes the regulation that enforces implementation of ethical principles at the institution.</p>	<p>KR15- Done before EQA as explained in Action Plan. (Ethics is already included in the collective agreement and also a PP on website. ITS will enhance the Ethics Procedure for any breaches and action to be taken and will also have the Rules and regulations make a reference to the Ethics Policy.)</p>
<p>MR14- Institution shall, within one year of the publication of this report, ensure the implementation of student surveys and lecturers’ self-reviews on a regular basis and consider the evaluation results to make relevant adjustments.</p>	<p>MR14- Done before EQA as explained in Action Plan. (Lecturer self-reviews are already done on a regular basis. Feedback is given by the COO – Academia and the relevant adjustments are made accordingly and minuted in the BoS (Folder 12 Doc B). The student surveys are</p>

<p>MR15- The institution shall, within 3 months of the publication of this report, ensure that there is no basis for conflict of interest hiring the external verifiers/examiners in other positions (e.g., research supervisors).</p> <p>MR16- The institution shall, within one year of the publication of this report, ensure that the module syllabi include not only the types of assessments but also their detailed descriptions, assessment criteria and the assessment schedule for the entire semester.</p> <p>MR17- The institution shall, within 3 months of the publication of this report, ensure that the terms and conditions for appealing the assessment results do not impede or limit students' willingness and ability to do so.</p>	<p>already carried out twice-a-year after the end of each semester.</p> <p>MR15- Done before EQA as explained in Action Plan. (Due to limited resources, we believe that certain academics are required for multiple tasks and thus a disclaimer form is given to each employee.)</p> <p>MR16- Done as explained in the Action Plan. The syllabi include the types along with their detailed description and the assessment criteria but are separate from the Module Descriptors. The ITS feels that for logistic purposes, these should not be part of a Module Descriptor. Additionally, lecturers are required to provide detailed assessment criteria and schedules three weeks in advance. The ITS feels that these should not be included in the Module Descriptor. For instance, assessment schedules are requested via the Scheme of Work three weeks following lecture allocations.</p> <p>MR17- Done before EQA as explained in the Action Plan. This is free education (supplemented by stipend for eligible students) and it is normal practice in public educational institutions in Malta to have a nominal fee for such appeals.</p>
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STANDARD 5: STUDENT ADMISSION, PROGRESSION, RECOGNITION AND CERTIFICATION	
JUDGEMENT:	
Recommendation (as per EQA Report)	Take-up and Implementation of Recommendation
<p>KR16- The institution should, within six months of the publication of this report, revisit the Admission Policy and Procedure so that it meets its needs.</p> <p>KR17- ITS should, within six months of the publication of this report, establish KPIs for student progression.</p>	<p>KR16- Done by the Registrar. (This has been revised by the Registrar's office and it has been approved by BOG.)</p> <p>KR17- This is still not done by the Registrar.</p>

STANDARD 6: TEACHING STAFF**JUDGEMENT:****Recommendation
(as per EQA Report)****Take-up and Implementation of
Recommendation**

KR18- ITS should, within 6 months of the publication of this report, specify the requirements of the teaching staff to ensure that their appointments to teach specific modules are relevant to their expertise and competencies.

KR18- Done before EQA as explained in Action Plan. (The ITS has a catalogue of each lecturer's specialisation which is constantly updated every year with their qualifications and CPDs. Modules are allocated prior to each semester, and reference is made to this catalogue to make sure that the lecturers are assigned modules according to their specialisation.)

KR19- ITS should, within one year of the publication of this report, diversify and specify the responsibilities and duties of teaching staff by their academic post to ensure that the qualification requirements for each academic post and responsibilities are aligned, and the teaching staff has a clear understanding of the expectations towards their performance (teaching, research, participation in CPDs, contribution to institutional development, etc.).

KR19- Done through an excel sheet which is documented at COO Academia office. (This has been done - evidence can be found in an excel documented sheet at COO-Academia office.)

KR20- The institution should, within one year of the publication of this report, consider upgrading the academic title ranks to adhere the research and scientific goals of the institute.

KR20- This is still at negotiation stage of collective agreement which has not been approved yet.

KR21- ITS should, within one year of the publication of this report, ensure that the staff appraisal system and the accelerated progression system are aligned, and results of the teaching staff appraisal is considered for their progression.

KR21- As KR20.

KR22- The institution should, within one year of the publication of this report, develop a system to regularly collect the CPD needs of teaching staff and provide the targeted CPD opportunities.

KR22- Done - it is carried out through appraisals done by COO Academia and/or academic managers documented at COO office. (This is being done through the appraisals known as Continuous academic growth. Documentation is found at COO-Academia office.)

KR23- ITS should, within one year of the publication of this report, provide the CPD opportunities for part-time teaching staff.

KR23- Done and its documentation is at COO office. (The ITS has done this. The documentation is at COO-Academia's office.)

<p>MR18- The institution shall, within one year of the publication of this report, ensure that the evaluation of the delivery of teaching and learning is conducted on a regular basis, the teaching staff is aware of the evaluation results and the results are considered for further development.</p> <p>MR19- The institution shall, within one year of the publication of this report, specify the recruitment process of teaching staff in relevant regulatory documents.</p> <p>MR20- ITS shall, within one year of the publication of this report, revisit the lecturers' appraisal system and ensure that the procedure and instruments to collect information about lecturer performance is transparent, consists of multifaceted instruments, including student surveys.</p> <p>MR21- The institution shall, within one year of the publication of this report, review the effectiveness of the acceleration progression points matrix; ensure that the tasks indicated in the acceleration progression points matrix are fairly defined and do not include the tasks that are indicated in the duties and responsibilities of teaching staff.</p>	<p>MR18- Done as per attached Action Plan. (There are multiple levels in evaluating the teaching of lecturers – self-review, appraisals, and student questionnaires among others.)</p> <p>MR19- Done before EQA through collective agreement. (Everything is regulated by the collective agreement.)</p> <p>MR20- Done before EQA as explained in Action Plan. (Appraisal reports are given on the day of the appraisal.)</p> <p>MR21- Still being discussed in the collective agreement which has not yet been approved.</p>
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STANDARD 7: LEARNING RESOURCES AND STUDENT SUPPORT	
JUDGEMENT:	
Recommendation (as per EQA Report)	Take-up and Implementation of Recommendation
<p>KR24- The institution should, within six months of the publication of this report, establish an appraisal system for the administrative staff.</p>	<p>KR24- An administrative Appraisal Policy and procedure has been established but has not been put into practice yet by COO Corporate services.</p>
<p>KR25- ITS should, within six months of the publication of this report, establish KPIs for the administration.</p>	<p>KR25- KPIs for administration have been established. (This is being met as part of the Strategic Plan. KPIs are established but not adequately distributed in departments within the Institutes.)</p>

<p>KR26- The institution should, within one year of the publication of this report, expand the access of the library to relevant scientific journal databases.</p> <p>KR27- ITS should, within two years of the publication of this report, expand the library spaces to enable better access and mobility for students with special needs.</p>	<p>KR26- Done access to online journals has increased as documented at the library and communicated to students. (As we have done and proved in the past years, we are constantly ready to further invest in the library.)</p> <p>KR27- Done as regards to mobility access since now there is also a ramp for wheelchair users. (Following the move to the campus in Luqa, the library is fully accessible to students with special needs. In fact, we have a wheelchair-bound student who regularly visits the library. When we move to the new campus in Smart City, we will have a larger space.)</p>
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STANDARD 8: INFORMATION MANAGEMENT	
JUDGEMENT:	
Recommendation (as per EQA Report)	Take-up and Implementation of Recommendation
<p>KR28- The institution should, within one year of the publication of this report, ensure that the IT team together with the Data Protection Officer in conjunction with third party suppliers takes appropriate steps to ensure that the systems being used at ITS are enhanced to fully comply with GDPR, especially where the system contains personal identifiable information.</p> <p>KR29- ITS should, within six months of the publication of this report, ensure that employees dealing with personal information are trained regularly and monitored how to handle personal information.</p> <p>KR30- The institution should, within six months of the publication of this report, ensure that the IT team has the necessary hardware and software available to validate the integrity of data backups by performing data restores.</p>	<p>KR28- Partly not done - no GDPR refresher course and no data audit. The data protection officer never presented an annual report.</p> <p>KR29- Partly as KR28.</p> <p>KR30- Done as explained in the Action Plan. (This recommendation is already being met through the Malta Information Technology Agency (MITA). The MITA, as our ICT government service provider, has confirmed via an email dated 29th March 2021 that it does indeed backup our ITS servers (hosted at MITA) and validates backups every 4 weeks similar to our other servers (as mentioned by the auditors in their Report). Therefore, the ITS confirms that all ITS servers are being regularly backed</p>

<p>KR31- ITS should, within three months of the publication of this report, ensure that a software inventory is set up and regularly updated containing a list of all software, information systems and subscriptions used by the institute.</p> <p>KR32- The institution should, within six months of publication of this report, ensure that a BCP and DRP are drafted and put into place to ensure that loss of data and business downtime is kept low as much as possible.</p>	<p>up and backups are being validated. Meanwhile, the IT Department also takes backups of the actual encrypted database file and stores the said backup to a remote NAS server (as also mentioned in the Report). This is an extra precautionary backup of the actual data file.)</p> <p>KR31- Done before EQA as explained in the Action Plan. (This is already done as per government regulations. The ITS does indeed keep a software inventory which is regularly updated. This inventory is also part of the reporting process between the ITS and the Ministry for Tourism and Consumer Protection. In fact, this inventory was last updated on Friday 2nd July 2021.)</p> <p>KR32- Not done.</p>
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STANDARD 9: PUBLIC INFORMATION	
JUDGEMENT:	
Recommendation (as per EQA Report)	Take-up and Implementation of Recommendation
<p>KR33- The institute should, within 6 months of the publication of this report, invest into developing a new website.</p> <p>MR22- The institution shall, within two months of the publication of this report, revisit the course information uploaded on the website, prospectus, and any other form to ensure that it includes all the information including the pass rates. Such information must be compliant with MFHEA regulations.</p>	<p>KR33- Done before EQA as explained in the Action Plan. (Done before the EQA. The former website had all the requirements as per MFHEA guidelines. The new website was online by May 2021 - and also this website has all necessary information including the Prospectus.)</p> <p>MR22- Done except pass rates which are not now in the new standards Manual. (All the information is there except for pass rates (we have some reservations on the publication of pass rates). The pass rates will be the responsibility of the Registrar's office to produce in the Annual report. After that the pass rates will be uploaded on the Website. However, part of this action is to clarify with MFHEA.)</p>

STANDARD 10: ON-GOING MONITORING AND PERIODIC REVIEW OF PROGRAMMES**JUDGEMENT:****Recommendation
(as per EQA Report)****Take-up and Implementation of
Recommendation**

KR34- ITS should, within one year of the publication of this report, identify alternative approaches to collect feedback from students to better inform programme review, given that the participation rates in student surveys are low.

KR34- The student response remains low.

KR35- ITS should, within one year of the publication of this report, involve external stakeholders, such as employers, internship supervisors, and industry, in the programme review process. Meetings with external stakeholders shall be documented and be seen to be included in the curriculum review process where appropriate.

KR35- Done before EQA as explained in Action Plan. (In 2015, a consultation process with all of the ITS stakeholders was carried out prior to the launching of its first degrees. Such consultation was concluded through a conference in 2016, which was aimed at informing the stakeholders about the outcome of such former consultations. Consequently, and building up from previous consultative work in 2018, a number of focus groups were organised for the Institute's academic staff, which were aimed at reviewing the curricula. In 2020, the Academic Management Department organised other focus groups composed of persons from the industry to provide their ideas on topics that would attract attention to the Institute's curriculum.)

MR23- The institution shall, within one year of the publication of this report, establish and roll out a process to provide disaggregated data and analysis of students' feedback – modules-wise and programme-wise - as well as separate data on feedback from full time and part time academic staff, to the IQAC or to any relevant committee.

MR23- The loop is closed as explained in the Action Plan. (Data and analysis already go directly to the Curriculum and Research Office. Currently the outcome of such exercises is discussed at executive level and published to all stakeholders. Actions taken are duly recorded. However, the ITS shall be taking on board the panel's suggestion to formalise the process and hence, to hold two meetings one after each semester between the Curriculum and Research Office and the IQAC, the outcome of which will be presented to the Executive Management to close the loop.)

STANDARD 11: Cyclical External Quality Assurance	
JUDGEMENT:	
Recommendation (as per EQA Report)	Take-up and Implementation of Recommendation
N/A	N/A