

Appeals Committee Report

Malta College of Arts, Science and Technology (MCAST)

Introduction/Timeline

An external quality assurance audit at Malta College of Arts, Science and Technology (MCAST) was carried out between 2nd and 5th November 2021, following which the MFHEA's appointed audit panel compiled a report with its findings and conclusions. Following this process, the institution invoked its right to an appeal as per law. The MFHEA appointed an Appeals Committee to evaluate MCAST's plea as per the Policy and Procedure for Appeals.

Following an agreement reached between the MFHEA and MCAST's top management, the Authority initiated the process which led to the appointment of a second Appeals Committee to evaluate MCAST's plea. The provider's grounds of appeal were sent to the CEO of the MFHEA, Dr Rose Anne Cuschieri, in a letter dated 20th January 2023.

- The MFHEA has violated its own written procedures, or there were procedural flaws, such as processes that were not consistently implemented;
 - the criteria have not been correctly applied;
 - the decision/conclusion is inconsistent with the materials and facts presented by the applicant before and during the evaluation visit;
 - the decision is not based on and/or supported by sound evidence and arguments as reflected in the audit report.

On 15th February 2024, MCAST was asked by the MFHEA's CEO to clearly indicate which Standards, judgements and/or recommendations are being appealed or objected to. MCAST replied on 12th March 2024 with the following basis for appeal:

IQA Standard 1

Recommendation MR1

Judgement

IQA Standard 2

Recommendation R1

IQA Standard 6

Recommendation MR2

Judgement

IQA Standard 7

Recommendations MR3 and MR4

Judgement

IQA Standard 10

Judgement

Rationale

The outcomes and conclusions found in this report are the results of the evaluation, considerations and reflections carried out by the second Appeals Committee.

Appeals Committee Members

The following appointments were made to the Appeals Committee:

Dr Robert Cassar (PhD) – Chairperson
Ms Veronica Montebello – Member
Ms Mia Brzakovic – Member

Role of the Appeals Committee

The Appeals Committee had the task of analysing the evidence that the petitioner had submitted in support of its grounds, and subsequently determining whether to:

- dismiss the appeal; or
- uphold Appellants' arguments (in full or partially); or
- order that a new evaluation be conducted at the expense of the MFHEA.

Documented Evidence

The Appeals Committee was presented with the following documents and resources:

- reports submitted by the audit panel,
- correspondence between the provider and the MFHEA,
- evidence submitted by the provider,
- timeline of events concerning the audit and subsequent appeals,
- legislation (<https://mfhea.mt/legislation/>),
- quality assurance documentation (<https://mfhea.mt/publications-2/>).

Claims for Appeal

- *The Panel failed to establish the (a) general terms of reference and (b) main lines of inquiry of the external review conducted over four days by a seven-member Panel.*

It is unclear to the Appeals Committee why the institution is claiming that the panel failed to establish the terms of reference since these are established and publicly available in the 'External Quality Audit Manual of Procedures 2015'. Indeed, the Manual of Procedures details 'step by step the procedures for the implementation of the QA audits from when an institution is informed of the

upcoming audit to the final publication of the external audit report and its aftermath'. When an institution is informed of an upcoming audit the terms of reference and the parameters of the exercise are clearly explained to the provider.

The audit process encompasses three key components: evaluating the suitability and efficacy of the provider's internal quality assurance processes, ensuring regulatory compliance, and assessing the adequacy of investigatory mechanisms to uphold institutional and financial integrity. This comprehensive approach involves examining the effectiveness of internal quality assurance practices, verifying adherence to regulatory standards, and implementing measures to maintain institutional and financial probity. Through these three parts, the audit process aims to ensure the overall accountability, effectiveness and integrity of the educational institution's operations.

During a series of pre-audit meetings, the panel appointed by the Authority to carry out the exercise on its behalf revisits the general terms of reference indicated in the abovementioned documents in light of the evidence submitted by the institution. During these meetings, aims and objectives, as well as the lines of inquiry and research questions, are agreed upon by the whole panel. These meetings and the associated processes took place as per the MFHEA's Standard Operating Procedure. The MFHEA officers assigned to the MCAST audit facilitated these meetings and can attest that such processes did indeed take place. No report was submitted by the MFHEA officers which attests to the contrary, or that the audit panel did not fulfil its obligations in terms of the MFHEA standard practices and legal obligations.

It should also be noted that the lines of inquiry that have been identified during the pre-audit meetings are re-confirmed during the first meeting of the onsite visit – i.e., the first internal panel meeting. According to the agenda available in the report submitted to the provider, this meeting took place on the first day of the audit, Tuesday, 2nd November 2021 at 9:00 am.

The audit panel had indeed re-validated the specific terms of reference, goals and objectives, along with the lines of inquiry and research queries for the specific audit on this meeting, prior to the commencement of the interviews. Following the conclusion of the onsite visit, and the drafting of the report, the panel presented to the provider a report, which included an executive summary, name and affiliations of the peer review panel, ***the general terms of reference, aims and objectives of the audit***, findings, recommendations for improvement, and a section allocated to the provider for its response.

Hence, based on the above, the Appeals Committee dismisses the claim made by the Appellant, alleging that the panel failed to establish the terms of reference of the audit as well as the main lines of inquiry.

- *There is no reference in the draft report to the scoping meeting held with MCAST on 22nd September 2021.*

The aims and purposes of the Scoping Visit (Pre-Audit Provider Meeting) are very clearly explained in the Manual of Procedures. This meeting is primarily intended for the Chair of the review panel and the MFHEA representative to meet with the Head in charge of the institution and with the Facilitator to discuss the process of the audit visit, the schedule of meetings throughout the audit visit/s, and to ensure that the provider has a correct understanding of the aims, objectives and procedures of the audit.

The Appeals Committee has no evidence which attests that this process did not take place. There is also no evidence that such a process was not conducted according to the standard operating procedure determined by the Authority. Additionally, there is also no evidence available to the Appeals Committee that indicates that the process was not comprehensive enough, hence impacting negatively or invalidating the audit process that followed. While the date of such a meeting could have been listed in the document itself for clarity and the sake of comprehensiveness, the fact that it is not listed or referenced in the report, as the Appellant is claiming, has no weight on the outcome of the audit. The Scoping Visit is part of the audit process, but it should not be considered as a mini-audit in and by itself whereby lines of inquiry are investigated and/or explored. Its outcomes are there to help the panel shape the lines of inquiry. This is also very clear in the manual of operating procedures. Indeed, the terms of reference make this very clear.

- *The findings in the report narrative lacks cross-referencing to the 213 items of documented evidence provided by the College via the shared folder prior to the Scoping Meeting.*

Audits are without any doubt evidence-based exercises. In this regard, the Appeals Committee does not doubt that the institution did indeed provide as much evidence as possible to elucidate and showcase, in the best possible manner, its quality assurance processes and general operations. During the pre-audit phases, members of the audit panel are expected to go through this material in detail and discuss it during the various meetings that prelude the audit itself. As already referred to above, nothing indicates that this process had not taken place as per the standard operating procedures of the Authority. The Appeals Committee is not aware of any reports submitted by the MFHEA officers which flag that this process did not take place. Moreover, auditors are expected to delineate clear lines of inquiry before the commencement of the audit itself. Evidence of this is the questions that the panel prepares to investigate such concerns.

The Appeals Committee would like to reiterate that the fact that in the report itself very little cross-referencing is used, does not necessarily imply that the report was not rigorously drafted and/or not comprehensive enough. The Appeals Committee would also like to point out that in this case, as it is common practice, auditors used cross-referencing during the drafting stage

and eliminated/cleaned them as the document developed and was finalised, to avoid unnecessary verbosity and clutter.

Indeed, cross-referencing every detail in an audit report can lead to verbosity and complexity, potentially hindering readability and understanding. Auditors in this case have prioritised clarity and conciseness in their report to ensure stakeholders can easily comprehend the findings. In their analysis, the audit panel adopted a risk-based approach focusing on areas which, according to them, held the highest level of non-compliance and/or required more detail to be elucidated. It should also be stated that once published whoever will be reading the report will not have access to the myriad of documents submitted by the institution to the panel.

Auditors have exercised their professional judgement in selecting and referencing information that is material and pertinent to their conclusions. While cross-referencing might have enhanced the comprehensiveness of the audit report, this is not mandated and/or always feasible.

An audit report is the result of the investigation and objective deliberation of the panel to determine the extent to which Standards are being met. This critical evaluation is a collaborative exercise between the institution itself and the panel as a group of professionals led by a Chair. Then again, it should be stated that no matter what, subjectivity in an audit report can never be entirely eliminated due to the inherent reliance on professional judgement and interpretation of evidence.

Considering all of the above, the Appeals Committee rejects the claim that the lack of cross-referencing impinges on the quality of the evaluation and related report.

- *The panel failed to identify any good practices in 5 of the 10 IQA standards, namely IQA Standards 1, 2, 5, 7 and 8.*

It is the prerogative of the audit panel to identify good practices during an audit process. This is because the professionals appointed possess the expertise and mandate to evaluate processes, procedures and outcomes against established standards and benchmarks. This also allows them to recognise and highlight effective methods and approaches that contribute positively to organisational goals and objectives.

It should also be noted that identifying good practices during an audit can, at times, be complex because Standards serve as benchmarks for minimum requirements, meaning that adherence to Standards does not necessarily equate to excellence. Good practices identified need to exceed the minimum requirements, leading to subjective interpretations of what constitutes excellence. Additionally, what may be considered a good practice in one context or organisation may not necessarily be applicable or effective in another. Therefore, auditors must exercise judgement and consider various factors such as industry best practices, organisational objectives, and stakeholder expectations when evaluating practices during an audit.

While it is not clear to the Appeals Committee which 'good practices' are being referred to here, it is indeed plausible that the audit panel decided not to list

one or more good practices due to their conclusions and reflections at that point in time. Nevertheless, the Appeals Committee will (partially) uphold the Appellant's claim on this matter.

- *The College finds a section of the report narrative patronising and offensive, in particular, a statement by the Panel regarding the lack of 'fitness for purpose' of MCAST senior management.*

The Appeals Committee believes that the statement included in the audit report 'MCAST, because of its legal framework, has limited leeway to ensure that its leaders are fit for purpose' is inappropriate and unfair on the institution. The audit panel overstepped its boundaries when it commented on the legal framework surrounding MCAST's leadership recruitment. The audit panel's focus should have been on evaluating the rigour and diligence of the recruitment process itself, rather than making judgements about the legal framework governing it.

The Appeals Committee highlights the importance of maintaining the scope of audits and evaluations within their intended parameters. While it is essential for audits to ensure that processes are robust and followed diligently, commenting on broader legal frameworks might indeed be outside their expertise or jurisdiction.

Based on the preceding context, the Appeals Committee deems this statement as unsuitable and beyond the scope of the audit panel, thus rendering it irrelevant as a judgement. To maintain the integrity of this report, it is advisable to rephrase or eliminate this statement from the report.

- *Failure by the Panel to correctly interpret the requirements of the Self-Assessment Report as described in the MFHEA Manual of Procedures 'Self-Assessment Report (SAR) Guidance (Annex 1, page 24).*

In the letter dated 2nd July 2021, submitted to the panel ahead of the scoping visit and the audit, MCAST explicitly directed the panel's attention to the SAR aligned with Annex 1, Page 24 of the EQA Manual of Procedures. This SAR comprised two sections: Part 1, referred to as the "narrative", and Part 2, labelled "Good practice and opportunities for improvement." Additionally, MCAST requested the panel to review two sets of documents alongside the two SAR documents. Statements found in both Part 1 and Part 2 of the SAR are substantiated by evidence that is cross-referenced. The Appeals Committee notes that while it is uncommon for an institution to have a two-part SAR, MCAST disclosed upfront that they conducted a self-reflective exercise, gathering information and data that informed Part 2 of the SAR document and that this is a document that must be read and considered together with Part 1, the narrative. After a comprehensive review of the documents, the Appeals Committee has determined that Part 2 of the SAR provides a comprehensive overview of the institution's strengths and areas for improvement. Furthermore, it goes into detail by identifying the owner of each initiative, listing action points, and outlining a planned timeline for implementation.

The Appeals Committee concludes that the SAR (Parts 1 and 2) provided by MCAST afforded the audit panel the chance to understand how the provider upholds EQA Standards and related indicators, thereby showing the institution's adherence to 'expectations in terms of the existing systems and procedures for Internal Quality Assurance.' Additionally, the audit panel had the opportunity to gain insight into MCAST's proposed strategies to further develop each Standard to enhance the 'quality and standards of the academic provision and the student experience' as outlined in the Manual of Procedures, Annex 1. MCAST adhered to the guidelines outlined in the EQA Manual of Procedures, hence the Appeals Committee upholds MCAST's position and claim.

The Context Considered by the Appeals Board – Standard 1

The External Quality Assurance Provider Audit Manual of Procedures stipulates that in Standard 1 – Policy for Quality Assurance - Entities shall have a policy for quality assurance that is made public and forms part of their strategic management. Internal stakeholders shall develop and implement this policy through appropriate structures and processes while involving external stakeholders. The policy should take into account various methods of monitoring processes and outcomes, including those generated by learning analytics software. In this regard, it is expected from the institution that it should,

- make reference to the relationship between research and learning & teaching, where applicable;
- provide information about the organisation of the quality assurance system;
- cover the responsibilities of departments, schools, faculties, institutes, and/or other organisational units as well as those on institutional leadership, individual staff members and students concerning quality assurance;
- include procedures for ensuring academic integrity and freedom, where applicable;
- detail procedures for guarding against intolerance of any kind or discrimination against the students or staff;
- cover the involvement of external stakeholders in quality assurance.

Key indicators for Standard 1 are:

- A. What are the providers' key strategic priorities for the next five years?
- B. What evidence is available to demonstrate the effectiveness of the quality assurance system?
- C. What role do students play in the assurance of quality?
- D. What plans are there to improve the quality of the learning experience of students across the institution?
- E. How do you engage with stakeholders in strategic planning?

Appeals Committee Rationale on Standard 1

MCAST appealed the judgement on Standard 1 of the original audit panel and Mandatory Recommendation 1.

‘MCAST shall, within six months of the publication of the report, further its current policy for quality assurance. Such a more comprehensive document would describe the general approach taken by MCAST to quality assurance and explain the structures through which quality assurance is to form part of the strategic management at MCAST. The policy is to define the organisation and respective responsibilities of the various entities and stakeholders in the quality assurance activities, ensuring that lines of reporting and guidance are provided to all entities concerning their respective roles.’

After considering the documents available to the original audit panel, the conclusions reached by the aforementioned in their report, and the feedback put forward by MCAST following the report, the Appeals Committee has concluded that it will uphold the Appellant’s argument, based on the following points:

- 1) **Comprehensive Documentation and Policies:** MCAST Manual of Academic Procedures (Quality Manual/Policy) provides a robust foundation for quality assurance. This manual covers a wide array of topics essential for quality assurance, including strategic goals, organisational structures, key positions, quality planning, and more. The manual is supplemented by over 55 major policies and procedures available online for transparency, along with associated forms. These resources collectively demonstrate a comprehensive approach to quality assurance that aligns with the Standard's requirements.
- 2) **Cross-Referenced and Supported Materials:** The institution's quality assurance policy is not isolated but is cross-referenced and supported by various other documents and resources. This includes the new Manual of Administrative Procedures, which contains 14 chapters contributing to the overall quality management system. By interlinking these documents, the institution ensures coherence and consistency in its approach to quality assurance across different operational areas.
- 3) **Interpretation of "Comprehensive Policy":** MCAST’s Manual of Academic Procedure is and was at the time of the audit already quite comprehensive in that they address/ed key aspects such as organisational structure, responsibilities of stakeholders, research integration, academic integrity, and procedures for student and staff welfare, amongst others, hence they meet the requirements of Standard 1.
- 4) **Detailed Response to Standard Requirements:** MCAST’s existing policies and procedures fulfil the required criteria of Standard 1 by:
 - a) outlining how organisational structures and responsibilities are clearly defined in job descriptions and governance documents;
 - b) demonstrating clear procedures for academic integrity, research integration, protection against discrimination, and engagement with external stakeholders;
 - c) highlighting measures to ensure the reliability and availability of technological infrastructure supporting their quality assurance processes;

- d) demonstrating a commitment to continuous improvement. Despite this commitment, MCAST acknowledges the importance of ongoing continuous development. Initiatives like post-mortem programme reporting and global surveys are evidence of their commitment to evolving their quality assurance practices. This commitment reflects a proactive approach to quality enhancement beyond mere compliance with regulatory standards.

Based on a detailed examination of the institution's existing policies and procedures, which align closely with the requirements of the National Quality Assurance Framework for Further and Higher Education, the Appeals Committee concurs that MCAST's appeal on this Standard is justified.

In light of the comprehensive evidence presented by MCAST, which clearly indicates adherence to the Standard's requirements without requiring additional policy development, the Appeals Committee believes that a Key Recommendation (KR) would have been a fairer judgement; hence it recommends that MR1 be changed to a KR. As a consequence of this and when considering the other recommendations put forward by the audit panel, the Appeals Committee believes that a 'Meets Standard' would have been a fairer judgement for this Standard.

At this juncture, this Appeals Committee would like to recommend to MCAST that rather than investing more resources into policy drafting, the institution would benefit more from a concentrated effort to actively monitor the implementation and outcomes of its existing policies. This approach would allow for a more nuanced understanding of how policies are functioning in practice, identifying areas of success and areas needing improvement. By engaging in systematic monitoring and evaluation, the institution can gather valuable insights that inform strategic adjustments aimed at optimising policy outcomes and ensuring alignment with quality assurance objectives. This approach emphasises the importance of ongoing refinement and adaptation based on real-world observations and feedback, contributing to continuous improvement in quality assurance practices.

The Context Considered by the Appeals Committee – Standard 2

The External Quality Assurance Provider Audit Manual of Procedures stipulates that in Standard 2 – Institutional Probity - Entities shall ensure that they have appropriate measures and procedures in place to ensure financial probity.

- Providers should keep comprehensive records of all financial transactions.
- Providers should have sufficient financial reserves to maintain operations in the event of unpredicted circumstances.
- Entities so indicated in the Standard should have their accounts audited annually by a certified auditor, and have regular budget plans.
- Providers have procedures to ensure that its leaders are fit for purpose.

Key Indicators for Standard 2 are:

- A. How does the provider ensure that it has sufficient resources to deliver all its academic programmes?
- B. How does the provider ensure that the members of its body corporate, the legal representative/s and staff occupying headship positions are fit for purpose?

Appeals Committee Rationale on Standard 2

MCAST appealed IQA Standard 2 - Recommendation for improvement R1 – To reconsider the policy restricting selection of Deputy Principals to internal staff.

After considering the documents available to the original audit panel, the conclusions reached by the aforementioned in their report, and the feedback put forward by MCAST following the report, the Appeals Committee has concluded that it will uphold the Appellant's argument, based on the following arguments:

Recruitment Procedure: MCAST provided the audit panel with an extensive recruitment procedure detailed in the MCAST Manual of Administrative Procedures, also summarised in the SAR and shared with the audit panel. Clauses 3.1.2 to 3.1.5 of this procedure clearly outline the parameters set by the Laws of Malta and the directives from the offices of the Prime Minister and the Minister responsible for Education. Additionally, other sections of this policy delineate the meticulous checks and balances conducted during staff selection processes. Consequently, it is evident to the Appeals Committee that while MCAST must adhere to regulations, such as first issuing calls internally before opening the call externally, the rigorous selection process guarantees that positions are filled by individuals suited for their roles. Furthermore, the audit panel's report itself underscores that the 'comprehensive continued professional development (CPD) scheme' indirectly supports and ensures the fitness of MCAST leaders for their positions.

Therefore, the Appeals Committee concludes that the Appellant is in compliance with Maltese laws and institutional regulations regarding the initial issuance of internal calls for senior management positions. The implementation of the audit panel's recommendation falls beyond MCAST's remit. The Appeals Committee concurs that MCAST's appeal to this recommendation is justified.

The Context Considered by the Appeals Committee – Standard 6

The External Quality Assurance, Provider Audit Manual of Procedures stipulates that in Standard 6 – Teaching Staff - Entities shall:

- have systems and procedures in place to monitor the delivery of teaching and learning and to ensure that the standards required for individual programmes of study are being met;
- apply clear, fair and transparent processes for the recruitment and professional development of staff;

- provide appropriate conditions of employment for all staff;
- support staff in the development of teaching methods and the enhancement of the student learning experience;
- promote staff research and scholarly activity to inform teaching practice, as applicable;
- encourage innovation in teaching methods and the use of new technologies;
- make appropriate arrangements for part-time and sessional teaching staff.

Key Indicators for Standard 6 are:

- A. What arrangements are in place for the observation of teaching? How is feedback provided for staff?
- B. Are there opportunities for students to evaluate their courses? What use is made of the information?
- C. What support is provided for the professional development of staff and for research and scholarly activity, where applicable?
- D. Are part-time staff effective members of the academic community? Are they adequately supported in their role?

Appeals Committee Rationale on Standard 6

MCAST appealed the judgement on Standard 6 of the original audit panel and Mandatory Recommendation 2.

‘MCAST shall within 6 months from the date of publication of this report, implement a regular, consistent scheme to monitor the delivery of teaching and learning and to ensure that the standards required for individual programmes of study are being met. The scheme shall include the systematic use of MIS reports through a formalised, consistent and systematic reporting system that includes the executive management’.

After considering the documents available to the original audit panel, the conclusions reached by the aforementioned in their report, and the feedback put forward by MCAST, the Appeals Committee has concluded that it will uphold the Appellant’s argument, based on the following points:

- 1) The Appeals Committee notes that the audit panel recognises the effectiveness of the teaching appraisal schemes and highlights the significance of the professional development scheme for supporting the College’s staff. However, the report critiques the systematic reporting of outcomes from this monitoring system to Principals and MCAST leaders responsible for institutional strategy and policy. The systematic dissemination of teaching and learning appraisal results in senior leaders completing the quality assurance loop.
- 2) The Appeals Committee believes that the audit panel did not clearly explain what is expected from the institution in the MR 2. The audit panel recommends MCAST ‘to implement a regular, consistent scheme to monitor the delivery of teaching and learning and to ensure that the standards required for individual programmes of study

are being met'. This is not justified since MCAST demonstrates that the institution largely fulfils this requirement. What is required is the further development of the Management Information System (MIS) reporting to include teaching and learning appraisal results which systematically reach the senior leaders of the institution.

- 3) The Appeals Committee, however, understands that the Deputy Principals are pivotal in this reporting system and their high position on the executive hierarchy does demonstrate and somehow guarantees that major issues which need to be addressed are reported up the ladder. The Appeals Committee underscores the necessity of refining the recommendation to align with the institution's demonstrated practices and focus on enhancing the MIS reporting mechanism. Hence, the Appeals Committee recommends a rewording or removal of the recommendation as this does not pose a significant risk to meeting the expectations outlined by the Standard. Instead, the focus should be on optimising the reporting process to facilitate informed decision-making and strategic planning at the senior leadership level. When considering that there are no other Mandatory Recommendations put forward by the audit panel, the Appeals Committee recommends that the final judgement on this Standard be changed to 'Meets Standard'.

The Context Considered by the Appeals Committee – Standard 7

The External Quality Assurance Provider Audit Manual of Procedures stipulates that in Standard 7 – Entities shall have appropriate funding for learning and teaching activities. In this regard, it is expected from the institution that it should,

- ensure that all students have access to the necessary learning resources to fully engage with their programmes of study;
- have in place the necessary learning infrastructures, including Information and Communications technology, to support current and future developments in teaching and learning;
- ensure that all students have access to academic tutors and advisers to support their academic progress and to provide personal support as needed;
- take into consideration the needs of all types of students, (including mature, part-time, work-based and those with disabilities);
- ensure that all administrative and support staff are appropriately qualified and have opportunities for continuous professional development.

Key indicators for Standard 7 are:

- A. How does the provider make decisions about resource allocation between different academic departments and support services?
- B. What measures are used to monitor the performance of academic support services?
- C. How often do students meet with their academic tutors?
- D. What arrangements are in place to support students who encounter difficulties in their studies?

Appeals Committee Rationale on Standard 7

In assessing Standard 7, the Appeals Committee has carefully considered the fundamental components of the student support system at MCAST. The review focused on key areas, such as the availability of learning resources, financial and material support, non-material support including counselling services, academic advising, and the role of student representation bodies.

A primary concern identified in the audit pertains to the provision of learning resources managed by the MCAST Library Learning Resource Centre (LLRC). While the LLRC has made notable improvements in enhancing its collection and services through substantial investments in academic databases and physical facilities, disparities in resource distribution have led to unequal student experiences. Particularly at the Gozo campus, limitations in physical space and restricted library hours limit access to necessary learning materials. This uneven distribution not only affects the availability of mandatory course literature but also contradicts the institution's mission to ensure equitable resource access across all campuses. This situation reveals deviation from the Standard's requirement to ensure that all students have access to the necessary learning resources to fully engage with their programmes of study and have in place the necessary learning infrastructures to support developments in teaching and learning.

Furthermore, the Appeals Committee recognised the existence of non-material support services offered by MCAST, including comprehensive wellness and counselling programmes, academic support units, and specialised services for vulnerable student groups, including mature, part-time, work-based, and those with disabilities. These services are well-aligned with the institution's inclusive ethos. However, the effectiveness of these supports is occasionally undermined by a lack of coordination among the units. This fragmentation within the student support system results in a lack of clarity for students regarding the available services, thereby lowering their overall impact and addressing how the provider makes decisions about resource allocation between different academic departments and support services.

The role of student representation bodies was also assessed, with findings suggesting that while these bodies are integrated into the governance structure, their effectiveness and student engagement levels are not optimal. This point relates to what measures are used to monitor the performance of academic support services and how often students meet with their academic tutors. The concerning practice of institution directors appointing student representatives if no applications are received, questions the legitimacy and efficacy of student participation in institutional decision-making processes, impacting what arrangements are in place to support students who encounter difficulties in their studies.

The Appeals Committee concludes that while MCAST has established a framework for student support, improvements are necessary to achieve the requirements of Standard 7. The Appeals Committee emphasises the need for a more equitable distribution of learning resources, enhanced integration among support units, and stronger, more legitimate student representation mechanisms. These steps are important both for meeting the current standards and creating an inclusive and supportive educational environment.

For the reasons mentioned above, the Appeals Committee dismisses the Appellant's arguments and recommends that the current judgement – 'MCAST requires improvement to meet Standard 7' remain unchanged.

The Context Considered by the Appeals Committee – Standard 10

The External Quality Assurance Provider Audit Manual of Procedures stipulates that in Standard 10 - Entities shall implement the Quality Cycle by monitoring and periodically reviewing their programmes in terms of their IQA policy and standards.

Entities shall ensure that they achieve the objectives set for them; review the content of the programme in the light of the latest research/ practice in the sector to ensure that the programme is up to date; and respond to the changing needs of students and society.

Such reviews shall include input from students and, where applicable, input from audit reports. They shall also include other stakeholders that are benefiting from the outcomes of the programme; in the case of employment-oriented programmes this includes stakeholders from the world of work. These reviews shall lead to continuous improvement of the programmes. Any action planned or taken as a result shall be communicated to all those concerned.

Entities should:

- have in place appropriate arrangements for monitoring and periodically reviewing their academic programmes to ensure they are meeting the set objectives and expectations;
- ensure that the views of students, employers and other stakeholders are fully taken into consideration as part of this process;
- identify recommendations for improvement and further development of programmes;

monitoring and review should consider input, process and outcome standards.

Providers should be able to demonstrate that their programmes fully meet expectations or, where this is not the case, appropriate measures have been taken to revise or replace individual programmes.

Key indicators for Standard 10 are:

- A. What evidence does the provider have that programmes/courses are meeting the expectations of the employers? Do employers play a role in monitoring and reviewing programmes?
- B. How are students' views taken into consideration as part of the review process?
- C. Can the provider give an example of a programme that has recently been discontinued or revised as a result of monitoring or review?
- D. Does the provider carry out any analysis of the relationship between the input and output standards? Is it possible to identify the 'value added' by completing individual programmes?
- E. What external involvement is included in the monitoring and review process? How does the provider know that its programmes are of a comparable standard to similar courses offered by other providers (and in other jurisdictions)?

Appeals Committee Rationale on Standard 10

The Appeals Committee agrees with the audit panel's conclusions on Standard 10 and the associated recommendations made to the institution. In its report and findings, the audit panel has acknowledged the progress made by MCAST in its quality assurance endeavours since the previous external audit. Of note is the fact that despite the increased workload associated with cyclical programme reviews, MCAST's staff members demonstrate robust support for these mechanisms, underscoring the management and lecturing staff's commitment to continuous improvement.

The Appeals Committee finds it commendable that the Programme Cyclical Review Process (PCRP) has become ingrained as an essential process all stakeholders embrace.

In this regard, the Appeals Committee would like to highlight, the emphasis placed on continuous improvement within the current review process. Such an approach is evidence of MCAST's proactive approach to addressing feedback received and enhancing programme quality over time. This proactive stance reflects a deep commitment to ongoing refinement and enhancement within the institution.

While acknowledging that there is still room for development, as MCAST itself stated, the Appeals Committee believes that the institution's trajectory is promising and aligns well with good practices in quality assurance. It is also in this spirit, that the Appeals Committee has concluded that the audit panel's judgement on this Standard was a fair and balanced one. After reviewing the number and nature of the recommendations put forward, the Appeals Committee believes that the judgement 'Requires improvement to meet Standard' is a realistic and equitable representation of the current situation at the institution. Indeed, the nature of the recommendations submitted to the institution should help it to improve/fine-tune its quality assurance cycle.

The Appeals Committee believes that the recommendations put forth by the original audit panel align closely with an ethos of continuous enhancement based on quality assurance and hence are legitimate in their ultimate scope.

Summary of Outcomes

When taking all the above points into consideration, this Appeals Committee has concluded the following:

- Based on a detailed examination of the institution's existing policies and quality assurance mechanisms, already in place at the time of the audit, the Appeals Committee **upholds** the institution's argument and notes that a Key Recommendation (KR) would have been a fairer judgement; hence it recommends that MR1 be changed to a KR. Also, the judgement pertaining to Standard 1 recommends to be changed to 'Meets Standard'.
- With regard to MCAST's appeal about Standard 2, the Appeals Committee has concluded that the institution is compliant with Maltese laws regulating recruitment and hence **upholds** the Appellant's argument that the institution is in line with the demands of the Standard.
- The Appeals Committee **upholds** the institution's argument and basis for appeal in Standard 6. Moreover, the Appeals Committee recommends that the judgement pertaining to Standard 6 be changed to 'Meets Standard'.
- After reviewing the documentation provided to the original audit panel and the progress registered by the institution, the Appeals Committee **dismisses** MCAST's appeal on Standard 7. The Appeals Committee believes that the judgement is a fair representation of the progress made by the institution.
- The Appeals Committee **dismisses** MCAST's appeal on Standard 10. When considering the nature and number of the recommendations put forward the Appeals Committee believes that the current judgement is both fair and a balanced one. Hence the Appeals Committee recommends that the current judgement 'MCAST requires improvement to meet Standard 10' remain unchanged.

Decision

The Appeals Committee upholds the Appellant's arguments in Standards 1, 2 and 6, while dismissing the Appellant's position in Standards 7 and 10. Having said that, the Appeals Committee concludes that the audit process was deemed to have been fair and according to law, hence, there is no need for another evaluation.

The Appeals Committee recommends that a **PARTIAL** refund amounting to 50% of the fee be issued in favour of the Appellant. This decision was taken after considering the conclusions of the Appeals Committee and the submissions of the Appellant.

Signatories

The report of the Appeals Committee is endorsed by:



Dr Robert Cassar PhD (Chair)



Ms Veronica Montebello



Ms Mia Brzakovic

Date: 4th June 2024