

MDH Follow-up Plan and Actions Following EQA Recommendations

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		<p>the changes that have occurred at MDH since the IQA policy was originally written, including organizational changes, new quality standards, educational and technological innovations. MDH is ensuring that the updated policy complies with MFHEA standards and guidelines, including any new requirements introduced after the last policy was drafted.</p> <p>3. Developing the New IQA Policy: Based on the feedback gathered and analysis of the changes, a new version of the IQA policy was drafted that reflects the state-of-play and</p>	December 2024 till June 2025	KPIs are being measured and will be first reported by mid-Year-2026.

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		<p>future objectives of MDH. Moreover, MDH has ensured that the policy is written in a clear and accessible manner, with specific definitions of terms and explanations of QA processes.</p> <p>4. Consultation and Feedback: MDH has held internal review sessions with stakeholders to discuss the updated draft policy and gather further feedback. MDH has amended the policy based on the feedback received, ensuring that it accurately reflects the needs and expectations of all stakeholders.</p> <p>5. Approval and Implementation: MDH is submitting</p>		

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		<p>the updated policy to the appropriate governance bodies for final approval.</p> <p>Monitoring and Review: MDH has established mechanisms to monitor the implementation of the policy and its impact on the quality of education and training provided. MDH is also committed to a periodic review of the policy to ensure that it remains relevant and abreast of changes within the institution and in the wider educational context.</p>		
MR2	<p><i>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.</i></p>	<p>Once the IQA policy is approved both internally and by the MFHEA, it will be made available in an easily readable and accessible format to all MDH staff on the KURA intranet site.</p> <p>All staff will also be notified through the 'KURA NEWS' facility. It is being ensured that the policy is easily accessible without the need for login or registration, for all interested parties to consult freely.</p> <p>Over the coming months MDH will communicate the</p>	<p>This task will be completed once the IQA Policy is approved by MFHEA</p>	<p>The MDH QA Policy is still in the process of being approved by MFHEA. It will be made Public on the MDH KURA Intranet upon MFHEA Approval</p> <p>Communication with the KEY Stakeholders will be available once the IQA is approved by MFHEA through information meeting and a PowerPoint Presentation presented by the TDU Senior Manager Refer to Presentation in Annex E</p>

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		<p>availability of the IQA policy to all key stakeholders inviting them 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 MDH TDU's activities will be organised.</p>		
MR3	<p><i>Involve external stakeholders in quality assurance. This will help to ensure that the institution is meeting the needs of all its stakeholders.</i></p>	<p>The revised structures within MDH, all include key stakeholders as members of these structures. This includes members of the Board of Studies who are students/MDH employees, clinical representatives and representatives of patient groups. The Course working groups (See IQA) also include a student (past or prospective) as a member.</p> <p>Other identified external stakeholders, even when not part of the Governance and execution structures, will be consulted and kept informed on an ad hoc basis.</p>	September 2025	<p>The MDH HR Assistant Director has been identified as Patient Representative on the Board of Studies. This was done as there is no formal patient representative group in place at MDH and it was agreed that the individual referred above can wear a patient hat for the required purposes.</p> <p>Discussions with MCAST have taken place and a MOU has been established and is being finalised between the two parties, - Mater Dei Hospital (MDH) and the Malta College of Art and Technology (MCAST) the Minutes Meeting- between MDH & MCAST Dated 20th May 2025 and seen in Annex D.</p> <p>The Memorandum of Understanding between MCAST and Mater Dei Hospital is in Annex B.</p>
MR4	<p><i>Create a clear link between the IQA policy and the institution's strategic plan. This will help to ensure that quality assurance is aligned</i></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</p>	June 2025	<p>The MDH IQA Policy (as in MR1) is aligned to the MDH and Ministry Strategic Plan.</p>

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	<i>with the institution's overall goals and objectives.</i>	<p>overall goals and objectives, MDH has committed that:</p> <ol style="list-style-type: none"> 1. When updating the IQA Policy (vide response to MR1 above), it was ensured that it is aligned to the organization's Strategic Plan. Strategic priorities are determined, especially in how they relate to the quality and continuous improvement objectives set out in the IQA policy. <p>To 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.</p>		<p>The training given at MDH by its very nature and content is perfectly aligned to the MDH and Ministry of Health mission and objectives. Please refer to Section 3.7 in the IQA document.</p>
MR5	<i>Review and define the roles and responsibilities of all stakeholders in quality</i>	To respond to the MR5 recommendation and ensure that everyone knows what is expected	June 2025	Roles and Responsibilities as outlined in the IQA Document. The roles of the main governance body, the

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	<p><i>assurance. This will help to ensure that everyone knows what is expected of them and that there is no overlap in responsibilities.</i></p>	<p>of them, with no overlap of responsibilities, it was crucial to map all existing internal and external stakeholders involved in the quality assurance process. This now includes 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 is 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 has updated 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>All key stakeholders have been clearly identified and their roles</p>		<p>Board of Studies is described in Section 3.1 of the IQA. Section 3.4 describes the role of the TDU executive arm.</p> <p>An overview of the Board of Studies, its members, and their function follows. The structure of the Board of Studies was recommended and approved as follows:</p> <p>Chair – COO-MDH</p> <p>Deputy Chair- Senior Manager Training & Development</p> <p>Clinician and Representative from the Clinical, Quality Assurance, Performance & Governance and Patient Safety - Consultant Clinical Risk Management</p> <p>Student /Employee Representative- Recruit Midwife in rotation</p> <p>Course Coordination Participation - Depending on the Course being discussed</p> <p>Patient Representative-HR & People Management</p> <p>Secretary - Officer in Scale 5</p> <p>Reference to the Meeting minutes Dated 2nd- October 2025 refers to the representation and approval of the BoS. A copy of the minutes is seen in the Annex I Document.</p>

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		<p>explicitly defined. This applies for both internal and external stakeholders. The IQA now clearly sets out what is expected of each stakeholder and ensures that there are no unacceptable overlaps in functions.</p>		
<p>MR6</p>	<p><i>Involve students in quality assurance activities, including the Boards of Studies.</i></p>	<p>Student involvement in QA activities is acknowledged to be of crucial importance, therefore MDH is now including students/employees in the Board of Studies and the Course Working Groups thus ensuring their voice is heard and included in QA activities.</p> <p>To identify the students to be involved, MDH is establishing transparent criteria for the selection of participating students and providing 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-</p>	<p>September 2025</p>	<p>Two Recruit Midwives have been nominated as Student Representatives, on the Midwifery Course Working Group and are actively participating in the monthly meetings and giving critical feedback on existing programmes. Refer to Annexes K1 and K2.</p> <p>A representative from the Nursing Stream and two other Representatives from the MDH multidisciplinary professional background are being nominated as Students Representatives on the Board of Studies Refer to Meeting Minutes in Annex A</p>

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		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.		
MR7	<i>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.</i>	<p>To meet this recommendation, MDH has designed a system that allows for the effective measurement of QA policy outcomes and the identification of areas for ongoing improvement. One of the main tools is the establishment of a number of KPIs that are continually monitored and measured.</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 now be generated and monitored on an ongoing basis. A system that facilitates gathering feedback such as the use of feedback forms to gather information on the defined indicators, is being devised and implemented. A monitoring platform or data management</p>	<p>June 2025</p> <p>June 2025</p> <p>Q2-2026</p> <p>October 2025</p>	<p>KPI's reflecting the objectives are outlined in the IQA Policy. Reference in Section 3.6.</p> <p>Ongoing periodic monitoring, assessing the impact of actions taken through Feedback forms and evaluation Reports.</p> <p>An Evaluation Report will be generated from this feedback</p>

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		<p>system is being 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 on an ongoing basis.</p> <p>To ensure that periodic evaluation is carried out a timetable for periodic QA policy reviews is being 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</p>		

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		<p>the established KPIs, assessing the impact of the actions taken.</p> <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.</p>		
KR1	<p><i>Use the quality policy as a basis to make a clear improvement plan</i></p>	<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 has also been evaluating 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. For each improvement area, MDH will in future be defining clear, measurable objectives that align with the quality policy's goals and IQA Policy and this Action Plan</p>		

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		will serve as a basis for implementation and monitoring of progress.		
KR2	<i>Identify how to manage actual and potential conflicts of interest</i>	<p>The MDH TDU is obliged to apply the generic Conflict of Interest (Col) Policy which applies to all MDH departments and staff. However, it has been recognised that in the training context where the relationship between student and instructor can be one of between employee and their manager or supervisor, a more specialised Col Policy is required. With this in mind, MDH has created a specific policy which addresses possible Col issues that can arise in the MDH training context. This policy is now included in the IQA policy document.</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</p>	June 2025	<p>MDH has updated the COI Policy which reflects and addresses any conflict-of-interest issues pertaining to the Training Context.</p> <p>Please refer to Appendix L in the IQA Policy for the updated Conflict of Interest Policy Document.</p>

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		ensure compliance with current laws and ethical standards.		
KR3	<i>Make formal minutes of meetings of the Course Boards of studies</i>	<p>MDH TDU has commenced taking formal Minutes of Meetings of the Board of Studies and Course Working Groups as well as any ad hoc committees set up. The conduct of meetings will now follow the below procedural rules:</p> <ol style="list-style-type: none"> 1. The preparation of an agenda of items to be discussed and distributed along with any relevant documents to all members ahead of the meeting. 2. TDU will appoint a person to take minutes during the meeting to accurately capture discussions, decisions, and follow-up actions. 3. 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 	June 2025	An example of BoS and Course Working Group agenda and minutes are attached in Annexes F, J1, J2, J3

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		<p>actions rather than verbatim records.</p> <p>4. After the meeting, draft minutes will be circulated to all members for feedback. If feedback is received, and changes are accepted, the minutes will be updated and circulated for approval during the next meeting. Approved minutes will be circulated to all members of the meeting and filed securely for future reference and accountability.</p> <p>Action items will be monitored and followed up in the minutes to ensure they are completed as planned, reporting back on progress in subsequent meetings.</p>		
R1	<p>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"> - a clear vision for the TDU, 	<p>To respond to the Standard 2 - R1 recommendation MDH through the Board of Studies is taking a structured approach to developing 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</p>	In progress	

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	<p>including its mission, goals and objectives</p> <ul style="list-style-type: none"> - 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 <p>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 revised and updated on a regular basis to ensure that it remains relevant and aligned with MDH's overall strategic plan.</p>	<p>necessary resources and support to achieve its goals. In this document, MDH will:</p> <ol style="list-style-type: none"> 1. Re-define and strengthen 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. 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. 3. Define Milestones that will be used to measure the TDU's progress towards achieving its goals, facilitating the monitoring and evaluation of performance. 4. Consult with Stakeholders to develop the strategy document 		

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		<p>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 all parties are informed of the direction and objectives of the TDU while closely monitoring progress and adjusting strategies as necessary.</p>		
MR9	<i>Involve students in the design and review of programmes</i>	<p>To respond to Standard 3 - MR9 recommendation MDH is actively integrating students into the design and review process of curricula and programmes. This involvement will ensure that the programmes address students' needs and reflect their desired learning experiences. The following actions will now be carried out by MDH:</p>	June 2025	<p>MDH is currently revising and discussing the Orientation Programme for Midwives. There is recruit/ student Representative involvement. Annexes K1 and K2 refer to examples of student involvement and feedback in the design and review process.</p> <p>Feedback is currently collected for each course through feedback forms. This is currently migrated to be online.</p> <p>Refer to -</p> <p>Annex L1 - Course Evaluation Feedback Form</p>

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		<p>Ensuring that Course Working Groups include student representatives to actively participate in the design and review of the programmes and hold regular consultation sessions with students to gather feedback and suggestions on existing and developing programmes.</p> <p>Implementing systems for the continuous collection of student feedback, such as online questionnaires, suggestion boxes and discussion forums, and ensuring that student feedback is analysed and considered in the curriculum review and update processes.</p> <p>Providing students involved with specific training on curriculum design principles and the</p>		<p>Annex L2 - Course Feedback Report</p> <p>The Midwifery Committee Working Group (CWG) is the Model to be implemented in the CWGs for Accredited MDH Courses.</p> <p>Meetings with the Nursing Management are being held in establishing Nursing working Groups. Refer to the Minutes (Nursing) in the Annex A and Annex H Documents</p> <p>A certificate of participation is issued to students who actively participate in the process of designing and reviewing the programmes - Certificate Template is seen in Annex G</p>

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		<p>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.</p> <p>Issuing certificates to students who actively participate in the process of designing and reviewing the programmes to enhance their contribution and inform the student community about the outcomes of their involvement and changes made to the programmes based on their feedback.</p> <p>Monitoring and evaluating the impact of student engagement on the quality and relevance of curricula. MDH will prepare reports on the effectiveness of student engagement and, if necessary, adjust the process to improve collaboration and the</p>		

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		effectiveness of student contributions.		
KR4	<i>Keep records and minutes of meetings which define actions arising from programme evaluation and enable monitoring of the quality cycles</i>	The process identified above in responding to KR3 also applies to this recommendation.	December 2024	Refer to annexes previously listed concerning meeting minutes.
KR5	<i>Improve the process of identifying and developing new programmes</i>	<p>In responding to the Standard 3 - KR5 recommendation, MDH TDU has significantly updated the procedures for identifying and developing new training programmes, ensuring that they are aligned with the current and future needs of MDH and effectively responding to the expectations of students, clinicians, patients and other stakeholders.</p> <p>The new process is well documented in the updated IQA policy document and is summarised below:</p> <p>Approval of New Programmes Before any new course is introduced, the Board of Studies conducts a thorough evaluation to ensure it meets identified needs and institutional priorities.</p>	<p>June 2025</p> <p>June 2025</p>	<p>See IQA Sections 5.1 and 5.2 in particular.</p> <p>Programme co-ordinators and Course Working Groups will now be made aware of these requirements and are to produce a report addressing these points on any new programme, which report will be presented and discussed with the Board of Studies for their feedback and approval.</p>

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		<p>1. Needs Analysis & Justification: The course must address a specific training gap, such as new clinical guidelines, workforce requirements, or regulatory changes. Feedback from department heads, clinicians, and external stakeholders is considered.</p> <p>2. Course Objectives and Learning Outcomes: Objectives should be clearly defined and achievable. Learning outcomes must align with the Malta Qualifications Framework (MQF) and the MFHEA Referencing Report.</p> <p>3. Strategic Alignment: The course should support the Hospital's and the Ministry of Health's strategic goals, as well as the TDU's CPD framework and</p>		

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		<p>institutional priorities like upskilling and retention.</p> <p>4. MQF Level and ECTS Calculation: The proposed MQF level and ECTS credits must match the course's learning outcomes and student workload. The course should be structured to meet MFHEA accreditation standards.</p> <p>5. Teaching Staff and Expertise: Courses must be delivered by suitably qualified instructors. External experts or mentors may also be involved where appropriate.</p> <p>6. Course Content and Pedagogy: The curriculum must be current, evidence-based, and include both theoretical and practical components, such as placements or simulations.</p>		

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		<p>7. Assessment Strategy: Assessments should be varied, fair, and include both formative (Assessment for Learning) and summative (Assessment of Learning) components.</p> <p>8. Resources and Support: Adequate physical facilities, e-learning platforms, and student support services (mentoring, feedback, inclusion) should be in place.</p> <p>9. Accreditation and Compliance: The programme must be designed to meet MFHEA requirements and be supported by complete documentation and QA-aligned procedures.</p> <p>10. Sustainability and Review: Courses are expected to be reviewed periodically, with clear KPIs defined to measure</p>		

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		effectiveness and relevance.		
R2	<i>MDH could situate programmes within a lifelong learning framework</i>	<p>It is considered that training provided by the MDH TDU is already being implicitly provided in a Lifelong Learning context. Practically all training is of a CPD nature targeted at individuals who are already recognised and accredited professionals but who are undergoing further training to enhance further their knowledge, skills and competencies. It is acknowledged however that this training does not happen within an explicitly defined LLL Framework. With this in mind, MDH has commenced discussing how such a framework can be further formally developed and what benefits it will provide to MDH and its employees.</p> <p>Such a framework will keep these considerations in mind:</p> <ol style="list-style-type: none"> 1. Identifying career paths in healthcare to identify the skills and knowledge required at different stages of professional 	Year 2026	Such a Framework is being discussed and is to be developed in Year 2026

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		<p>careers with particular reference to MDH.</p> <p>2. Assessing the training needs of MDH employees at various professional levels and in different specialisations, to ensure that the programmes offered are relevant and useful.</p> <p>3. Where possible, developing modular training programmes that can be combined or followed sequentially to support career advancement and skills development throughout the career span.</p> <p>Directly promoting Lifelong Learning, highlighting the benefits of continuous professional development and encouraging flexible learning arrangements in Programme delivery.</p>		

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R3	<p><i>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.</i></p>	<p>MDH feels that the current assessment approach with its balanced use of formative and summative assessments has served the institution well and tends to be well regarded by both students and instructors. Nonetheless, it is acknowledged that there is always room for improvement and the trying out of new ideas. In broad terms, any assessment methodology should support the core CPD principles of reflective learning, practical competency, and professional accountability, aligning educational outcomes with real-world practice and regulatory expectations.</p> <p>Further consideration is being given to the following:</p> <ol style="list-style-type: none"> 1. Competency-Based Assessment which is designed to confirm mastery of specific healthcare skills and behaviours. Methods that can be used are Skills labs with direct observation, Simulation-based 	June 2026	

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		<p>assessment and Clinical performance evaluations.</p> <p>2. Reflective Practice & Self-Directed Learning the objective of which is to help healthcare staff become critical thinkers and autonomous learners who can evaluate their experiences, identify learning needs, and take responsibility for their own professional development. This approach is important for lifelong learning, a cornerstone of CPD. Methods here can include Critical incident reports and development of personal CPD portfolios.</p> <p>Work-Based Assessment which is used to evaluate performance in real clinical settings. This can be done through mentor feedback and direct observation of short clinical encounters. This could</p>		
R4	MDH could reflect on whether their current approach, whereby the	In response to the Standard 5 - R4 recommendation, MDH will undertake a critical and strategic	Year 2026	

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	<p><i>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.</i></p>	<p>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. This recommendation is closely related to recommendations R2 and the same arguments relating to an LLL Framework apply. In addition, and to ensure a more thorough process, MDH will:</p> <ol style="list-style-type: none"> 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. 		

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		<p>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.</p> <p>3. Evaluate the possibility of developing training paths that integrate different modules into coherent programmes, potentially culminating in professional qualifications or certifications.</p> <p>Establish procedures to systematically gather feedback on pilot programmes and new training or assessment methods from participants and stakeholders.</p>		

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R5	<p><i>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.</i></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"> 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. 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 	June 2026	Refer to MOU with MCAST in Annex B , which is of particular relevance in this context.

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		<p>facilitate trainers' participation in relevant external professional workshops, seminars, and training courses.</p> <p>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.</p> <p>4. Use the results of post-training evaluations to make targeted adjustments to trainers' training programmes and instructional strategies, thus encouraging</p>		

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		<p>educators to explore and adopt innovative teaching methods and emerging technologies in education to enrich the students' learning experience.</p> <p>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.</p> <p>In order to better execute the above effectively, MDH has entered into discussions with two major higher education institutions with the aim of obtaining the professional training and upskilling referred above.</p>		
R6	<p><i>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</i></p>	<p>In response to the Standard 6 - R6 recommendation, MDH will continue to analyse the role of the course coordinator by carrying out an assessment to ensure that the role is managed</p>	June 2026	<p>It is to be noted that the formalisation of the Course Working Group structure will significantly assist the Course Co-ordinator in the execution of their functions.</p>

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	<p><i>sustainability in the long run, especially when considering the growing workload of health professionals.</i></p>	<p>sustainably and that courses can continue to be delivered effectively despite the increased workload of health professionals. It must be emphasized that this role and process has served MDH well up to now; however, it is acknowledged that increasing workloads can result in instances where the person taking this role can be overloaded and hence a search for some changes or alternatives can serve a useful purpose. More specifically, to address this recommendation, MDH will:</p> <ol style="list-style-type: none"> 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. 		

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		<p>2. Identify the skills that course coordinators need to develop to effectively manage their roles, including time management, communication skills, and innovative teaching strategies.</p> <p>3. Redistribute responsibilities between course coordinators and other staff members (including TDU staff) 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</p> <p>.</p> <p>4. Develop and provide course coordinators with support materials, guides, and tools that can assist them in managing and administering courses.</p>		

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		<p>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.</p> <p>Establish regular feedback loops with course coordinators to gather their perceptions of the changes made and identify further areas for improvement.</p>		
R7	<p><i>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.</i></p>	<p>In addressing the recommendation Standard 7 - R7, it should first of all, be noted that effectively all training in accredited courses is given on MDH premises and the instructors are all MDH employees. Hence it is only in rare instances that there are external expenses involved. TDU training budget is usually allotted for training abroad or other external training which cannot be provided internally. It is however seen as good practice to understand the implicit costs of</p>	September 2026	<p>Discussions are taking place with the Finance Department to better address the analysing of expenditure on Accredited training.</p>

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		<p>internally provided training by taking into consideration instructor and student salaries while attending or preparing for training. Discussions are taking place with the Accounts section to ensure that these numbers are obtained for future courses. Bearing this in mind TDU is also conducting a comprehensive review of the current educational budget to identify all overheads and specific expenses for each course or training programme and categorise the budget into specific sub-items like teaching materials, staff salaries, learning technologies, and professional development.</p>		
R8	<p><i>It is recommended to plan alternative locations where courses can be held to ensure the sustainability of courses.</i></p>	<p>It is recognised that space at MDH is at a premium with several competing requirements. However, the leasing of new space for non-clinical purposes is at an advanced stage and this should help ensure that suitable locations where to conduct training are as a matter of course available.</p>	March 2025	Arrangements are in place for alternative Training Venues

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R9	<p><i>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</i></p>	<p>The matter of soliciting, collecting, recording, analysing, storing and acting upon feedback has been addressed in various other parts of this document. Below is a generic approach as to how all feedback is now being treated</p> <ol style="list-style-type: none"> 1. A digital system is being designed for collecting, storing and helping to analyse 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. 2. Procedures are being established 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 	Q2 2026	Development and training is taking place to use MS SharePoint to assist in the better sharing of data and enabling better analysis of all data gathered.

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		<p>coordinators, teaching staff and management.</p> <p>3. The information gathered from feedback will be used to review and update course curricula, learning materials and teaching methodologies. Each change made will then be documented and justified in an improvement log.</p> <p>Consideration will be given to designing and implementing mechanisms to evaluate the impact of the improvements made on learning outcomes and participant satisfaction.</p>		
R10	<p><i>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</i></p>	<p>The importance and role of feedback from participants is and has always been recognised within MDH. It is in fact an integral part of the cycle which seeks to improve existing programmes and identify new ones. At this stage, taking into consideration the relatively modest number of courses on offer, it is quite feasible to manually analyse feedback at a very individual and granular level.</p>	Q2 2026	<p>This is currently being investigated in greater depth. Plan is to have it in place towards the end of Q2 2026.</p>

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		<p>A process will be involved where feedback is categorised with the objective of more structured analysis. TDU is also looking into using Generative AI to assist in feedback analysis. This would help to:</p> <ol style="list-style-type: none"> 1. Summarize Open-Ended Responses <ul style="list-style-type: none"> ● Summaries per question ● Key themes or trends ● Common compliments and criticisms 2. Sentiment Analysis <ul style="list-style-type: none"> ● Classify responses as positive, negative, or neutral ● Detect underlying tones like frustration, enthusiasm, or confusion 3. Thematic Categorization <ul style="list-style-type: none"> ● Automatically group feedback into categories: e.g., “content 		

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		<p>clarity,” “instructor performance,” “pace of the course,” “technology issues”</p> <p>4. Suggest Actionable Improvements</p> <p>Ask AI to suggest changes or improvements based on what students repeatedly mention.</p>		
MR10	<i>Share the course information with the public</i>	<p>In the context of this recommendation, MDH has defined public to mean MDH staff and identified external stakeholders. Given that courses are targeted at a very specific audience, it is not felt that it is in the general interest to make certain details available to the wider public at large. Key information about the TDU and its activities is also being set out on the Ministry of Health website, but certain details such as course content, delivery notifications, etc are reserved for the KURA intranet site.</p> <p>1. On the KURA site will be published comprehensive details</p>	Q1 2026	Information on the MDH TDU is currently being designed for the MHA Website.

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		<p>about the courses offered, including course content, admission criteria, expected learning outcomes, and assessment processes. This Intranet site is easily accessible and designed to be user-friendly for a wide range of users internally and externally.</p> <p>2. Use will be made of staff mailing lists and the MDH Platform KURA – whereby Kura News information is shared with staff KURA - Hospital Intranet (gov.mt) to implement the communications strategy that disseminates course information, highlight participant success stories, and announce new course offerings.</p>	<p>March 2026</p>	<p>First Report for 2025 to be published in early 2026.</p>

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		<p>3. Organize webinars and information sessions to present the courses and answer questions from potential participants.</p> <p>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.</p> <p>Publish an annual report on course performance and outcomes, including participant success rates. This will demonstrate MDH's commitment to transparency and excellence.</p>		
MR11	<i>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.</i>	<p>To respond to MFHEA Standard 10 - MR11 recommendation, MDH has taken the following steps:</p> <p>1. Comprehensive Review and update of the</p>	June 2025	Updated IQA Policy has been completed and presented to MFHEA.

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		<p>Internal Quality Assurance (IQA) Policy to ensure that it clearly reflects the procedures and mechanisms for the systematic application of quality improvement measures. This activity references procedures for continuous monitoring, periodic review of programmes, and identification and implementation of necessary improvements. It also sets out updated Governance and execution structures.</p> <p>2. Implementation of a documentation system that records all phases of the quality cycle, including actions taken in response to feedback collected from programme participants, periodic programme reviews and</p>	<p>Q2 -2026</p> <p>September 2025</p>	<p>This is being implemented on MS SharePoint.</p> <p>This is being addressed mainly through the Course Working Groups and where required forums and committees will be set up on an ad hoc basis.</p> <p>Training referred is within the scope of the agreement between MDH and MCAST referred to in Annex B of this document.</p>

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		<p>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. Broadening the involvement of internal and external stakeholders in the quality assurance and improvement process. This will also 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 programmes.</p> <p>4. Organising training sessions for teaching and administrative staff on</p>		<p>Reference to KPIs has been made elsewhere, but the KPIs being used are identified in section 3.6 of the IQA.</p>

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		<p>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. Defining clear key performance indicators (KPIs) to monitor the effectiveness of quality improvement measures and using benchmarking with other similar institutions to evaluate progress and identify further areas for improvement.</p> <p>6. Making the updated IQA policy and periodic programme review</p>		

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		<p>reports publicly available, including monitoring results and improvement actions taken. This will demonstrate the MDH TDU's commitment to continuous quality improvement and transparency towards all stakeholders.</p> <p>7. MDH is also in discussion with external academic entities with the objective of engaging them to provide external evaluation of the IQA policy and its implementation practices and to obtain objective feedback and suggestions for further improvements as well as training in pedagogy and Programme accreditation approaches.</p>		

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