



Programme Accreditation Standards and Procedures

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LIST OF ABBREVIATIONS

AC	Accreditation Coordinator
CPD	Continuing Professional Development
EQA	External Quality Assurance
EQAVET	European Quality Assurance for VET
ESG	European Standards and Guidelines
FE	Further Education
FEI/s	Further Education Institution/s
IQA	Internal Quality Assurance
MFHEA	Malta Further and Higher Education Authority
MQF	Malta Qualifications Framework
QA	Quality Assurance
QAC	Quality Assurance Committee
PPR	Programme Performance Report
PAT	Programme Accreditation Team
RPL	Recognition of Prior Learning
VET	Vocational Education and Training
WBL	Work-based Learning

GLOSSARY OF TERMS

Accreditation Coordinator

The Accreditation Coordinator is an officer of the MFHEA who has expertise in external quality assurance procedures and will act to ensure that the processes are conducted as outlined in this document. Their primary function is to advise the Programme Re-Accreditation Team and the provider on the procedure, with the aim of facilitating the implementation of the process in a timely manner and consistently across accreditations of different programmes and providers.

Further Education

Further education refers to all non-compulsory formal learning aimed at obtaining a qualification classified up to and including Level 4 of the Malta Qualifications Framework (MQF), or a comparable foreign qualification. It encompasses VET which seeks to equip young people and adults with the knowledge, skills and competences required for specific occupations or, more generally, for the labour market.

Internal Quality Assurance

Internal quality assurance is defined by a collective system of policies, processes, instruments, units and individuals, which a provider organises at institutional and programme level in order to guarantee with confidence that the quality of their provision is being maintained and improved.

Learning Outcomes

Learning outcomes are statements detailing what a learner knows, understands and can do upon completion of a learning process, whether formal, non-formal or informal, and defined in terms of knowledge, skills and competences.

Malta Qualifications Framework (MQF)

The Malta Qualifications Framework (MQF) assists in making the Maltese qualifications system easier to understand and review, and more transparent at a national and international level. The Malta Qualifications Framework is also a referencing tool that helps to describe and compare both national and foreign qualifications to promote quality, transparency and mobility of qualifications in all types of education. It is mainly referenced to the European Qualifications Framework (EQF) as well as to other non-European qualifications frameworks.

Provider

A provider is any individual or body corporate licensed by the MFHEA to provide education services in or from Malta.

Programme

A programme is any course of study accredited by the MFHEA which serves to obtain an award or a qualification classified within the Malta Qualifications Framework or a foreign recognised and comparable qualifications framework. It consists of an inventory of learning activities, content and/or methods employed to achieve educational and/or training objectives (acquiring knowledge, skills and competences), organised in a logical sequence over a specified period of time.

Programme Accreditation

Programme Accreditation is the formal recognition granted by the MFHEA that a programme meets established quality standards and is fit for purpose. It confirms that the programme's design, intended learning outcomes, structure, delivery, assessment methods, and quality assurance arrangements are coherent and appropriately aligned with the Malta Qualifications Framework.

Programme Coordinator

A Programme Coordinator oversees the planning, delivery and evaluation of academic programmes. They ensure curriculum alignment, manage teaching staff, monitor student progress, and contribute to maintaining academic standards. Programme Coordinators act as a liaison between teachers/lecturers/trainers and the administration, they resolve issues, support quality assurance, and contribute to continuous improvement in educational outcomes.

Programme Re-Accreditation

Programme Re-Accreditation is granted based on the results of the external quality assurance processes of a given programme, conducted at least every five years, in recognition of the quality of the programme.

Programme Re-Accreditation Visit

Programme Re-Accreditation Visits are conducted by the MFHEA in order to provide a confirmation of the quality level of a programme (accountability) as well as to provide recommendations on how it might be improved (enhancement). Programme Re-Accreditation Visits involve an analysis of the Programme Performance Report and an evaluation conducted by a Programme Re-Accreditation Team, and which also compiles an external report.

Procedure

A procedure is an established, specified or official method for carrying out an activity or process. It consists of a series of actions performed in a defined order or manner. The procedure addresses all the fundamental elements of an activity or process, namely, who does what, when, where, why and how.

Process

A process is a series of actions or steps undertaken to achieve a specific result. It involves a set of interrelated or interacting activities that transform inputs into outputs.

Quality Assurance Policy

A Quality Assurance policy is a statement outlining how a provider defines and ensures quality. It reflects the provider's commitment to delivering high-quality education and/or training while adhering to relevant regulations. By engaging top management, aligning with organisational objectives, prioritising the satisfaction of both internal and external stakeholders, emphasising compliance and continuous improvement, and involving employees, a Quality Assurance policy serves as a key tool in guiding the provider's organisation towards excellence.

Work-based Learning (WBL)

Work-based learning refers to the acquisition of knowledge and skills through performing and reflecting on tasks within a vocational context, either in the workplace (such as through alternance training or apprenticeships) or in an FE or VET institution.

1. INTRODUCTION

1.1 Purpose of the Programme Accreditation Standards and Procedures for Further Education Institutions

The Programme Accreditation Standards and Procedures for Further Education Institutions reflect the provisions of the Further and Higher Education Act (Chapter 607), the Further and Higher Education (Licensing, Accreditation and Quality Assurance) Regulations (Subsidiary Legislation 607.03), and the National Quality Assurance Framework for Further and Higher Education (July 2015). These Standards are also in line with the National Education Strategy 2024-2030, which clearly demands “A more robust quality assurance mechanism for further and higher education” (p.53). **Programme Accreditation Standards and Procedures apply to both Micro-Credentials (awards) and full Qualifications as per the Malta Qualifications Framework (MQF).**

The Programme Accreditation Process conducted based on this document aims to:

- ◆ Certify the compliance of a programme of studies with the standards and indicators included in this document.
- ◆ Consolidate the internal quality assurance systems at the programme level.
- ◆ Support the providers in the quality enhancement of the programme delivery.
- ◆ Increase the quality of learning outcomes across the Maltese further education sector.
- ◆ Enhance the student learning experience.

The provisions included in this document are applicable to external quality assurance processes conducted by the Malta Further and Higher Education Authority (MFHEA) with providers that deliver education at MQF Level 4 and below, through which accreditation is initially granted and confirmed periodically.

Specifically, this document applies to further education provision institutions and centres which, as a prerequisite, shall have obtained Accreditation/Re-Accreditation in accordance with the External Quality Assurance Provider Accreditation Manual for Further Education Institutions and Centres.

This document addresses:

- ◆ Representatives of education providers – Management at institutional and unit levels, Heads of Departments, Heads of programmes, and members of the academic community: students, academics and administrative staff.
- ◆ Committees and other structures directly responsible for quality management and external quality assurance of study programmes.
- ◆ Beneficiaries of further education provision, namely, the labour market, employers and, in a broader sense, society at large.

This document uses the terminology and concepts established in the applicable legislation and which are further developed by the MFHEA in order to strengthen its practical character. In achieving this, the MFHEA is working closely with all interested institutions, the Ministry for Education, Sport, Youth, Research and Innovation (MEYR), the representatives of students and unions.

1.2 Principles of Quality Assurance

Quality Assurance in Malta is underpinned by principles which also determine the relationship between internal and external quality assurance. According to the legislation, the development and evaluation of quality has both external and internal dimensions.

The external dimension is established by the alignment to the European Quality Assurance Reference Framework for Vocational Education and Training (EQAVET). The internal dimension of academic quality is built on the premise that internal quality assurance is the full responsibility of each provider. Accordingly, this document is underpinned by the EQAVET guiding principles, namely, that:

- ◆ Quality Assurance is based on a continuous improvement cycle, structured around planning, implementation, evaluation/check, and review.
- ◆ Quality Assurance relies on common European reference indicators and descriptors, applicable at both system and provider levels.
- ◆ Quality Assurance promotes transparency and mutual trust, supporting mobility and the recognition of qualifications across Member States.
- ◆ Quality Assurance fosters a culture of continuous improvement, ensuring that Further Education provision remains relevant, effective and responsive.

- ◆ Quality Assurance systematically involves stakeholders, including learners, employers, providers and policymakers, in all stages of the cycle.
- ◆ Quality Assurance takes into account labour market needs and societal expectations, linking provision to employability and lifelong learning.

This document, through its Quality Assurance processes, contributes to generating an institutional culture of quality for a good quality education which is worthy of public trust. Such education is envisioned to be able to contribute to the personal development of students and an improvement in quality of life and national economy.

Indeed, external Quality Assurance has an important public role, that is, institutions need to demonstrate the quality of the education to all stakeholders by achieving quality levels that respond to the expectations of students and employers and by communicating clear information to the public at large about the results obtained and the improvement made.

The processes outlined in this document ensure that the internal quality assurance management systems of the education providers are:

- ◆ Fit for purpose according to the provider's programmes and service users.
- ◆ Fit for purpose with regard to internal QA processes.
- ◆ Compliant with MFHEA regulations.
- ◆ Contributing to the fulfilment of the broad goals of Malta's Education Strategy (2024-2030).
- ◆ Implemented with effectiveness, comprehensiveness and sustainability.

The Quality Improvement Cycle sits at the heart of this document. Quality is not an end in itself; continuous improvement is the primary objective of QA. The particularities of a quality culture which ensure continuous improvement are meant to be demonstrated across each licensed institution and coherently presented in the Programme Performance Report during the Accreditation or Re-Accreditation process.

This document, both in terms of procedures for external and internal quality assurance, and in terms of expectations reflected in the indicators, is grounded on the principle of stakeholder engagement, which includes the entire academic community and the wider labour market context in which the institution operates.

In particular, students are considered as equal partners in the governance and quality assurance of education. This implies students not only being a valuable source of feedback on the quality of their learning experiences and a source of unique perspective on the educational process but also reliable partners in the processes of design and implementation

of quality assurance. Providers are expected to embrace the active involvement of the students throughout their integrated QA processes.

1.3 Programme Accreditation

The standards and indicators presented in this document have been drafted in alignment with the European Quality Assurance Reference Framework for Vocational Education and Training (EQAVET) and other relevant Maltese and European frameworks for education and training.

The QA process examines a number of evaluation areas, each of which is assessed through different types of indicators (minimal, performance). These indicators define the quality standards expected within each thematic area, ensuring that both compliance and continuous improvement can be demonstrated.

They are structured to include:

- ◆ **Minimal indicators** which reflect the mandatory level of achievement that a programme has to demonstrate compliance with for accreditation purposes and therefore must be met both before the start of the delivery of the programme, as well as on each renewal of accreditation (at least every five years).
- ◆ **Performance indicators** which reflect the mandatory level of achievement that a programme has to demonstrate compliance with at least every five years in order to have its accreditation renewed. Therefore, performance indicators must be met starting with the first renewal of accreditation (at least five years from the start of the delivery of the programme).

In relation to locally accredited programmes, foreign providers that deliver further education programmes in Malta leading to ***national qualifications***, in their own capacity or in a partnership with a local education provider, will undergo the programme Accreditation and Re-Accreditation processes as detailed in this document, regardless of the institution's accreditation status with other recognised quality assurance bodies abroad.

Providers licensed in Malta that offer further education programmes leading to ***national qualifications***, whether delivered locally or abroad, must undergo the programme Accreditation and Re-Accreditation processes set out in this document. The same programme Accreditation and Re-Accreditation requirements apply equally to domestic and foreign providers operating in Malta, as well as to Malta-licensed providers operating in other jurisdictions.

2. STANDARDS FOR ACCREDITATION

2.1 Standards for Programme Organisation and Management	
Minimal indicators:	2.1.1. A clear explanation for the introduction of the study programme is provided with regard to the mission and strategic goals of the Further Education provider.
	2.1.2. The learning outcomes of the study programme have been clearly defined and are in accordance with the respective levels of the Malta Qualifications Framework.
	2.1.3. The learning outcomes of the study programme consider the specificity of the field of study and level, and define the set of knowledge, skills and competences that a programme aims to develop in students.
	2.1.4. The programme structure and content ensure a logical sequencing of its components.
	2.1.5. In developing the programme, the institution has conducted comparative analyses of similar programmes by taking into account comparable provision nationally or internationally.
	2.1.6. The students' workload required for the study programme is devised in a way that allows them to reach the aspired qualification objectives in the study period specified and is appropriate and realistic for the learners' profile.
	2.1.7. The Programme Coordinator possesses qualifications and experience that are higher or comparable to the level of the programme, and appropriate for its content, complexity and delivery requirements.
Performance indicators:	2.1.8. The programme is consistently delivered as approved, with any modifications formally approved by the MFHEA.
Indicative evidence:	◆ Mission and Strategic Plan of the institution.
	◆ Programme structure.
	◆ Programme description.
	◆ Programme learning outcomes and content.
	◆ CVs of programme management.
	◆ Interviews conducted by the Programme Re-Accreditation Team (only in cases where Re-Accreditation visits are required).

2.2 Standards for Quality Management

<p>Minimal indicators:</p>	<p>2.2.1. The programme has undergone an internal quality assurance process and has been formally approved by the Further Education provider.</p> <p>2.2.2. The institutional quality management policy describing the organisation of the quality management system, its processes, mechanisms, instruments, reporting, data collection, timeframes and quality cycle, includes clear and applicable provisions at programme level.</p> <p>2.2.3. The study programme is supported by the institution's quality management system.</p> <p>2.2.4. The responsibilities of the programme leadership and staff with respect to quality management are clearly defined.</p> <p>2.2.5. There are formal provisions for the involvement of internal and external stakeholders, academic staff, administration, students and employers, as well as external experts, where appropriate, in the quality management processes at programme level.</p>
<p>Performance indicators:</p>	<p>2.2.6. There is evidence of implementation at programme level of the institutional quality management policy.</p> <p>2.2.7. Performance reports are compiled regularly and used to drive improvements at the level of the study programme. Regular internal self-assessments are carried out to provide an overview of performance of the programme.</p> <p>2.2.8. There is evidence of involvement of all internal and external stakeholders - academic staff, administration, students, employers - as well as external experts, where appropriate, in the quality management processes at programme level. The evidence of stakeholder involvement is appropriate to the size and nature of the provider.</p> <p>2.2.9. Data is collected through instruments appropriate to the size and nature of the provider, and from relevant stakeholders. The data is analysed to identify trends or areas for improvement, and, where feasible, through benchmarking against internal or external references. The results of such analyses are shared transparently and used to support quality enhancement.</p>

	<p>2.2.10. Results of the internal quality assurance system are taken into account for further development of the study programme. This includes evaluation results, investigation of the student workload, academic success and, where applicable, employment of graduates. These results are taken into consideration when making programme-related decisions.</p> <p>2.2.11. Programme staff participate in self-evaluations and cooperate with reporting and improvement processes in their sphere of activity.</p> <p>2.2.12. The quality assurance arrangements for the programme are themselves regularly evaluated and improved.</p> <p>2.2.13. The programme utilises the results of external quality assurance in a systematic manner and ensures that results are used to improve the programme.</p>
Indicative evidence:	<ul style="list-style-type: none"> ◆ Quality Management Policy. ◆ Rules and procedures for the establishment of programmes. ◆ Job descriptions of programme management.
Additional indicative evidence for Re-Accredited Programmes:	<ul style="list-style-type: none"> ◆ Quality improvement plans. ◆ Programme Performance Report. ◆ Interviews conducted by the Programme Re-Accreditation Team (only in cases where Re-Accreditation visits are required). ◆ Survey templates. ◆ Consolidated survey data. ◆ Internal meeting minutes.

2.3 Standards for Programme Design, Monitoring and Review	
Minimal indicators:	2.3.1. There is a policy for programme design, which has been implemented effectively in practice.
	2.3.2. In designing the programme, the institution takes into account relevant and up-to-date sectoral information, which may include market analysis, labour market trends, demographic data, or other evidence appropriate and proportionate to the nature and size of the provider.
	2.3.3. The programme design process reflects the following characteristics:
	a) It defines the expected student workload in terms of credits; workloads are realistic and calculated on the basis that, in general, 1 ECTS credit corresponds to 25 hours of total learning activities (including contact hours, guided study, self-study, assignments, assessment, and practical/work-based learning activities).
	b) It indicates the target audience and the minimum eligibility and selection criteria, where applicable.
	c) It is learning outcome-based, distinguishing between knowledge, skills and competences.
	d) It indicates appropriate learning dynamics and a measure of tutor-student and peer-learning interaction that is appropriate for the programme level and content.
	e) It indicates appropriate resources and forms of assessment.
	f) It provides, where feasible, opportunities for students to elect non-compulsory components.
	g) It indicates the minimum requirements in terms of qualifications and competences for teaching staff.
	h) It indicates the person/s responsible for (1) programme design and content development, and (2) technical support.
	i) It is in line with the MQF and the current Malta Referencing Report.
	j) The process of the identification of programme needs involves the participation of external stakeholders who are likely to benefit from the outcomes of such provision.
k) Programmes that are employment-oriented involve, where feasible, stakeholders from the world of work in their design.	

	l) It is designed so that it enables smooth student progression.
	m) It takes into account student perspectives and feedback in the programme design process.
	n) It is subject to a formal institutional approval process.
	2.3.4. The programme’s design is conducted, where feasible, in engagement with internal and external stakeholders (including educationalists), also including administrative staff, external academic peers, students and employers.
	2.3.5. If the completion of the study programmes allows students access to a regulated profession, the programme is aligned to the respective regulations, and the recommendations of professional associations.
Performance indicators:	2.3.6. The institution has formalised policies and procedures for the monitoring and review of the programme, which it implements effectively in practice.
	2.3.7. There is a clear policy for programme closure which considers grounds and applicable legal implications, in such cases, the institution gives due consideration to the legal interests of the students and ensures that they have an opportunity to smoothly complete their studies.
	2.3.8. In the case of reaccreditation, the institution is effectively monitoring and reviewing the programme in order to (1) ensure that it achieves its objectives, (2) confirm that it is still aligned with the strategic goals, (3) review its content, structure and methodologies in light of the current research in the sector to ensure that it is up to date, and (4) respond to the changing needs of students.
	2.3.9. In the case of Re-Accreditation, programme monitoring includes, as appropriate to the size and nature of the provider, the following:
	a) analysis of admissions, progression, drop-outs, completion and student achievement.
	b) analysis of student, graduate and employer feedback (surveys, focus groups, etc.).
	c) teaching staff reflections and observations.
	d) external examiner feedback, if applicable.
	e) Programme Performance Report.
f) other metrics providing objective input into the validation of quality.	

	2.3.10. In the case of Re-Accreditation, the programme review process distinguishes between minor and major modifications and ensures that reviews are conducted both annually and periodically.
	2.3.11. In the case of Re-Accreditation, the programme monitoring and review are conducted, where feasible, in engagement with internal and external stakeholders, including administrative staff, external academic peers, students and employers.
Indicative evidence for new programmes:	◆ Policies and procedures for the design, monitoring and review of programmes.
	◆ Analysis of labour market trends and employer demands.
	◆ Programme comparative analysis.
	◆ Mechanisms providing further educational opportunities to students in cases of termination of a programme.
Additional indicative evidence for Re-Accredited Programmes:	◆ Student data on admissions, progression, completion and achievement.
	◆ Programme Performance Report.
	◆ Student, graduate and employer survey templates, consolidated data, action plans.
	◆ Alumni surveys or, where feasible, tracer studies.
	◆ Meeting minutes of programme reviews.
	◆ Interviews conducted by the Programme Re-Accreditation Team (only in cases where Re-Accreditation Visits are required).

2.4 Standards for Student-centred Learning, Teaching and Assessment	
Minimal indicators:	2.4.1. The teaching methods are planned to be student-centred and to stimulate students' motivation, self-reflection and engagement in the learning process. This includes:
	◆ enabling flexible learning paths.
	◆ considering the different modes of delivery, where feasible and appropriate.
	◆ using appropriate innovation in pedagogical methods, including digital technologies.
	◆ providing students with adequate support from the teaching and technical staff.
	2.4.2. The assessment system is designed in a way that ensures, in a manner proportionate to the size and nature of the provider, the following:
	a) the criteria for and method of assessment as well as criteria for marking are published in advance in a way that is understandable to students.
	b) where feasible, more than one staff member is involved in the development of assessment tasks and student assessments.
	c) the achieved learning outcomes are analysed in relation to the intended outcomes.
	d) the regulations for assessment take into account mitigating circumstances.
	e) there are quality management arrangements in place to ensure the fitness for purpose of the assessment (validity, reliability, efficiency, transparency, fairness, authenticity, adequacy of feedback). This may include the usage of rubrics, second grading, internal moderation, external examination, and/or usage of anti-plagiarism software.
	2.4.3. There is a policy regulating the maximum number of opportunities a student is granted to pass one given assessment.
	2.4.4. There is an appeal procedure which is well disseminated, makes clear the grounds on which academic appeals may be based, the criteria for decisions, and the remedies available.

	2.4.5. Where applicable, work-based learning/internship is integrated appropriately, with supervision and clear procedures proportional to the programme's scope and level. There are detailed procedures defined to ensure the specific contribution of the work-based learning/internship to the programmes learning outcomes.
	2.4.6. There are internal arrangements (such as designated verifiers or moderators) to help ensure validity and reliability of assessment.
	2.4.7. The institution has reputable and reliable plagiarism detection software to help assessors judge the quality of student assignments. This is used where appropriate and proportionate, across assessed coursework/assignments.
	2.4.8. The institution has reputable and reliable AI detection software to help assessors judge the quality of student assignments. This is used for every assessed coursework/assignment.
	2.4.9. All test/examinations are held under adequate invigilation and in secured testing environments that minimise the risk of cheating.
Performance indicators:	2.4.10. The effective implementation of student-centred learning respects and attends to the diversity of students and their needs, and regularly adjusts the modes of delivery and pedagogical methods.
	2.4.11. The teaching methods and learning support used for learning and teaching are effective.
	2.4.12. The implementation of the assessment system demonstrates that:
	a) the person responsible for managing the assessment is familiar with existing examination methods and receives support to further develop competences in the field.
	b) there are processes working effectively to ensure the fitness of the assessment methods for the achievement of the intended learning outcomes.
	c) the arrangements aimed to ensure the fitness for purpose of the assessment are working effectively.
	d) students are given feedback that is linked to advice on the learning process and is improvement oriented.

	2.4.13. There are implemented procedures that successfully reflect a validation of quality and demonstrate the effectiveness of the teaching, learning and assessment through tools such as student assessment results, data analytics, teaching observations, peer monitoring, self-assessment, etc.
	2.4.14. Students contribute to improving the quality of their studies by providing meaningful feedback on both the learning and teaching process and the organisation of studies, in ways appropriate to the programme and provider size; the results are available within the community and there is evidence that the feedback is acted upon in a timely manner.
Indicative evidence:	◆ Policies and procedures for assessment.
	◆ Programme documentation.
	◆ Procedures and mechanisms for the detection and prevention of plagiarism and for the due response procedures in case of its occurrence.
	◆ Internship/practice regulations.
Additional indicative evidence for Re-Accredited Programmes:	◆ Student assessment samples.
	◆ Internal moderation reports.
	◆ External examiner reports.
	◆ Statistics on student appeals.
	◆ Student surveys, consolidated data and improvement plans.
	◆ Interviews conducted by the Programme Re-Accreditation Team (only in cases where Re-Accreditation Visits are required).

2.5 Standard for Work-based Learning Component (if applicable)	
Minimal indicators:	2.5.1. Appropriate financial, logistic and human resources are allocated, proportionate to the programme's scope.
	2.5.2. Expectations for staff involvement in work-based learning (WBL) are clearly specified, and staff performance in relation to these expectations is monitored and supported.
	2.5.3. Clear policies are established for defining what is recognised as WBL, consistent with MFHEA standards and established norms in the field of study of the programme.
	2.5.4. There is a formally defined policy for WBL, including professional conduct and ethical approval procedures, consistent with MFHEA standards.
	2.5.5. The Programme of Studies abides by the MFHEA standards for WBL.
Performance indicators:	2.5.6. The academic staff has a track record of experience on the same topics as their teaching activity.
	2.5.7. Academic staff members who act as WBL assessors receive specific continuing professional development (CPD) to support continuous improvement.
	2.5.8. Academic staff are encouraged to include in their teaching information about the industry (world of work) that is relevant to programmes they teach, together with other significant developments in the field.
	2.5.9. Students have opportunities for placements, practicums, internships or apprenticeships, appropriate to the programme's objectives and level.
	2.5.10. The learning agreement clearly outlines the placement's requirements.
Indicative evidence:	◆ Programme objectives to be achieved through WBL.
	◆ Employment contracts of academic staff.
	◆ Policies for WBL and its assessment.
Additional indicative evidence for Re-Accredited Programmes:	◆ Programme Performance Report.
	◆ Interviews conducted by the Programme Re-Accreditation Team (only in cases where Re-Accreditation Visits are required).

2.6 Standard for Student Support	
Minimal indicators:	2.6.1. There is a transparently regulated process for the appointment, change and discontinuation of teachers/trainers/lecturers assigned to students.
	2.6.2. There are policies regulating the rights, duties and nature of relationship between students and teachers/trainers/lecturers.
	2.6.3. There are clear and transparent arrangements for determining and managing the ratio of staff to students, appropriate to the programme's size and context, including the maximum number of students per teacher/trainer.
	2.6.4. The programme regulates the maximum number of students one teacher/trainer/lecturer can teach at any given time.
	2.6.5. There are formally regulated procedures for the periodic formative assessment of student progress by their teachers/trainers/lecturers.
	2.6.6. There is provision for student support as needed, including access to career development and psychological services, either within the institution or through external referral arrangements. The needs of diverse student populations (including mature, part-time, employed and international students as well as students with special needs) are taken into account.
	2.6.7. Learners and teachers have access to appropriate learning resources, including online or physical libraries, digital tools and other materials relevant to the programme's level and field.
Performance indicators:	2.6.8. Teachers/trainers/lecturers offer 'Students Hours' to students on a regular basis. The teacher/trainer/lecturer advises the students about their learning progress on issues such as study skills, academic writing, etc.
	2.6.9. The high standard of the learning process and coursework is ensured through robust pedagogical and assessment procedures and by the involvement of staff with appropriate qualifications and, where relevant, industry expertise.
	2.6.10. There are formally developed mechanisms for evaluating the quality of the teaching of teachers/trainers/lecturers which ensure the effective implementation and development of the teaching process.
	2.6.11. The expectations for student performance are known in advance to the students.

	2.6.12. An orientation programme is organised for new students to gain a thorough understanding of the range of services available, and policies and procedures, as well as their rights and responsibilities.
	2.6.13. Academic counselling, career planning and employment advice, as well as access to personal or psychological counselling services are provided effectively, either internally or through external referral.
Indicative evidence:	◆ Institutional website.
	◆ Student handbook.
	◆ Guidelines for studying and academic writing.
	◆ Regulations for student expectations.
Additional indicative evidence for Re-Accredited Programmes:	◆ Teachers/trainers/lecturers to student ratio.
	◆ Interviews conducted by the Programme Re-Accreditation Team (only in cases where Re-Accreditation Visits are required).

2.7 Standards for Teaching, Administrative and Technical Staff	
Minimal indicators:	2.7.1. A comprehensive set of policies is accessible to all teaching, administrative and technical staff. It includes provisions referring to recruitment, rights and responsibilities, performance evaluation, promotion and professional development.
	2.7.2. There are clear, fair and transparent processes for the recruitment and appointment of all staff; these promote academic and professional expertise and, where feasible, are considerate of gender balance within the staff body.
	2.7.3. The qualifications of teaching staff are at least at Level 4, or one level higher than the programme taught. In justified cases (e.g. foreign language lecturers, industry experts, specialists), equivalent professional experience may be considered sufficient and appropriate.
	2.7.4. Arrangements are made for part-time and sessional staff. For those providing limited or ad hoc services, institutions ensure that their knowledge and methods remain up to date, for example, through CPD or industry engagement.
	2.7.5. The workload of teaching staff is appropriately quantified and regularly monitored. It includes the teaching contact hours, preparation, evaluation and complementary functions, including development activities. Teaching loads are taking into account the nature of teaching requirements in different fields of study.
	2.7.6. There is a plan for staff professional development, proportionate to the provider's size, which identifies needs and allocates resources for training and development.
	2.7.7. Criteria and processes for performance evaluation are clearly specified and made known in advance to all staff, and performance review also informs professional development aims.
	2.7.8. All teachers are fluent in the English language (except for teachers who teach modern languages).
Performance indicators:	2.7.9. Positions are filled through open competition; position holders have the relevant qualifications and/or professional expertise to effectively manage educational, training and administrative processes.
	2.7.10. New staff is given an effective orientation to ensure familiarity with the institution and its services, programmes and student development strategies, and institutional priorities for development.

	2.7.11. When assessing the work of teaching staff, the effectiveness of their teaching, including student feedback, as well as their research, development and creative work, community service and managerial work, as relevant, is taken into account.
	2.7.12. Academic staff evaluation is done at least through self-assessment, in addition to, students' and superiors' evaluations, and occurs on a formal basis at least once each year.
	2.7.13. Performance evaluations have follow-up processes which allow for the monitoring of improvement in performance and/or development progress.
	2.7.14. Staff are supported in the development of their professional, academic, and administrative roles, and the institution formally encourages the sharing of good practice. Development opportunities serve both individual and strategic aims and are followed up by relevant monitoring processes to assess impact.
	2.7.15. Staff turnover is monitored and managed to ensure that student learning is not negatively impacted. Where turnover is high, mitigating measures are in place to protect the student experience.
Indicative evidence:	◆ Staff handbook.
	◆ Policies and procedures for staff management, including those for recruitment and appointment, performance evaluation, and professional development.
	◆ CVs of staff.
	◆ Position descriptions.
	◆ Sample of employment agreements.
Additional indicative evidence for Re-Accredited Programmes:	◆ Staff satisfaction surveys results, consolidated data, action plans.
	◆ Teaching and administrative staff performance benchmarks.
	◆ Sample of performance evaluation folders.
	◆ Statistical data on staff.
	◆ Personal files of staff.
	◆ Professional development list of activities and attendance lists.
	◆ Interviews conducted by the Programme Re-Accreditation Team (only in cases where onsite Re-Accreditation Visits are required).

2.8 Standards for Student Administration	
Minimal indicators:	2.8.1. Accurate and reliable information about the programme, admissions procedures, services, scholarship opportunities, tuition and administrative fees and other relevant information, is made publicly available to prospective students and other interested parties.
	2.8.2. Admissions requirements and criteria, as well as the admissions procedure, are clearly defined and transparent, and guarantee that students will possess the necessary prior knowledge.
	2.8.3. A comprehensive set of policies is made available, providing clear and transparent information required for all phases of the student life cycle (admission, assessment, progression, suspension, termination, mobility, recognition, certification and qualification award). Policies include students' rights and responsibilities, a Code of Conduct, and measures to ensure equity, inclusion and diversity, appropriate to the provider's size and scope.
	2.8.4. There is a policy regulating the maximum time a student can spend inactive within the programme (without engaging with their academic commitments and assessments) before their enrolment status is terminated.
	2.8.5. There is a student agreement formally signed with each student which protects student rights and lawful interests.
	2.8.6. Appropriate policies and procedures are in place to deal with academic misconduct, including plagiarism and other forms of conduct breach.
	2.8.7. The issuance of a diploma supplement free of charge is guaranteed.
Performance indicators:	2.8.8. The admission requirements are consistently and fairly applied. Admission of students with foreign qualifications is based on the principles of the Lisbon Recognition Convention and international best practice in the field.
	2.8.9. A policy for the Recognition of Prior Learning (RPL) is in place and effectively implemented for Access (providing an alternative route into a programme for those who do not satisfy the formal eligibility requirement for the purpose of admission), as well as for Certification (arrangements for the recognition and transfer of academic credit, including credit from non-formal and/or informal prior learning).

	2.8.10. There are effective processes in place to collect and analyse reliable data referring to the profile of the student population, student progression (including data to identify students at risk), success and drop-out rates, students' satisfaction with their programmes, learning resources and student support available, and career paths of graduates. The statistical data is used for quality management purposes as well as to support decision making and policy management.
	2.8.11. The effectiveness, relevance of and satisfaction in relation to student services are regularly monitored services, and modified in response to evaluation and feedback.
Indicative evidence:	◆ Policies and procedures for admissions.
	◆ Institutional website.
	◆ Student handbook.
	◆ Samples of student agreements.
	◆ RPL policy (if applicable).
	◆ Policy for credit transfer.
	◆ Planned student initiatives/projects.
Additional indicative evidence for Re-Accredited Programmes:	◆ Available metrics referring to the admission, progression, success and drop-out rates, students' satisfaction with their programmes, learning resources and student support, etc.
	◆ Student satisfaction surveys: templates, consolidated data, action plans.
	◆ Implemented student initiatives/projects.
	◆ Interviews conducted by the Programme Re-Accreditation Team (only in cases where Re-Accreditation Visits are required).

2.9 Standards for Resources and Infrastructure	
Minimal indicators:	2.9.1. Transparent documentation for the funding of the study programme is available.
	2.9.2. The adequate long-term implementation of the study programme is ensured in quantitative terms as regards premises, human resources and equipment. At the same time, it is guaranteed that qualitative aspects are also taken into account.
	2.9.3. There is a financial plan demonstrating the sustainability of the programme, normally for a period of at least three years, or proportionate to the provider's scope.
	2.9.4. The premises, equipment and entire infrastructure are appropriate for the delivery of the study programme and ensure the achievement of the intended learning outcomes.
	2.9.5. The means and equipment used for the studies, including the software, are adequate for the current number of students and suitable to achieve the learning outcomes.
	2.9.6. The number, relevance and recency of teaching and learning materials (print, digital or online) are suitable for the programme and accessible to students. Core resources required to achieve the set learning outcomes are available, complemented, where feasible, by access to digital resources or databases relevant to the field and level.
Performance indicators:	2.9.7. The effectiveness and relevance of infrastructure and resources are regularly monitored through processes that include surveys of student usage and satisfaction. Infrastructure and resources are modified in response to evaluation and feedback.
Indicative evidence:	◆ Institutional website.
	◆ Inventories of infrastructure, facilities, library, hardware, software.
Additional indicative evidence for Re-Accredited Programmes:	◆ Statistics for use of library resources as well as use of electronic databases.
	◆ Student and staff satisfaction surveys: templates, consolidated data, action plans.
	◆ Interviews conducted by the Programme Re-Accreditation Team (only in cases where Re-Accreditation Visits are required).

2.10 Standards for Online and Blended Learning Delivery	
Minimal indicators	2.10.1. The programme ensures that online and blended learning is designed and delivered in a way that guarantees accessibility, effective interaction, academic integrity, and continuous improvement, thus safeguarding quality and equity in Further Education provision.
	2.10.2. The programme ensures that all students have access to appropriate digital platforms, tools and resources necessary to follow the programme.
	2.10.3. The online learning environment is stable, secure and regularly maintained to allow uninterrupted delivery.
	2.10.4. Online programmes include clear instructions, navigation guidance, and scheduling that help learners understand how to progress through the material.
	2.10.5. Students have access to regular interaction with tutors/trainers and peers (through synchronous or asynchronous channels).
	2.10.6. Online assessments are designed to ensure validity and fairness, including measures to reduce plagiarism and cheating.
	2.10.7. Teaching staff demonstrate basic digital competence and receive support/training for online delivery.
	2.10.8. Clear procedures are in place for addressing technical issues, with timely assistance provided to learners.
Performance indicators	2.10.9. Online teaching methods are regularly reviewed and updated based on student feedback, learning analytics, and emerging digital pedagogy.
	2.10.10. The programme integrates innovative tools (simulations, adaptive learning, collaborative platforms) that demonstrably enhance learning outcomes.
	2.10.11. Evidence shows that students are active participants in online activities (forums, group projects, discussions), contributing to deeper learning and reduced drop-out rates.
	2.10.12. The provider monitors student participation and outcomes to identify and support learners who may face digital divides (connectivity, devices, digital skills).
	2.10.13. Teaching staff regularly update their skills in online pedagogy and digital tools through CPD.
	2.10.14. Data on assessment performance is analysed to ensure fairness, detect anomalies, and improve validity and reliability of online examinations.

	2.10.15. Online learning outcomes, assessment criteria and grading policies are consistently communicated and accessible through the platform.
Indicative evidence	◆ Screenshots and access to the online learning platform.
	◆ Guidelines for online programme design and navigation.
	◆ Policies on online assessment, including plagiarism detection and identity verification.
Additional indicative evidence for Re-Accredited Programmes:	◆ Records of system maintenance and uptime statistics.
	◆ Logs of tutor-student interaction (forums, chats, emails).
	◆ Records of staff training in digital pedagogy and CPD activities.
	◆ Student feedback reports and learning analytics dashboards.
	◆ Monitoring reports on digital inclusion measures.
	◆ Data analyses of assessment results (completion rates, grade distributions).
	◆ Screenshots of published assessment criteria and feedback mechanisms on the online platform.

3. GUIDANCE FOR THE PROGRAMME PERFORMANCE REPORT

(FOR PROGRAMME RE-ACCREDITATION ONLY)

The Programme Performance Report is meant to inform the students, their families, employers, other relevant stakeholders and society at large about the quality of the programme and the methods of assuring it.

A critical self-assessment process is the most important pre-condition of all external quality assurance exercises, and gives the provider the possibility:

- ◆ to create the conditions which, based on the analysis and internal evaluation results, should publicly confirm and certify by the external evaluation process, the programme's strengths and assess the efficiency of its policies and procedures for quality assurance and continuous enhancement.
- ◆ to present its own perspective on the way the provider exercises its responsibilities in two fields of vital interest within the evaluation: providing a quality programme, publicly motivated by comparable benchmarks and, on the other hand, adequately exercising public responsibility and accountability for the education it delivers.
- ◆ to present its own evaluation on the efficiency of internal structures and mechanisms of quality assurance at programme level.

Programme Performance Report must:

- ◆ be truthful.
- ◆ be supported by attached documents.
- ◆ include both a comprehensive description and self-critical evaluation.

The Programme Performance Report must provide the Programme Re-Accreditation Team enough data to support them in understanding the main characteristics of the way the provider approaches the quality assurance process compared to the standards and indicators included in this document, as well as its own standards and the comparable benchmarks it has set for itself.

The documents must be presented effectively and concisely. Thus, the provider's Programme Performance Report must be elaborated as to minimise the need for additional data and clarifications the Programme Re-Accreditation Team might need.

The provider is expected to represent the programme accurately to internal and external constituencies, as well as to the general public. The Programme Performance Report should always be truthful, provide correct, reliable and complete information, and avoid any actual or implied misrepresentations or exaggerated claims.

The general structure the Programme Performance Report should follow is:

3.1. Introduction

- ◆ An introduction of the provider, a general presentation of the programme, its mission and objectives, its governance and management, the infrastructure and staffing arrangements, students and their socio-economic characteristics, and relevant information about the context in which the programme operates.

3.2. Main body

- ◆ The provider's perspective on how the programme meets the standards included in this document, in terms of the existing systems and procedures.
- ◆ An assessment of how effective these practices and procedures are in ensuring that the programme is fully compliant with the standards.
- ◆ A SWOT analysis for each of the standards, including an outline of proposals for further developments to address any perceived gaps in procedures and to enhance the quality and standards of academic provision and the student experience.

The main body will also include the evolution of the programme performance during the period since the previous accreditation process, if applicable.

3.3 Annexes

All the documents supporting the elements presented in the main body. The information in the Programme Performance Report must be cross-referenced in the attached Annexes and should illustrate and substantiate the statements made.

The standards presented in this document include a list of indicative evidence which providers should submit. The indicative evidence allows the Programme Accreditation Team to assess the situation better, and it is recommended that providers consider what such evidence they

hold and to submit it as early on in the process as possible. The indicative evidence list is not exhaustive and does not preclude the Programme Re-Accreditation Team from requesting other types of evidence. The Programme Performance Report and supporting documentation will be used by the MFHEA and the Programme Re-Accreditation Team throughout the whole external quality assurance process.

Providers are requested to submit the Programme Performance Report and its Annexes in electronic format. If the information is restricted to an intranet system and only available to staff and students of the provider, the Programme Re-Accreditation Team and the Accreditation Coordinator shall be given access to the intranet for the duration of the external quality assurance process.

The drafting of the Programme Performance Report should involve academic staff, students, administrative staff and all others involved in supporting the students' experience. It should be a collaborative activity intended to present an honest and self-critical view of how well the provider is managing its responsibilities within the programme.

The Programme Re-Accreditation Team assesses the Programme Performance Report submitted by the provider and evaluates the extent to which it indicates that the standards are being met. It is a shared endeavour with the provider having responsibility to conduct an open and reflective account of the programme progress to date and an assessment of how current practices could be further developed and enhanced. The Programme Re-Accreditation Team considers the evidence objectively and determines the extent to which standards and expectations are being met.

The template to be used by the institutions when drafting the Programme Performance Report is available as a supporting document to this document. The Accreditation Coordinator at the MFHEA has the right not to accept the Programme Performance Report and return it to the provider for improvement purposes in order to ensure that the guidance provided in the document and its annexes is followed in practice.

4. GUIDANCE FOR THE PROGRAMME ACCREDITATION PROCESSES

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

- ◆ **Accreditation of a New Programme** (Initial Accreditation): the provider must demonstrate the programme compliance with the minimal indicators included in this document, which reflect the mandatory expected level before the start of the programme delivery.
- ◆ **Programme Re-Accreditation**: the provider must demonstrate the programme compliance with both minimal and performance indicators included in this document.

4.1 Accreditation of a New Programme (Initial Accreditation only)

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

The accreditation of a new programme is initiated by the provider intending to offer a new educational programme.

New programmes do not include onsite visits; the process is desk-based and consists of the evaluation of the Programme Accreditation Application Form.

A provider may apply for the accreditation of a single study programme or of several programmes simultaneously. In the latter case, each programme will be evaluated on its own merits.

4.2 Programme Re-Accreditation

The Re-Accreditation of study programmes is conducted by the MFHEA for several purposes. It is done to confirm the quality level of a programme as part of both provider and MFHEA external accountability responsibilities. It is also done to provide recommendations on how a provider might improve the quality of the programme in terms of content, and teaching and learning, and of the facilities used for its delivery. It is compulsory every five years.

The Re-Accreditation process may be initiated by the provider or by the MFHEA.

The MFHEA may choose to:

- ◆ tackle a particular provider at a given point in time and address a series of programmes that it is offering.

Or

- ◆ adopt a field study approach, with the MFHEA focusing its attention and efforts on a particular area (e.g. state regulated profession, programmes which are most populated by students) and reviewing such a programme or programmes across institutions.

The decisions on initiation of Re-Accreditation will be made by the MFHEA, based on knowledge of the programmes being offered, complaints received from stakeholders, and following providers' requests.

4.3 Minor and Major Programme Updates (Applies to both Initial Accreditation and Re-Accreditation)

If the provider requests changes during the five-year period, the QAC determines whether the changes requested are **minor** or **major**. If major, the updated version is considered a **new programme**. The QAC will decide if the programme needs to go through accreditation or Re-Accreditation on a case-by-case, basis depending on the changes made to the programme.

Minor Programme Updates

Minor updates do not alter programme aims, level, learning outcomes, structure or assessment philosophy (e.g. content clarifications, updated materials, minor assessment adjustments, administrative corrections). Minor updates do not trigger immediate Re-Accreditation but neither do they affect the required Re-Accreditation process when the time comes. Providers notify the MFHEA using the designated template.

Major Programme Modifications

Major modifications affect the core of the programme (structure, learning outcome changes, level shifts, addition/removal of WBL, major assessment method changes). These may require

an initial Accreditation or the Re-Accreditation process depending on the amount of changes made as decided by the QAC.

Providers are to ensure that the MFHEA is kept informed about any changes they wish to make or Re-Accreditations to be initiated. They benefit in return, as good knowledge of institutions enables the MFHEA to develop a strongly networked system and effective feedback to all.

The providers are also bound by the conditions attached to their licence or accreditation, as well as lawful provision of programmes and other activities, as stipulated in the Subsidiary Legislation.

4.4 Outline of the Accreditation Process (Applies to both Accreditation and Re-Accreditation except for Stage 3 which applies to Re-Accreditation only)

- ◆ Stage 1: Preparation for the Accreditation Process.
- ◆ Stage 2: Appointment of the Programme Re-Accreditation Team.
- ◆ Stage 3: Re-Accreditation Visit (only if required as per paragraph 17 [p.34]).
- ◆ Stage 4: Drafting and Approving the Programme Accreditation Report.
- ◆ Stage 5: The Accreditation Decision and Appeals.
- ◆ Stage 6: Action Plan and Publication.
- ◆ Stage 7: Follow-Up Activities.

STAGE 1: PREPARATION FOR THE ACCREDITATION PROCESS

The process of programme accreditation from the beginning to the conclusion of the process should take approximately six months or preferably less, depending on the quality of submission and the complexity of the application. The process implies a number of successive steps, as follows:

1. the provider is advised to familiarise themselves with the entire process before commencing it, as external quality assurance entails work and efforts both on the part of the provider and the MFHEA, and needs to be carefully planned.
2. the MFHEA decides on the initiation of the accreditation process if the application is complete and contains the necessary information. In the event the application does not include all the information required for the necessary invoices to be issued, the applicant will be requested to adjust and/or correct the application.
3. based on the eligibility conditions assessment, the MFHEA notifies the provider if the request for the accreditation process has been formally approved and if the process can commence. Should that be the case, an invoice will be issued.
4. once payment is confirmed, the MFHEA notifies the provider if the request for the programme accreditation has been formally approved and if the process can commence. At this point, the MFHEA shall send an initial email and request additional information depending on the application request, such as the dates of the academic year and major examination periods, lists of all students and academic staff, among others, the letter will include the timeframe for the accreditation process.

STAGE 2: APPOINTMENT OF THE PROGRAMME RE-ACCREDITATION TEAM

5. Programme Re-Accreditation Team members are selected from the pool maintained by the MFHEA for this purpose, based on their competence, profile and level of study programmes to be accredited, experience in the external quality assurance processes, and the past performance (as applicable), and availability. The proposed composition of the Programme Re-Accreditation Team is approved by the QAC.
6. Four weeks after notifying the provider of the process commencement, the MFHEA informs the provider of the proposed Programme Re-Accreditation Team members.
7. The provider returns their comments on the Programme Re-Accreditation Team membership to the MFHEA within seven calendar days of receiving the proposed team composition. The provider will formally request the MFHEA to change the team composition if it is able to justify and argue its request. The provider can argue on apparent or potential conflicts of interest of the Re-Accreditation team members before a final decision on the team membership is made by the QAC. The Programme Re-Accreditation Team composition can be modified if the MFHEA officials, after hearing the provider's arguments, have solid reasons to believe that the objectivity and professionalism of the process might be affected. Any such request does not impact the accreditation process timeframes and deadlines, such as the submission of the Programme Performance Report.
8. Should the comments from the provider on the team composition be justified, the MFHEA will propose a new composition within 20 days, subject to provider agreement, the membership of the Programme Re-Accreditation Team is finalised and the team formally appointed by the MFHEA.
9. In the case of accreditation of a new programme, the provider is to submit a Programme Accreditation Application Form. In the case of Re-Accreditation, 14 weeks after receiving the notification of the process commencement, the provider submits the Programme Performance Report to the MFHEA, drafted in compliance with the guidelines provided by the present document. The Programme Performance Report may be returned to the provider for improvement purposes in order to ensure that the guidance provided in the document and its annexes is followed in practice. As part of their due diligence, the MFHEA will also collate information from other sources directly available to them, such as mass media sources, stakeholder input and data from other agencies or MFHEA partners. The Programme Re-Accreditation Team shall be provided with other reports which were issued by the MFHEA or other quality assurance entities, if applicable.

10. The Programme Re-Accreditation Team will commence the analysis of the Programme Accreditation Application (in the case of a new programme) or the Programme Performance Report (in the case of Re-Accreditation), in order to gain an understanding of the programme. If the team chooses so, other documentation can be requested at any point before and during the process, but not after.
11. The Programme Re-Accreditation Team members will decide internally on the number, duration and frequency of meetings that they need to organise in order to enable them to successfully conduct the Re-Accreditation process. The need for the visit is decided as per paragraph 17 [p.34].
12. In the case of programme Re-Accreditations that require a visit, at least one week before the visit, a Pre-Visit Meeting will take place between the Programme Re-Accreditation Team, which can be represented by the Chair or any other members, the provider's Head of Programmes (or equivalent), and if applicable, the Institutional Facilitator.

This meeting has three main objectives:

- ◆ to ensure that the institution has a correct understanding of the aims, objectives and procedure of the visit.
- ◆ to provide any potential clarifications in relation to the visit.
- ◆ to clarify/discuss the agenda of the visit.

Specific areas to be covered in the meeting include:

- ◆ structure of the visit.
- ◆ the roles that the Programme Re-Accreditation Team will interview during the visit.
- ◆ clarification of any requests for additional evidence.
- ◆ clarification of context, including overarching strategic and quality arrangements.
- ◆ any other pertinent issues.

STAGE 3: RE-ACCREDITATION VISIT

(IF REQUIRED AS PER PARAGRAPH 17 [P.34])

13. Re-Accreditation of programmes may require a visit. This will depend on the judgement reached by the Programme Re-Accreditation Team in accordance consultation with the MFHEA officials. The programme Re-Accreditation process is normally conducted as a desk-based process only.

Visits for programme Re-Accreditation take place to:

- ◆ confirm that claimed classrooms, laboratories, libraries, IT infrastructure and specialist equipment (e.g. engineering workshops, medical simulation suites) actually exist, are fit for purpose, and match the descriptions in the provider's submission.
- ◆ assess availability and quality of learning materials, equipment and technology.
- ◆ examine how exams, coursework and grading are corrected, managed and safeguarded.
- ◆ assess invigilation procedures.
- ◆ examine physical portfolios, lab books, artwork or performance recordings onsite and interview students to verify that assessment standards, marking consistency and plagiarism controls are genuine.

The Programme Accreditation Application Form (in the case of accreditation of new programmes) and the Programme Performance Report (in the case of Re-Accreditation) will be key documents that form the backbone of the programme accreditation or Re-Accreditation processes. In case of accreditation of new programmes, the accreditation programme is desk-based and constituted in the evaluation of the Programme Accreditation Application Form.

14. For the programme Re-Accreditation process, around 30 weeks after the provider received the notification of the programme accreditation commencement, the Programme Re-Accreditation Team evaluates, through documentary analysis (and a visit where necessary), the compliance of the study programme against the standards and indicators included in this document. Where the Re-Accreditation process is conducted at an institution that delivers education in multiple branches, the Programme Re-Accreditation Team will evaluate each programme delivery against the standards and indicators included in the present document.
15. In the case of Re-Accreditation visits, these usually last one day. Onsite visits may be done in different branches. Where the same programme is offered in different branches, visits last one day per branch.

16. Visits shall be conducted in conditions of minimum disturbance to the teaching activity. Their aim is to give the Programme Re-Accreditation Team the opportunity to confirm the compliance of the Programme Performance Report received against the state of affairs at the date of the Re-Accreditation process, to collect the perception of the interviewees on different programme quality matters, to gather any other information that would help the Programme Re-Accreditation Team to gain a full picture about the programme, and to judge the academic standards, the quality of learning, the maintenance and improvement of the teaching standards, and quality.
17. The Programme Re-Accreditation Team conducts visits only when:
 - ◆ the MFHEA has received complaints from students, lecturers, employees or employers in relation to the programme being re-accredited.
 - ◆ the MFHEA has evidence that learning opportunities and infrastructure available are not satisfactory.
 - ◆ the Programme Performance Report submitted by the provider indicates that there have been serious issues with past deliveries of the programme.

The accreditation of new programmes does not include onsite visits.

If the provider requests changes during the 5-year period, the QAC is to determine if the changes requested are minor or major. If major, the updated version is to be considered as a new programme, and the respective process is to be followed.

18. In case of the need for visits (physical or online), at the beginning of a visit, the Programme Re-Accreditation Team will hold a meeting with the person or persons in charge (such as the Dean of the Faculty, Head of School, Institute or Centre, Director of Studies, Dean for Academic Affairs, Directors, Managers, etc.), concerned with the programme. This meeting serves as an introduction and an opportunity to confirm the arrangements for the visit.
19. The format of the Programme Re-Accreditation Visit may include the following:
 - ◆ meetings with the members of the governing structures.
 - ◆ meetings with academic staff selected by the MFHEA from the list of all those engaged in delivery of the programme.
 - ◆ meetings with staff members or service providers of the institution, including but not limited to management, administration and quality assurance staff.
 - ◆ meetings with current students, selected by the MFHEA from the list of all those enrolled in the programme(s); (these meetings are not attended by any staff members).

- ◆ meetings with graduates, employers of graduates and representatives of the world of work (the latter category is understood to encompass the private sector, public sector and non-governmental organisations).
 - ◆ meetings with third parties interacting with the provider, such as external examiners.
 - ◆ the Programme Re-Accreditation Team can request additional meetings to be included on the visit agenda.
 - ◆ there shall be time allocated to review student coursework counting towards completion of the programme.
 - ◆ the visit may include an inspection of facilities the provider is using for delivery of the study programme(s).
20. The size of the meetings shall be kept proportional to the time allocated for the meeting, but as a matter of principle shall not be more than eight persons whom the team meets in order to allow meaningful contribution to the conversation by all participants. In case members of management or administration are also teaching in the programme, they shall decide in which capacity they meet the Programme Re-Accreditation Team and refrain from attending several meetings in order for the Programme Re-Accreditation Team to gather a balanced view from multiple perspectives and contributors.
21. All meetings are confidential; no recordings are allowed. No one will be identified by name in the final Programme Re-Accreditation Report. At the end of the visit, the Programme Re-Accreditation Team will have a final debriefing meeting with the provider, which will include a short briefing of the preliminary findings. These preliminary findings are not to be taken as conclusive or comprehensive. The final judgements shall be presented in the final Programme Re-Accreditation Report.

STAGE 4: DRAFTING AND APPROVING THE PROGRAMME RE-ACCREDITATION REPORT

In the case of Initial Programme Accreditation

22. In the case of initial programme accreditation, the Programme Accreditation Team members analyse the programme documentation and form their individual opinions. They then meet to jointly discuss their findings and subsequently draft a Programme Accreditation Report.

There could be several scenarios that will require further input from the provider before the report is finalised:

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

If the Programme Accreditation Team members recommend not to accredit the programme, the Programme Accreditation Report will be sent to the applicant by the MFHEA, indicating the reason behind the decision of the team.

23. If the initial programme accreditation procedure is successful, the provider will be informed that the programme is officially accredited upon the receipt of the updated licensing conditions endorsed by the MFHEA. The applicant will be requested to provide a template certificate in accordance with the requirements specified by the MFHEA. This is to be approved by the MFHEA. Should a programme fail accreditation during the two remaining times allocated to do the required amendments, the process will be concluded, and the applicant will be informed accordingly.

In the case of Programme Re-Accreditation

24. In the case of programme Re-Accreditation, the Programme Re-Accreditation Team will draft the Programme Re-Accreditation Report, a document that respects the general structure provided by the present document and the relevant template; the Chair of the Programme Re-Accreditation Team (see section 5.3) ensures that the Programme Re-Accreditation Report is collectively agreed by all the team members. In exceptional cases, when agreement is not reached, a member may express a separate opinion, to be attached to the team's report. In drafting the report, the team shall consider the evidence and information it has gathered to decide on the judgements for each of the standards and any elements of good practice that it wishes to highlight, and to agree on any recommendations for action by the provider. The Programme Re-Accreditation Team should ensure that clear evidence is utilised in deciding its judgements, analysing various sources in order to come to a consensual, coherent and consistent conclusion through triangulation and cross-referencing.

In the case of both Initial Programme Accreditation and Programme Re-Accreditation

25. Programme Re-Accreditation Teams structure suggestions for improvement according to the following categories:
- ◆ **Mandatory Recommendations** which are crucial to meeting a standard and shall be implemented within the stipulated timeframes.
 - ◆ **Key Recommendations** which are important to improve a standard, and which should be implemented expediently by the provider, within the stipulated timeframes, to address programme weaknesses.
 - ◆ **Suggested Recommendations** for improvement which are merely suggestions based on the team's analyses and observations; these could be implemented by the provider to enhance programme content and/or teaching and learning.
26. Programme Re-Accreditation Teams will consider the indicators included in this document when determining the judgement for each standard of the programme subject to accreditation. The judgements for each standard will be expressed as follows:
- ◆ **Fully compliant** – the programme is entirely in alignment with the standard, which is implemented in an effective manner.
 - ◆ **Substantially compliant** – the programme is to a large extent in alignment with the standard, the general principles of which are followed in practice.

- ◆ **Partially compliant** – Some parts of the standard are met while others are not, i.e. the implementation of the standard is not effective enough.
- ◆ **Non-compliant** – The programme fails to comply with the standard.

Having come to the conclusion regarding judgements per individual standard, the team will then provide the Head of Accreditation within the MFHEA with a final overall recommendation on the outcome of the procedure in terms of approval or denial of accreditation.

27. Based on the compliance assessment of the programme(s) with each standard, the team will recommend one of the following types of outcomes:
 - a. A positive outcome (grant the accreditation in the case of initial accreditation, confirm the accreditation in the case of Re-Accreditation) for:
 - ◆ a five-year period if all standards are fully or substantially compliant.
 - ◆ less than a five-year period, assigning additional conditions, if one standard is partially compliant, the rest of the standards are either fully or substantially compliant, and no standard is non-compliant.
 - b. A negative outcome (refuse the accreditation in the case of initial accreditation, revoke the accreditation in the case of Re-Accreditation) if at least one standard is non-compliant.

28. The Chair of the Programme Re-Accreditation Team submits the Programme Re-Accreditation Report to the MFHEA within the time limit given by the MFHEA. The Accreditation Coordinator reviews the report, firstly, in order to ensure that it respects the general structure provided by the present document and, secondly, to ensure that it has a coherent flow between the body of the report and the team's recommendation. The recommendation must be fully supported by evidence and arguments included in the body of the report.

The approval process may include further communication between the MFHEA and the Programme Re-Accreditation Team in order to bring the report in line with the present guidelines.

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

30. The Programme Re-Accreditation Report is sent to the applicant giving them the chance to correct any potential factual errors that might have been included. During this dialogue, the institution cannot submit further information and evidence that have not already been referred to during the Re-Accreditation visit or through the Programme Performance Report. The provider will submit its observations, strictly

referring to the factual accuracy of the report, within two weeks of receiving the Re-Accreditation Report.

31. Following the comments of the provider, the Programme Re-Accreditation Team analyses whether any corrections should be made, finalises the report and submits it to the MFHEA.

STAGE 5: THE ACCREDITATION DECISION AND APPEALS

32. Upon receipt of the final version of the Programme Accreditation Report, the QAC makes decisions on accreditation, based on the report of the Programme Re-Accreditation Team and response of the institution.
33. The QAC may decide whether to endorse the recommendation of the Programme Re-Accreditation Team regarding the accreditation of the programme. The QAC may revert to the Programme Re-Accreditation Team for clarification of the issues that are necessary to make the decision.
34. The provider is officially notified by email of the accreditation decision. Successfully accredited programmes are entered into the register of accredited programmes maintained by the MFHEA.
35. Should the provider disagree with the decision, they can submit an appeal no later than 20 calendar days from the day they were informed of the decision in line with the instructions provided by the procedure for dealing with programme accreditation appeals.

Criteria for Appeals:

- ◆ unsupported decision: the accrediting body's decision lacks substantial evidence from the record, is clearly erroneous, or appears unreasonable based on the facts provided.
 - ◆ procedural errors: the accreditation process deviated from established policies, procedures, criteria, or standards, materially affecting the outcome.
 - ◆ factual errors or misinterpretation: the decision relied on major documented inaccuracies, incorrect information, or a misapprehension of the evidence submitted.
 - ◆ bias or prejudice: evidence shows evaluators acted with intent to unfairly disadvantage the provider.
 - ◆ unduly harsh or disproportionate outcome: the refusal is excessively severe given the circumstances or evidence.
36. The decision made after the analysis of the appeal is final and may not be the subject of a new appeal to the MFHEA. Appellants who still feel aggrieved after exhausting the internal appeal system, may appeal to the Court of Malta.

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

STAGE 6: PROVIDER'S ACTION PLAN AND PUBLICATION

37. In the case of Re-Accreditation, before the publication of the Programme Re-Accreditation Report, the provider is requested to submit an Action Plan within a month, which shall explain how the provider will address the areas for improvement identified in the report and provide specific, proportionate and measurable responses to all recommendations. The Action Plan will be an integral part of the Programme Accreditation Report. This is to be approved by the Chair of the Programme Accreditation Team.

38. Responsibility for publicity of the Re-Accreditation process results is shared by the MFHEA and the provider as follows:
 - ◆ the MFHEA publishes the final accreditation decision together with the Programme Accreditation Report on its official website.

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

STAGE 7: FOLLOW-UP ACTIVITIES

39. Once the Programme Accreditation Report along with the decision is published on the MFHEA website, the provider shall submit summary report/s supported by evidence on the implementation of the recommendations in accordance with the target dates stipulated by the Programme Accreditation Team. These reports demonstrate how the team's recommendations and corresponding measures of the same scope and fully matching the intent of review team's recommendations are being implemented. In any case, the institutions are fully responsible for swiftly addressing shortcomings of their provision and continuous improvement of studies and training so that students, employers, other stakeholders and society at large can trust the quality of the full Qualifications and Micro-Credentials issued.

40. Since the MFHEA will be documenting and assessing the actions taken by the institution in a series of follow-ups to the Re-Accreditation, the provider shall submit an Action Plan on a yearly basis from the date of publication of the Programme Re-Accreditation Report. The action plan shall indicate how and by when each recommendation outlined in the Programme Re-Accreditation Report has been or is going to be met, including clear timeframes for implementation until all the recommendations are fully addressed. There is no requirement for annual action plans once all recommendations have been addressed. The Chair of the Programme Re-Accreditation Team is in charge of vetting such an Action Plan. Following the vetting process, the Action Plan shall be submitted for approval by the QAC.

4.5 Exceptional External Quality Assurance Process

In line with relevant Subsidiary Legislation, the MFHEA has the mandate to trigger an exceptional External Quality Assurance Process, unrelated to programme re-accreditation, of any study programme at any time if there are concerns. These concerns may come in the format of student, staff or graduate complaints, stem from the publicly available information or become the general knowledge of the MFHEA.

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

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

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

- ◆ clear and focused Terms of Reference in relation to the concerns will be drawn by the MFHEA.
- ◆ the scope of the process will depend upon the nature and extent of concerns and will include all or several selected relevant Standards for Accreditation contained in this document.
- ◆ the provider will be given a timeline to draft a Programme Performance Report or a similar submission serving the scope and purpose of the process.
- ◆ further stipulations of Stages 2-7 apply mutatis mutandis.
- ◆ Re-Accreditation decisions taken as a result of the exceptional external quality assurance process will supersede the last periodic accreditation decision (if applicable).

4.6 Termination of External Quality Assurance Processes

If at any point in the application process for programme accreditation, no feedback, requested documents, amendments or clarifications are supplied by the provider for a period of 10 working days, then the application will be considered null and void, and the applicant will need to submit a new application.

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

In the event the request is withdrawn, the provider cannot re-apply for initial accreditation of the same study programme/s within 1 year of the date on which the initial accreditation procedure was terminated.

5. ROLES AND RESPONSIBILITIES

5.1 The MFHEA

The MFHEA has the overall responsibility for proper selection of Programme Re-Accreditation Teams members, their training and briefing as needed for the assignments. The MFHEA maintains ownership of the final accreditation reports and is responsible for proper handling of all records during and after the accreditation process.

5.2 The Accreditation Coordinator

The Accreditation Coordinator is an officer of the MFHEA who has expertise in external quality assurance procedures and will act to ensure that the processes are conducted as outlined in the document. Their primary function is to advise the Programme Re-Accreditation Team and the provider on the procedure, with the aim of facilitating the implementation of the process in a timely manner and consistently across accreditations of different programmes and providers.

To ensure that the principles of peer review are preserved and that sufficient distance is maintained from the MFHEA, given the multiple roles the MFHEA has with respect to licensed entities, the Accreditation Coordinator shall maintain an independent status and not be empowered to participate in the decision-making process of the external quality assurance processes.

The Accreditation Coordinator will have the tasks and responsibilities as outlined below.

Preparation of the Programme Re-Accreditation Process:

- ◆ act as a custodian of the accreditation timeline with the purpose of ensuring its implementation consistently across the MFHEA's work.
- ◆ ensure that the documentation submitted by the provider is aligned with the guidelines provided in this document and its templates.
- ◆ provide guidance and address all concerns of the provider and Programme Accreditation Team in approaching the requested documentation and any potential requests for supplementary documentation.

- ◆ act as an intermediary of all formal affairs and communication between the Programme Accreditation Team and the provider.
- ◆ in the case of Re-Accreditation, the coordinator may revert to the provider with feedback on the quality enhancement of the Programme Performance Report and has the right not to accept the submission of the Programme Performance Report until they consider that the documentation is of a satisfactory level of quality so as to set the Programme Accreditation Team up for success.

In the case of a Programme Re-Accreditation Process that requires a visit:

- ◆ ensure that the Programme Re-Accreditation Team receives the Programme Performance Report in time to prepare adequately for the Re-Accreditation visit.
- ◆ support the Programme Re-Accreditation Team and the provider in agreeing on the accreditation visit agenda; provide a initial draft of the agenda so as to ensure consistency within the MFHEA practices.

During the Programme Re-Accreditation Visit (where required as per paragraph 17 [p.34])

Administration of the Programme Re-Accreditation Visit:

- ◆ ensure that all practical arrangements, such as meeting rooms/online links, are available for the Programme Re-Accreditation Team.
- ◆ continue to act as an intermediary for all formal affairs and communication between the Programme Re-Accreditation Team and the provider.
- ◆ process potential requests for supplementary documentation requested by the Programme Re-Accreditation Team.
- ◆ ensure the adherence to the agreed Programme Re-Accreditation Visit agenda – timetable, locations, online meetings schedule and attendees, and adjust the agenda, if needed.
- ◆ provide support in applying the document and other supporting documentation (templates, annexes, etc.).
- ◆ offer clarifications for both the Programme Re-Accreditation Team and the provider regarding all administrative steps of the external quality assurance process.
- ◆ in the event some team members underperform, address the issue with the chairperson in private, seeking constructive solutions to the situation. In the event the chairperson fails in their duty, escalate the issue to their superiors at the MFHEA.

Content coordination during and after the Programme Re-Accreditation Visit:

- ◆ attend all meetings on the Programme Re-Accreditation Visit agenda and Programme Re-Accreditation Team meetings, take notes in meetings and make them available (if necessary) to support the Programme Re-Accreditation Team in drafting the Programme Re-Accreditation Report.
- ◆ supervise and ensure the Programme Re-Accreditation Team covers all indicators included in the document.
- ◆ promote consistency in the interpretation of all indicators included in the document, in line with previous decisions of the MFHEA.
- ◆ ensure the Programme Re-Accreditation Team triangulates and cross references the data sources so as to reach sound judgements.
- ◆ provide feedback on the Programme Re-Accreditation Report for quality enhancement purposes – ensure consistency between the report sections, as well as between the report body and its judgements, confirm that all statements are evidence based, and ensure the fairness of Programme Re-Accreditation Team judgements. The Accreditation Coordinator has the right not to accept the submission of the Programme Re-Accreditation Report until they consider that the documentation is of a satisfactory level of quality so as to support a sound decision making by the MFHEA.

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

5.3 The Programme Re-Accreditation Team

The programme Re-Accreditation process shall be conducted by a Programme Re-Accreditation Team selected by the MFHEA. The team shall have a minimum of two members, even for Micro-Credentials. In case of teams of more than three members, one member may be a student. The MFHEA appoints a chairperson. Students may form part of teams of any size but cannot serve as Chair. The team may consist of international experts and may include representatives of the world of work (representing private sector, public sector or non-governmental organisations as appropriate). The MFHEA nominates one of the experts as the Chair of the Programme Accreditation Team.

Where a programme includes any element of **work-based learning**, a **work-based learning expert** shall be included. Where a programme includes any **online component** (blended, synchronous, or asynchronous), an **online-learning expert** shall be included.

The number of study programmes, their cycle, disciplinary affiliation, size and complexity of the provider will have an impact on the number of members included in the Programme Re-Accreditation Team. The exact composition shall be approved by the QAC or their delegate.

The members of the Programme Re-Accreditation Team, including the chairperson, will be appointed based on the following criteria:

- ◆ have at least a full MQF Level 6 degree (this criterion is not applied to a representative of the world of work - including sports, arts and crafts - who can possess relevant commensurate professional experience instead of formal training, not to student members).
- ◆ have excellent English writing skills and good IT skills.
- ◆ preferably have significant experience in teaching at the level of provision of the provider (this criterion is not applied to representatives of the world of work).
- ◆ have collaborative skills and ability to work in a group.
- ◆ demonstrate availability and can commit to the timeline.
- ◆ have received training by the MFHEA on the undertaking of external quality assurance processes, and/or have prior experience of such exercises in Malta or internationally.
- ◆ have no conflict of interest in undertaking the external quality assurance process of a specific provider.

If students are appointed, they shall be appointed on Programme Re-Accreditation Teams according to the following minimum criteria:

- ◆ be at least 18 years old at the point of application with the MFHEA.
- ◆ as a general principle, selected students should represent the diversity of the student body.
- ◆ to avoid possible conflict of interest issues, any selected student shall not be registered as a student of the provider, nor shall they be a past student of that provider.
- ◆ for accreditation of programmes leading towards qualifications at MQF Levels 1, 2, 3 and 4, student evaluators studying at a higher level of education than Level 4 shall be drawn.

The Programme Re-Accreditation Teams nominated by the MFHEA have the duty to gather, verify and exchange information and supporting elements so as to be able to check the statements made in the documentation received and/or during the Programme Re-Accreditation Visits (when required), and to formulate their own assessments of the performance of the provider against the standards included in the present document.

During visits (when these are required), the Programme Re-Accreditation Teams shall discuss and exchange the collected evidence, verify the comprehensiveness and interpretation of the data, and analyse various sources in order to come to a consensual, coherent and consistent conclusion through triangulation and cross-referencing.

All Programme Re-Accreditation Team members shall be required to sign a Declaration of Interest Form and a Confidentiality Statement prior to starting work on the Re-Accreditation process. Team members are independent in their work and shall not represent their respective institutions, i.e. they shall not assume positions of consultants or inspectors but retain a critical friend stance. They shall abide by the principles of professionalism, objectivity and impartiality at all times. Team members shall treat information, including personal data, in possession of which they come during the accreditation process with extreme care, and shall maintain the confidentiality of information obtained during the accreditation procedure. Team members will not undertake any consultancy proposals at the provider in accreditation of which they were involved before two years pass from the finish date of their engagement with the MFHEA.

With regard to Programme Re-Accreditation, teams are requested to assess the way in which the gathered evidence complies with the Programme Performance Report carried out by the provider and with the facts observed during the visit (when these are required as per paragraph 17 [p.34]), as well as to verify to what extent the evidence supports the level of standards' achievement the provider declares about itself.

When preparing for a Programme Re-Accreditation Visit, the Programme Re-Accreditation Team must:

- ◆ read the Programme Performance Report effectively.
- ◆ use any evidence and the Programme Performance Report to accurately identify the further sources of information required.
- ◆ formulate key areas for consideration for their allocated standards.
- ◆ establish productive and constructive working relationships with the members of the Programme Re-Accreditation Team.
- ◆ apply their professional knowledge effectively to the requirements of the assigned role.

During Programme Re-Accreditation Visits, the Programme Re-Accreditation Team must:

- ◆ gather and record evidence systematically and accurately, identify when sufficient evidence has been gathered and where further evidence is required.
- ◆ conduct interviews and manage discussions in an appropriate and professional manner.
- ◆ establish open and professional relationships with key staff and, as appropriate, with employers and other partners.
- ◆ analyse and interpret data and other evidence to inform judgements.
- ◆ write clear, evaluative and comprehensive records of evidence that underpin and support the judgements.
- ◆ make sound judgements, securely based on a wide range of evidence, for example, discussions with students, documentation and performance data, and evidence supplied by other team members.
- ◆ identify strengths, areas for improvement and recommended actions.
- ◆ share evidence effectively with the other team members and with staff from the provider.
- ◆ present and substantiate judgements clearly in team meetings.
- ◆ contribute constructively to team meetings and help the team reach robust judgements.
- ◆ challenge judgements constructively and respond positively to the challenges of others.
- ◆ provide unambiguous and constructive feedback, firmly based on evidence.
- ◆ write clear, concise and authoritative contributions to the Programme Re-Accreditation Report.
- ◆ work effectively to meet all deadlines.

Additionally, the Chair of the Programme Re-Accreditation Team will have the following supplementary responsibilities:

- ◆ ensure that the goals of the Programme Re-Accreditation Visit are clear to the Programme Re-Accreditation Team and that they understand their roles within the exercise.
- ◆ establish an open and professional relationship with the provider that enables effective communications throughout the process.
- ◆ provide clear leadership to the Programme Re-Accreditation Team and build the team to ensure that all members give their best. In the event some team members underperform, address the issue directly with the team member concerned in private, or via the Accreditation Coordinator.
- ◆ chair the main meetings included in the Programme Re-Accreditation Visit agenda and in a consensual way assign chairing over other meetings to other team members.
- ◆ lead the internal Programme Re-Accreditation Team meetings constructively to enable them to reach accurate and robust judgements.
- ◆ provide the relevant sections in the Programme Re-Accreditation Report for the assigned standards.
- ◆ collate the final report, drawing on the Programme Re-Accreditation Team's contributions, and edit it to ensure that it meets the requirements of this document.
- ◆ ensure that the written report is a fair and accurate reflection of the provider, is written in straightforward language and is of a quality that requires little or no further editing.
- ◆ ensure that the report is produced in the timeframe agreed with the Accreditation Coordinator.
- ◆ respond to and resolve any complaints made after the Programme Re-Accreditation Visit, including corrections of potential factual errors in the Programme Re-Accreditation Report, in close consultation with the team members.

The selected Programme Re-Accreditation Team members shall receive induction and preparation by the MFHEA to ensure appropriate and effective service throughout the external quality assurance processes. Induction and preparation will ensure that all Programme Re-Accreditation Team members are fully up to date with the aims, objectives and methods of the exercise and that they understand their own roles and responsibilities as part of the Programme Re-Accreditation Teams.

Programme Re-Accreditation Team members will only be nominated from a pool of experts maintained by the MFHEA and who have satisfactorily completed the MFHEA training or attended a briefing.

From time to time the MFHEA shall also organise training programmes aimed at a wider audience of prospective experts and student reviewers. Training will be designed to build upon the skills and experience of those undergoing it. As part of the training, the MFHEA will provide:

- ◆ training on the MFHEA's work, obligations and standards.
- ◆ training on the external quality assurance process.
- ◆ training in specialist skills needed to carry out or facilitate the external quality assurance work.
- ◆ training reference material to use after completion of training.
- ◆ documents that Programme Re-Accreditation Team members need to conduct the external quality assurance processes to which they are assigned.

All team members are responsible for timely and honest feedback provision under the request of the MFHEA, in respect of the accreditation process they served for, and the initial Accreditation or Re-Accreditation procedure itself for enhancement purposes.

5.4 The Institutional Facilitator

The Institutional Facilitator acts as the provider's designated liaison supporting the logistical and organisational aspects of the Programme Re-Accreditation process, ensuring timely access to information and relevant stakeholders. They facilitate the smooth implementation of all agreed arrangements, while strictly respecting the independence of the Programme Re-Accreditation Team and routing all communication exclusively through the Accreditation Coordinator.

The Institutional Facilitator ensures that internal arrangements, documentation and institutional representatives are prepared in line with the procedural requirements. They coordinate the provider's internal responses to MFHEA requests, ensuring accuracy, consistency and compliance without influencing the Programme Re-Accreditation Team's judgements.

Indicative tasks of the Institutional Facilitator:

- ◆ organise and coordinate internal logistics (meeting rooms, schedules, access to evidence and staff).
- ◆ ensure timely collection, formatting and submission of documentation requested through the Accreditation Coordinator.
- ◆ support institutional staff in understanding procedural requirements and visit arrangements, if any.
- ◆ ensure that all provider representatives adhere to communication protocols and confidentiality rules.



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