

**APPEALS COMMITTEE
MALTA FURTHER AND HIGHER EDUCATION AUTHORITY**

**Appeal filed by Yhank Institute
against the accreditation decision adopted by the Malta Further and Higher Education
Authority dated 19 January 2026**

DECISION

1. INTRODUCTION, CONSTITUTION OF THE APPEALS COMMITTEE AND PROCEDURAL HISTORY

This decision concerns the appeal filed by Yhank Institute, managed by Omniversity Edutech Ltd., against the accreditation decision adopted by the Malta Further and Higher Education Authority (“MFHEA” or “the Authority”) on the 19th day of January 2026, whereby the application submitted by Yhank Institute for Initial Provider Accreditation was rejected.

The appeal was formally lodged on the 9th day of February 2026 by Prof. Pietro Dipalo in his capacity as Head of Institute and Legal Representative of Yhank Institute. The appeal was filed pursuant to the applicable MFHEA Policy and Procedure for Appeals and was directed against the final accreditation outcome communicated following the External Quality Assurance Initial Provider Accreditation process conducted in respect of Yhank Institute.

By means of the accreditation decision dated 19th January 2026, the Authority informed the appellant that the MFHEA Board had endorsed the recommendation of the Quality Assurance Committee (“QAC”) that Yhank Institute “does not meet the necessary standards for initial provider accreditation” and that, consequently, “the application for Yhank Institute to be accredited as a Higher/Further and Higher Education Institution has been rejected.”

The said decision followed an External Quality Assurance Audit conducted between the 21st and 22nd July 2025 by an independent Peer Review Panel appointed under the applicable MFHEA framework. The final audit report concluded that, out of the ten Standards assessed, Standards 1, 2, 4, 5 and 11 were deemed Fully Compliant, Standards 6 and 9 were deemed Substantially Compliant, Standard 3 was deemed Partially Compliant, whilst Standards 7 and 8 were deemed Non-Compliant.

Following the lodging of the appeal, the present Appeals Committee was duly constituted by the Authority in accordance with the applicable procedural framework. The undersigned was appointed Chairperson of the Committee, together with Prof. Peeter Normak and Mr Gaga Gvenetadze as members of the Committee.

On the 1st day of April 2026, this Committee issued Procedural Order No. 1 regulating the procedural timetable of the proceedings and directing the Authority to produce the complete accreditation record, including the Self-Assessment Report (“SAR”), the Internal Quality Assurance documentation, annexes, policies, correspondence, evaluation materials and all documentation forming part of the original accreditation process. The Committee further directed that the Authority file its reply by the 21st day of April 2026 and scheduled an internal preparatory meeting and oral hearing.

Subsequently, on the 4th day of May 2026, the Authority filed an application requesting the admission of a reply filed out of time, together with the reply itself. The Authority attributed the delay to the complexity of the appeal and the temporary unavailability of certain staff members due to duties abroad. The Committee, by means of Procedural Order No. 2, admitted the Authority’s reply into the acts in the interests of justice, whilst directing immediate service thereof upon the appellant.

Thereafter, on the 11th day of May 2026, the appellant filed “Observations of the Appellant on the Late Reply of MFHEA and on Procedural Order No. 2”. In said observations, the appellant objected both procedurally and substantively to the admissibility of the Authority’s late reply, challenged the procedural basis upon which the same had been admitted, raised objections concerning the production of witnesses and alleged new factual material, and further elaborated on the merits of the original grounds of appeal.

By means of Procedural Order No. 3 dated the 12th day of May 2026, the Committee noted that the observations had been filed without prior authorisation, confirmed that the Authority’s reply remained admitted into the acts of the proceedings, and reserved its position regarding the admissibility and procedural status of the appellant’s observations until after hearing oral submissions by the parties.

The oral hearing of the appeal was then held online on the 13th day of May 2026 at 14:00 hours (Malta time). During the hearing, the Committee heard oral submissions from both parties and heard evidence from three witnesses called by the Authority, namely Ms Sibby Xuereb, Mr Keith Aquilina and Dr Robert Cassar, all of whom had participated in the original accreditation process and audit. The appellant elected not to produce witnesses.

The Committee has carefully reviewed and considered:

- (i) the appeal filed on the 9th day of February 2026;
- (ii) the accreditation decision dated the 19th day of January 2026;
- (iii) the External Quality Assurance Audit Report and annexes;
- (iv) the Internal Quality Assurance documentation, annexes and policies submitted during the accreditation process;
- (v) the Authority’s reply filed on the 4th day of May 2026;
- (vi) the appellant’s observations dated the 11th day of May 2026;
- (vii) the oral and documentary evidence produced during the hearing held on the 13th day of May 2026;
- (viii) the documentation submitted by the Authority on the 14th day of May 2026;

- (ix) the subsequent email exchange and communication dated the 15th and 18th days of May 2026, insofar as they record or preserve procedural objections; and
- (x) the applicable MFHEA External Quality Assurance Provider Accreditation Manual and Appeals Policy.

The Committee shall now proceed to determine the appeal.

2. THE APPEAL

In its appeal filed on the 9th day of February 2026, Yhank Institute challenged the accreditation decision adopted by the Malta Further and Higher Education Authority on both procedural and substantive grounds.

The appellant argued, first and foremost, that the impugned decision was affected by insufficient reasoning in that the accreditation letter merely listed the compliance outcomes reached under the various standards without adequately identifying which findings were determinative, how proportionality was assessed or why outright rejection was considered necessary rather than recommendations, conditions or remedial follow-up.

The appellant further argued that the Authority improperly failed to distinguish between the requirements applicable to an institution seeking initial licensing and those applicable to an already operational institution undergoing subsequent accreditation review.

According to the appellant, the applicable framework distinguishes between “minimal indicators” applicable at licensing stage and “performance indicators” applicable after commencement of operations and the panel therefore erred by evaluating the institution according to operational-performance expectations rather than documentary readiness.

The appellant repeatedly argued that extensive documentary frameworks already existed within the Internal Quality Assurance Manual, annexes and institutional documentation submitted during the accreditation process.

Particular emphasis was placed upon procedures and frameworks concerning appeals mechanisms, assessment systems, thesis supervision, inactive student policies, online learning systems, learning analytics, student support structures and digital infrastructure.

The appellant argued that several findings reached under Standards 3, 7 and 8 were factually inaccurate because the relevant procedures and systems were already present within the institutional documentation.

The appellant further argued that the panel repeatedly confused absence of systems with issues relating merely to visibility, operational refinement, implementation or future scaling.

In relation to Standard 3, the appellant argued that the institution did possess an internal Quality Assurance function and that the requirement for an “internal staff member” did not necessarily require a contract of employment.

In relation to Standard 7, the appellant challenged findings concerning appeals procedures, thesis supervision, online assessment systems and tutor support structures and argued that the relevant systems were already documented and capable of implementation.

In relation to Standard 8, the appellant challenged findings concerning student administration, inactive student policies, student support structures, online support systems and learning analytics and argued that the institution had already established coherent documentary frameworks sufficient for licensing-stage compliance.

The appellant additionally relied heavily upon subsequent programme accreditation outcomes obtained by Yhank and argued that multiple programme accreditation panels appointed by MFHEA had positively evaluated several academic and assessment structures now criticised within the provider accreditation context.

The appellant ultimately requested that the impugned accreditation decision be overturned and that the institution’s application for provider accreditation be reassessed or otherwise recognised as compliant with the applicable licensing requirements.

3. THE AUTHORITY’S REPLY

In the reply filed by the Malta Further and Higher Education Authority on the 4th day of May 2026 (admitted into the acts by Procedural Order 2), the Authority opposed the appeal in its entirety and requested that the impugned accreditation decision be confirmed.

The Authority argued, *inter alia*, that the appellant’s interpretation of the accreditation framework was fundamentally flawed and that the appellant failed to appreciate that the “minimal indicators” contained within the MFHEA External Quality Assurance Provider Accreditation Manual constituted mandatory requirements which “must be met before the commencement of operations.” The Authority repeatedly emphasised that these indicators were not optional, aspirational or merely recommendatory in nature.

The Authority further argued that the Peer Review Panel had correctly applied the applicable framework and had been fully entitled to conclude that the institution had failed to satisfy several mandatory indicators under Standards 3, 7 and 8.

The Authority rejected the appellant's repeated distinction between "documentary readiness" and "operational implementation" and argued that, even at licensing stage, the institution was required to demonstrate sufficiently mature and coherent operational structures capable of implementation upon commencement of operations.

The Authority further argued that the appellant repeatedly attempted to rely upon documents, clarifications and explanations which either were not sufficiently demonstrated during the audit process itself or which were only being reformulated and clarified retrospectively during the appeal proceedings.

In relation to Standard 3, the Authority maintained that the institution failed to satisfy Indicator 3.4 because the Quality Assurance Manager was not an "internal staff member" within the meaning of the Manual and was instead engaged on a self-employed/service-contract basis.

The Authority argued that the wording of the Manual was clear and that the requirement for an internal QA role reflected the importance of institutional quality assurance structures.

In relation to Standard 7, the Authority argued that the institution failed sufficiently to demonstrate coherent and operationally mature structures relating to student-centred learning, assessment systems, appeals procedures, thesis supervision, online workflows and institutional preparedness.

The Authority maintained that the panel's concerns extended beyond mere documentary existence of procedures and instead related to practical implementation capability, clarity of workflows and institutional preparedness.

The Authority further argued that the institution failed to demonstrate sufficiently robust structures relating to moderation, assessment reliability, appeals systems and online operationalisation.

The Authority additionally reserved the right to produce oral evidence from individuals involved in the original accreditation process in order to clarify aspects of the panel's findings and evaluative concerns.

In relation to Standard 8, the Authority argued that the institution failed sufficiently to demonstrate coherent and operationally mature student administration and support systems, including systems relating to student support, learning analytics, escalation procedures, SLAs and inactive student management.

The Authority further argued that the institution's systems, whilst existing at a documentary level, lacked sufficient operational preparedness and institutional maturity.

The Authority additionally rejected the appellant's reliance upon subsequent programme accreditation outcomes and argued that programme accreditation and institutional licensing constitute distinct regulatory exercises serving different functions.

The Authority maintained that positive programme accreditation outcomes could not automatically compel institutional provider accreditation.

The Authority further argued that the appeal itself revealed misunderstandings by the appellant concerning the nature of accreditation proceedings and the role of the Appeals Committee.

The Authority therefore requested that the appeal be dismissed in its entirety.

4. THE APPELLANT'S WRITTEN OBSERVATIONS

In the observations filed by the appellant on the 11th day of May 2026, the appellant objected both procedurally and substantively to the Authority's reply and to Procedural Order No. 2.

The appellant argued, first and foremost, that the Authority's reply should never have been admitted into the acts and that the MFHEA Appeals Policy did not provide any procedural basis whatsoever for the filing of a written reply by the Authority.

The appellant further argued that, even if such reply were procedurally permissible, the filing thereof approximately eighty-four days after the appeal was manifestly unreasonable and prejudicial.

The appellant argued that the Authority was improperly attempting to reconstruct or supplement *ex post facto* the reasoning underlying the original accreditation decision and that such retrospective supplementation was legally impermissible.

The appellant repeatedly argued that the impugned accreditation decision was affected by insufficient reasoning because it merely listed the compliance outcomes under the various standards without identifying which findings were determinative, how proportionality was assessed or why outright rejection was considered necessary.

The appellant further argued that the right of appeal became illusory where the Authority only clarified its actual reasoning after the appeal had already been filed.

The appellant additionally objected strongly to the production of witnesses and oral evidence by the Authority during the appeal proceedings.

The appellant argued that the Authority was improperly attempting to introduce new factual allegations, witness-based reconstructions and new interpretative positions which did not appear within the original audit findings or accreditation decision.

Particular objection was raised regarding the alleged tutor-to-student ratio of one tutor to 150 students.

The appellant argued that no such ratio appeared within the institutional documentation and further argued that the Authority's references to oral statements allegedly made during the audit process were inadmissible.

The appellant also argued that Mr Sergio Passariello had not even participated in the onsite audit process in the manner alleged by the Authority.

Substantively, the appellant repeatedly argued that the institution already possessed extensive documentary frameworks and policies addressing the various indicators challenged under Standards 3, 7 and 8.

The appellant referred repeatedly to provisions within the Internal Quality Assurance Manual relating to appeals procedures, thesis supervision, inactive student policies, online learning systems, escalation mechanisms, moderation structures, support systems and learning analytics.

The appellant maintained that the Authority repeatedly confused "absence" of systems with concerns relating merely to implementation, visibility or operational refinement.

The appellant further argued that the accreditation framework distinguished clearly between minimal indicators applicable at licensing stage and performance indicators applicable after commencement of operations.

The appellant maintained that the institution, being pre-operational, could not reasonably be expected to demonstrate fully mature operational history equivalent to that of an already functioning institution.

The appellant also relied heavily upon subsequent programme accreditation outcomes and argued that multiple programme accreditation panels appointed by MFHEA had positively evaluated the institution's assessment systems, dissertation structures, online learning systems and academic procedures.

The appellant therefore argued that the Authority's findings under Standards 7 and 8 were inconsistent, disproportionate and unsupported by the documentary record.

The appellant ultimately requested that the Authority's reply be declared inadmissible and expunged from the acts and that the original appeal be upheld in its entirety.

5. THE HEARING HELD ON 13 MAY 2026, AND SUBSEQUENT DOCUMENTATION PRODUCTION AND EMAIL EXCHANGE

5.1. THE HEARING

The oral hearing of the appeal was held online on the 13th day of May 2026 before the undersigned Chairperson together with the other members of the Appeals Committee, namely Prof. Peeter Normak and Mr Gaga Gvenetadze.

The appellant was represented during the hearing by Prof. Pietro Dipalo, Mr George Schiavone and Ms Caterina Passariello, whilst the Authority was represented by Dr Dennis Zammit.

At the outset of the hearing, upon being asked by the Chairperson whether the appellant intended to produce witnesses, Prof. Dipalo declared that the appellant would not be producing witnesses. Dr Zammit, on behalf of the Authority, stated that the Authority would be producing evidence and witnesses.

The Authority first called Ms Sibby Xuereb for the purpose of clarifying the issue relating to the tutor-to-student ratio referred to during the audit process. During examination-in-chief, Dr Zammit asked the witness to explain what she had heard during the audit process regarding the ratio referred to in the report. Ms Xuereb testified that, when the panel asked questions concerning the ratio during the audit process, the response given by the institution was that the matter was difficult to determine because YHANK was not yet operating. However, according to the witness, reference was made to a ratio of one tutor to 150 students, similar to university structures. Ms Xuereb stated that this had been said by Prof. Dipalo.

During cross-examination, Prof. Dipalo disputed the witness's testimony and stated:

"I never stated this because we could not specify. We will have not one but six tutors."

The Chairperson asked the witness whether, having heard Prof. Dipalo's statement, she reconfirmed her testimony. Ms Xuereb reconfirmed her evidence by reference to notes taken contemporaneously during the audit process. No further questions were put to the witness. Prof. Dipalo subsequently stated that the issue concerning the ratio had never been mentioned in the report and that this was the first time that such issue had been raised. He further stated:

"I never heard about these notes."

Dr Zammit clarified that an earlier pleading had mistakenly attributed the relevant statement to Mr Passariello rather than Prof. Dipalo.

The Authority then called Mr Keith Aquilina, Digital Evaluator forming part of the Peer Review Panel. Dr Zammit referred the witness to Indicator 8.17 and requested him to elaborate upon the concerns identified by the panel. Mr Aquilina explained that the relevant online systems and LMS functionality existed and that the institution possessed the necessary technological infrastructure. However, according to the witness, during the onsite visit the panel attempted to triangulate evidence by posing questions to various institutional stakeholders, including the QA manager, directors

and lecturers, and not all stakeholders demonstrated sufficient understanding of workflows and operational processes associated with the systems being discussed.

Mr Aquilina stated that, according to his notes, the QA manager and lecturers did not demonstrate sufficient understanding in this regard. He further stated:

“There was a general lack of preparedness, maybe because it is a new institute. The infrastructure is there.”

Regarding Indicator 8.16 concerning Service Level Agreements and online support systems, the witness testified that forums and communication systems existed, however there were no sufficiently clear written processes specifying what staff members needed to do regarding the use and management of such online resources. According to the witness, this reflected lack of preparedness and lack of awareness amongst the relevant stakeholders.

During cross-examination by Mr Schiavone, the witness was asked whether the LMS itself had been found fit for purpose. Mr Aquilina replied in the affirmative and confirmed that the institution satisfied the first part of Indicator 8.17. However, according to the witness, the panel’s concern related to preparedness regarding workflows and processes applicable to different institutional roles, especially the QA manager, and whether the institution was operationally prepared to implement such systems effectively once operations commenced.

The witness further stated:

“It is not just a checklist. In my judgment, I also consider the institution as a whole.”

The Authority next called Dr Robert Cassar, Chairperson of the Peer Review Panel. Dr Zammit examined the witness regarding various indicators challenged in the appeal. Regarding Indicator 3.1 and the issue of public accessibility of the Quality Management Policy and related documentation, Dr Cassar testified that the panel checked the website before, during and after the audit visit and that he personally conducted checks on three separate occasions. According to the witness, the relevant material was not publicly available in the manner required by the standard. The witness stated:

“The standard states that it needs to be publicly available.”

Regarding the tutor-to-student ratio issue under Indicator 7.1, Dr Cassar testified that the reference to the ratio of one tutor to 150 students derived from statements made during the audit process by Prof. Dipalo and, according to the witness’s recollection, possibly by other institutional representatives discussing intended future structures.

Dr Cassar was further examined regarding Indicator 7.4 concerning the appeals procedure. The witness testified that there existed an issue of visibility and clarity which, according to him, arose repeatedly during the audit process. He stated that the

panel considered a number of minimal indicators to be only partially satisfied because the practical functioning of procedures upon commencement of operations remained insufficiently clear. The witness stated:

“The standards require clarity. It is a QA mechanism that needs to be in place.”

Regarding Indicator 7.5 concerning work-based learning and internships, Dr Cassar testified that the panel’s concerns arose due both to the model proposed by the institution, including the use of agents in foreign countries recruiting students, and due to the nature of the programmes themselves, which placed significant emphasis on work-based elements. According to the witness, the panel expected considerably greater detail in this regard, particularly since many prospective students would likely be employed persons.

Regarding Indicator 7.7 concerning evaluation of theses, Dr Cassar testified that the panel identified various issues, including lack of indication regarding the number of meetings between supervisor and student, uncertainty regarding the presence of supervisors and lack of clarity concerning supervisor-to-student ratios.

Regarding Standard 8, Dr Cassar testified that the institution already possessed a number of positive elements for which the panel commended it. However, according to the witness, several tools still required further refinement and formalisation, including QA tools, the scholarship system, the tutorship system and formal SLAs.

During cross-examination, Prof. Dipalo challenged the witness regarding publication of documents online and referred to evidence allegedly showing that all relevant documents had been uploaded. Dr Cassar nevertheless maintained that the panel identified accessibility and placement concerns regarding various policies and procedures. The witness further stated that, from the panel’s perspective at the relevant time, the institutional framework remained not yet “fully fledged”.

Prof. Dipalo additionally referred to programme accreditation outcomes and observed that the institution had subsequently obtained accreditation for five Bachelor and Master degree programmes examined by separate panels composed of subject experts who raised no objections regarding the institutional systems. Prof. Dipalo argued that the institution was therefore fully compliant.

Mr Schiavone submitted that the appeal fundamentally arose because the applicable Manual did not sufficiently distinguish between licensing-stage assessment and auditing of already operational institutions. He stated that, in his opinion, the panel effectively evaluated the institution as though it were already operational rather than assessing readiness for initial licensing.

During final submissions, Prof. Dipalo additionally raised procedural objections concerning the hearing of witnesses at appellate stage and argued that the appeal should have been decided exclusively upon the written record. He referred to the chronology of the process, namely the audit in July 2025, the first report received in

October 2025, the observations submitted thereafter and the absence of subsequent replies prior to the appeal proceedings. Prof. Dipalo argued that introduction of witnesses and handwritten notes during the appeal stage was improper and stated:

“You should decide on what was written, not on what was heard.”

Dr Zammit replied on behalf of the Authority that contemporaneous notes could properly be referred to by witnesses and that programme accreditation and institutional licensing constituted separate and parallel regulatory exercises. He further argued that the wording of the Manual concerning the quality assurance manager being “internal staff” was deliberate due to the importance of the QA function within the accreditation framework.

Dr Zammit additionally referred to the Manual and submitted that the minimal indicators, reflecting the minimal level of achievement required, had to be satisfied before commencement of operations. He specifically referred to page 6 of the Manual and to page 28 concerning confirmation of accreditation.

Following the conclusion of final submissions, the Chairperson addressed the admissibility of the written observations filed by the appellant, to which Dr Zammit raised no objection. The observations were accordingly admitted into the acts. The Chairperson further authorised the Authority to submit the notes referred to by Ms Xuereb together with the conclusions of the reports referred to during final submissions.

Before closure of the hearing, Prof. Dipalo additionally submitted that failure of one standard should not automatically result in refusal of accreditation.

At 15:37 hours the hearing was declared closed and the parties were thanked.

5.2. ADDITIONAL DOCUMENTATION SUBMITTED FOLLOWING THE HEARING

The Committee notes that the documentation referred to by Dr Zammit in his submissions was subsequently submitted by the Authority on the 14th day of May 2026 and circulated to both parties.

The documentation submitted consisted of:

- (i) a redacted extract from the onsite visit notes relating to matters specifically referred to during the hearing, including observations concerning the discussion on tutor-to-student ratios during the accreditation visit;
- (ii) the accreditation report dated 30th October 2025 already forming part of the original accreditation process; and
- (iii) correspondence relating to the factual accuracy stage of the audit report process, including the communication issued by the Authority inviting the institution to submit comments concerning the factual accuracy of the report and any alleged misunderstanding by the panel.

The Committee has considered the said material within the limited context for which it was admitted, namely to understand the specific matters referred to during the hearing, including the disputed tutor-to-student ratio issue, and the procedural context of the factual accuracy stage of the audit report process.

The Committee emphasises, however, that the present decision is not based upon any wholly new grounds, allegations or factual matters arising exclusively from such documentation. Rather, the Committee has considered the material as part of the broader accreditation record and within the context of concerns, findings and evaluative conclusions already reflected in the Accreditation Report, the Authority's decision, the parties' written submissions and the oral evidence heard during the proceedings.

5.3. SUBSEQUENT EMAIL EXCHANGE

Following closure of the oral hearing, the appellant addressed a further email to the Committee on the 15th day of May 2026 requesting, inter alia, a copy of Procedural Order No. 1 and clarification regarding the further procedural steps, the timetable for conclusion of the proceedings, the existence of any recording or transcript of the hearing and whether further written observations would be permitted following the hearing.

By email of the same date, the Chairperson, on behalf of the Committee, provided Procedural Order No. 1 for ease of reference and informed the parties that, the oral hearing having already been concluded, the Committee would proceed to deliberate internally and prepare its decision. The Committee further clarified that it was not envisaging any further written submissions or procedural steps prior to the issuance of the final decision, that notes or minutes of the hearing had been taken for internal purposes, and that the parties had already been afforded extensive opportunity to present their respective procedural and substantive positions both in writing and during the oral hearing.

Thereafter, on the 18th day of May 2026, the appellant addressed a further communication to the Committee raising additional procedural objections concerning, inter alia, the service of Procedural Order No. 1, the admission of oral testimony, the absence of a verbatim transcript or audio recording of the hearing, and the filing of limited documentation following the oral hearing.

By email dated the 18th day of May 2026, the Committee acknowledged receipt of the said further communication and clarified that the evidentiary phase and oral hearing had been formally concluded on the 13th day of May 2026, that the parties had already been informed that no further written submissions or procedural steps were envisaged, and that repeated unsolicited post-hearing communications during the deliberation stage were procedurally irregular, particularly where such communications sought to introduce further advocacy, argumentation or commentary following closure of the hearing.

The Committee further clarified in said email that the limited documentation filed following the hearing had been admitted pursuant to directions given by the Chair during the hearing itself and circulated to both parties. The parties were accordingly directed to refrain from making any further unsolicited submissions or communications addressed to the Committee concerning the merits or conduct of the appeal pending issuance of the final decision.

For the avoidance of doubt, the Committee has taken note of the appellant's communication of the 18th day of May 2026 insofar as it reiterates and preserves procedural objections already substantially advanced by the appellant in writing and during the oral hearing itself. However, the Committee does not treat the said communication as reopening the evidentiary phase, as authorising further written submissions, or as introducing any additional admissible evidence or fresh grounds of appeal.

The appeal shall therefore be determined on the basis of the appeal, the Authority's reply, the appellant's observations admitted into the acts, the documentation admitted during the proceedings, the oral evidence and submissions heard during the hearing, and the applicable regulatory framework.

6. THE ROLE OF THE APPEALS COMMITTEE, THE APPLICABLE REGULATORY FRAMEWORK AND THE STANDARD OF REVIEW

Before proceeding to examine the substantive grounds of appeal advanced by Yhank Institute, this Committee considers it necessary to clarify the nature and scope of the present appellate exercise, the regulatory framework governing the accreditation process and, most importantly, the standard of review properly applicable to appeals of this nature.

The present proceedings do not constitute a fresh accreditation exercise nor a *de novo* evaluation of the provider seeking licensing. The Committee is not itself constituted as an accreditation panel and is not called upon to substitute its own technical or academic assessment for that of the Peer Review Panel, the Quality Assurance Committee or the MFHEA Board merely because another evaluative conclusion may also have been reasonably open on the same material.

The Committee's function is appellate and supervisory in nature. Its role is to determine whether the impugned decision is affected by procedural irregularity, manifest inconsistency, insufficient reasoning, irrationality, disproportionality or material error in the application of the governing accreditation framework. Equally, where the Authority and the Peer Review Panel are entrusted by law and by the applicable regulatory instruments with specialised evaluative discretion in technical and academic matters, such discretion cannot lightly be displaced by the Committee unless it is shown that the conclusions reached fell outside the range of reasonable evaluative outcomes open on the material before them.

This approach is further supported by clause 3 of the MFHEA Policy and Procedure for Appeals, which limits the grounds upon which an institution may introduce an appeal. Under that clause, an institution may only appeal where it can demonstrate, with documented evidence, that the Authority violated its own written procedures or that there were procedural flaws, that the applicable criteria were not correctly applied, that there exists a proven ethical concern such as a conflict of interest, that the decision or conclusion is inconsistent with the materials and facts presented by the applicant before and during the evaluation visit, or that the decision is not based on and/or supported by sound evidence and arguments as reflected in the audit report. The Committee considers that this confirms the appellate and supervisory nature of the present proceedings. The appeal is therefore not a second accreditation assessment, but a review of whether one or more of the permitted grounds of appeal has been sufficiently demonstrated by the appellant.

7. THE PROCEDURAL OBJECTIONS RAISED BY THE APPELLANT AND THE ADMISSIBILITY ISSUES

Before proceeding to the substantive merits of the appeal, the Committee considers it appropriate to address the various procedural objections and admissibility issues extensively raised by the appellant in the original appeal, in the “Observations of the Appellant on the Late Reply of MFHEA and on Procedural Order No. 2” dated the 11th day of May 2026, during the oral hearing held on the 13th day of May 2026, and in the subsequent post-hearing correspondence exchanged between the appellant and the Committee on the 15th and 18th days of May 2026.

The appellant objected, *inter alia*, to the alleged insufficiency of reasoning of the original accreditation decision dated the 19th day of January 2026, the alleged inadmissibility of the Authority’s reply filed on the 4th day of May 2026, the alleged inadmissibility of oral testimony and witnesses produced by the Authority during the hearing, the alleged introduction of new factual material outside the original accreditation record and various alleged procedural irregularities affecting the conduct of the proceedings.

The Committee shall address these objections in turn.

As regards the appellant’s objection concerning the alleged late service of Procedural Order No. 1, the Committee notes that the appellant was nevertheless served with Procedural Orders Nos. 2 and 3, filed written observations dated the 11th day of May 2026, participated fully in the oral hearing of the 13th day of May 2026, cross-examined the Authority’s witnesses and advanced both procedural and substantive submissions. The Committee further notes that, at the outset of the hearing itself, the Chairperson expressly asked the appellant whether it intended to produce witnesses, to which Prof. Dipalo replied that the appellant would not be producing witnesses. At no stage during the hearing did the appellant contend that it had been unaware that witnesses could be produced, nor did the appellant request any adjournment, postponement or further opportunity to call witnesses in reply to the Authority’s

evidence. On the contrary, the appellant repeatedly stated that it was conceptually objecting to the production of witnesses and oral testimony during the appellate stage and maintained that the appeal should be determined exclusively on the basis of the written record. The appellant was nevertheless afforded full opportunity to present evidence, produce witnesses, cross-examine the Authority's witnesses and advance both procedural and substantive submissions. The Committee therefore does not consider that the alleged late receipt of Procedural Order No. 1, even if accepted, caused such material procedural prejudice as to invalidate the proceedings or require exclusion of the material admitted into the acts. The Committee has nevertheless taken the appellant's objection into account when assessing the procedural fairness of the proceedings as a whole.

Secondly, regarding the objection relating to the Authority's reply filed on the 4th day of May 2026, the Committee recalls that the issue was already expressly addressed by means of Procedural Order No. 2 and, subsequently, Procedural Order No. 3.

The Committee is mindful that the Authority's reply was indeed filed after expiry of the procedural deadline originally established by Procedural Order No. 1. The Committee also accepts that, ideally, the Authority ought to have sought leave or extension at an earlier procedural stage. Indeed, the Committee itself expressly noted this in Procedural Order No. 2.

Nevertheless, the Committee equally notes that the appellant was immediately served with the Authority's reply, and that the appellant filed written observations in response thereto. Indeed, the written observations (albeit not being authorised) were retained in the acts of the proceedings and appellant was further afforded full oral hearing rights during the sitting of the 13th day of May 2026.

In the circumstances, whilst the Committee accepts that the late filing was procedurally irregular, the Committee is not satisfied that the appellant suffered such prejudice as would justify exclusion of the Authority's reply from the acts of the proceedings altogether.

The Committee further notes that appeals of this nature concern matters of significant public and regulatory importance involving higher education quality assurance and licensing. The Committee therefore considered that the interests of justice favoured determination of the appeal on the basis of the fullest possible adversarial record, subject always to preservation of procedural fairness.

The Committee therefore confirms the conclusions already reached in Procedural Orders Nos. 2 and 3, namely that the Authority's reply shall remain admitted into the acts of the proceedings.

The Committee likewise confirms its decision taken during the oral hearing to admit into the acts the observations filed by the appellant on the 11th day of May 2026 and this notwithstanding the absence of prior authorisation.

The Committee now turns to the appellant's objections concerning oral testimony and witnesses.

The Committee also addresses, in this context, the appellant's related objection concerning the absence of a verbatim transcript or audio recording of the oral hearing.

The appellant repeatedly argued that the appeal should have been determined exclusively on the basis of the written accreditation record and that the Authority should not have been permitted to produce witnesses or oral clarifications during the hearing.

The Committee does not accept this submission. Indeed, Clause 5 of the Policy and Procedure for Appeals¹ explicitly provides that: "The form and the procedures of the meetings of the Appeals Committee **shall be determined by the Committee** and may take place virtually or physically."

(added emphasis)

Furthermore, nothing within the applicable Appeals Policy expressly prohibits the Committee from hearing oral submissions, clarificatory testimony or explanatory evidence concerning the existing accreditation record. In fact, Procedural Order No. 3 expressly provided that "all evidence and submissions are to be made by the parties during the hearing."

The Committee however agrees with the appellant to the extent that the appeal process cannot be transformed into an entirely fresh accreditation exercise or a vehicle for reconstruction of an entirely new evidentiary basis outside the material originally considered during the accreditation process.

For this reason, the Committee permitted oral testimony only insofar as such testimony was directed toward clarification of matters already emerging from the audit process, the audit report, the documentary record, the panel's findings and the appellant's own grounds of appeal.

The Committee did not treat oral testimony as replacing the original documentary record, nor as permitting the Authority to construct entirely new grounds for refusal not reasonably connected to the original accreditation process.

In particular, the Committee notes that the evidence of Ms Sibby Xuereb, Mr Keith Aquilina and Dr Robert Cassar was primarily directed toward explaining the panel's evaluative concerns, workflows, reasoning process, institutional preparedness issues and understanding of the relevant indicators.

The Committee accepts that certain aspects of the oral evidence, particularly concerning the alleged tutor-to-student ratio of one tutor to 150 students, were not

¹ <https://mfhea.mt/policy-and-procedure-for-appeals/>

entirely satisfactorily reflected within the final written report and generated some evidentiary ambiguity, including confusion regarding attribution of the statement in question.

For this reason, and as shall be discussed further in subsequent parts of this decision, the Committee does not consider that the tutor ratio issue may properly be treated as a central or determinative element of the accreditation outcome.

The Committee further rejects the appellant's submission that contemporaneous notes relied upon by witnesses were inherently inadmissible. The use of contemporaneous notes during testimony is neither unusual nor procedurally improper in proceedings of this nature, particularly where witnesses are being asked to clarify technical matters arising from events occurring many months earlier. The weight to be attributed to such evidence remains, however, a separate matter.

The Committee likewise rejects the appellant's submission that the Authority's reply or oral evidence necessarily constituted impermissible "*post hoc*" supplementation of the original decision in every respect.

The Committee accepts that an insufficiently reasoned administrative decision cannot automatically be cured by entirely fresh reasoning subsequently constructed during appellate proceedings. However, the Committee equally considers that explanatory elaboration concerning matters already reasonably connected to the original evaluation process is not *per se* procedurally inadmissible.

The Committee shall nevertheless bear in mind, when assessing the merits, the appellant's criticisms regarding proportionality, alleged insufficiency of reasoning and the distinction between "absence" of systems and concerns regarding "operational maturity" or "preparedness."

Finally, the Committee addresses the appellant's objection concerning the alleged absence of proof of authority on the part of Dr Dennis Zammit to file submissions "o.b.o. MFHEA".

The Committee considers this objection to be entirely without merit. Dr Zammit appeared throughout the proceedings openly and expressly on behalf of the Authority in connection with the MFHEA legal function, participated fully in the proceedings without objection at hearing stage and was accepted by both parties and by the Committee as representing the Authority throughout the proceedings.

The Committee further considers that the absence of an audio recording or verbatim transcript does not, in itself, invalidate the proceedings. Very detailed notes and minutes of the hearing were taken for the Committee's purposes, the parties participated fully in the hearing, and the material procedural and evidentiary points arising from the hearing have been summarised in this decision.

Accordingly, all procedural objections raised by the appellant are hereby rejected, save to the extent that the Committee acknowledges that the Authority's reply was indeed filed out of time and that certain aspects of the final written reasoning and wording of the accreditation findings require careful scrutiny when assessing the substantive merits of the appeal.

The Committee shall now proceed to address the substantive framework governing the present appeal.

8. THE ACCREDITATION FRAMEWORK, THE MINIMAL INDICATORS AND THE DISTINCTION BETWEEN LICENSING-STAGE READINESS AND OPERATIONAL PERFORMANCE

The central legal and regulatory issue emerging throughout these proceedings concerns the proper interpretation and application of the accreditation framework established by the MFHEA External Quality Assurance Provider Accreditation Manual, particularly the distinction between "minimal indicators" applicable at licensing stage and "performance indicators" applicable following commencement of operations.

This issue permeated virtually all aspects of the appeal.

The appellant consistently argued that the Authority and the Peer Review Panel improperly assessed Yhank Institute as though it were already a fully operational institution and thereby applied operational or performance-level expectations during what was, in substance and law, an initial licensing exercise.

The Authority, on the other hand, repeatedly maintained that the standards under examination constituted mandatory "minimal indicators" which "must be met before the commencement of operations", and that the institution had failed to sufficiently demonstrate compliance with a number of such indicators.

The Committee therefore considers it necessary to examine carefully the structure and wording of the applicable Manual.

The Manual expressly provides that:

"The MINIMAL INDICATORS included in this Manual reflect the mandatory level of achievement that providers have to demonstrate compliance with for accreditation purposes and therefore must be met both before the commencement of their operations (at licensing stage) as well as throughout their activities..." (pg. 3)

The Manual further states that:

"The PERFORMANCE INDICATORS included in this Manual reflect the mandatory level of achievement that providers have to demonstrate compliance with during the audit process in order to have their accreditation

confirmed. Therefore, performance indicators must be met, starting with the first audit that a provider undergoes five years after the commencement of its operations...” (pg. 3)

The Committee considers that the above distinction is both deliberate and legally significant.

The accreditation framework clearly contemplates two different regulatory moments. The first concerns licensing-stage readiness before commencement of operations. The second concerns evaluation of operational performance once the institution has already commenced academic activity and accumulated demonstrable operational experience.

The Committee further notes that the appellant repeatedly submitted, both in writing and during the oral hearing, that a degree of confusion arose between “licensing”, “accreditation” and “audit”, particularly in circumstances where Yhank Institute had not yet commenced operations. The Committee accepts that the terminology used within the regulatory framework and during the process requires careful distinction. However, the Committee does not accept that such distinction renders the Authority’s assessment unlawful or that it deprived the Authority of power to refuse initial provider accreditation. The present case concerned licensing-stage readiness and not a post-operational performance audit. Nevertheless, licensing-stage readiness still required the institution to demonstrate sufficient compliance with the applicable minimal indicators before being authorised to commence operations.

At the same time, however, the Committee equally considers that the appellant’s submissions occasionally overstated the legal consequences of this distinction.

The fact that an institution is at licensing stage does not mean that minimal indicators become optional, aspirational or incapable of grounding refusal. The Manual expressly characterises such indicators as “mandatory”. The Committee therefore rejects any interpretation suggesting that the Authority lacked the power to refuse licensing where it reasonably concluded that mandatory minimum requirements had not been sufficiently demonstrated.

The Committee further notes that the Manual expressly states that:

“Licensing is granted based on the compliance with the minimal indicators for quality assurance included in this Manual.” (pg. 3)

The appellant repeatedly argued that the framework does not establish an “automatic rejection mechanism” whereby failure of one indicator or one standard necessarily compels outright refusal.

In this respect, the Committee considers that the appellant is correct to the limited extent that the Manual does not establish a rigid numerical formula automatically requiring refusal merely because one or more indicators are deemed non-compliant.

The Manual contains no express provision stating that failure of a single standard automatically defeats an application irrespective of context, seriousness or proportionality.

Indeed, the Committee notes that the broader framework repeatedly refers to enhancement, recommendations, follow-up procedures, action plans and quality improvement processes.

Nevertheless, the absence of an automatic formula does not deprive the Authority and the Panel of evaluative discretion in determining whether identified deficiencies are sufficiently serious, fundamental or systemic to justify refusal of licensing.

The Committee therefore rejects both extremes advanced during the proceedings.

The Committee rejects, on the one hand, any interpretation suggesting that any isolated imperfection or drafting deficiency necessarily compels automatic rejection regardless of context or proportionality.

Equally, the Committee rejects any interpretation suggesting that the mere existence somewhere within the documentary record of a policy, framework or procedural reference automatically compels a finding of compliance with the relevant minimal indicator.

The accreditation process necessarily involves evaluative judgment regarding adequacy, coherence, operational credibility, institutional preparedness, governance maturity and the demonstrable capacity of the institution to implement the systems upon which it relies.

The present appeal therefore cannot properly be reduced to a simplistic dispute concerning whether certain documents “existed” or “did not exist”.

The Committee accepts that, in the case of a provider which has not yet commenced operations, the quality, completeness, coherence and accessibility of the documentation submitted during the accreditation process assume particular importance. Since such an institution cannot yet be expected to produce the full range of empirical operational evidence available to an already functioning provider, the documentary record necessarily becomes a central means through which licensing-stage readiness is assessed. However, that does not mean that the Committee’s assessment is confined to a purely formal review of whether documents exist. The relevant question remains whether the documentation, read together with the evidence emerging from the accreditation process, sufficiently demonstrates coherent and credible readiness to implement the systems upon which the institution relies.

Indeed, one of the major difficulties emerging from the proceedings is that several disputed frameworks did, at least **in some form**, exist within the documentary record submitted by Yhank Institute.

This applies, *inter alia*, to appeals procedures, thesis supervision structures, inactive student policies, online monitoring mechanisms, student support frameworks and digital assessment systems.

At the same time, however, the oral evidence heard during the proceedings, particularly that of Mr Aquilina and Dr Cassar, repeatedly emphasised concerns not merely regarding documentary existence but regarding operational preparedness, staff understanding, workflow clarity, institutional readiness, implementation maturity and coherence of practical functioning.

The Committee therefore considers that the real dispute between the parties is not fundamentally whether documents existed in some form within the institutional record, but rather whether the Authority and the Panel were entitled to conclude that the institution had not sufficiently demonstrated mature and coherent compliance with mandatory licensing-stage requirements.

The Committee further notes that the documentary record itself reveals certain objective features which the Panel and the Authority were entitled to consider relevant in this regard.

The Committee cannot ignore that a number of the institutional documents contained tracked amendments, embedded drafting comments, unresolved drafting observations, future-oriented language, references to systems still being finalised and structures intended to become operational upon future commencement of activity.

Equally, several parts of the record repeatedly referred to future implementation, future operationalisation, future scalability, future staff training and future workflow development.

The Authority and the Panel were therefore not acting irrationally merely because they considered such features relevant to their assessment of institutional preparedness at licensing stage.

At the same time, however, the Committee equally considers that certain wording used within the final report occasionally blurred the distinction between complete absence of systems and concerns regarding maturity, operationalisation or implementation readiness.

This issue becomes particularly relevant in view of the documentary record actually before the Committee.

The Committee therefore considers that the proper analytical approach in the present appeal is neither to reduce the process to a mechanical checklist exercise nor to disregard entirely the Authority's concerns regarding operational preparedness.

Rather, the correct question is whether the Authority and the Panel remained within the bounds of reasonable evaluative discretion in concluding that the institution had not sufficiently demonstrated compliance with the relevant minimal indicators at licensing stage, taking into account the actual documentary record, the pre-operational nature of the institution, the distinction between minimal and performance indicators and the legitimate regulatory objective of ensuring credible institutional readiness before commencement of academic operations.

It is against this framework that the Committee shall now proceed to examine the substantive standards challenged in the present appeal.

9. STANDARD 3 – QUALITY MANAGEMENT

The Committee shall first address Standard 3 concerning Quality Management, which was ultimately classified by the Peer Review Panel as “Partially Compliant”.

The appellant extensively challenged the findings under Standard 3, arguing in substance that the institution had already established a comprehensive and coherent quality management framework and that the Panel’s concerns either resulted from factual inaccuracies or from an unduly restrictive interpretation of the applicable standards.

The Committee notes at the outset that the findings under Standard 3 differ materially from those under Standards 7 and 8. Unlike the latter standards, the Panel did not classify Standard 3 as “Non-Compliant”, but rather as “Partially Compliant”.

The Committee further notes that Standard 3 of the applicable MFHEA External Quality Assurance Provider Accreditation Manual concerns “Quality Management” and is set out at pages 10 and 11 of the Manual.

The Panel expressly acknowledged within the final Accreditation Report that the institution had “adopted a comprehensive Quality Management Policy” (pg. 20), that responsibilities for quality assurance were “explicitly defined at all organisational levels” (pg. 20) and that the quality management system was “explicitly integrated into the institution’s broader strategic framework (pg. 21)”

The Panel further acknowledged the existence of an Internal Quality Committee, digital tools for data collection and analysis, periodic audits, reporting mechanisms and governance structures aligned with institutional strategy.

The Committee therefore accepts that the documentary record demonstrates the existence of a substantial quality assurance architecture at policy and governance level.

The principal dispute under Standard 3 concerns Minimal Indicator 3.4 which, under page 10 of the Manual, provides as follows:

“The institution has relevant structures in place to provide oversight arrangements for quality management; sufficient staff, including at least one quality management role occupied by an internal staff member, resources and administrative support are allocated for the operational activities of quality management.”

The Panel concluded that the institution failed to satisfy this indicator because the person occupying the role of Quality Manager was engaged on a self-employed basis rather than as an internally employed staff member.

The appellant strongly contested this interpretation throughout the proceedings and argued that neither the Manual nor the ESG framework define “internal staff member” by reference to a specific contractual form.

The appellant further argued that the relevant individual was functionally integrated into the institution’s governance framework, reported directly to the Quality and Governance Committee and occupied a permanent role formally embedded within the organisational structure.

The Committee accepts that the appellant’s argument is not devoid of merit.

The wording of the applicable indicator does not expressly use the term “employee” nor does it expressly define the concept of “internal staff member” exclusively by reference to the juridical nature of the contractual relationship.

Furthermore, the Committee notes that the institution’s documentation did indeed identify the Quality Manager as occupying a defined governance role within the institutional structure.

At the same time, however, the Committee equally considers that the Panel and the Authority were entitled to attribute significance to the contractual and structural arrangements surrounding the quality assurance function, particularly within the context of a pre-operational institution seeking initial licensing.

The Committee cannot ignore that the evidence before the Panel suggested that the institution relied extensively upon self-employed or externally engaged personnel structures during the relevant stage. The Committee further notes that the Quality Assurance function occupies a particularly central role within the accreditation framework and that the Manual itself expressly singled out such role within the wording of Indicator 3.4 by requiring “at least one quality management role occupied by an internal staff member”.

The Committee therefore does not consider that the Panel’s interpretation of this indicator fell outside the bounds of reasonable evaluative discretion open to it, even if another interpretation may also have been arguable.

The Committee further notes that the hearing reinforced the Authority’s concerns regarding institutional preparedness and governance maturity more generally. In

particular, Dr Cassar repeatedly emphasised that several structures remained not yet “fully fledged” at the time of the audit and that the institution still required further refinement of governance and QA mechanisms.

The Committee likewise considers relevant the fact that a number of the institutional quality assurance documents contained embedded drafting comments, unresolved internal observations and references to future implementation or future formalisation of systems. Whilst such elements do not by themselves establish non-compliance, the Panel was nevertheless entitled to consider them relevant to the assessment of institutional maturity and operational readiness.

Regarding Minimal Indicator 3.1, the appellant strongly argued that the relevant Quality Management documentation was publicly available on the institutional website and that the Panel’s contrary conclusion was factually inaccurate.

The Committee notes that Indicator 3.1, at page 10 of the Manual, expressly requires that the institution:

“has formally adopted a quality management policy... The policy is a public document.”

The Committee further notes that Dr Cassar gave evidence during the hearing that the panel checked the website on several occasions before, during and after the visit and concluded that the relevant material was not publicly accessible in the manner required by the standard.

The Committee accepts that there appears to have been some genuine factual dispute regarding the exact accessibility of the documentation, the visibility of links, the location of materials and the extent to which the documents were publicly and readily available at the relevant time.

However, the Committee does not consider that this issue becomes determinative of the overall appeal.

Even accepting that certain documents may have technically existed online in some form, the Panel remained entitled to consider whether the accessibility, visibility and public presentation of such material sufficiently satisfied the relevant standard in practical terms.

The same reasoning substantially applies to Indicators 3.2 and 3.5.

The Committee accepts that the institution had already developed substantial governance and QA participation structures and that several of the appellant’s criticisms concern nuances of interpretation rather than complete absence of systems.

Nevertheless, the Committee equally considers that the Panel was entitled to assess not merely the theoretical existence of structures but their operational coherence, demonstrable maturity and practical readiness within the context of initial provider accreditation.

The Committee therefore ultimately concludes that the appellant has not demonstrated that the Panel's findings under Standard 3 were irrational, procedurally defective or outside the range of reasonable evaluative conclusions open on the material before it.

At the same time, however, the Committee considers that aspects of the appellant's criticisms under Standard 3 are not without substance, particularly concerning the occasional tendency within the report and subsequent submissions to frame issues of maturity, accessibility or operational readiness in language approaching absolute absence or complete deficiency.

Nevertheless, viewed globally and within the context of the Committee's limited appellate role, the Committee is not satisfied that sufficient grounds exist to disturb the overall evaluative conclusion reached by the Panel under Standard 3.

The Committee shall now proceed to examine Standards 7 and 8, which formed the principal basis for the refusal of accreditation.

10. STANDARD 7 – STUDENT-CENTRED LEARNING, TEACHING AND ASSESSMENT

The Committee shall now address Standard 7 concerning Student-Centred Learning, Teaching and Assessment, which constituted one of the two Standards ultimately classified by the Peer Review Panel as "Non-Compliant" and which formed a principal basis for the refusal of accreditation.

The appellant challenged extensively the findings reached under Standard 7 and argued, in substance, that the Panel repeatedly conflated absence of implementation with absence of documented procedures and thereby improperly assessed the institution as though it were already operational rather than at licensing stage.

The Committee notes at the outset that Standard 7 of the applicable MFHEA External Quality Assurance Provider Accreditation Manual is entitled "Student-centred learning, teaching, and assessment" and is set out at pages 17 and 18 of the Manual.

The Committee further notes that Standard 7 generated the most substantial dispute between the parties, both factually and conceptually.

The appellant repeatedly emphasised that the Internal Quality Assurance documentation already contained assessment structures, appeals procedures, thesis supervision frameworks, moderation systems, online proctoring arrangements and student-centred teaching mechanisms.

The Authority and the Panel, on the other hand, repeatedly emphasised concerns regarding operational preparedness, staff understanding, workflow clarity, scalability, implementation maturity and practical coherence of the proposed systems.

The Committee considers it important to state at the outset that the documentary record does indeed demonstrate that a substantial number of the frameworks disputed under Standard 7 existed in some form within the institutional documentation.

This applies particularly to academic appeals procedures, thesis supervision arrangements, thesis evaluation mechanisms, assessment moderation structures, online proctoring systems and digital integrity frameworks.

The Committee therefore accepts that certain wording used within the report, particularly references suggesting complete “absence” of procedures, may occasionally have overstated the position emerging from the documentary record.

This issue arises most clearly in relation to Indicator 7.4 concerning academic appeals.

Indicator 7.4 of the Manual expressly provides that:

“The institution has 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.”

The Panel’s report nevertheless stated:

“Policies defining grounds for appeals, decision-making criteria, and available remedies are absent...”

However, the appellant repeatedly referred to Chapter 13.2 of the Internal Quality Assurance Manual which, at least *prima facie*, contained grounds of appeal, review structures, timelines, committee procedures and escalation mechanisms.

The Committee notes in this regard that Chapter 13.2 of the IQA Manual contains detailed provisions concerning deadlines, appeal forms, impartiality requirements, evidence collection, committee procedures, final decisions and external escalation mechanisms.

The Committee therefore considers that the issue under Indicator 7.4 was perhaps more accurately characterised as one concerning sufficiency, operationalisation, visibility or institutional readiness rather than complete absence of an appeals framework altogether.

A similar observation applies to Indicators 7.6 and 7.7 concerning thesis supervision and evaluation procedures.

The Committee notes that Indicator 7.6 requires the institution to have:

“clearly defined the responsibilities for the supervisors of theses at all levels, including PhD students”,

whereas Indicator 7.7 requires that:

“The high standard for the evaluation and defence of theses is ensured through transparent and fair procedures and by the involvement of highly qualified academic staff in the process, including those coming from outside of the institution.”

The documentary record demonstrates that the institution had indeed developed provisions concerning responsibilities of supervisors, supervision procedures, thesis defence structures, external examiners and thesis evaluation criteria.

Likewise, regarding Indicator 7.15 concerning online assessment integrity and identity verification, the Committee notes that the Manual expressly provides that:

“In online assessments, measures, such as online proctoring systems, are taken to require confirmation of the identity of the test taker and the integrity of the test taker environment.”

The Committee further notes that the Panel itself expressly acknowledged the existence of Proctorio, Turnitin, online proctoring systems and integrated digital assessment tools.

Indeed, during the oral hearing, Mr Aquilina expressly confirmed that the relevant systems and infrastructure existed and were fit for purpose in technical terms.

However, the Committee equally considers that the Authority and the Panel were entitled to look beyond the mere documentary existence of such systems.

The oral evidence heard during the proceedings significantly reinforced the Authority’s position that the principal concern related not merely to existence of documentation but to preparedness, operational coherence and demonstrable institutional understanding.

Mr Aquilina explained that, during the onsite visit, the Panel sought to triangulate evidence by asking questions to different stakeholders, including QA personnel, directors and lecturers. His evidence was that not all stakeholders demonstrated sufficient understanding of the relevant workflows, escalation procedures and practical implementation of the systems relied upon by the institution.

The witness stated that while the infrastructure was there, there was a general lack of preparedness, maybe because it is a new institute.

The Committee attaches significance to this evidence.

The present proceedings cannot be reduced to a purely documentary exercise detached from institutional operational credibility. The Panel and the Authority were entitled to assess not merely whether policies existed textually somewhere within the documentation, but whether the institution had sufficiently demonstrated coherent readiness to operationalise and administer such systems in practice upon commencement of academic activity.

This issue became particularly significant in relation to Indicators 7.1 and 7.2.

The Committee notes that Indicator 7.1 of the Manual requires that:

“The teaching methods and learning environments are planned to be student-centred and to stimulate students’ motivation, self-reflection, and engagement in the learning process.”

Indicator 7.2 further requires that:

“The assessment system is designed in a way that ensures...”,

followed by requirements concerning transparency, moderation, mitigation circumstances and quality management arrangements aimed at ensuring “validity, reliability, efficiency, transparency, fairness, authenticity, adequacy of feedback”.

Regarding Indicator 7.1, the Panel repeatedly acknowledged positive and innovative aspects of the proposed learning environment, including synchronous and asynchronous teaching methods, digital platforms, AWS-based simulations, AI-assisted systems, project-based learning and student engagement structures.

Nevertheless, the Panel simultaneously raised concerns regarding tutor support capacity, scalability, support structures, counselling and sustainability once enrolment increased.

The appellant strongly argued that such concerns improperly applied operational-performance expectations at licensing stage and that no active students yet existed from whom empirical performance evidence could be expected.

The Committee accepts this argument only partially.

Whilst the institution was indeed pre-operational, the Panel and the Authority were nevertheless entitled to assess whether the proposed systems demonstrated sufficiently credible and coherent operational readiness before licensing was granted.

The Committee likewise notes that the hearing demonstrated genuine concerns regarding institutional understanding of workflow implementation and operational

oversight, concerns which the Panel was entitled to consider relevant at licensing stage.

The Committee similarly does not consider that the disputed tutor ratio issue ultimately becomes decisive.

The evidence surrounding the alleged “1 tutor to 150 students” ratio became somewhat unclear during the proceedings, particularly given the absence of explicit reference in the final report, disputes concerning attribution and the reliance upon contemporaneous notes.

The Committee therefore does not place substantial weight upon this issue in isolation. This is particularly so given the institution’s pre-operational status, the qualified manner in which the alleged statement was recorded and the fact that the final report did not treat the ratio as an express standalone ground of non-compliance.

At the same time, however, the broader concerns regarding scalability and support capacity remained independently open to the Panel on the basis of the overall evidentiary record.

The Committee further notes that the appellant repeatedly relied upon subsequent programme accreditation outcomes in support of its arguments under Standard 7, arguing that various programme accreditation panels subsequently accepted the institution’s assessment, dissertation and supervision frameworks.

The Committee accepts that these programme accreditation outcomes are not entirely irrelevant and may indeed demonstrate that several academic structures developed by the institution were considered broadly acceptable within the context of programme-level assessment.

Nevertheless, the Committee equally accepts the Authority’s submission that programme accreditation and institutional licensing are distinct regulatory exercises directed toward different evaluative questions.

Programme accreditation does not automatically compel institutional licensing, particularly where concerns exist regarding institutional governance, QA maturity, operational coherence and implementation readiness at provider level.

The Committee therefore ultimately concludes that, although aspects of the wording and formulation of certain findings under Standard 7 may occasionally have overstated the extent of the deficiencies identified, the appellant has nevertheless failed to demonstrate that the overall evaluative conclusion reached by the Panel under Standard 7 fell outside the range of reasonable conclusions open to it on the basis of the material before it.

The Committee accepts that the institution had already developed substantial documentary structures under Standard 7.

However, the Committee equally accepts that the Panel and the Authority remained entitled to conclude that the institution had not yet sufficiently demonstrated mature, coherent and operationally credible implementation readiness regarding several central academic and student-centred learning mechanisms required at licensing stage.

Viewed globally, and bearing in mind the Committee's limited appellate role, the Committee is therefore not satisfied that sufficient grounds exist to disturb the overall evaluative conclusion reached by the Panel under Standard 7.

11. STANDARD 8 – STUDENT ADMINISTRATION AND STUDENT SUPPORT SERVICES

The Committee shall now address Standard 8 concerning Student Administration and Student Support Services, which, together with Standard 7, constituted the second principal basis upon which the Peer Review Panel classified the institution as “Non-Compliant” and upon which the Authority ultimately refused accreditation.

The appellant extensively challenged the findings under Standard 8 and argued, in substance, that the institution had already established a comprehensive framework regulating the student life-cycle, student support, online engagement and student administration, and that the Panel improperly evaluated the institution according to operational-performance expectations more appropriate to an already functioning institution.

The Committee notes at the outset that the documentary record demonstrates that the institution had indeed developed a substantial quantity of documentation relating to admissions, student support, digital resources, complaints and appeals, inactive student procedures, inclusion and accessibility, online support systems, learning analytics and student engagement frameworks.

The Committee therefore accepts that several of the appellant's criticisms regarding wording and characterisation are not without substance.

The Committee has therefore approached the findings under Standard 8 with particular caution. Several aspects of the institution's student administration and student support framework were necessarily prospective in nature at licensing stage, and the absence of active students inevitably limited the availability of empirical operational evidence. Nevertheless, the Committee considers that the Panel's concerns regarding incomplete formalisation, student lifecycle procedures, inactivity rules, support capacity, escalation workflows and service-level arrangements were not extraneous to the licensing-stage assessment.

This issue emerges particularly clearly in relation to Indicator 8.4 concerning inactive students.

The Panel's report stated:

“The provider does not currently define what constitutes an inactive student, nor the maximum period a student may remain inactive before their enrolment is terminated.”

However, the appellant repeatedly referred to Chapter 8.5 of the Internal Quality Assurance Manual, which appears to contain a definition of inactive student status, a twelve-month inactivity period, notification procedures, suspension and termination mechanisms and appeal rights.

The Committee therefore accepts that the issue under Indicator 8.4 was not one of complete absence of a framework in literal terms.

Similarly, in relation to Indicators 8.1 and 8.3, the documentary record demonstrates that the institution had already developed substantial policy documentation concerning admissions, academic progression, assessment, complaints, disciplinary frameworks, inclusion policies, student support structures and digital communication systems.

The Committee likewise notes that the Panel itself acknowledged several positive aspects under Standard 8 and expressly recognised that:

“The provider provides academic tutors to support student progress and offers services related to career development and psychological support.”

The appellant repeatedly relied on this aspect in arguing that the findings under Standard 8 occasionally lacked internal consistency.

The Committee accepts that certain tensions do emerge between acknowledgment of the existence of support structures and findings suggesting absence or inadequacy of systems.

However, the Committee equally considers that the Panel and the Authority were entitled to assess not merely the existence of policies but their operational maturity, practical coherence and institutional readiness.

The oral evidence heard during the proceedings reinforced precisely this concern.

Dr Cassar repeatedly emphasised that, although the institution already possessed a number of positive and commendable structures, several systems still required refinement, formalisation and clearer operationalisation before the institution could credibly commence operations.

In particular, the witness referred to scholarship systems, tutorship structures, SLAs, QA tools and student life-cycle frameworks as requiring further formalisation and operational clarification.

The Committee likewise attaches significance to the evidence of Mr Aquilina regarding Indicators 8.16 and 8.17.

The witness expressly confirmed that the digital systems existed, that the LMS was operational, that online support resources existed and that the technical infrastructure was fit for purpose.

However, the witness simultaneously emphasised that workflows remained unclear, staff understanding was inconsistent, escalation processes lacked sufficient operational clarity and preparedness amongst institutional stakeholders remained insufficient.

The Committee considers this distinction to be central.

The appellant repeatedly framed the dispute as one concerning “documentary readiness” versus “performance expectations”. The Committee accepts that this distinction is indeed relevant and forms part of the applicable regulatory framework.

At the same time, however, the Committee cannot accept that licensing-stage assessment is satisfied merely because a policy or procedure exists textually within institutional documentation.

The Authority and the Panel remained entitled to assess whether the institution had sufficiently demonstrated credible readiness to operationalise the systems upon which it relied.

This issue becomes particularly significant in the context of a fully online institution proposing extensive digital engagement, continuous online support, learning analytics, online monitoring, student risk escalation mechanisms, psychological support structures and asynchronous educational systems.

The Committee considers that the Panel and the Authority were entitled to subject such systems to careful scrutiny precisely because of the operational and governance challenges associated with online delivery models.

The Committee likewise accepts that the institution’s pre-operational nature necessarily limited the extent to which empirical operational evidence could exist at the relevant stage.

However, the Committee equally considers that the absence of operational history increased rather than diminished the importance of coherent institutional preparedness, workflow clarity and demonstrable governance readiness.

The Committee further notes that several disputed issues under Standard 8 ultimately concerned not merely the existence of policies, but accessibility, operational clarity, escalation processes, institutional understanding, staff preparedness and coherence between formal documentation and practical implementation structures.

The Committee does not consider that the Authority or the Panel acted irrationally merely because they attributed regulatory significance to such concerns.

The Committee further accepts the Authority's submission that subsequent programme accreditation outcomes do not automatically resolve or negate the institutional concerns identified under Standard 8.

The Committee nevertheless accepts that the appellant correctly highlighted certain aspects of the documentary record which rendered some wording used within the report stronger than perhaps strictly warranted by the material itself.

In particular, several findings would arguably have been more accurately expressed in terms of insufficiency, incompleteness, operational immaturity or lack of preparedness rather than complete absence of systems.

However, the Committee ultimately considers that these linguistic and characterisation issues do not suffice to demonstrate that the overall evaluative conclusion reached by the Panel under Standard 8 fell outside the bounds of reasonable evaluative discretion.

Viewed globally, the Committee accepts that the institution had already developed extensive documentary frameworks concerning student administration and support services.

At the same time, however, the Committee equally accepts that the Panel and the Authority remained entitled to conclude that the institution had not yet sufficiently demonstrated mature, coherent and operationally credible readiness to implement and administer such systems at licensing stage.

Accordingly, and bearing in mind the Committee's limited appellate role, the Committee is not satisfied that sufficient grounds exist to disturb the overall evaluative conclusion reached by the Panel under Standard 8.

12. DECISION

For all the reasons set out in the preceding parts of this decision, the Committee ultimately concludes that the appellant has failed to demonstrate sufficient grounds warranting appellate interference with the accreditation decision adopted by the Malta Further and Higher Education Authority on the 19th day of January 2026.

The Committee accepts that the documentary record submitted by Yhank Institute demonstrates the existence of extensive policy frameworks, governance structures, quality assurance systems and digital learning mechanisms. The Committee likewise accepts that certain wording and formulations used within the final report occasionally admitted of greater nuance, particularly where concerns relating to

operational maturity, institutional preparedness or implementation readiness were expressed in language approaching complete absence of systems.

The Committee also accepts that certain aspects of the Panel's reasoning were expressed in relatively general terms and that some individual findings, if read in isolation, were not supported with the degree of precision that would have been preferable. This is particularly so where the report used language suggesting complete absence of procedures notwithstanding the existence of documentation addressing at least some of the relevant matters. However, the Committee does not consider that these shortcomings, viewed in the context of the record as a whole, render the ultimate evaluative conclusion irrational, procedurally unfair, disproportionate or outside the range of reasonable outcomes open to the Panel and the Authority.

The Committee further accepts that several criticisms advanced by the appellant were not frivolous and that the institution had clearly invested substantial effort in developing documentary and structural frameworks in preparation for the proposed commencement of operations.

At the same time, however, the Committee equally considers that the Authority and the Peer Review Panel remained entitled, within the scope of their specialised evaluative discretion, to conclude that the institution had not yet sufficiently demonstrated mature, coherent and operationally credible readiness in relation to a number of mandatory licensing-stage indicators.

The Committee is not satisfied that the conclusions reached by the Panel and endorsed by the Authority fell outside the range of reasonable evaluative outcomes open on the basis of the material before them.

The Committee is likewise not satisfied that the impugned decision was affected by such procedural irregularity, irrationality, arbitrariness, disproportionality or material inconsistency as would justify this Committee substituting its own evaluative judgment for that of the specialised accreditation bodies entrusted with the exercise of such functions under the applicable regulatory framework.

The Committee therefore rejects the appellant's request that the accreditation decision be overturned.

The Committee equally rejects the appellant's request that the Authority's reply dated the 4th day of May 2026 be expunged from the acts of the proceedings.

The Committee confirms its previous determinations concerning the admissibility of the Authority's reply, the appellant's observations and the oral evidence heard during the proceedings.

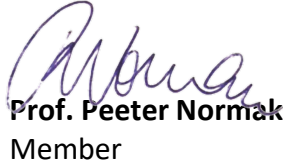
The appeal is therefore being dismissed and the accreditation decision adopted by the Malta Further and Higher Education Authority on the 19th day of January 2026 is hereby confirmed.

The Committee further determines that no refund of the appeal fee is to be made.

Thus decided.



Dr John L. Gauci LL.D
Chairperson



Prof. Peeter Normak
Member



Gaga Gvenetadze
Member

delivered on the 25th May 2026

3rd June 2026

Attn: Malta Further and Higher Education Authority

MEMORANDUM

Re: Appeal filed by Yhank Institute against the accreditation decision adopted by the Malta Further and Higher Education Authority

I, the undersigned, in my capacity as Chairperson of the Appeals Committee constituted to determine the appeal filed by Yhank Institute against the accreditation decision adopted by the Malta Further and Higher Education Authority, hereby confirm that the Appeals Committee was composed as follows:


Dr John L. Gauci LL.D – Chairperson

Prof. Peeter Normak – Member

Mr Gaga Gvenetadze – Student Member

For the avoidance of doubt, Mr Gaga Gvenetadze participated fully in the proceedings before the Appeals Committee in his capacity as Student Member, including the Committee's deliberations and the adoption of the final decision delivered by the Appeals Committee on the 25th May 2026.

This memorandum is being issued solely for administrative and record-keeping purposes following a request by the Malta Further and Higher Education Authority and does not constitute an amendment, variation, or modification of the decision delivered by the Appeals Committee.


Dr. John L. Gauci LL.D
Chairperson
Appeals Committee

ADVOCATE

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