

# EXTERNAL QUALITY ASSURANCE AUDIT REPORT

## INITIAL PROVIDER ACCREDITATION FOR HIGHER EDUCATION

Yhank Institute

Carried out between  
21<sup>st</sup> and 22<sup>nd</sup> July 2025

Quality education for  
confident futures .

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# Abbreviations List

ECTS	European Credit Transfer System
EQA/QA audit	External Quality Assurance Audit
GDPR	General Data Protection Regulation
IQA	Internal Quality Assurance
KPIs	Key Performance Indicators
LMS	Learning Management System
MFHEA	Malta Further and Higher Education Authority
MQF	Malta Qualifications Framework
NCFHE	National Commission for Further and Higher Education
NQAF	National Quality Assurance Framework for Further and Higher Education
QAC	Quality Assurance Committee
SAR	Self-Assessment Report
SLAs	Service Level Agreements
VLE	Virtual Learning Environment

# Executive Summary

## Overview of the Audit Process

This report is a result of the External Quality Assurance process undertaken by an independent peer review panel upon application to obtain initial accreditation. The panel evaluated the documentation submitted by the educational institution and conducted an onsite audit visit. The panel is responsible for reaching conclusions on all Standards in line with the Minimal Indicators outlined in the External Quality Assurance Provider Accreditation Manual for Higher Education Institutions.

### Timeline

<i>EQA Audit Timeline – The Yhank Institute</i>	
<i>Induction meeting</i>	<i>29<sup>th</sup> May 2025</i>
<i>Desk-based analysis</i>	<i>27<sup>th</sup> June 2025</i>
<i>Pre-accreditation provider meeting</i>	<i>7<sup>th</sup> July 2025</i>
<i>Audit visit</i>	<i>21<sup>st</sup> and 22<sup>nd</sup> July 2025</i>

## Summary of the Conclusions Reached by the Peer Review Panel

The panel considered ten Standards, as Standard 10 is not applicable here. Of these, Standards 1, 2, 4, 5 and 11 were considered Fully Compliant, Standards 6 and 9 were deemed Substantially Compliant, Standard 3 was considered Partially Compliant and Standards 7 and 8 were deemed Non-Compliant.

# About the External Quality Audit

## About the External Quality Audit

The scope of external quality assurance in Malta is firstly to evaluate the education providers against the indicators included in the External Quality Assurance Provider Accreditation Manual for Higher Education Institutions (<https://mfhea.mt/wp-content/uploads/2023/10/EQA-Accreditation-Manual.pdf>) (hereafter referred to as “the Manual”), through the analysis of the self-assessment documentation, the IQA document, and the QA Manual as well as through the information recorded by the peer review panels during the accreditation visits.

Based on this scope, the external quality assurance processes conducted based on the Manual aim to:

- certify the compliance of the providers with the indicators included in the Manual;
- consolidate the internal quality assurance systems at institutional level;
- support the providers in the quality enhancement and continuous development of their operations;
- increase the quality of learning outcomes across the Maltese higher education sector;
- enhance the student learning experience.

## Standards for Accreditation

- Standard 1: Mission and strategic management
- Standard 2: Governance, organisational structure and administration
- Standard 3: Quality management
- Standard 4: Integrity, accountability and information management
- Standard 5: Teaching and administrative staff
- Standard 6: Design, monitoring and review of programmes
- Standard 7: Student-centred learning, teaching and assessment
- Standard 8: Student administration and student support services
- Standard 9: Learning resources and facilities
- Standard 10: Research, development and/or other creative activity
- Standard 11: Institutional cooperation, service to society and internationalisation

The Standards and indicators as per the Manual have been drafted in alignment with the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG).

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The **MINIMAL INDICATORS** included in the 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 (during every audit process).

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 as well as throughout their entire licensing period, thus are not included in this report.

Where applicable, additional indicators have been developed in the context of online provision.

The peer review panels are nominated by the MFHEA. Each panel shall have a minimum of three members: a Chair, between one and five experts, and at least one student. The panel has the duty to gather, verify and exchange information and supporting elements so as to be able to check the statements made in the self-assessment documentation, Internal Quality Assurance Document, and Quality Assurance Manual as well as during the accreditation visits, and to formulate their own assessments on the performance of the provider against the Standards included in the Manual. For providers proposing to offer fully online and/or blended learning, the panel will have an additional peer reviewer specialising in online evaluation.

The peer review panels 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 peer review panel members are required to sign a Declaration of Interest Form prior to starting work on the external quality assurance process.

The approach of the QA audit is not simply about checking whether providers adhere to the regulations; it examines how providers are developing their own systems in addressing the expectations of sound management of educational standards and the quality of their learning and teaching provision. It does not involve the routine identification and confirmation of criteria – a 'tick-box' approach – but rather a mature and reflective dialogue with providers about the ways in which they discharge their obligations for quality and the identification of existing good practices.

Peer review panels will consider the indicators included in the Manual when determining the judgement for each Standard. The judgement for each Standard will be expressed as follows:

- **Compliant** - The institution is entirely in alignment with the Standard, which is implemented in an effective manner.
- **Substantially Compliant** - The institution 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; the implementation of the Standard is not effective enough.
- **Non-compliant** - The institution fails to comply with the Standard.

The Quality Assurance Committee (QAC) considered this report and forwarded it, along with the accreditation decision, to the MFHEA Board for endorsement.

## The Peer Review Panel

The peer review panel comprised:

Chair of Review Panel:	Dr Robert Cassar (PhD)
Peer Reviewer:	Dr Wilbert Tabone (PhD)
Student Peer Reviewer:	Ms Elena Štefancová
Digital Peer Reviewer:	Mr Keith Aquilina
Accreditation Coordinators (MFHEA):	Ms Bilyana Boshova
	Ms Sibby Xuereb
	Ms Fiona McCowan
	Mr Giacomo Annese

## Specific Terms of Reference

As defined in the MFHEA Quality Audit Manual of Procedures, the panel was responsible for examining how the institution manages its responsibilities to ensure the provision of the quality and standards of the education they offer. In particular, the following issues were addressed:

1. the fitness for purpose and effectiveness of the Internal Quality Assurance (IQA) processes, including an examination of the systems and procedures that have been implemented, together with the documentation that supports them;
2. the compliance of licensed providers with the established regulations and any conditions or restrictions issued by the MFHEA;
3. the governance and financial sustainability of providers, including assurance about the provider's legal status, the appropriateness of corporate structures and the competence of staff with senior management responsibilities.

The areas below have been identified as the primary lines of inquiry.

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- The panel examined the institution's strategic planning, governance and leadership structures.
- Focus was placed on internal quality assurance systems and programme design and monitoring.
- Academic integrity, student support, and stakeholder engagement were key areas of enquiry.
- The use of digital tools, including artificial intelligence, and mechanisms for feedback and appeals were explored.
- Adequacy of learning resources and staff qualifications were also assessed.

# Institutional Context and Mission Statement

## Institutional Context

The Yhank Institute, operating under the umbrella of Omniversity Edutech Ltd., applied to be a fully online private higher education institution based in Malta. It positions itself as an inclusive and globally oriented provider, with a strong mission to widen access to quality education for learners from underrepresented and socio-economically disadvantaged backgrounds. The Institute intends to offer programmes primarily in business, economics, computer science, and emerging technologies such as artificial intelligence. Its delivery model is entirely digital, underpinned by a learning platform designed to support interactive, flexible and learner-centred education. The governance structure includes an Academic Board and a Quality Assurance Board, supported by an organisational framework that integrates strategic planning, academic oversight and student support. The Yhank Institute has developed an internal quality assurance system aligned with national frameworks, and it demonstrates a commitment to continuous improvement through monitoring, stakeholder feedback, and the implementation of a detailed operational plan aimed at achieving its strategic objectives.

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## Mission and Vision

The Institute's mission is to provide high-quality, accessible and innovative higher education, delivered entirely online through advanced digital platforms, with a strong focus on the needs of the global market and new technologies.

Leveraging cutting-edge digital platforms, the Institute delivers academic programmes that are responsive to the challenges of the future. These programmes are offered fully online to accommodate diverse learner needs and lifestyles.

The Institute has set itself the goal of creating an inclusive learning environment, which overcomes economic and geographical barriers, using advanced digital platforms to offer academic programmes that respond to the challenges of the future.

The Institute stands out for its use of advanced technologies such as artificial intelligence, virtual reality and gamification, integrated into its teaching methods to ensure an engaging and practical educational experience. The provider offers a range of courses in the fields of computer science, economics and management, and political science and international relations, designed to prepare students to excel in highly competitive and rapidly changing industries.

# Analysis and Findings of Panel

## Analysis and Findings of Panel

### Standard 1: Mission and strategic management

#### **Main Findings according to the criteria of Minimal Indicators:**

1.1 The institutional mission is concise, clear and aligned with strategic planning.

#### *Panel's Findings:*

The institutional mission is clearly articulated in both the SAR and Strategic Plan, focusing on quality, inclusive and globally accessible higher education. The mission directly aligns with strategic goals such as internationalisation, innovation in teaching, and inclusive access. The Internal Quality Assurance Manual further reinforces this alignment by linking quality objectives to institutional mission statements and values.

1.2 The institution has a strategic development plan that is measurable, time-bound and achievable.

#### *Panel's Findings:*

The Strategic Plan outlines objectives over a three-year horizon, accompanied by measurable key performance indicators, targets and timelines. The plan appears to be feasible and there are plans for it to be reviewed regularly, ensuring strategic adaptability. The Internal Quality Assurance Manual supports these mechanisms with feedback loops, audits and continuous improvement processes.

- 1.3 There is an operational plan which describes future activities derived from the strategic plan, sets Key Performance Indicators (KPIs) and timelines together with resources needed for their implementation, and defines the responsibility for implementation of the goals.

*Panel's Findings:*

The operational plan effectively translates the provider's strategic objectives into concrete, department-level activities with clearly assigned responsibilities, measurable KPIs, defined timelines and allocated resources. Activities such as curricular review, staff development, and student support are systematically planned and monitored through regular reporting, review meetings and annual performance evaluations.

The plan is further strengthened by a structured budgeting process that ensures financial resources are allocated in direct alignment with strategic priorities. The integration of quarterly monitoring and stakeholder engagement mechanisms enhances transparency, accountability and adaptability in achieving institutional goals.

- 1.4. The allocation of the institutional financial resources is done through a transparent budgeting process and is aligned to the strategic and operational plans.

*Panel's Findings:*

Financial planning at the Yhank Institute is transparent and strategically integrated. The budgeting process follows a structured, multi-phase approach that begins with a review of strategic and operational plans to ensure that financial allocations directly support institutional priorities. Stakeholder involvement is embedded in the planning phase, with academic, administrative and student support departments contributing to the identification of resource needs.

Budget lines are clearly aligned with key strategic objectives, as evidenced in both the Self-Assessment Report (SAR) and the Operational Plan (Annex B). The process includes internal review by the Quality and Governance Committee and final approval by the Board of Directors, ensuring oversight and accountability. Regular budget monitoring, through quarterly reporting and updates to stakeholders, reinforces the institution's commitment to financial transparency and the effective use of resources to support its mission.

- 1.5. The institution has a plan that ensures the business continuity of all its major processes. The plan takes into account all possible risks and mechanisms for their prevention as well as strategies for risk assessment and mitigation.

*Panel's Findings:*

The Operational Plan and the SAR demonstrate institutional awareness of risk management across academic and administrative domains. Risk-related considerations are embedded within key planning documents, reflecting the provider's recognition of the need to safeguard continuity in its core functions.

The Internal Quality Assurance Manual outlines structured processes for risk identification, categorisation and mitigation, with explicit references to areas such as data security, cyber threats, academic continuity, and infrastructural reliability. Risk management responsibilities are articulated at unit level, and mitigation measures are integrated into departmental operations and quality review cycles.

*Performance indicators 1.6 to 1.11 need to be met once the institution is licensed and operational.*

Additional indicators in the context of online provision:

- 1.12. Strategic and operational plans mention online and blended learning.

*Digital Peer's Findings:*

The Institute's plan is for 100 percent online delivery of learning, which is documented in IQA and the Strategic Plan. Documentation indicates plans for the use of AI, virtual simulations and gamification tools as part of the online solution. Currently, the online solution, which is based on Moodle, makes use of videos for asynchronous delivery and has an AI chatbot integrated. Different stakeholders indicated that the current focus on licence accreditation is on minimal readiness for accreditation, and mentioned possibilities of future developments, including face-to-face delivery (locally and/or international centres). Virtual simulations and gamified experiences were not evidenced during this review.

The SAR and Strategic Plan show limited explicit integration of online learning, with few defined KPIs such as platform uptime or student engagement targets included in the documentation.

Judgement:

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Fully Compliant

Recommendations:

R1.5: Risk management exists across documents, yet a formal standalone Business Continuity Plan should be developed to address specific scenarios (e.g., digital threats, geopolitical disruptions, infrastructure failures).

R1.12-1: The SAR and Strategic Plan are to explicitly integrate online learning goals with clear KPIs.

R1.12-2: The Yhank Institute is encouraged to further develop and substantiate the implementation of the planned virtual simulations and gamified learning experiences within its online delivery.

## Standard 2: Governance, organisational structure and administration

### **Main Findings according to the criteria of Minimal Indicators:**

- 2.1. The procedures and criteria for the election/appointment of leadership positions and governance bodies are clearly defined in institutional regulations and made transparent to the academic community of the institution.

#### *Panel's Findings:*

The institutional regulations for the election or appointment of leadership positions detail institutional regulations for appointing leadership roles. Appointment of senior leaders follows a transparent process, including stakeholder consultation and public announcements. Academic coordinators are elected democratically. The Internal Quality Assurance Manual further supports accountability by embedding performance review cycles for leadership positions.

- 2.2. The persons occupying leadership positions and those sitting on senior governance bodies are qualified and fit for the responsibilities of their roles.

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#### *Panel's Findings:*

Senior leadership roles require a minimum of 10 years' experience and advanced academic qualifications (Master's or Doctorate). Criteria for department coordinators include at least five years of teaching and leadership ability. These qualifications are supported by review and evaluation processes and in the Internal Quality Assurance Manual.

The Internal Quality Assurance Manual reinforces governance accountability through performance management protocols (Section 3.3), which include annual evaluations and KPIs for leadership. These support the transparent appointment and assessment of individuals in governance roles.

2.3. Provisions are made for membership of governance bodies to include representatives of all stakeholders - students, academic and administrative staff and, where possible, representatives of the labour market.

*Panel's Findings:*

The governance bodies include students, academic and administrative staff, and labour market representatives. Representation is democratically or transparently appointed. The Internal Quality Committee reflects inclusive stakeholder participation in institutional governance.

2.4. There is a formally adopted organisational structure where governance, decision making, and distribution of responsibilities of all levels and units are clearly defined in an achievable and realistic manner.

*Panel's Findings:*

Documentation presented outlines a formally adopted and operational organisational structure that clearly delineates the hierarchy, governance bodies, and functional responsibilities across all institutional levels. Roles and responsibilities are described for key leadership positions, including the Director General, Academic Director, Department Coordinators, Quality Manager, and Student Support Manager. Each unit's decision-making authority is explicitly defined, with clear lines of accountability and reporting mechanisms.

The structure supports both strategic and operational decision-making through regular meetings at institutional, departmental and quality levels. The Internal Quality Committee includes representatives from faculty, administration and the student body, ensuring inclusive and evidence-informed review processes. The structure is subject to biennial review by the Board of Directors in collaboration with the Internal Quality Committee, allowing the provider to remain responsive to evolving internal and external demands. The Internal QA Manual further confirms that governance and operational processes are embedded within the provider's quality cycle.

*Performance indicators 2.5 to 2.9 need to be met once the institution is licensed and operational.*

Additional indicators in the context of online provision:

2.10. A key managerial post or unit dedicated to the management of online and blended learning from an educational point of view is included in the organisational structure of the institution.

*Digital Peer's Findings:*

The documentation specifies the role and responsibilities of the “Head of Online Learning”, an academic officer tasked with overseeing the design, delivery, coordination and pedagogical quality of all online programmes, in close collaboration with lecturers, tutors and the Head of Institute. The role also extends to the oversight of digital services. Interviews, however, evidenced that not all staff had a clear understanding of the remit or organisational placement of the “Head of Online Learning” position.

2.11. Sufficient resources are allocated to adequately cater for the technical infrastructure, training and systems for online and blended learning.

*Digital Peer's Findings:*

The documentation illustrates the roles and reporting lines associated with the design, delivery and quality assurance of online education. These include the Head of Online Learning, lecturers and tutors. Lecturers hold responsibility for course design, learning outcomes, assessment strategies and didactic approaches, while tutors are not engaged in course design. Technical support is provided by an external contracted IT lead.

**Judgement:**

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Fully Compliant

**Recommendations:**

R2.3: Establishing formal advisory boards with sector experts would enhance relevance and accountability.

R2.4: Introducing annual or biennial governance evaluations would support adaptive management and continuous improvement.

R2.10: The Yhank Institute should ensure that all staff are briefed on the remit and reporting lines of the Head of Online Learning.

## Standard 3: Quality management

### **Main Findings according to the criteria of Minimal Indicators:**

- 3.1. The institution has formally adopted a quality management policy that describes the organisation of the quality management system, its processes, mechanisms, instruments, reporting, data collection, timeframes and quality cycle. The policy is a public document.

#### *Panel's Findings:*

The provider has adopted a comprehensive Quality Management Policy, which provides a clear and systematic outline of the QA system, including roles, mechanisms, timelines, reporting obligations and the quality cycle. The policy incorporates the Plan-Do-Check-Act (PDCA) methodology to support continuous improvement across academic and administrative domains. It is available through the provider's internal intranet.

- 3.2. The responsibilities of departments, schools, faculties, institutes and/or other organisational units as well as those in leadership roles and students, with respect to quality management, are clearly defined.

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#### *Panel's Findings:*

Responsibilities for quality assurance are explicitly defined at all organisational levels in the QA policy. The Quality Manager coordinates the entire QA process. The Internal Quality Committee comprises academic staff, students and administrative personnel, supporting local QA implementation through departmental quality contact persons. The structure observed by the panel indicates that responsibilities are clearly allocated; nevertheless, the extent of involvement in QA operations varies, particularly with regard to students.

QA responsibilities of various actors, from department leads to QA liaisons, ensure distributed ownership of quality across units. These roles are aligned with institutional strategy.

3.3. The quality management system forms part of the institutional strategic management system and covers the whole range of activities, both academically and non-academically.

*Panel's Findings:*

The quality management system is explicitly integrated into the institution's broader strategic framework. Quality objectives are derived directly from strategic planning documents, with monitoring tools and KPIs that feed back into both academic and non-academic decision-making processes. Documentation provided makes repeated reference to alignment with institutional goals, confirming that QA is not a standalone function but embedded within overall governance.

3.4. 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, and resources and administrative support are allocated for the operational activities of quality management.

*Panel's Findings:*

The QA policy confirms the presence of an Internal Quality Committee and a designated Quality Manager role. The Committee is representative and includes relevant institutional stakeholders. Furthermore, adequate resources such as digital tools for data collection and analysis, periodic audits and staff training have been provided to the panel. Administrative and reporting mechanisms are described in detail, with periodic review cycles and performance tracking.

The individual currently fulfilling the role of Quality Manager is engaged on a self-employed basis. This differs from the sample provided to the panel prior to this audit. Indeed, the panel is informed that apart from tutors, all personnel are engaged on a self-employed basis. This arrangement, due to the limitations it poses, does not meet the requirements of the minimal indicator, which clearly stipulates that at least one quality management role must be held by an internal staff member. Consequently, the provider is not compliant with this minimal indicator.

3.5. The institution regulates procedures for the quality management of any elements of an entity's activities that are subcontracted to or carried out by other parties; in the case of local representatives or franchises of foreign providers, explicit reference is made to the quality management procedures of the parent provider and the role of the local representative or franchise.

*Panel's Findings:*

The policy in Annex I addresses subcontracted or franchised activity by requiring that such arrangements be governed by the quality management standards of both the local provider and, where applicable, the parent institution. The roles and responsibilities of each party are to be clearly defined, ensuring accountability and consistency with the Yhank Institute's QA framework. This demonstrates a proactive approach to maintaining quality across all operational models.

The panel also notes that the role of 'agents' in the different countries the provider will be operating in would support student recruitment, ensure that the quality of service provided to students is maintained across the board, and maintain alignment with institutional standards across international operations.

*Performance indicators 3.6 to 3.12 need to be met once the institution is licensed and operational.*

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Additional indicators in the context of online provision:

3.13. The quality management policy includes arrangements specific to online and blended learning.

*Digital Peer's Findings:*

The Internal Quality Assurance Manual covers periodic review, staff and student feedback and analytics for online programmes.

Judgement:

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Partially Compliant

Recommendations:

R3.2: Students should be given the opportunity to be more involved in the QA processes of the provider.

R3.4: At least one member of staff engaged in quality assurance is to be internal, i.e., employed directly by the provider; ideally the QA manager.

R3.5: Mechanisms for external quality oversight could be strengthened. Developing detailed QA protocols for external partners would protect academic standards and institutional reputation.

## Standard 4: Integrity, accountability and information management

### **Main Findings according to the criteria of Minimal Indicators:**

- 4.1. The institution has a Code of Ethics through which it defends the values of academic freedom and ethical integrity; the Code is fit for purpose and is made publicly available on the institutional website.

#### *Panel's Findings:*

The provider has developed a comprehensive lecturer's handbook that outlines the ethical standards expected of staff members. This handbook is accessible via the provider's digital platforms, offering detailed guidance on professional conduct, academic responsibilities, and protocols for maintaining integrity within the academic environment. However, while the handbook is available online, its discoverability is somewhat limited; the direct link to this resource does not appear on the homepage or in the main website footer, meaning that staff may need to navigate through several internal pages or use the search function to locate it. This could potentially reduce the visibility of the ethical guidelines and may impact how easily new or existing staff can reference the standards set forth by the provider.

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- 4.2. The Code of Ethics requires that all internal stakeholders act consistently with high standards of ethical conduct and academic integrity in research, teaching and performance evaluation, and in the conduct of administrative duties, and to avoid conflicts of interest; the Code promotes a culture against intolerance, discrimination and harassment of any kind amongst students and staff.

#### *Panel's Findings:*

Both the staff and student handbooks contain clear, comprehensive guidelines on ethical expectations at the workplace and place of study. These resources not only outline the standards of conduct required but also provide practical scenarios and advice to help individuals recognise and address ethical dilemmas as they arise in their professional or academic activities.

4.3. The institution publishes on its website clear, accurate, objective, up-to-date and readily accessible information about its activities, including programmes. The information available shall be sufficient for prospective students to be able to make an informed choice in terms of the knowledge, skills and competences they are likely to acquire on successful completion of the programme. The information provided shall be in accordance with the MFHEA regulations.

*Panel's Findings:*

In addition to comprehensive programme descriptions, the provider's website provides all essential information required for prospective students to make informed choices about their studies, such as admissions criteria, learning outcomes and progression pathways, with the notable exception of course costs.

4.4. The institution has defined information management regulations, including on data protection and the protection of user privacy, aligned with the General Data Protection Regulation (GDPR) provisions.

*Panel's Findings:*

The provider has a privacy policy on the VLE which contains guidelines related to user privacy. Its data infrastructure is also hosted and maintained on GDPR compliant servers within the EU. There are, however, concerns relating to the use of OpenAI APIs in the provision of AI features on the VLE. It is very likely that some input data would be transferred outside a GDPR compliant environment in the process.

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*Performance indicators 4.5 to 4.8 need to be met once the institution is licenced and operational.*

Additional indicators in the context of online provision:

4.9. Staff understand the ethical implications of their actions at all times and attention is paid to the application of principles of academic ethics in the digital and online environment.

*Digital Peer's Findings:*

The Institute has in place GDPR compliance and a Policy on the Ethical Use of Artificial Intelligence.

4.10. The institution has developed clear policies that cover issues such as recording of lectures and meetings, acceptable use, security, data protection, ownership of intellectual property, avoidance of creative theft, and commercialisation of ideas developed by staff and students.

*Digital Peer's Findings:*

Institutional policies include a GDPR-compliant privacy policy and management of copyright and licensing. Policies indicate that recordings are made only with informed consent, videos are stored securely and accessible only to enrolled students and recordings are retained for a maximum of 6 months.

4.11. The digital tools used by the provider, e.g., virtual learning environment (VLE), learning management system (LMS), communication tools and resources, leave a digital footprint; the data is analysed and included in the review process, with full respect to data protection regulations.

*Digital Peer's Findings:*

System logs and dashboards are available for staff where data may be analysed and included in the review process. The VLE includes learning analytics tools that allow staff to monitor student engagement and identify those at risk of not completing modules. Still, staff awareness of such features is limited. Moreover, automated alerts, intervention criteria and integration into QA are not well developed.

**Judgement:**

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Fully Compliant

**Recommendations:**

R4.1: The provider should ensure that GDPR compliant APIs are used for their 'AI' agent offering on the VLE.

R4.11: Staff should be provided with mandatory training on the use of learning analytics tools and interpretation of data. Moreover, the provider could develop automated early warning alerts and integrate them into QA processes.

## Standard 5: Teaching and administrative staff

### **Main Findings according to the criteria of Minimal Indicators:**

5.1. A comprehensive set of policies is accessible to all teaching and administrative staff. It includes provisions referring to recruitment, rights and responsibilities, performance evaluation, promotion and professional development.

#### *Panel's Findings:*

Several policies are readily accessible through the staff handbook, with detailed information also outlined in the contract of employment or engagement. These documents ensure that staff members are well-informed about institutional procedures, expectations and their rights and responsibilities from the outset of their appointment.

5.2. The institution has defined clear, fair and transparent processes for the recruitment and appointment of all staff; these promote academic and professional expertise and are considerate of gender balance within the staff body.

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#### *Panel's Findings:*

The panel found that the recruitment process was conducted in a transparent manner, with calls being advertised in the public domain. The teaching staff is also balanced in terms of gender characteristics and experience.

5.3. The qualifications of teaching staff are at least one degree higher than the qualifications achieved by its completion. This requirement may be waived in justified cases, such as foreign language lecturers, industry guests, specialists and doctoral candidates.

#### *Panel's Findings:*

The panel looked at the CVs of engaged lecturers, and can confirm that they are sufficiently qualified to teach in the courses they were hired for, while possessing a degree equal or above the ones they were hired to prepare materials for.

- 5.4. Arrangements are made for part-time and sessional teaching staff; in the case of teaching staff providing limited and ad hoc services, institutions monitor professional development activities that ensure they are up to date with developments in their fields and with the methodological requirements of their programmes.

*Panel's Findings:*

Arrangements are made for part-time and sessional teaching staff since all the teaching staff have been hired on a sessional basis. Both the teaching staff and the administrative staff have positively indicated the opportunities for continuing professional development (CPD). A yearly appraisal assessment will also be conducted to ensure that teaching staff is still up to date with their programme content.

- 5.5. The number of teaching staff allows a student-staff ratio which is adequate for the optimal delivery of education, including the support necessary for students, and is comparable to European best practice.

*Panel's Findings:*

There are plans for the provider to analyse the student-staff ratio once it is operating. Support for students will be analysed on a case-by-case basis, and the necessary resources allocated, including psychological assistance.

- 5.6. 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.

*Panel's Findings:*

As the provider has yet to begin operations, it is presently difficult to evaluate the efficacy of this mechanism. Nonetheless, the administration and faculty have indicated that this matter will be considered as part of the annual performance evaluation process.

- 5.7. The institution has a clear plan for all staff professional development for its full-time staff that is strategically driven, has a structured approach for identifying such needs, and allocates appropriate resources for its implementation.

*Panel's Findings:*

Both administrative and teaching staff emphasised during the onsite audit that opportunities for CPD are actively encouraged and supported. These opportunities include participation in external training sessions, academic conferences, and workshops designed to enhance subject expertise and pedagogical skills. The provider is committed to providing resources and time to ensure staff remain current in their respective fields and have access to professional growth throughout their employment.

- 5.8. Criteria and processes for performance evaluation are clearly specified and made known in advance to all staff; performance review also informs professional development aims.

*Panel's Findings:*

Performance reviews will be conducted through a comprehensive annual appraisal, incorporating input from both self-assessment and managerial evaluation. Additionally, feedback will be systematically gathered from students following the completion of each module and video session, providing valuable insights into teaching effectiveness. The performance evaluation process is clearly communicated to staff through the engagement contract as well as detailed discussions during the induction meeting, ensuring all staff are aware of the criteria and expectations from the outset.

*Performance indicators 5.9 to 5.15 need to be met once the institution is licensed and operational.*

Additional indicators in the context of online provision:

- 5.16. New staff orientation includes induction into the support mechanisms for tracking student participation and engagement in online courses and guiding students to support units in case of challenges.

*Digital Peer's Findings:*

Induction is mandatory and standardised, including an online teaching demonstration and basic Moodle orientation. Yet, mentoring and analytics dashboard training have not been evidenced.

5.17. The institution provides and/or facilitates for its academic staff specific training in online and blended learning, such as online learning design, developing and implementing pedagogies for online and blended learning, or successful delivery of online and blended learning.

*Digital Peer's Findings:*

Staff profiles for lecturers, tutors and the Head of Online Learning detail the digital and pedagogical competencies required for each role. These roles are required to sit for annual mandatory professional development in online pedagogy, covering instructional design, student engagement, digital assessment and inclusive practices.

Judgement:

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Fully Compliant

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Recommendations:

R5.16: It is recommended that hands-on analytics dashboard training be included in staff induction.

## Standard 6: Design, monitoring and review of programmes

### **Main Findings according to the criteria of Minimal Indicators:**

6.1. The institution has formalised policies and procedures for the design of its programmes, which it implements effectively in practice.

#### *Panel's Findings:*

The provider has a clear, formal process for the design of new programmes. The Internal QA Manual details the procedural steps, starting with market and academic feasibility studies, followed by the formation of academic working groups, and culminating in internal approval by the Board of Directors. The process includes defined responsibilities for quality oversight, led by the Quality Manager and supported by the Internal Quality Committee. Annex I confirms that programme development is structured around the provider's broader quality policy and supports continuous improvement.

Additionally, the Internal QA Manual defines the programme lifecycle, beginning with market and demographic research and concluding with programme evaluation and revision. The Curriculum Design Framework ensures every new programme addresses MQF level, ECTS calculation, workload estimates and student profiles.

During the programme design process, the responsible department conducts a comparative analysis with foreign institutions. This practice enhances curriculum quality and international relevance, ensuring that the developed programme reflects the diverse needs of students from various global contexts.

6.2. In designing its programmes, the institution is guided by its mission and the needs of the labour market. The choice of study programmes is based on up-to-date sectoral know-how such as, but not limited to, market analysis, Political, Economic, Social and Technological (PEST) analysis, and demographic research.

#### *Panel's Findings:*

The Quality Assurance documents submitted by the provider, together with evidence gathered during the onsite audit visit, confirm that the design and development of study programmes are closely aligned with the provider's mission to provide accessible, innovative and globally relevant education. This alignment is reflected in

the provider's use of structured planning methodologies and its responsiveness to evolving external demands.

Labour market relevance is ensured through a combination of formal analytical tools and stakeholder engagement mechanisms. These include PEST analyses, demographic research and targeted consultations with industry representatives. Annual surveys are conducted to assess emerging sectoral trends and skills gaps, while focus groups and stakeholder meetings provide qualitative insight into current labour market needs. These inputs are systematically integrated into the programme planning phase, particularly through the PDCA (Plan-Do-Check-Act) quality cycle, which forms the backbone of the provider's quality assurance and curriculum development processes. This integrated approach supports the creation of programmes that are both mission-driven and market-responsive.

6.3. The institution ensures that the design process reflects the following characteristics:

- a) they define the expected student workload in terms of ECTS credits; expected student workloads are realistic and consistent with the calculation that, on average, 1 ECTS credit equals 25 study hours;
- b) they indicate the target audience, including any geographic/regional targeting, and the minimum eligibility and selection criteria, where applicable;
- c) they are learning outcome-based, distinguishing between knowledge, skills and competences;
- d) they indicate appropriate learning dynamics and a measure of tutor-student and peer-learning interaction as is appropriate for the course level and content;
- e) they indicate appropriate resources and forms of assessment;
- f) they provide students with opportunities to elect non-compulsory components;
- g) they indicate the minimum requirements in terms of qualifications and competences for teaching staff;
- h) they indicate the person/s responsible for:
  - i) course design and content development;
  - ii) technical support;

- iii) teaching the course and interacting and supporting students;
- i) they are in line with the Malta Qualifications Framework (MQF) and the Malta Referencing Report 2024 and subsequent updates;
- j) the process of identification of training 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 stakeholders from the world of work in their design;
- l) they are designed so that they enable smooth student progression;
- m) they involve students in their design;
- n) they are subject to a formal institutional approval process.

*Panel's Findings:*

Programme design at the Yhank Institute follows a detailed and structured approach. Each programme is designed in accordance with a structured framework that ensures academic coherence, regulatory alignment and relevance to stakeholder needs. Workloads are clearly defined using the ECTS system, based on the standard 25-hour calculation per credit, providing transparency and consistency across courses. Programmes clearly specify their target audience, regional orientation and eligibility criteria, while learning outcomes are categorised under the domains of knowledge, skills and competences to support outcome-based education. Teaching and learning dynamics incorporate both synchronous and asynchronous tutor-student interaction, facilitating flexibility and accessibility. Assessment methods and learning resources are tailored to the specific aims of each course, with non-compulsory electives offered where pedagogically appropriate to support learner choice and personalisation. Faculty qualifications are clearly defined, and responsibilities for course design, content development, technical support, and delivery are formally assigned. Programme templates ensure alignment with the MQF and the Malta Referencing Report, reinforcing national standards. Stakeholder input will be systematically gathered through formal consultations with students, employers and external academics, contributing to curriculum relevance and quality. Finally, all programmes are subject to a rigorous, multi-stage internal approval process, culminating in endorsement by the Board of Directors.

- 6.4. The programmes' structure and content ensure a logical sequencing of their components, a relevant balance between theoretical and practical activities, and sufficient opportunities for students to achieve the learning outcomes within a reasonable timeframe.

*Panel's Findings:*

The programmes offered by the Yhank Institute are coherently structured to ensure logical sequencing of content, with a clear progression from foundational to advanced components. Curriculum maps and syllabi reviewed during the evaluation confirm that each programme integrates theoretical frameworks with practical applications in a balanced and pedagogically sound manner. The alignment between learning outcomes, assessment methods and instructional activities is well-documented, ensuring that students are provided with sufficient opportunities to master intended competencies.

Furthermore, the standard allocation of ECTS (1 ECTS = 25 hours) is applied consistently, with workload calculations factored into course design to promote a manageable and effective learning experience. Opportunities for practical engagement—such as case studies, applied projects and industry-linked tasks—are embedded across programmes, though the panel observed the need for more extensive real-world exposure. Nonetheless, the current design supports the achievement of learning outcomes within the normative programme duration, in line with national quality standards.

- 6.5. In developing its programmes, the institution conducts comparative analyses of similar programmes in leading foreign higher education institutions.

*Panel's Findings:*

Comparative benchmarking with leading international institutions is an established part of the design protocol. As per the Internal Quality Assurance Manual, each programme is required to include a comparative curriculum analysis to ensure international parity and relevance. These exercises support innovation and responsiveness in programme content and delivery.

The panel observed that programme validation ensures the systematic and transparent design is aligned with both institutional goals and regulatory benchmarks.

6.6. The programmes' design is conducted in close engagement with internal and external stakeholders, including administrative staff, external academic peers, students and employers.

*Panel's Findings:*

The provider's organisational structure is designed to facilitate multi-stakeholder engagement. The Internal Quality Committee includes representatives from academia, administration, student bodies and employers. Programme development activities are informed by feedback collected through surveys, focus groups and planning committees. The presence of external input at both conceptual and approval stages ensures relevance and alignment with end-user expectations.

*Performance indicators 6.7 to 6.12 need to be met once the institution is licensed and operational.*

Additional indicators in the context of online provision:

6.13. Programmes designed for online and blended delivery cater for any specific particularities at the level of learning outcomes, their delivery and assessment, and pedagogies that enhance student interaction and gauge student learning in digital environments.

*Digital Peer's Findings:*

Lecturers are responsible for the design of courses, learning outcomes, assessment strategies and didactic methods. They are provided with templates and criteria for content that will be used in asynchronous and synchronous sessions. Lecturers create content end-to-end and deliver both asynchronous and live sessions. Accessibility measures are included in the online solution.

6.14. Online and blended programmes are reviewed through established quality assurance methods that have been adapted to the specific pedagogical and methodological approaches.

*Digital Peer's Findings:*

The QA Manager and Head of Online Learning oversee the QA cycle and monitor delivery, yet no specific digital QA tools were evidenced. Introducing QA tools for online programmes will strengthen oversight.

Judgement:

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Substantially Compliant

Recommendations:

R6.3 (j–m): Expanding student and employer involvement to co-creation models would foster innovation and relevance in programme content.

R6.5: A more robust framework that draws from international academic databases and European qualification networks would enhance programme quality and competitiveness.

## Standard 7: Student-centred learning, teaching and assessment

### **Main Findings according to the criteria of Minimal Indicators:**

- 7.1. 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. This includes:
- a) enabling flexible learning paths;
  - b) considering the different modes of delivery, where appropriate;
  - c) using innovation in pedagogical methods, including digital technologies;
  - d) providing students with adequate support from the teaching staff.

### *Panel's Findings:*

The Yhank Institute demonstrates a strong commitment to student-centred learning, aligning well with the Standard. The Institute has developed flexible teaching and assessment methods that encourage student motivation, self-reflection and engagement.

- a) The teaching model combines synchronous lessons (live, face-to-face online sessions) with asynchronous microlearning modules. This allows adaptation of learning schedules to personal circumstances. While this flexibility is a strength, the current allocation of workload would benefit from increasing student access to tutors.
- b) The Institute offers a mix of synchronous and asynchronous modes, with additional tools such as discussion forums, project-based work and group activities.
- c) The Institute has invested heavily in digital technologies, including Moodle, Zoom, AWS-based simulations, and an AI-powered chatbot for translation, Q&A and self-assessment. These innovations support personalised and interactive learning experiences. At the same time, some teaching staff require further continuous training to make effective use of these advanced tools.
- d) The current ratio (1 tutor per 150 students, with short meetings every two weeks) may limit the depth of support provided. Technical support is available twenty-four hours a day, seven days a week through the learning platform and a planned internal support team, which is a positive measure. However, not only the clear capacity of tutors but also counselling, career guidance and psychological support services have

not yet been clearly established, which raises concerns about sustainability once enrolments increase.

The Institute is substantially compliant with this Standard. Its teaching methods are highly innovative and flexible, with a clear focus on student engagement. However, to reach full compliance, the Institute should:

- Clarify and regulate workload expectations across different teaching modes.
- Expand tutor-to-student support capacity.
- Finalise policies for assessment, appeals, internships and supervision.

The overall approach is promising and innovative, but some operational and structural gaps still need to be addressed for long-term effectiveness.

7.2. The assessment system is designed in a way that ensures:

- 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) if possible, 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, usage of anti-plagiarism software.

*Panel's Findings:*

- a) Assessment criteria and methods are generally communicated to students in advance and presented in an understandable format.
- b) While some assessments involve more than one staff member, moderation and second grading are not yet consistently applied across all programmes.
- c) Achieved outcomes are analysed against intended outcomes, though systematic reporting could be strengthened.

- d) Policies are not yet fully developed to formally address mitigating circumstances and appeals.
- e) The Institute makes use of anti-plagiarism software, and feedback is provided in a timely manner. However, moderation procedures and external examination practices require further formalisation to guarantee reliability and fairness.

The Institute meets some requirements of this Standard, but improvements are needed in policies for mitigating circumstances, systematic moderation, and appeal procedures. It is partially compliant.

- 7.3. The institution regulates the maximum number of opportunities a student is granted to pass one given assessment.

*Panel's Findings:*

The Institute has established clear regulations on the maximum number of attempts permitted for a given assessment, ensuring fairness, transparency and consistency across programmes.

- 7.4. 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.

*Panel's Findings:*

The Institute does not yet have a fully established and disseminated academic appeal procedure. Policies defining grounds for appeals, decision-making criteria and available remedies are absent and so impossible to be sufficiently communicated to students. This represents a significant gap in ensuring transparency and student rights.

- 7.5. Where applicable, a work-based learning/internship is integrated with speciality studies and students are provided with adequate supervision; there are detailed procedures defined to ensure the specific contribution of the work-based learning/internship to the programme's learning outcomes.

*Panel's Findings:*

The Institute has expressed an intention to integrate work-based learning and internships into programmes; however, detailed procedures, supervisory roles and formal links to learning outcomes have not yet been defined. As a result, the contribution of such activities to programme objectives cannot currently be assured.

7.6. The institution has clearly defined the responsibilities for the supervisors of theses at all levels, including PhD students.

*Panel's Findings:*

The Institute has not yet defined clear responsibilities for supervisors of theses at any level. Formal policies and procedures are missing, which creates uncertainty regarding supervision standards and student support in research work.

7.7. 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 the institution.

*Panel's Findings:*

The Institute has not yet defined clear responsibilities for thesis supervisors at any level, and formal policies and procedures for supervision are missing. To fully meet the Standard, it is therefore necessary to establish clear rules for supervisors' responsibilities and to formalise the procedures for thesis evaluation and defence, ensuring transparency, fairness and the quality of the academic staff involved.

*Performance indicators 7.8 – 7.12 need to be met once the institution is licensed and operational.*

Additional indicators in the context of online provision:

7.13. Teaching, learning and assessment are adapted to online and blended delivery and closely aligned with digital resources.

*Digital Peer's Findings:*

Delivery is 100 percent online including asynchronous micro-lessons and synchronous Zoom sessions. Assessment validity is ensured.

7.14. Online and blended arrangements cater for activities that exploit active, constructive, cooperative and authentic learning, as well as student-to-tutor and student-to-student interaction in digital environments.

*Digital Peer's Findings:*

The online solution includes features of which are forums, live sessions, breakout rooms and asynchronous video questions. These provide the possibility of interaction of students with the lecturer/tutor and with peers.

7.15. 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.

*Digital Peer' Findings:*

The Quality Manual describes the use of Turnitin, for plagiarism detection in written assignments and Proctorio, for AI-supported remote proctoring during online examinations, featuring secure browser functionality and identity verification. Both tools are integrated within the Moodle VLE and technically configured at the institutional level.

Staff were unable to fully explain identity verification or appeals workflows. Detailed procedures should be finalised and all staff informed before the commencement of operations.

**Judgement:**

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Non-compliant

Recommendations:

R7.1: Clarify and formalise responsibilities for thesis supervisors.

Establish clear policies for assessment and appeals.

Formalise the internships system.

R7.6: Expand tutor and student support capacity, have a clear vision of planned workouts and the capacity of student support staff.

## Standard 8: Student administration and student support services

### **Main Findings according to the criteria of Minimal Indicators:**

8.1. Accurate and reliable information about the institution, including the range of programmes, admissions procedures, services, scholarship opportunities, tuition and administrative fees, and other relevant information, is made publicly available to prospective students and other interested parties.

#### *Panel's Findings:*

The Yhank Institute provides a range of information about its programmes, teaching methods, assessment, resources, student handbook and student support. Some key elements are accessible. Information on scholarships and financial aid is intended to be transparent and generous, but formal eligibility criteria and processes are not yet fully established. Similarly, details on extracurricular activities, psychological support and certain student services remain under development.

While the Institute demonstrates a commitment to transparency and student access to information, the absence of clearly formalised policies for financial aid, student support capacities and extracurricular provisions limits full compliance. Overall, prospective and current students can access essential programme information, but further formalisation and clarity are required to ensure consistent and reliable communication of all relevant institutional information.

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8.2. Admissions requirements are clearly specified and appropriately determined for the institution and its programmes.

#### *Panel's Findings:*

The Yhank Institute clearly specifies admissions requirements for its programmes. These requirements are appropriate for the provider's academic level and the nature of the programmes offered. Prospective students can access information on eligibility, necessary qualifications and application procedures, ensuring transparency and enabling informed decision-making.

8.3. A comprehensive set of policies is made widely available within the institution, providing clear and transparent information required for all phases of the student “life cycle” – admission, assessment, progression, suspension and termination of student status, mobility, recognition, certification and qualification award – including all concerning regulations, the rights and responsibilities of students, Code of Conduct, actions to be taken for breaches of conduct, responsibilities of relevant officers and committees, and penalties that may be imposed. Policies cater for the social dimension of higher education by taking active measures to safeguard the equity, inclusion and diversity of the student body.

*Panel’s Findings:*

The Yhank Institute has made progress in developing policies that cover key aspects of the student “life cycle,” including admissions, assessment, progression, recognition and certification. Information on teaching methods, assessment formats, the Code of Conduct, and available resources is accessible through the learning platform, and students are informed about academic expectations and course procedures. However, formal policies covering all stages of the student lifecycle—including suspension and termination, mobility, appeals, breaches and penalties—are yet to be polished. Measures addressing equity, inclusion and diversity are planned but not yet fully implemented or documented.

Overall, while essential information is available to students and the Institute demonstrates a commitment to transparency, the absence of a fully comprehensive, formalised policy framework limits full compliance with this Standard.

8.4. The institution regulates the maximum time a student can spend inactive within the institution (without engaging with their academic commitments and assessments) before their enrolment status is terminated and the student expelled.

*Panel’s Findings:*

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. As a result, there is no clear regulatory framework to manage student inactivity or enforce expulsion in line with academic commitments and assessment requirements. This results in a non-compliance with the Standard.

- 8.5. There is a student agreement between the institution and each student which protects student rights and lawful interests.

*Panel's Findings:*

The provider establishes a student agreement with each enrolled person that clearly protects student rights and lawful interests. This agreement ensures that students are informed about their responsibilities, entitlements and the framework governing their enrolment, demonstrating compliance with the Standard.

- 8.6. Appropriate policies and procedures are in place to deal with academic misconduct, including plagiarism and other forms of conduct breach.

*Panel's Findings:*

The provider has appropriate policies and procedures in place to address academic misconduct, including plagiarism and other breaches of conduct. These policies ensure that incidents are managed consistently and fairly, protecting academic integrity and demonstrating compliance with the standard.

- 8.7. The institution has made provision for academic tutors to support student progress as needed, as well as services for career development and psychological support. The needs of a diverse student population (including mature, part-time, employed and international students as well as students with special needs) has been taken into account when planning the student support services.

*Panel's Findings:*

The provider provides academic tutors to support student progress and offers services related to career development and psychological support. The planning of these services takes into account the needs of a diverse student population, including mature, part-time, employed, international students and those with special needs. While these provisions demonstrate a commitment to student support, some aspects, such as the capacity of psychological services and career guidance, are still under development. Overall, the provider is partially compliant, with the framework in place but requires further formalisation and capacity planning to fully meet the Standard, mainly regarding the future upscaling.

*Performance indicators 8.8 to 8.15 need to be met once the institution is licensed and operational.*

Additional indicators in the context of online provision:

8.16. Online support resources contribute to the creation of real engagement between the staff and students; direct support provided through a virtual communication system, such as a forum, a live video session, email or pre-recorded videos, are considered contact hours.

*Digital Peer's Findings:*

Forums, webinars, ticketing systems and Zoom office hours are recognised as contact hours, with a target response time of 48 hours. However, the provider has not yet formalised Service Level Agreements (SLAs), nor does it systematically track usage and responsiveness. This limits the ability to measure service reliability and ensure a consistent student experience across different modes of interaction. It is recommended that clear SLA metrics and tracking processes be defined and published.

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8.17. Learning Management Systems (LMS) provide activity log data about students' access to material and tasks in online and blended delivery; such data and learning analytics are checked and analysed to identify students who are lagging on online tasks and participation, assisting the institution in identifying students at risk.

*Digital Peer's Findings:*

Staff will be reviewing dashboards to monitor student engagement and performance; however, the criteria for triggering alerts and the corresponding intervention workflows remain informal and not systematically documented. As a result, while staff can identify emerging issues, the absence of clear protocols may limit the consistency and timeliness of interventions across programmes.

8.18. Information on whom to contact and where to seek technical support (for the LMS, VLE, email, proctoring systems, and learning resources) is presented to students on the institutional website, on course syllabi, and in the LMS; a chat room option is provided when possible.

*Digital Peer's Findings:*

Technical support is available through different channels including help-desk forms, scheduling web application, institutional email, and agent support twenty-four hours a day, seven days a week.

8.19. Students' orientation programme includes guidance on how student administration and support services can be accessed online.

*Digital Peer's Findings:*

Students' orientation includes virtual orientation sessions and digital information materials.

Judgement:

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Non-compliant

Recommendations:

R8.3: Formalising and fully implementing policies covering all stages of the student lifecycle.

Clearly defining eligibility criteria and processes for financial aid and scholarships.

R8.4: Establishing regulations on maximum inactivity periods before enrolment termination.

R8.7: Capacity planning for student support services, particularly psychological and career guidance, also needs to be strengthened to accommodate future growth.

R8.16: It is recommended that clear SLA metrics and tracking processes be defined and published.

R8.17: Setting up formalised intervention criteria and escalation workflows for at-risk students.

## Standard 9: Learning resources and facilities

### **Main Findings according to the criteria of Minimal Indicators:**

9.1. The premises dedicated for the educational and administrative activities of the institution are under the ownership or lawful possession (lease) of the institution.

#### *Panel's Findings:*

Given that the provider operates exclusively through online platforms, the panel concluded that Standard 9.1, which concerns the physical premises used for educational and administrative activities, is not relevant for consideration during this initial provider accreditation audit.

9.2. The institution provides an adequate, attractive and well-maintained physical environment of both buildings and grounds. Facilities fully meet relevant Maltese legislation and regulations.

#### *Panel's Findings:*

Since the provider delivers all educational and administrative functions entirely online, the panel concluded that Standard 9.2—which pertains to the adequacy and maintenance of physical buildings and grounds — is not applicable at this stage of the provider accreditation audit. As there are no physical premises to assess, considerations relevant to traditional campus facilities are not relevant for this evaluation.

9.3. Appropriate provision for both facilities and learning resources is made for students and staff with physical disabilities or other special needs (such as visual or hearing impairments).

#### *Panel's Findings:*

Accessibility features are available on the Moodle platform, which is the provider's choice of VLE. Moreover, the administrative staff indicated to the panel that situations would be analysed on a case-by-case basis once the provider is operating.

9.4. A library and other associated facilities and services are available for extended hours beyond normal class time to ensure access when required by users.

*Panel's Findings:*

Given that the provider delivers all its educational and administrative services exclusively online, the panel determined that Standard 9.4, which concerns the provision of library and associated facilities for extended hours, does not apply to this initial provider accreditation audit. With no physical campus or onsite facilities to assess, traditional considerations related to building access and hours are not relevant at this stage; instead, access to resources is facilitated through digital platforms.

9.5. Up-to-date computer equipment and software are available and accessible for staff and students throughout the institution to support electronic access to resources and reference material.

*Panel's Findings:*

Given the provider's exclusively online mode of operation, the panel determined that Standard 9.5 is not applicable to this initial provider accreditation audit. Since there are no physical premises, the traditional expectations regarding the provision and maintenance of computer hardware onsite do not apply; instead, access to up-to-date computer equipment and software is facilitated remotely, aligning with the provider's digital delivery model.

9.6. Books, journals and other materials, including online databases, are available in Maltese, English or other languages, as required for programmes and research organised at the institution. The main literature listed in the syllabi is made available by the institution either in hard copy or electronic format.

*Panel's Findings:*

Access to open-source libraries is provided via the VLE; however, these are standard libraries that are accessible to the general public and would not usually contain all the literature required for research purposes. During conversations with the administration, it was noted that the provider is planning to purchase a license to EBSCO, which would be key for students in courses of MQF level 6 and beyond, as the literature lacking from the open-source libraries would then be accessible.

9.7. Technical support is available for staff and students using information and communications technology. Training programmes are provided to ensure effective use of computing equipment and appropriate software for assessments, teaching and administration.

*Panel's Findings:*

Technical support is available twenty-four hours a day, seven days a week for Moodle related issues, while a third party IT service provider offers support related to other matters within 24 - 48 hours. A support ticket would be opened by the caller via the VLE in order to report the fault.

9.8. Institutions that offer digital education shall ensure that their digital infrastructure has:

- a) automated procedures to ensure continuity of service in case of failure of their equipment or software;
- b) backup systems, including real-time mirroring of data, full/incremental backups on site, and full/incremental backups offsite on physical data.

*Panel's Findings:*

The data infrastructure is maintained on Amazon Web Services (AWS) servers located in European cities. Data recovery and backup processes are managed through the AWS CDN infrastructure, with additional backups securely stored on locally hosted servers.

*Performance indicators 9.9 to 9.12 need to be met once the institution is licensed and operational.*

Additional indicators in the context of online provision:

9.13. Any third-party digital resources purchased by the institution are scalable (expanded or upgraded to cater for an increased demand), avoid vendor lock-in (by using established standards) and are covered by a service-level agreement for maintenance and support by the vendor.

*Digital Peer's Findings:*

The Moodle VLE is maintained on AWS servers hosted in EU-based data centres. Integrated AI tools include D-ID virtual multilingual avatar and ChatGPT based self-assessment. The online solution, including VLE and third-party digital resources, is maintained by the IT Lead who is contracted by the provider to provide timely maintenance and support.

9.14. Staff and students are able to access most of the institutional resources online without the need for being physically on campus; this is included in the orientation programme of new students.

*Digital Peer's Findings:*

Academic staff and students have access to Moodle VLE, including to video labs, twenty-four hours a day, seven days a week.

Virtual libraries are available through links available in VLE which forward users to external open-access libraries. This may be limiting.

9.15. Students are able to access digital resources without the need to invest in high-end and expensive hardware and software. Resources are accessible on computing devices (both traditional laptops/desktops and smaller mobile devices like smartphones and tablets) with average specifications.

*Digital Peer's Findings:*

There are no formal device/browser compatibility testing or fallback options for students with limited hardware or connectivity. Regular compatibility testing and alternative formats (e.g., transcripts, audio-only) are required.

**Judgement:**

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**Substantially Compliant**

Recommendations:

R9.14: Expanding the virtual library to include provider-licensed content alongside open-access sources.

R9.15: Conducting regular device and browser compatibility testing of the online solution and ensuring that prospective students are informed of the minimum device and connectivity requirements for transparency.

R9.15: It is advisable that alternative content formats (e.g., text transcripts, audio-only, low-bandwidth versions) are provided.

Standard 10: Research, development and/or other creative activity

(applicable only to universities and providers that deliver programmes at MQF Level 8)

Standard not applicable.

## Standard 11: Institutional cooperation, service to society and internationalisation

### **Main Findings according to the criteria of Minimal Indicators:**

11.1. The institution includes in its strategic priorities, objectives pertaining to institutional cooperation, service to society and internationalisation. There are clear indicators defining the institutional priorities in these areas.

#### *Panel's Findings:*

Currently, partnerships have been established with local businesses and an international company that will offer internship opportunities to students. However, as the provider is not yet operational, there have been no contributions to the local community at this time.

11.2. There are budgetary allocations dedicated to institutional cooperation, service to society and internationalisation to enable the achievement of its objectives in these areas.

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#### *Panel's Findings:*

Given that the provider has not yet commenced operations, the panel concluded that Standard 11.2 does not currently apply to this initial provider accreditation audit. Consequently, there have been no budgetary allocations or expenditures directed towards institutional cooperation, service to society, or internationalisation at this stage. These financial provisions and related activities will be assessed once the provider is fully operational.

11.3. Local employers and members of professions are invited to join relevant committees or other structural units considering study programmes and other institutional activities.

*Panel's Findings:*

So far, only an international company has been invited to review some of the courses that are on offer. The panel spoke to both students and members of the business community who claimed to have been consulted during the creation of the programmes.

*Performance indicators 11.4 – 11.9 need to be met once the institution is licensed and operational.*

Judgement:

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Fully Compliant

Recommendations:

Nil.

## Panel Member Signatures

The audit report is compiled by the peer review panel:

Chair of Review Panel: Dr Robert Cassar (PhD)



Peer Reviewer: Dr Wilbert Tabone (Ph.D)



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Student Peer Reviewer: Ms Elena Štefancová



Digital Peer Reviewer: Mr Keith Aquilina



# Annex 1: Evaluation of the IQA Document

## Standards for Accreditation

### Standard 1: Mission and strategic management

#### *Panel's Findings:*

The Yhank Institute has a clearly articulated mission that aligns well with its strategic goals of inclusivity, internationalisation and innovation. Its Strategic Plan is measurable and time-bound, supported by an Operational Plan that translates objectives into concrete actions with defined responsibilities and resource allocations. Financial planning is transparent and strategically driven, involving stakeholder input and governance oversight. Risk management and business continuity are integrated into quality assurance processes, ensuring resilience across academic and administrative functions. The Institute plans for fully online delivery supported by AI, simulations, and gamification, yet current provision remains limited to Moodle-based video content and an AI chatbot, with few explicit KPIs for online learning evidenced in the SAR and Strategic Plan.

#### *Suggestions for Improvement:*

R1.1: Establishing formal procedures for external consultation during mission reviews will ensure ongoing relevance.

### Standard 2: Governance, organisational structure and administration

#### *Panel's Findings:*

The Yhank Institute has established transparent and well-documented procedures for the appointment of leadership positions, as outlined in Annex E and the Internal Quality Assurance Manual. Leadership roles require substantial academic qualifications and experience, with performance managed through defined evaluation cycles. Governance structures ensure stakeholder representation, including students, staff and labour market actors, primarily through the Internal Quality Committee. Annex G details a formal and operational organisational structure with clear roles, responsibilities, and decision-making hierarchies. Regular reviews ensure responsiveness and alignment with institutional goals. While indicators 2.5 to 2.9 apply post-licensing, the provider already includes a dedicated post for managing online learning provision. The provider has established the role of “Head of Online Learning” to oversee the design, delivery and pedagogical quality of online

programmes, though interviews revealed limited staff clarity on its remit. Resources for online provision are defined, with lecturers handling course design and tutors providing support, while technical infrastructure relies on an external contracted IT lead.

*Suggestions for Improvement:*

Nil.

Standard 3: Quality management

*Panel's Findings:*

The Yhank Institute has adopted a comprehensive Quality Management Policy (Annex I) that outlines roles, processes and reporting mechanisms within a PDCA framework, and is accessible through the institutional intranet. Responsibilities for QA are clearly defined across all organisational levels, involving both staff and students, and closely linked to strategic objectives. QA structures, including an Internal Quality Committee and designated Quality Manager, are in place. However, the provider is not compliant with the requirement for an internal QA staff member, as the current Quality Manager is self-employed. Procedures for managing subcontracted activities are well-articulated, ensuring quality oversight even in international contexts. The Internal Quality Assurance Manual outlines periodic reviews and the use of staff and student feedback, and analytics to monitor and improve online programmes.

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*Suggestions for Improvement:*

R3.1: The visibility of the Quality Assurance (QA) policy can be enhanced by establishing a dedicated section on the institutional website, incorporating summaries and infographics designed to address the needs of a broad range of stakeholders.

Standard 4: Integrity, accountability and information management

*Panel's Findings:*

The provider has developed ethical frameworks through staff and student handbooks that set out clear expectations on professional conduct, academic integrity and anti-discrimination. While accessible online, the visibility of the Code of Ethics could be improved. Comprehensive programme information is published on the website in line with MFHEA requirements, though details on course costs are missing. Data protection measures are GDPR-compliant, but concerns remain around the use of AI tools that may transfer data outside the EU. Policies on lecture recording, copyright and intellectual property are in place, supported by an AI ethics policy. The VLE

provides analytics to monitor engagement, though systematic alert protocols and staff awareness remain limited.

*Suggestions for Improvement:*

R4.1: It is recommended that the Code of ethics be made available via a public link embedded on the homepage of the website, or the footer.

R4.3: The cost of each course should be made available as part of the course information pages on the website.

R.4.4: As part of the data protection efforts, it is recommended that a consent clause relating to the lecturer's AI avatars be clearly added to the employment contract. Furthermore, it is recommended that a European-based GDPR-compliant LLM API be used for the AI VLE agent instead of an American based solution.

Standard 5: Teaching and administrative staff

*Panel's Findings:*

The provider has established clear policies for staff recruitment, rights, responsibilities and performance evaluation, accessible through handbooks and contracts. Recruitment is transparent, gender-balanced and ensures staff are appropriately qualified, with all staff engaged on a sessional basis. Professional development is prioritised through CPD opportunities and annual appraisals, though student-staff ratios and workloads will only be assessed once operations commence. Performance reviews combine self-assessment, managerial input and student feedback. For online provision, induction includes Moodle orientation but lacks mentoring and analytics training, while annual mandatory CPD supports staff in online pedagogy and digital teaching practices.

*Suggestions for Improvement:*

R5.1: It is recommended to make all policies relevant to teaching and administrative staff (relating to recruitment, responsibilities, performance, promotion and CPD) available as a separate policy document rather than only including such information in the employment contract.

## Standard 6: Design, monitoring and review of programmes

### *Panel's Findings:*

The Yhank Institute has structured procedures for programme design that ensure alignment with its mission, labour market needs and international benchmarks. Programmes are mapped to MQF standards, with defined workloads, learning outcomes, teaching methods and assessments, supported by stakeholder engagement. Curricula balance theory and practice, though more real-world exposure is advised. For online delivery, programmes integrate both asynchronous and live interaction with accessibility measures. Lecturers design and deliver content using standard templates, while oversight is provided by the QA Manager and Head of Online Learning, though the lack of dedicated digital QA tools remains a gap.

### *Suggestions for Improvement:*

R6.14: Introducing QA tools for online programmes would strengthen oversight.

## Standard 7: Student-centred learning, teaching and assessment

### *Panel's Findings:*

The Yhank Institute demonstrates strong commitment to student-centred and innovative learning, with flexible teaching methods and substantial use of digital technologies. Assessment practices are partially compliant, but policies for appeals, moderation and mitigating circumstances require further development. Work-based learning and internship procedures, as well as responsibilities for thesis supervision and evaluation, have not yet been clearly defined. Formal procedures are missing, limiting transparency and quality assurance.

Overall, the Institute's approach is promising and innovative, but operational and structural gaps need to be addressed to ensure long-term effectiveness, fairness and sustainability.

### *Suggestions for Improvement:*

R7.7: Formalise procedures for thesis evaluation and defence, including external academic involvement.

R7.15: Finalise and publish step-by-step workflows assessment methods, including online proctoring systems and integrity mechanisms. All relevant staff should be knowledgeable of these procedures.

## Standard 8: Student administration and student support services

### *Panel's Findings:*

The Yhank Institute demonstrates a strong commitment to transparency, student support and academic integrity. Key strengths include clearly specified admissions requirements, the establishment of student agreements protecting rights and lawful interests, and comprehensive policies addressing academic misconduct. The Institute provides accessible information on programmes, teaching methods, assessments and resources, and offers academic tutors alongside career and psychological support services, with attention to the needs of a diverse student population.

Overall, while the Institute shows substantial commitment and several areas of full compliance, operational gaps and incomplete formalisation limit full adherence to the Standards. Addressing these areas will enhance transparency, consistency and the long-term effectiveness of student support and information services.

### *Suggestions for Improvement:*

Nil.

## Standard 9: Learning resources and facilities

### *Panel's Findings:*

The panel found that many physical premises Standards (9.1, 9.2, 9.4 and 9.5) were not applicable given the Institute's exclusively online model. Instead, the provider relies on Moodle and AWS infrastructure, offering accessibility features, technical support twenty-four hours a day, seven days a week, and secure data backup systems. Students have access to open-source resources, with plans to expand through licensed databases such as EPSCO. Digital resources are available remotely, though reliance on open-access materials may limit coverage, and no formal device compatibility testing has yet been conducted. Overall, the provider's infrastructure supports online delivery, though improvements are needed in licensed content and accessibility across varied devices.

### *Suggestions for Improvement:*

Nil.

Standard 10: Research, development and/or other creative activity

Not Applicable

Standard 11: Institutional cooperation, service to society and internationalisation

*Panel's Findings:*

The provider's strategic priorities include cooperation, community service and internationalisation, with clear indicators in place. Partnerships have been formed with local businesses and an international company to provide student internships, though no community contributions have yet occurred as operations have not commenced. No budgetary allocations have been made in these areas, as Standard 11.2 is not applicable at this stage. Engagement with external stakeholders has been limited, with one international company reviewing courses and some consultation with students and business community members during programme development.

*Suggestions for Improvement:*

Nil.

## Annex 2: Provider Accreditation Visit Agenda

### EQA Provider Accreditation Visit Audit Agenda:

**The Yhank Institute**  
(Higher Education Institution)

**Date:** 21<sup>st</sup> and 22<sup>nd</sup> July 2025, Monday and Tuesday

**Venue:** Dragonara Business Centre 5<sup>th</sup> Floor, Triq Id-Dragunara, San Giljan, STJ 3141

Day 1. Time and Duration	Meetings	Names of Attendees	In person or online
8.30 (30 m)	Arrival at the venue, MFHEA EQA panel preparation meeting	MFHEA, EQA panel	
9.00 (60 m)	Meeting with the Head of Institution, Director General/Academic Director		In person
10.00 (15 m)	Internal panel meeting	MFHEA EQA panel	
10.15 (60 m)	Meeting with Governing Bodies		In person
11.15 (15 m)	Internal panel meeting		
11.30 (60 m)	Quality Manager – Internal Quality Assurance		
12.30 (60 m)	Working lunch and panel discussion		
13.30 (30 m)	External Quality Assurance (EQA) – <i>(meeting with external consultants)</i>		In person
14.00 (10 m)	Internal panel meeting		
14.10 (60 m)	IT personnel: Virtual tour and access to a fully built sample module of the provider’s online platform, including all learning materials, assessments and interactive elements		
15.10 (10 m)	Internal panel meeting		
15.20 (60 m)	Meeting with lecturers/future lecturers		
16.20 (10 m)	Closure of day one/internal panel meeting		

Day 2. Time and Duration	Meetings	Names of attendees	In person or online
8.30 (30 m)	Arrival at the venue, MFHEA EQA panel preparation meeting	MFHEA, EQA panel	
9.00 (45 m)	Meeting with Registrar or Academic Secretary;  Student Support Manager		Online  In person
9.45 (15 m)	Internal panel meeting		
10.00 (45 m)	Board of Trustees Department Coordinators Internal Quality Committee		
10.45 (15 m)	Internal panel meeting		
11.00 (45 m)	Meeting with External Stakeholders ( <i>employers or personnel from the industry which the Yhank Institute collaborates with</i> )		Online
11.45 (15 m)	Internal panel meeting		
12.00 (30 m)	IT Team/ Head of Online Learning		
12.30 (60 m)	Working lunch and panel discussion		
13.30 (30 m)	Students involved in programme design		Online
14.00 (15 m)	Internal panel meeting		
14.15 (30 m)	HR and Financial Department		
14.45 (30 m)	Resources and Administrative support		
15.15 (15 m)	<i>Additional meeting, if requested</i>		
15.30 (60 m)	Final internal panel meeting		
16.30 (5 m)	Conclusion of the onsite visit	Peer review panel and Head of Institution	In person

## Annex 3: Review Panel Bio Notes

### **Chair of Review Panel:** Dr Robert Cassar (PhD)

Dr Robert Cassar is Deputy Director within the Directorate for Quality and Standards in Education (DQSE) at the Ministry for Education, Sport, Youth, Research and Innovation. Prior to assuming this position, he served for seven years as a Regulatory Education Officer, during which he contributed extensively to the development and monitoring of educational standards.

Throughout his career, Dr Cassar has held a range of key positions within the education and training sectors, including those of educator, liaison officer, and course coordinator for the Chartered Institute of Marketing. He has also served as a member of various quality assurance panels on behalf of the Malta Further and Higher Education Authority (MFHEA), and was a representative on the Board of Inspectors of the European Schools, further extending his engagement at European level.

In addition to his formal roles, Dr Cassar has provided consultancy services in the fields of marketing, management and quality assurance, supporting institutions and organisations in strategic development, accreditation processes and the enhancement of internal quality systems.

Following the completion of his doctoral studies in *Media and Cultural Studies* in 2004, Dr Cassar has maintained a strong academic profile, publishing regularly in peer-reviewed journals and contributing to scholarly discourse in his areas of expertise.

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### **Peer Reviewer:** Dr Wilbert Tabone (PhD)

Dr Wilbert Tabone is a researcher in the areas of human-computer/robot interaction, spatial computing, applied artificial intelligence, and the application of technology in the arts and cultural heritage. He is currently a postdoctoral researcher within the Convergence project NURTURE, where he is applying design and technical techniques to develop AI and robotic solutions to support nursing work at the Erasmus MC. During this project, he is affiliated with the Erasmus MC (Department of Nursing Science) and the Faculty of Industrial Design Engineering, TU Delft (StudioLab).

Dr Tabone holds a PhD in cognitive human-robot interaction from Delft University of Technology, The Netherlands, where he was previously a Marie Skłodowska-Curie Early Stage Researcher as part of the ITN SHAPE-IT. During that time, he developed and investigated augmented reality interfaces for pedestrian-automated vehicle interactions. Subsequently, he was a postdoctoral researcher in the Cognitive Robotics Department, TU Delft, where he investigated human-sampling behaviour in complex control environments using spatial computing.

Prior to obtaining his PhD, Dr Tabone also graduated with a BSc (Hons) with first-class honours in Creative Computing from Goldsmiths, University of London and later read for an MSc in Artificial Intelligence at the University of Malta, conducting his research at the Bernoulli Institute for Mathematics, Computer Science and Artificial Intelligence, University of Groningen in the Netherlands. During this time he also read for a diploma in European Affairs, Business, and IT law at the University of Vienna.

Further to his academic role, Dr Tabone is actively involved in the cultural, technology and education sectors and engaged in several NGOs, including the Commonwealth Youth Council and Marie Curie Alumni Association. He is a creative coding and new media art practitioner, collaborating with artists on art-science projects. Dr Tabone has years of experience in both the public and private sectors, where he has worked in the digital games, telecom and fintech industries, and later on in Government ministries and the heritage and museum sectors. Dr Tabone has also served as an expert evaluator with the Malta Further and Higher Education Authority for over a decade, and formed part of Malta.AI, the Malta National Task Force on Artificial Intelligence, tasked with formulating Malta's national strategy on AI, where he also sat on the education and workforce committee. He is an Association for Computing Machinery (ACM) SIGCHI member, and a registered domain expert with the European Commission in Artificial Intelligence, and Human-Computer/Robot Interactions.

**Student Peer Reviewer:** Ms Elena Štefancová

Ms Elena Štefancová is a PhD student of information technologies; she primarily focuses on the risks of recommender systems and the explainability of artificial intelligence. In addition, she has been dedicated to the quality of higher education, currently as a member of European Students' Union's Quality Assurance Students Experts Pool. Previously, Ms Štefancová also held several other positions, for example, a member of the national council of students or a trustee of the biggest technical university of Slovakia. She is a Fulbright alumna through a student research grant and also a laureate of a national award of The White Crow - a prestigious award given to people who perform courageous acts to defend truth, justice and the public interest.

**Digital Peer Reviewer: Mr Keith Aquilina**

With over two decades of experience in the education sector, Mr Keith Aquilina specialises in digital education and quality assurance. His current role is that of Education Officer (Quality Assurance) at the Directorate for Quality and Standards in Education and visiting lecturer at the Maltese Teacher Trainer Institute (IfE). Currently, Mr Aquilina is involved in the European Commission's IFRAG and DEC expert groups. He holds a Master's in Online and Distance Education from the Open University, UK, along with a diploma in computing and a pedagogy degree from the University of Malta.