National Commission for Further and Higher Education Malta

External Quality Assurance Audit Report

Saint Vincent De Paul Long Term Care Facility

Carried out on 22nd and 23rd October 2020

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Abbreviations List

ECTS	European Credit Transfer System
EQA/QA audit	External Quality Assurance Audit
ESG	European Higher Education Area
EQAVET	European Quality Assurance Reference Framework for Vocational Education and Training
CEO	Chief Executive Officer
CPD	Continued Professional Development
IQA	Internal Quality Assurance
QAP	Quality Assurance Policy
MQF	Malta Qualifications Framework
NCFHE	National Commission for Further and Higher Education
NQAF	National Quality Assurance Framework for Further and Higher Education
PSMC	Public Service Management Code
SAR	Self-Assessment Report
SOP	Standard Operating Procedure
SVP	Saint Vincent de Paul Long Term Care Facility
TC	Training Centre
UM	University of Malta

Executive Summary

Institutional Background

Saint Vincent De Paul Long Term Care Facility is licensed as a Further Education Institution (License number: 2015-010) by the National Commission for Further and Higher Education.

Saint Vincent de Paul Long Term Care Facility (SVP) is a hybrid between a nursing home and a hospital with a total population of over 1,100 residents. SVP corporate vision is *'to be a centre of excellence in client-focused care through innovation practices and specialised geriatric care for highly dependent persons with complex needs'*. This directs the objective of the institution of ensuring the physical, psychological, social and spiritual wellbeing of all the residents. Best quality care requires professionally trained personnel and a commitment towards life-long learning. The training centre at SVP is instrumental at providing the necessary training to the 2,040 strong personnel working at the institution with the scope of not only addressing the knowledge base of frontline staff but also their attitudes toward the care of older adults. Therefore, the main aims of SVP Training Centre are to support and facilitate personnel to:

- *Gain abilities, skills, knowledge and attitude in order to ensure good quality of care to older adults towards a holistic approach*
- *Acquire information that addresses multifaceted health related issues*
- *Attain transfer skills which are related to employability in ageing-related occupations, advance in their career and personal development*

Overview of the Audit Process

This report is a result of the External Quality Assurance process undertaken by an independent peer review panel. The panel evaluated the documentation submitted by the educational institution and conducted an onsite audit visit. The panel was responsible for reaching conclusions on Standards 1 and 3 – 11. Through this report, the panel also highlighted areas of good practice which, in its view, make a positive contribution to academic standards and quality of education that are worthy of being emulated and disseminated more widely.

Summary of the Conclusions Reached by the Peer Review Panel

On the basis of the findings documented in the report, the panel has concluded that SVP meets Standards 2, 4, 7 and 11, requires improvement for Standards 5, 6, 8 and 9, and does not meet Standards 1, 3 and 10. The recommendations in the report are meant to improve the standards already in place and to enhance good practice.

The panel made seven mandatory recommendations, all of which are to be implemented within 6 months of the publication of the report. They also made 13 key recommendations: 3 to be implemented within 6 months, 8 within 12 months and 2 within 18 months. The panel also made 7 recommendations.

About the External Quality Audit

Aims and Objectives of the EQA

Quality assurance in Malta is underpinned by six principles that determine the remit and function of the National Quality Assurance Framework for Further and Higher Education, and the relationship between internal and external quality assurance to enhance learning outcomes.

i. The Framework is based on the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) and enriched by the European Quality Assurance Reference Framework for Vocational Education and Training (EQAVET) perspective.

ii. The Framework contributes to a National Culture of Quality, through:

- ❖ increased agency, satisfaction and numbers of service users,
- ❖ an enhanced international profile and credibility of providers in Malta,
- ❖ the promotion of Malta as a regional provider of excellence in further and higher education.

iii. The Internal Quality Assurance (IQA) is fit for purpose.

iv. The External Quality Assurance (QA audit) is a tool for both development and accountability. The QA audit shall ensure that the internal quality management system of the provider is:

- ❖ fit for purpose according to the provider's courses and service users,
- ❖ compliant with standards and regulations and contributing to the development of a national quality culture,
- ❖ contributing to the fulfilment of the broad goals of Malta's Education Strategy 2014-24,

- ❖ Implemented with effectiveness, comprehensiveness and sustainability.

v. The Quality Improvement Cycle is at the heart of the Framework.

vi. The integrity and independence of the QA audit process is guaranteed.

The QA audit provides public assurance about the standards of further and higher education programmes and the quality of the learning experience of students. It presents an opportunity for providers to demonstrate that they adhere to the expectations of stakeholders with regard to the programmes of study that they offer and the achievements and capabilities of students. It also provides a focus for identifying good practices and for the implementation of institutional approaches to the continuous improvement in the quality of educational provision.

NCFHE has a responsibility to ensure that a comprehensive assessment is conducted for all higher education providers in Malta. The QA audit provides an opportunity to assess the standards and quality of higher education in Malta against the expectations and practices of provision across the European Higher Education Area, and internationally.

The QA audit examines how providers manage their own responsibilities for the quality and standards of the programmes they offer. In particular, the following issues are addressed:

- ❖ The fitness for purpose and effectiveness of internal quality assurance processes, including an examination of the systems and procedures that have been implemented and the documentation that supports them.
- ❖ The compliance with the obligations of licence holders with established regulations and any conditions or restrictions imposed by NCFHE.
- ❖ The governance and financial sustainability of providers, including assurances about the legal status of the provider, the appropriateness of corporate structures and the competence of staff with senior management responsibilities.

The QA audit benchmarks the QA system and procedures within an institution against eleven (11) Standards:

1. Policy for quality assurance: entities shall have a policy for quality assurance that is made public and forms part of their strategic management.

2. Institutional and financial probity: entities shall ensure that they have appropriate measures and procedures in place to ensure institutional and financial probity.

3. Design and approval of programmes: self-accrediting providers shall have appropriate processes for the design and approval of their programmes of study.

4. Student-centred learning, teaching and assessment: entities shall ensure that programmes are delivered in a way that encourages students to take an active role in the learning process.

5. Student admission, progression, recognition and certification: entities shall consistently apply pre-defined and published regulations covering all phases of the student 'life-cycle'.

6. Teaching staff: entities shall assure the competence and effectiveness of their teaching staff.

7. Learning resources and student support: entities shall have appropriate funding for their learning and teaching activities and sufficient learning resources to fully support the students' learning experiences.

8. Information management: entities shall ensure that they collect, analyse and use relevant information for the effective management of their programmes and other activities.

9. Public information: entities shall publish information about their activities which is clear, accurate, objective, up to date and readily accessible.

10. Ongoing monitoring and periodic review of programmes: entities shall implement the 'Quality Cycle' by monitoring and periodically reviewing their programmes to ensure their continuing fitness for purpose.

11. Cyclical external quality assurance: entities should undergo external quality assurance, by or with the approval of the MFHEA, on a cyclical basis, according to the MFHEA guidelines, at least once every five years.

Peer-review panels essentially ask providers the following question about their arrangements for quality management:

'What systems and procedures are in place and what evidence is there that they are working effectively?'

The approach to quality assurance can be encapsulated in a number of key questions which providers should ask themselves about their management of quality.

- What are we trying to do?
- Why are we trying to do it?
- How are we trying to do it?
- Why are we doing it that way?
- Is this the best way of doing it?

- How do we know it works?
- Could it be done better?

Answers to these questions should form the basis of the provider's critical assessment of, and response to the self-evaluation questionnaire.

The approach of 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 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.

The Peer Review Panel

The Peer Review Panel was composed of:

Chair of Review Panel:

Ms Veronica Montebello

Peer Reviewer:

Mr Neville Schembri

Student Peer Reviewer:

Mr Chris Sammut

QA Managers (NCFHE):

Ms Fiona McCowan, Ms Annalisa Mallia and Mr Giacomo Annese

Specific Terms of Reference

The general terms of reference of the Review Panel where to review the fitness for purpose and effectiveness of the internal quality assurance processes as implemented by the provider against the standards outlined in the National Quality Assurance Framework for Further and Higher Education.

Following the preliminary meeting held with the provider on 15th September 2020 and pursuant to the documentation received from Saint Vincent De Paul Long Term Care Facility, the Panel sought to follow the main lines of inquiry as indicated below:

- The effective implementation of an internal quality assurance system at SVP aligned to the standards outlined in the National Quality Assurance Framework for Further and Higher Education and with an active input from staff, students, lecturers and external stakeholders.
- The student learning process, pedagogy, assessment, and feedback provided to students.
- The value added of the training provided by the institution to the sector of elderly care in Malta.

The review team decided that, as part of an enhancement-led approach, it would issue recommendations linked to all parts of the operations of the institute. The report therefore distinguishes between:

- Mandatory recommendations (MR) which are crucial to meet a standard and must be implemented before the date indicated by the panel.
- Key recommendations (KR) are important to improve a standard and which should be implemented expediently by the institute to address weaknesses;
- Recommendations (R) for improvement which are merely suggestions based on the panel analysis and observations.

Institutional Context

In 2015, Saint Vincent de Paul Training Centre was licensed by the NCFHE as a Further and Higher Education Institution (holding licence no 2015-010). SVP is licensed to deliver homegrown programmes classified up to MQF Level 3 providing that these programmes have been formally recognised and/ or accredited by the National Commission for Further and Higher Education. The licence for Saint Vincent De Paul Long Term Care Facility to operate as a Further Education Institution was recently extended for one year from 7th May 2020 to 7th May 2021.

SVP is currently authorised to deliver two programmes which are both accredited by NCFHE namely (1) Award in Care of the Elderly for Care Assistant (MQF Level 3, 17 ECTS) (2) Award in best Practices in Nutrition and Culinary Services in Long Term Care (MQF Level 3, 3 ECTS).

Despite the Award in Best Practices in Nutrition and Culinary Services having an operational start date of July 2018, to date SVP has never run this programme (this statement is correct up until the date of the audit visit).

Accreditation of the Award in Care of the Elderly for Care Assistants was granted by NCFHE in May 2015. Later, on 21st July 2015, the management of SVP signed an agreement with the University of Malta (UM) so that the course is delivered through the Centre for Liberal Arts and Sciences, an institution of the University. This agreement is renewed annually with the most recent renewal being signed on 21st July 2020. The course entitled Care of the Elderly: Theory and Practice (LAS1101) is organized and delivered by the training centre at SVP, while accredited by UM as evidenced in all the documentation related to this course. Although the title is different, LAS1101 has identical course content as that accredited by NCFHE, however, is awarded 14 ECTS credits. The panel got a confirmation from top management that the course which is being delivered at present is in fact the programme accredited by UM. Course delivery, lecturers, student support and premises used throughout the training course are coordinated, facilitated and funded by SVP Training Centre. UM approves the course content and any changes as suggested by SVP Training Centre. Students apply for this course through applications issued by SVP and selection of participants is decided by a board at SVP, however, students are then registered with UM and examination marks are sent by SVP to UM and processed for publication by UM. Graduation is also a collaborative event organised between SVP and UM.

The Panel acknowledges and appreciates the invaluable, positive impact this course has on the lives of a vulnerable group of persons in our society, institutionalised older adults. Healthcare personnel who work in this field and undertake the Award in Care of the Elderly for Care Assistants are by far better equipped to function professionally and engage in quality client-centred care.

The panel heard that although the training centre has a Head of School as stated in the NCFHE Licencing conditions of SVP, the training centre falls under the responsibility of the Chief Nursing Manager at SVP who is accountable to the CEO of SVP.

Analysis and Findings of Panel

Standard 1: Policy for Quality Assurance

Policy for quality assurance: entities shall have a policy for quality assurance that is made public and forms part of their strategic management.

Main findings

At the time of the audit, SVP Training Centre did not have a formalised IQA Policy; however, the panel heard that the institution recognises that it is imperative to organically develop such a policy, not just for the purposes of the EQA, but one that ensures the quality provision of training delivered by the institution. The audit served the purpose of identifying several points for improvement such as the importance of having policies, processes and procedures in place which align to the entity strategic plans and which are not only implemented but also documented.

SVP Training Centre compiled a Self-Assessment Report (SAR), which was based around the standards outlined in the National Quality Assurance Framework for Further and Higher Education. It is an indication that the institution has started to reflect upon its specific internal quality assurance standards. However, the report does not always provide sufficient detail with respect to procedure. Some accompanying procedure documentation, even when mentioned in the SAR itself, is missing or quite limited and derivative; for example with respect to student admissions, assessments, student complaints, equality and diversity, documented feedback obtained from lecturers and students on programmes and the systematic gathering of data and use thereof. SVP training centre does not have an assigned person responsible for QA within the institution. No documented policies and procedures owned by SVP were made available to the panel. The Panel observed that since SVP is a state entity, it is regulated by the PSMC, while the Training Centre appears to be guided in some instances by UM policies. The absence of a QA policy owned by the Training Centre means that the institution lacks an appropriate framework for internal quality assurance to support its operations and promote quality in teaching and learning. The SAR presented to the panel includes the mission statement of SVP residence and only touches upon the main objectives of the SVP Training Centre. The institutional organigram presents the overarching SVP organisation structure and where the training centre fits in. The organigram which is specific to the SVP training centre requires further development. The Panel acknowledges that SVP Training Centre is a relatively small training institution and forms part of a much larger government entity. However, the panel heard how the training centre is considered as ‘a pillar’ in the strategic plans of SVP to ensure continuous staff development and to evolve very specific skills and competences in the area of care for the

elderly. Therefore, the panel insists that the strategic plans for the training centre, the organisational structure of the training centre and the quality assurance framework adopted need developing in some instances and improving in others.

The panel insists that the institution develops a structured quality assurance system that fulfils the requirements of the National Quality Assurance Framework for Further & Higher Education (NQAF) and the NCFHE and ensures that the institution's procedures and the programmes it offers are 'fit for purpose'. The introduction of an internal auditing system will ensure that QA structures and policies are in place and reviewed periodically. All stakeholders including the CEO, the management, tutors, possible employers and students need to be active contributors to the QA of the institution. A person should be identified to take responsibility for QA and his/her role should be well defined ensuring an effective support system for the development of processes, systems and documents pertaining to quality assurance. This will guarantee a sustained high quality, holistic educational provision within the institution.

While acknowledging the extensive activities and efforts carried out primarily by the Head of Institution with the support of the administrative staff, the panel also heard how there is a turnover of staff which might have a negative impact on the seamless operations of the training centre. Documenting internal processes and procedures as standard operating procedures would ensure continuity in case of succession, quality output and uniformity of performance.

Good Practice Identified

None

Recommendations for improvement

MR1.1: SVP Training Centre shall develop and publish a robust QAP which supports the strategic management of the Training Centre within a period of 6 months of publication of the report. The QAP shall include all the policies, procedures and processes necessary for a sound quality assurance system such as a programme design and review policy, an assessment policy which includes procedures ensuring academic integrity, an anti-discrimination policy, a complaints and appeal policy etc. as required by Standard 1 of the National Quality Assurance Framework for Further and Higher Education.

MR1.2: Within a period of 6 months of publication of the report, SVP Training Centre shall further develop the QAP to include the participation of all stakeholders, including tutors, students, other educational institutions and employers. External consultants can be engaged for the purpose of this exercise.

MR1.3: SVP shall clearly assign and document the responsibility for the QA function as part of the development of their QAP within 6 months of the publication of the report in order to resolve the current ambiguity over roles and to provide focus.

MR1.4: SVP shall develop an organigram which is specific to the SVP training centre and which is aligned to the strategic plans of the institution within a period of 6 months of publication of the report.

KR1.1: SVP Training Centre should implement expediently and within a year of the publication of the report a process of internal review in order to ensure that QA processes are reviewed and revised regularly.

KR1.2: SVP Training Centre should expediently and within a year of the publication of the report document internal processes and procedures as standard operating procedures to ensure continuity in case of succession, quality output and uniformity of performance.

Conclusion

Does not meet Standard.

Standard 2: Institutional Probity

Institutional and financial probity: entities shall ensure that they have appropriate measures and procedures in place to ensure institutional and financial probity.

Main findings

Educational institutions within the public sector are already subject to stringent national financial and administrative regulations and oversight and to national legislation that regulates the appointment of senior personnel and the selection of staff. The EQA does not seek to duplicate the national regulatory structures and procedures already in place. Thus, for educational institutions within the public sector, Standard 2 is interpreted in terms of the capacity and resources of the provider to implement effectively its internal quality assurance procedures to improve the learning experience.

The full-time management including the Head of Institution and administrative staff at the training centre are SVP employed staff mostly nurses deployed to the Training centre, the training arm of SVP, hence they are all appointed according to established public service procedures. Staff generally undergo an interview by the Head of Institution following an internal expression of interest or internal memo.

The management structure at SVP training centre is highly dependent on the Head of Institution alone and hence, needs further development in capacity to ensure effective and efficient implementation of internal quality assurance procedures supporting quality teaching and learning within the institution. SVP training centre needs to develop an organigram of the institution, with detailed roles and responsibilities.

It is evident that there is a need for additional human resources at both management and administrative levels within the training centre in order to support its operations. This will ensure that the vision of the top management of SVP Long term care facility in terms of the quality and scale of training provision offered by the training centre is fulfilled.

Good Practice Identified

None

Recommendations for improvement

KR2.1: SVP training centre should expediently and within 18 (eighteen) months of the publication of the report further invest in increasing the capacity of human resources both at management and administrative levels.

KR2.2: SVP Training Centre should, within six (6) months of the publication of the report develop a detailed organigram which outlines roles and responsibilities at both management and administrative level.

Conclusion

Meets Standard.

Standard 3: Design and Approval of Programmes

Design and approval of programmes: self-accrediting providers shall have appropriate processes for the design and approval of their programmes of study.

Main findings

During the audit, the panel established that both programmes which are accredited with NCFHE have been designed and accredited in the time prior to the engagement of the staff currently present at the training centre. Therefore, the panel could not get any information regarding the processes used in the design and development of the programs and no documentation or evidence related to this stage has been presented. It has also been noted that the institution has no documented formal process in place for design and approval of programmes.

The program entitled Award in Care of the Elderly for Care Assistants was accredited by NCFHE in 2015. Notwithstanding, the Award in Care of the Elderly for Care Assistants being currently offered is not the one accredited by NCFHE, hence the panel could not verify how the management conducts evaluation with stakeholders to further improve and evolve the accredited courses.

Although the successful candidates from the care program could choose to work with any employer in the field of health and social care, it was outlined during the audit interviews that the main stakeholder involved is one private organisation which engages the majority of the successful candidates and SVP itself. The management of SVP Training Centre has regular contact with this particular stakeholder however, there seems to be no engagement with other local stakeholders in this industry who can potentially not only contribute to programme content design and review in line with work related needs but also possibly, engage successful candidates.

SVP has also developed and accredited through NCFHE another program entitled Award in Best Practices in Nutrition and Culinary Services in Long Term Care. The panel noted that SVP engaged a specialist and involved external stakeholders in the development of the program. No documentation was presented as evidence. During the audit, the panel learned that the program has never been delivered due to issues not within the provider's control; however the panel was informed that there are plans for the program to be offered in the near future.

Good practice identified

None

Recommendations for improvement

KR3.1: Should SVP consider accrediting further courses with NCFHE, SVP training centre should expediently and within a year of the publication of the report, have procedures for the design and approval of programmes which are formalised in the QAP.

R3.1: The panel recommends that in order to better identify any training/ programme needs, the training centre could involve the participation of external stakeholders who are likely to benefit from the outcomes of such provision.

Conclusion

Does not meet Standard.

Standard 4: Student-Centred Learning, Teaching and Assessment

Student-centred learning, teaching and assessment: entities shall ensure that programmes are delivered in a way that encourages students to take an active role in the learning process.

Main findings

The Award in Care of the Elderly for Care Assistants offered by SVP addresses the ever-increasing need for qualified and trained staff in the field of elderly care and also provides a good opportunity for persons with no formal training in care who would like to follow such a career path.

During the audit, the panel observed that there are good practices in place to help and assist learners who come from diverse linguistic and cultural backgrounds and have different levels of knowledge. Such observations have been outlined by learners, tutors and training centre personnel. All interviews with past students and trainers have given evidence of a well-established climate of mutual respect and positive student-teacher relationship.

The panel has viewed the infrastructural set up of the facilities that assist learners in a student-centred teaching/learning environment for both taught and practical components of the care program delivered. A very good and proactive initiative has been implemented by the centre in response to the national guidelines and recommendation by local health authorities in mitigation of COVID-19 whereby lectures have been delivered and streamed live online to replace face-to-face delivery and reduce risk to students and tutors. The panel also positively notes that the institution is taking the initiative of setting up a hall to ensure that learners who do not have the technological facilities at home, or who would like to do the course from work, can be accommodated accordingly.

It has also been established that all learners are provided with all copies of presentation material and a handbook at the beginning of the course.

The panel heard how learners are well supported and guided by trainers and training centre staff through informal feedback related to their studies, however, there is no formal procedure relating to student complaints and academic appeals. Progress and improvement of students is measured through a series of non-formal assessments that take place for practical and taught components of the program. The panel noted that current summative assessment practices do lack a formal feedback component to the student. Formal feedback could be highly beneficial for enhancing self-development and learning from mistakes in view of potential future training opportunities.

When it comes to the program assessment, the panel noted that the process is carried out by a single examiner and there is no established written procedure outlining criteria for setting assessments, including internal verification and moderation of results by second marker. There

is also a lack of a formal procedure related to giving student feedback following marking and publishing of results.

Good practice identified

- The simulation learning infrastructure and resources available for the practical component of the programme delivered provides a safe environment for students to develop skills while engaging in realistic clinical scenarios. This highly stimulates the student-centred teaching/learning.
- The panel commends the personalised and continuous support which is provided to students by SVP Training Centre staff. Students are given the opportunity to discuss any arising issues during their studies on an ongoing basis. This approach enables learners to gain the confidence and continue following the program with success.

Recommendations for improvement

KR4.1: SVP should expediently, and within 6 months of the publication of the report, have procedures for student complaints and appeals in place. This should be formalised in the QAP.

R4.1: SVP could consider that assessment is carried out by more than one examiner, a formal internal moderation and assessment procedure is adopted and a formal student feedback mechanism is implemented.

Conclusion

Meets Standard.

Standard 5: Student Admission, Progression, Recognition and Certification

Student admission, progression, recognition and certification: entities shall consistently apply pre- defined and published regulations covering all phases of the student 'life-cycle'.

Main findings

Prospective applicants of courses provided by SVP Training Centre need to download an application form, fill it in and submit it to SVP Training Centre. Several applicants make contact through SVP Facebook page or contact SVP Training Centre by phone. Volumes of applications both by Maltese, Gozitan and foreign applicants are submitted every year. When the applicant applies, s/he must pay the course fee. After the application is submitted, the applicant is informed by email that he needs to attend an interview. The interviewing board, which is made up of senior management staff from SVP Training Centre and UM, interviews applicants. Apart from the interview, applicants need to do an IQ test which is provided both in English and Maltese. The criteria for this IQ test are set internally after discussions. The admissions procedure is not published online and was only documented in the SAR. SVP does not have a QA document and hence, the policy for admissions is not formally documented.

After the admission process, the student is contacted to attend an induction meeting at the training centre. During the induction session SVP staff transfer notes to students by means of a pen drive. Apart from an explanation of what the course entails, students are also given a booklet with the training centre rules. Moreover, a logbook is used to record progress of practical sessions. This is also provided during induction.

Students are examined in both practical knowledge and theoretical skills. Prior to the exams, students are guided and prepared on important components and failing points. The theoretical exam is marked by the learner whilst the practical marks are given by the nurse who invigilates the student throughout the practical exam. Both practical and theoretical exam marks are recorded onto an Excel sheet which is kept by the administration staff of the SVP training centre. Afterwards, such marks are sent to UM. The exam results are first published through the UM eSims platform and then also communicated to the student by mail. Throughout the onsite visit, the panel observed that a high number of students have successfully achieved this course and are now working within their own area of study. Whilst students had no formal admissions process available, the panel observed that criteria were clear and consistent with all students. Moreover, the data which is being stored onto Excel sheets is not being analysed by the management in order to support its overall operations.

From the initial phase of the student lifecycle, the administrative staff at SVP training centre take care of populating the student profile and recording student marks for both practical and theoretical assessment throughout the course. Such information is being recorded within an Excel sheet which is saved locally on one of the devices at the training centre. Students are

registered on the UM platform on enrolment. The administrative staff together with the Head of Institution are also responsible for the design of the timetable.

On the other hand, since both marks for theoretical and practical sessions are being stored and published onto the eSims platform, students can easily login in with their registered credentials and see their progress throughout the course. Throughout the audit, the panel noted that such functionality is not being used by any of the students interviewed.

During the audit, the panel observed that SVP has no tools in place to monitor and analyse student's progressions, attendance and dropout rates during the course. Therefore, if a student is lacking in certain areas or the student's absence rate increases or they do not show again for the lesson, only the tutor would be able detect such concerns.

On successful completion of the course, an awarding ceremony is held where students are given a certificate in Award in Care for the Elderly, which is issued by the UM. From the evidence presented during the audit, the panel noticed that both accreditation and certification for this course are done by UM.

The panel observed that the certificate does not follow NCFHE certificate guidelines. The NCFHE Logo and the licensing number were missing. Moreover, the certificate showed inconsistencies when it came to award and MQF levels. The certificate issued by UM shows that the course for the elderly has 14 ECTS at Level 5 whilst the course accredited by NCFHE is 17 ECTS at Level 3.

UM is responsible for issuing the final certificate, which is presented during a graduation ceremony.

Good practice identified

- Throughout the audit, it was evident that management staff at the SVP training centre go out of their way to support students. Additionally, it was also observed that staff make sure that additional arrangements are done for students with special conditions. Furthermore, it was also observed that all the notes given to the students are both in English and Maltese.

Recommendations for improvement

MR5.1: The institution shall, within a period of 6 months of publication of the report, have formal and documented processes related to student admission, progression, recognition and certification which are made public. This shall form part of the development of the QAP as described in the recommendations for Standard 1.

KR5.1: SVP Training centre should expediently and within a year of the publication of the report have in place an appropriate data management system to process, collect, monitor and manage

student information and progression. Student information is highly important, essential and SVP cannot rely just on having all student information stored onto a spreadsheet.

Conclusion

Requires improvement to meet Standard.

Standard 6: Teaching Staff

Teaching staff: entities shall assure the competence and effectiveness of their teaching staff.

Main findings

The training strategy adopted by SVP refers to training needs identified by a selected group of experts and, following discussion with heads of department, also provides an opportunity for individuals to forward requests for training needs to the management team. It is to be noted that this strategy is adopted in SVP as a hospital and there is no specific policy for the training centre. During the onsite visit, the panel heard how there is consensus on the fact that formalised training with regards to teaching pedagogy and teaching strategy is required. The panel also noted that there is no peer-to-peer review and assessment of trainers in order to observe and evaluate the training sessions and give appropriate feedback. Moreover, no formal meetings are held to discuss progress and teaching-related matters. The panel also noted that although student feedback is collected at the end of the courses, analysing the data could allow the training centre to enhance the learning experience of students and the teaching methods of lecturers delivering module/unit content. Notwithstanding, the panel learnt that any shortcomings identified by the students are addressed immediately by the Head of Institution. Some actions taken following this feedback are an increase in time spent in the simulation room and also a change in some lecturers delivering the course material.

The panel learned that there is an unclear process in relation to selection and recruitment of teaching staff. As explained by the SVP training centre staff, this is often done through 'hand picking' individuals mainly on the basis of professional and practical experience. The panel heard how staff selection is carried out through an in-house interview. An internal memo is occasionally issued to collect expressions of interest among health professional staff working at SVP to teach on the courses delivered by SVP training centre. In general, teaching staff are required to have a Master's degree in the speciality which they will be teaching and/or an unspecified number of years of experience. There seems to be no official policy for recruitment of teaching staff, and also the process adopted is not being advertised appropriately and leaves room for lack of transparency. Another issue which is not very clear to the panel concerns the agreement/contracts of trainers. Inconsistencies could be noted as to the exact nature of service agreement with the individual training provider.

The panel noted that when teaching staff is recruited, there is no formal staff induction and/or training which outlines procedures and policies related to teaching, assessment, quality assurance and expected personal and academic behaviour.

The panel has noted that the trainers are mainly qualified nurses and other healthcare professionals, who all seek CPD opportunities in a self-sought manner. Although SVP has an organisation-wide overarching CPD plan, the panel notes that there is no reference to training

and development of SVP Training Centre staff and tutors. The panel also learned that tutors engaged lack proper training in teaching pedagogy.

Good practice identified

- It is commendable that SVP training centre capitalises on the expert healthcare professionals who are employed at SVP. The fact that trainers are experts within their own field of specialisation provides learners the best knowledge in the particular subject matter.
- Tutors teaching at SVP training centre are continually seeking self-development opportunities as part of their professional development.

Recommendations for improvement

KR6.1: Expediently and within a year of the publication of the report, a policy outlining clear, fair and transparent processes for the recruitment and professional development of staff should be developed by the institution.

KR6.2: Expediently and within a year of the publication of the report, SVP training centre should develop a formal system of observation and evaluation of teaching with opportunities to monitor the delivery of teaching and learning and provide tutors with feedback so as to improve teaching methods and enhance the student learning experience. This should also be included within the QAP created by SVP.

KR6.3: SVP Training Centre should, within a year of the publication of the report, ensure that students' feedback on teaching and learning is analysed and a formal action plan formulated with the aim to enhance the learning experience.

R6.1: SVP Training Centre could develop an action plan for the professional development of teaching staff including CPD opportunities and emphasis on pedagogy and teaching methodology.

R6.2: SVP could consider the creation of a formal induction process and/or pack for new teaching staff. This will enhance communication, coordination, team building and perhaps establish opportunities for the capturing of feedback and ideas for enhancing QA across the institute.

Conclusion

Requires improvement to meet Standard.

Standard 7: Learning Resources and Student Support

Learning resources and student support: entities shall have appropriate funding for their learning and teaching activities and sufficient learning resources to fully support the students' learning experiences.

Main findings

The SVP training centre is situated within the footprint of SVP elderly residence. This is the main venue of tuition, and the panel can verify that the physical resources are fit for purpose. The building does have a problem with accessibility because there is no lift, however, the panel heard how, for the time being when the need arises, remedial steps are made to have lectures in a ground floor lecture room. Moreover, the institution is in the process of finding alternative premises for the training centre as part of its strategic plan.

The nature of the courses offered by SVP training centre has led to a diverse student population with a variety of different needs, therefore, SVP provides resources to support their learning in different ways. The panel learned that students value the welcoming, inclusive learning environment they find at SVP Training Centre. Those students who lack extensive academic experience felt they were supported well in terms of staff support and logistical provision, which was deemed appropriate and adequate in relation to their needs. The panel learned that students and alumni were happy with the support and guidance offered by their tutors and had trust in their competence and expertise. It is admirable how the training centre staff support the students throughout their learning journey with the institution. However, the panel heard that no formal procedure was in place to support students who encounter difficulties in their studies. A physical library is not available at the training centre, however, all required notes are disseminated to students either in printed format or as soft copies. The panel heard that students were satisfied with the resources provided.

COVID-19 has imposed changes to the delivery of teaching at SVP. The panel gives due credit to the institution and its management on the way that mitigation was effected. Even though the institute has its restrictions in size and resources, lectures were delivered virtually and the students who could not access the teaching from home had the opportunity to attend in person at SVP. The hall was transformed to a teaching hall with all the safety protocols in place. The tutor delivered the virtual lecture which was streamed for all students to follow from the hall or elsewhere.

The panel heard that managerial staff at the training centre have access to CPDs. SVP training centre management staff undertook training not only to maintain their own professional competences but also to become more competent and skilled to deliver training.

Although Wi-Fi is available at the centre there are problems with bandwidth making it unstable. The panel heard that the institution is aware of this and has been in discussions to have MITA

services running and available at the institution since being part of SVP makes it a government entity also.

Good practice identified

- Notwithstanding the significantly limited human resources available to the training institute when considering the volume of short courses (most not accredited) organised and delivered by the institution, the personal and professional commitment of the managerial and administrative staff is to be commended.
- Measures taken to mitigate COVID-19 restrictions by SVP Training Centre is commendable.

Recommendations for improvement

KR7.1: SVP training centre should, within 6 months of the publication of the report, develop formal written policies and procedures to ensure that students who encounter difficulties are supported with a range of arrangements and measures in order for them to continue their learning. These should be included in the QAP as described in the recommendations of Standard 1.

R7.1: The Institution could consider enhancing its Wi-Fi provision.

Conclusion

Meets Standard.

Standard 8: Information Management

Information management: entities shall ensure that they collect, analyse and use relevant information for the effective management of their programmes and other activities.

Main findings

The panel observed that student applications and information such as CV and personal information are being kept physically in a file which is being stored in a room under lock and key, with only limited people who can access the room. No log is being kept of who is accessing this room and no security measures are taken to make sure information is being kept really safe. Personal information such as name, surname, gender, date of birth, contact details etc. are also being recorded and updated on an Excel sheet on a single SVP workstation (laptop) without any backups or data redundancy mechanisms in place. It was observed that students' data is collected, but there is no evidence that such data is systematically analysed and evaluated in order to be used for a strategic purpose. The panel also noticed that there is not a retention policy stating for how long SVP Training Centre will retain and archive student records. On the other hand, it was observed that SVP had a data protection officer responsible who could assist SVP Training Centre management staff to rectify its position with regards to student personal information.

Student participation (for Maltese and Gozitan students) in lessons is recorded manually by SVP Training Centre staff. Due to the COVID-19 outbreak, SVP Training Centre is using Microsoft Teams to perform online training to students. Attendance is taken online, whilst students who attend in person have to sign on an attendance sheet.

During the audit, the panel was presented with evidence of student's feedback sheets that were presented after the course. Such information was kept as a hard copy stored within physical files.

Most of the students who do this course are already aware of their career paths. When students finish, most of them find a job immediately in the health and social care sector with both public and private entities.

Good Practice identified

None

Recommendations for improvement

KR8.1: The institution should, within a year of the publication of the report, start making use of the student data collected. Such data should be analysed to support management in making better informed decisions and strategic plans.

KR8.2: The institution should, within a year of the publication of the report, have a retention policy stating for how long, where and how it will be disposing of student information.

KR8.3: The institution should expediently and within 18 months of the publication of the report, invest in a learning management system to assist staff and students to perform their day-to-day tasks and work more professionally and efficiently.

Conclusion

Requires improvement to meet Standard.

Standard 9: Public Information

Public information: entities shall publish information about their activities which is clear, accurate, objective, up to date and readily accessible.

Main findings

The website used by SVP Long Term Care Facility is the main website for Active Aging and Community Care (activeageing.gov.mt). SVP Training Centre have a sub site (activeageing.gov.mt/en/Pages/Active-Ageing-EN.aspx) containing information related to active ageing and the National Strategy for Active Ageing in Malta. The information could be found both in the Maltese and English language. The panel noticed that the link to the National Strategic Policy for Active Ageing document is broken and thus, no document is being displayed to the public or prospective applicants. In the same sub site, there is also interesting information related to Active Ageing Centres in Malta and Gozo.

The application form which the applicant needs to download to apply for the course could be found under the main website for SVP long term facility and not in SVP's Training Centre sub site. General information displayed on the website, including the application form, could be found in both English and Maltese language making it more accessible to a wider audience.

Under the SVP Training Centre page, the panel could not find any information related to the course which is being offered. The panel observed that the website does not follow the National QA framework requirements. Selection criteria, intended learning outcomes, MQF levels, teaching, learning and assessment procedure or pass rates are not visible on the website. Furthermore, the website has no NCFHE logos showing on the page. Apart from the website, SVP has its own Facebook page which is also being used to publish posts related to the training centre. This Facebook page is managed by the institution and not the training centre. The information which is being uploaded and published onto social media, also does not follow the standards set in the National QA framework. No NCFHE logos are visible and limited information is available to the visitor.

Apart from online content, SVP publishes hard copy leaflets which are distributed door to door to the public. During the audit, the panel learned that the majority of the students and alumni have applied for the course after receiving the mentioned leaflet.

Good practice identified

None

Recommendations for improvement

MR9.1 – The Institution shall, within a period of 6 months of the publication of the report, ensure that all the required information identified in the MQA standards are made available on the SVP Training Centre website; selection criteria, intended learning outcomes, qualification awarded and level, including credits, teaching, learning and assessment procedures, pass rates and any further learning opportunities. Having such information clearly and accurately available for the public will ensure that prospective applicants are able to make an informed decision when applying for the programmes.

R9.1: SVP Training Centre could have its own website which is managed by an assigned individual in order to make sure that the information made available to the public is clear, accurate and regularly updated and in line with the standards set in the National QA framework.

Conclusion

Requires improvement to meet Standard.

Standard 10: Ongoing Monitoring and Periodic Review of Programmes

Ongoing monitoring and periodic review of programmes: entities shall implement the 'Quality Cycle' by monitoring and periodically reviewing their programmes to ensure their continuing fitness for purpose.

Main findings

The programme, Award in Elderly Care, which is currently being offered by SVP Training Centre is not the programme which was accredited by NCFHE. Moreover, the institution has no QA policy in place. The panel was therefore not able to see any evidence of monitoring and periodic review of programmes. The panel learnt that following the discussions during the EQA, SVP management is planning to seriously consider the quality mechanisms of its provision. The grounded formulation of its QA Policy is an integral part of this process. During the audit visit, the panel was told that SVP Training Centre has never had an internal or external audit. The panel heard that ongoing review of programmes is primarily undertaken through formal and informal student feedback, and regular meetings between the Head of Institution, the CEO and the Chief Nursing Manager at SVP, although these are not minuted.

During the audit, employers have confirmed that they are appreciative of the value added of the course in elderly care provided by SVP Training Centre. Stakeholders have attested to the technical and the softer skills which students have mastered while studying on this programme. These skills are crucial in the sector of health and social care particularly in elderly care. It was explained to the panel that care workers very often work with vulnerable people such as the elderly and persons with special needs, and this course enables the care workers to be more effective at their place of work. The employers, however, also confirmed that they do not give formal feedback to the SVP Training Centre about the course content and the requirements of industry. The Award in Elderly Care fills an essential gap in the Health and Social Care sector. SVP Training Centre could benefit from consultation and involvement of a wider selection of stakeholders in the design and review process of courses currently being offered by SVP Training Centre and also of courses yet to be developed. The Panel insists that the institution must have mechanisms for quality assurance in place, to ensure that programmes are meeting the expectations of employers, students and other stakeholders.

Good practice identified

None

Recommendations for improvement

MR10.1: The monitoring and periodic review process of all courses offered by SVP training facility shall be documented and formalised in the QAP within a period of 6 months of the publication of the report, and must specify, at minimum, the objectives and the inputs to be considered at a revision, the frequency of revision and the persons responsible for such revision. This should consider input from SVP training centre staff, lecturing staff, students, stakeholders and employers.

R10.1: SVP should develop further the evaluation system used to gather feedback from students and establish a feedback system for tutors and external stakeholders in order to capture a broader range of views and perspectives for the purpose of consolidating a more robust tool which SVP can use to ensure continuous improvement and relevance of the courses they offer.

Conclusion

Does not meet Standard.

Standard 11: Cyclical External Quality Assurance

Cyclical external quality assurance: entities should undergo external quality assurance by, or with the approval of, the NCFHE on a cyclical basis, according to NCFHE guidelines, at least once every five years.

Main findings

SVP Training Centre has fulfilled this Standard by virtue of hosting the EQA referred to in this Report.

This is the first EQA audit of SVP Training Centre. The institution should ensure that, in future, the Self-Assessment Report (SAR) is compiled in line with the guidelines available to Providers in the Manual of Procedures under Annex 1. The SAR could have provided more information on strengths, weaknesses and planned improvements across all the IQA standards.

The Panel has found the staff at SVP Training Centre to be cooperative and open for suggestions. The EQA served as a self-reflective exercise not only to improve the training delivered by the institution, but also to ensure that the NCFHE QA standards are being met. The management at SVP have sought to garner information and benefits from the discussion that ensued during the audit visit.

Conclusion

Meets Standard.

Response by the Provider

Preamble

The inauguration of the Training Centre in SVP in 2015, has shown enormous improvement in evidence-based practice among nurses and students attending courses at the Training Centre. The Training Centre compliments SVP mission and vision that of being a centre of excellence in client focused care by improving quality care among our residents. Training sessions at the Training Centre are tailored by vocational students and SVP staff to improve the quality service and mostly quality care among our residents.

SVP Training Centre highly values these quality assurance measures and standards so that continuous development and growth is maintained in the provision of training services among our clients. The Training Centre would like to thank NCFHE and the Peer Review Panel for the presentation of its External Quality Assurance Audit Report. NCFHE has shown full support throughout this process since all our queries were always answered efficiently and effectively.

The Training Centre values that the External Audit as an important tool in assuring the standards in our department as an educational entity. Building on the recommendations provided by the Peer Review Panel will surely help strengthening the quality learning experience. Our team at SVP is currently being proactive and working hard towards achieving the mandatory and key recommendations outlined. The current report has been taken seriously and we are moving towards strengthening our Quality Assurance System through private consultations with other professionals.

Response to Key Recommendations and Recommendations Made by the Peer Review Panel

Action plan		
Recommendations	Actions to be taken to address the recommendations	Date for completion
Standard 1:		
KR1.1: Report a process of internal review to ensure QA processes for review and revision. **KR1.2: Document internal process and procedures as SOP.**	An internal auditing system will be in place and reviewed periodically. The Training Centre will make sure that such new policies and procedures in place will be reviewed by a QA Consultancy. SOP's on student admissions, assessments, student complaints, equality and diversity will be documented and reviewed.	Within a year of publication of the report. These SOP's will be addressed in the QAP.
Standard 2:		
KR2.1: Increasing the capacity of HR both at management and administrative level. **KR2.2: Develop a detailed organigram outlining roles and responsibilities at both levels.**	SVP has invested in opening another call of a practice nurse to increase the quality of HR. In the IQA policy an organigram will be outlined including the roles and responsibilities.	Done Within 6 months of the Publication of Report.
Standard 3:		
KR3.1: Have procedures for the design and approval of programmes formalised in the QAP. **R3.2: Involve participation of External stakeholders**	All courses designed at the TC are submitted for Accreditation except for the in-house and onsite sessions delivered among SVP staff. Procedures for the design and approval of programs will be also formulised in the QAP. An external stakeholder will be involved from now on to identify better the training needs of SVP.	Within a year of publication of the report.
Standard 4:		
KR4.1: Have procedures for	Any student complaints and appeals by the students will be addressed in the IQA policy and an SOP is being	Within 6 months of

student complaints and appeals. **R4.2: Assessments to be carried out by more than one examiner**	written. A student complaint and appeal form is also being formulated. Clinical assessments of students are already done by 2 assessors and moderators are used while correcting written assessments. Formal feedback from students is done through student questionnaires, anonymously.	Publication of the Report Done
Standard 5:		
KR5.1: Have in place an appropriate data management system to process, collect, monitor and manage student information and progression	Since SVP is a government entity, the TC requested IMU to have a data management system to process, collect, monitor and manage student information rather than just using Microsoft Excel. Consultation will be made to analyse the options for a proper student and staff data management system. This will be taken care by the management of SVP and the Training Centre will do the necessary arrangements.	Within a year of publication of the report. In contact with IMU for the way forward.
Standard 6:		
KR6.1: SVP should develop a policy outlining clear, fair, and transparent processes for the recruitment and professional development. **KR6.2: Develop a formal system of observation and evaluation of teaching with opportunities to monitor the delivery of teaching and learning.** **KR6.3: The Training Centre should ensure that student's feedback on teaching and learning is analysed and a formal action plan is formulated.** **R6.1: Develop an action plan for professional**	The Training Centre should formulise an official policy on the recruitment of teaching staff to enhance transparency and fairness throughout the process. The Training Centre will continue to encourage eligible SVP staff to join the teaching staff and we will make sure to provide opportunities in Continuous Professional Development (CPD) related to the content of the courses provided. Peer-to-peer review and assessment of trainers will be maintained continuously to observe and evaluate the training sessions and give appropriate feedback through formal meetings to discuss further progression and teaching related matters. Currently student feedback is given informally face-to-face in class and formally via student questionnaire. This should be analysed, and a formal action plan is to be formulated.	Policies on Recruitment of staff and Observation and Evaluation of Teaching to be published within a year of Publication of the Report. Done.

development of teaching staff including CPD opportunities. **R6.2: A formal induction process among new teaching staff should be considered.**	Professional development of Teaching staff including CPD opportunities should be developed on an action plan. Whenever a new teaching staff are recruited a formal induction training programme will be organised.	
Standard 7:		
KR7.1: The QAP should also include any student arrangements and support given if any difficulties by the student arise. **R7.1: The TC should consider enhancing the WIFI provision.**	Student support is considered an important aspect throughout the running of any training program. Although this is provided continuously, no formal procedure is in place and thus this shall be addressed in an SOP format. WIFI provision was improved by connecting our Main Office and Lecture rooms with the main server, manned by MITA.	The QAP shall include any student arrangement and support within 6 months of publication of the report. Done
Standard 8:		
KR8.1: Start making use of student data collected. **KR8.2: Should have a retention policy stating for how long, where, and how to dispose of student information.** **KR8.3: Invest in a learning management system to assist staff and students to perform tasks professionally.**	Student personal information is already stored and backed by our clerk. Student feedback shall be analysed to support the management in making better strategic plans. A retention policy on student information shall be published. Information on student career progression will be kept in our database. Our students following the Care of the Elderly course, are usually employed in the health and social sector with both public or private entities.	Within a year of the publication of the report we should publish both the SOP and make better use of student data collection . The Training Centre will continue to keep in touch with past students to have feedback on their career development and educational progression

Standard 9		
R9.1: SVP Training Centre could have its own website, managed by an assigned individual and regularly updated.	The Training Centre cannot have its own website, since it forms part of a bigger government entity. As per public policy all relevant information on the courses shall be updated through IMU accordingly.	All requested information will be updated as per National QA framework.
Standard 10		
R10.1: SVP should develop an evaluation system to gather feedback from students and establish a feedback system for tutors and external stakeholders.	A more in-depth student feedback are to be established, including face to face and use of formal questionnaires. A self-assessment report is generated by each lecturer to improve in the delivery of the teaching sessions. Train the Trainer course helped them improve their self-review performance in their teaching.	Consultancy with a QA professional shall give feedback on this. Done
Standard 11:		
Cyclical External Quality Assurance	SVP Training Centre has fulfilled this Standard by virtue of hosting the EQA referred to in this report.	Meets Standard

Response to Mandatory Recommendations Made by the Peer Review Panel

Mandatory recommendations	Actions to be taken to address the recommendation	Date for completion
Standard 1		
MR1: Publish a robust QAP including all policies, procedures and processes. **MR2: The participation of all stakeholders shall be included in the QAP.** **MR3: Assign and document the responsibility for the QA function.** **MR4: An organigram shall be developed specific to Training Centre, SVP.**	A Quality Assurance System that fulfils the requirements of the National Quality Assurance Framework for Further and Higher Education and NCFHE will be developed. Since currently SVP does not have an assigned person responsible for QA within the institution, SVP was proactive and in June 2021 a call for tender was issued to guide us further on building our QAP. Meetings with the consultancy services are made and formulations of the requested recommendations are being worked upon. Responsibility of the QA function and an organigram will be included in the QAP.	Within a period of 6 months of Publication of the Report the QAP should be well formulated including all recommendations mentioned. Documentation such as Student complaint and Evaluation forms of Students and Lecturers are being used and evaluated for Feedback.
Standard 5		
MR5.1: Have a formal and documented processes related to student admission, progression, recognition, and certification which are made public.	A formal SOP related to student admission, progression, recognition, and certification is to be published. This existing practice is already in place thus this process will be documented in an SOP format.	Within a period of six months of publication of the report.
Standard 9		
MR9.1: All information on the current courses are to be updated on SVP Website, including credits, teaching, learning	Information on courses offered at the Training Centre should be updated on the main website of SVP. https://activeageing.gov.mt/active-ageing-unit/?lang=en	All courses information listed on the website will be updated within 6 months of the Publication of Report.

and assessment procedures.		
Standard 10		
MR10.1: The monitoring and periodic review process of all courses shall be documented and formalised in the QAP.	The QAP shall include monitoring and review processes of courses at the TC for a better evaluation system. This must specify the frequencies of revision and persons involved in the monitoring and review of programmes.	Within 6 months of the publication of the report these periodic reviews should be included in the QAP. Consultancy has been made to start with the QAP.

Annexes

Annex 1: Review Panel Bio Notes

In the setting up of the review panel for the EQA audit at Saint Vincent De Paul Long Term Care Facility, the NCFHE sought to maintain a high degree of diligence in the process of selection of the members of Peer Review Panel. The Panel sought to be composed of specialists in quality assurance to act as External Peers, professionals and practitioners of quality assurance frameworks, as well as students who, prior to the audits, attended professional Training Seminars organised by the NCFHE.

The following bio notes present the profiles of the members of Peer Review Panel. The bio notes are correct as at the time of when the QA audit was carried out on 22nd and 23rd October 2020.

Chair of Review Panel:
Ms. Veronica Montebello is a registered dental hygienist by profession who worked in the public and private sectors. Later, she moved to the Ministry for Health where she held the position of Director designate at the Department of Programme Implementation and where she currently holds a position of Senior Allied Health Practitioner at the Directorate Allied Health Care Services. She has a degree in Health Sciences, a Masters in Blended and Online Education (Edinburgh) and is pursuing a Doctoral degree. She is a Fellow with the Higher Education Academy UK and has published a number of research articles in peer reviewed journals and developed the Competence Assessment Framework for Allied Health Professionals in Malta. Veronica holds a post of visiting senior lecturer at the University of Malta, lecturing and supervising students at both the Faculty of Health Science and the Faculty of Dental Surgery. She is involved in the development, delivery and evaluation of a number of online modules at the University of Malta. She was also involved with MCAST in the capacity of professional advisor in RPL of Health Care professionals and in the development of a number of health care educational programmes delivered by MCAST and commissioned by MFH.
Veronica has completed the NCFHE Peer Expert Review Training and the CPD Award in QA for Further and Higher Education and has acted as External Peer Reviewer, Chairperson of QA audits, External Evaluator of National Qualifications and Member of Evaluation panel of University status.

Peer Reviewer:
Mr Neville Schembri is a nurse by profession, who graduated with a Postgraduate Diploma and an M.Sc. in Health Services Management from the University of Malta in 2003 and holds a Postgraduate Certificate in Vocational Education and Research. Following a 12-year career with the National Health services moved to the private healthcare sector where he was involved in various Private Public Partnerships and projects. In the educational sector, he has been involved

in vocational education and training (VET) for the past seven years, working on local and foreign awards at various levels. Currently Neville is engaged as lecturer with Malta College of Arts Science and Technology (MCAST) lecturing in various health science programs and in BSc (Hons) Nursing program in collaboration with Northumbria University, UK. In 2013, he obtained certification as international lead auditor in ISO9001:2008 (Quality Management Systems) from the UK.

Student Peer Reviewer:

Mr Christian Sammut works as a Head of IT with a Malta-based online gaming company. Previously, he worked as Senior Systems Administrator within the Ministry of Education and Employment in the Government of Malta. He has a broad experience in the IT sector within the public and the private sector. Christian holds a Diploma in Industrial Electronics and Computer Engineering, BTEC Diploma in Computer and Information Systems, a Higher National Diploma in Computing and Systems Development, a BSc Hons in Information Technology and a Master's degree in Business Administration. Christian has successfully achieved other several IT related certifications such as MCSA (Microsoft Certified System Administrator), CompTIA Network+, APMG ITIL Foundation, ISTQB-ISEB Certified Tester Foundation and much more.

Annex 2: Agenda of the onsite visit.

Date:	**22nd & 23rd October 2020**
Venue:	**Florence Nightingale Street, Luqa LQA 3301**

Day 1

08.30 – 09.00	Panel arrives at SVP
09.00 – 11.00	Meeting with Head of Institution/Facilitator *Ms Rebecca Cutajar, Mr Chris Micallef*
11.00 – 11.15	Panel discussion
11.15 – 11.45	Meeting with administrative staff, tour of database system
11.45 – 12.00	Panel discussion
12.00 – 12.30	Meeting with SVP CEO *Ms Josianne Cutajar*
12.30 – 13.00	Working Lunch
13.00 – 14.30	Meeting with 3 members of the Teaching staff
14.30 – 14.45	Panel discussion
14.45 – 15.00	Finalising Day 1

Day 2

08.30 – 09.00	Panel arrive at SVP
09.00 – 11.00	Meeting with 3 Students & Alumni
11.00 – 11.15	Panel discussion
11.15 – 12.15	Meeting with External Stakeholders, including Employers *(Mary Grace Dalli (SVP), Mark Grech (Healthmark))*
12.15 – 12:30	Panel discussion
12.30 – 13.00	Meeting with Head of Institution and Facilitator *Ms Rebecca Cutajar, Mr Chris Micallef*
13.00 – 16.00	Working Lunch and Discussion on QA Report
16.00 – 16.30	Presentation of Initial Findings *Ms Rebecca Cutajar, Mr Chris Micallef*