Malta
Further & Higher
Education Authority

Higher Education (HE)

Provider Accreditation

Criteria for Outcomes & Follow-up Procedures Framework

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Contents

Introduction

The Malta Further and Higher Education Authority has developed this Criteria for Outcomes and Follow-up Procedures Framework to strengthen the transparency, consistency, fairness and proportionality of its External Quality Assurance activities across all provider accreditation procedures. The Framework establishes a clear methodology for translating evidence from External Quality Assurance audits (provider accreditation) and evaluations (University/Self-accrediting/Extension of Scope) into consistent accreditation outcomes by linking the assessment of the applicable standards to an overall institutional risk level, the corresponding regulatory decision and proportionate follow-up actions. In doing so, it supports continuous quality enhancement, safeguards students and upholds public confidence in the Maltese Higher Education system.

The Framework provides applicants and licensed Higher Education institutions with a clear understanding of the Authority's expectations, evaluation methodology, decision-making process and the regulatory consequences of External Quality Assurance. It ensures that accreditation decisions are evidence-based, proportionate, risk-informed and aligned with the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG)**.**

The Framework has been developed in response to ESG 2.3 (Implementing Processes) and ESG 2.5 (Criteria for Outcomes)**,** the recommendations arising from the European Association for Quality Assurance in Higher Education **(**ENQA) external review**,** and the observations made by the European Quality Assurance Register for Higher Education (EQAR) in 2023. In particular, it establishes explicit and consistently applied criteria for accreditation outcomes together with structured follow-up procedures, thereby strengthening transparency, consistency, accountability and predictability across the Authority's External Quality Assurance system.

The Framework operates alongside the Authority's External Quality Assurance procedures and regulatory instruments. The intention is to incorporate it into the Provider Accreditation Standards and Procedure Manual for Higher Education, creating a single integrated framework for the users.

Table 1: Initial Provider Accreditation (inc. change in licence category, offshore activities)				
EQAA outcome (see Annex 1)	Risk level	Decision	Regulatory Measures	Follow-up procedure
Positive Fully Compliant with all applicable standards.	Low	Licence granted for five (5) years.	▪ N/A	1a. Action plan shall be submitted to QAC eight (8) weeks from the QAC's approval of the External Quality Assurance Audit (EQAA) outcome decision. b. Following thirty (30) months from QAC's approval of action plan, updated action plan shall be approved by the institution's academic board and submitted to the QAC for ongoing monitoring. c. Updated action plan shall be submitted to the Independent Panel of Peer Reviewers and Experts (the Panel) in the upcoming Renewal of Provider Accreditation, to verify the implementation of the recommendations during the EQAA.
Positive Fully Compliant with at least seven (7) standards and Substantially Compliant with the remaining applicable standards.	Moderate	Licence granted with condition.	▪ N/A	d. Action plan shall be submitted to QAC eight (8) weeks from the QAC's approval of the EQAA outcome decision. e. Follow-up onsite visit as determined by the Panel to verify the implementation of recommendations. f. If recommendations are fully implemented, licence shall be granted for five (5) years. If recommendations are not implemented, licence shall be extended as determined by the Panel.
Negative All other standards' outcome possibilities.	High	Licence not granted.	▪ N/A	▪ N/A

Table 2: Renewal of Provider Accreditation (inc. offshore activities)				
EQAA outcome (see Annex 1)	Risk level	Decision	Regulatory Measures	Follow-up procedure
Positive Fully Compliant or Substantially Compliant with all applicable standards.	Low	Licence renewed for five (5) years.	▪ N/A	2a. Action plan with the **engagement of students** shall be submitted to QAC eight (8) weeks from the QAC's approval of the EQAA outcome decision. b. Following thirty (30) months from QAC's approval of action plan, updated action plan shall be approved by the institution's academic board and submitted to the QAC for ongoing monitoring. c. Updated action plan shall be submitted to the Panel in the upcoming Renewal of Provider Accreditation to verify the implementation of the recommendations during the EQAA.
Positive Partially Compliant in one (1) to three (3) standards. No Non-Compliant standards.	Moderate	Licence renewed with conditions.	▪ N/A	d. Time bound action plan as determined by the Panel shall be submitted to QAC eight (8) weeks from the QAC's approval of the EQAA outcome decision. e. Follow-up on-site visit – timing shall be determined by the Panel. f. The on-site visit shall focus on the 'Partially Compliant' standards. If the Panel judges these standards as Fully Compliant or Substantially Compliant the licence shall be renewed for five (5) years. If one (1) or more of the focused standards are judged as Partially Compliant and/or Non-Compliant, licence shall be revoked.
Negative Non-compliant in one (1) or more applicable standards and/or Partially Compliant in four (4) or more applicable standards, provided that not all applicable standards are judged as Partially	High	Restricted licence.	▪ No student enrolments. ▪ No programme expansion. ▪ No institutional expansion.	g. Time bound action plan as determined by the Panel shall be submitted to QAC eight (8) weeks from the QAC's approval of the EQAA outcome decision. h. Follow-up on-site visit – timing shall be determined by the Panel. i. The on-site visit shall focus on the 'Partially Compliant' and 'Non-Complaint' standards. If the Panel judges these standards as Fully Compliant or Substantially Compliant the licence shall be renewed for five (5) years. If one (1) or more of the focused standards are judged as Partially Compliant and/or Non-Compliant, licence shall be revoked.

Compliant or Non-compliant.			▪ Provider to inform students. ▪ Provider to formalise draft contracts with students for refund or replacement (as decided by the students) in case of revocation.	
Negative Partially Compliant and/or Non-Compliant with ALL applicable standards.	Severe	Licence Revoked.	▪ Withdrawal of licence ▪ Student protection measures (refund or institutional replacement as decided by the students).	▪ N/A

Table 3: Initial Accreditation of University and Self-accrediting status (inc. Extension of Scope)				
Evaluation outcome (see Annex 1, 2 & 3)	Risk level	Decision	Regulatory Measures	Follow-up procedure
Positive Fully Compliant with all standards inc. Standard of Evidence.	Low	University status/or self-accrediting status/or Extension of Scope (as applicable) granted for five (5) years.	▪ N/A	3a. Action plan with the **engagement of students** shall be submitted to QAC eight (8) weeks from the QAC's approval of the evaluation report. b. Following thirty (30) months from QAC's approval of action plan, updated action plan shall be approved by the University's academic board and be submitted to the QAC for ongoing monitoring. c. Updated action plan shall be submitted to the Panel in the upcoming Renewal of status, to verify the implementation of the recommendations during the evaluation visit.
Positive Fully Compliant and Substantially Compliant with all standards inc. Standard of Evidence.	Moderate	University status/or self-accrediting status/or Extension of Scope (as applicable) granted with condition.	▪ N/A	d. Time bound action plan with the **engagement of students** as determined by the Panel shall be submitted to QAC eight (8) weeks from the QAC's approval of the evaluation outcome decision. e. Follow-up on-site visit – timing shall be determined by the Panel. f. On-site visit outcome shall focus on the Substantially Compliant Standards. If the Panel judges these standards as Fully Compliant, the licence shall be renewed for five (5) years. If not all standards are judged as Fully Complaint, the University status/Self-accrediting status/Extension of Scope shall be rejected. Institution holds the Higher Education Institution (HEI) or Further and Higher Education Institution (FHEI) status, as applicable.
Negative Partially Compliant or Non-compliant in any one (1) standard inc. Standard of Evidence.	High	University/Self-accrediting status/Extension of Scope is rejected. Institution holds the current operational status i.e. HEI or FHEI	▪ N/A	▪ N/A

Table 4: Renewal of University and Self-accrediting status				
Evaluation outcome (see Annex 1, 2 & 3)	Risk level	Decision	Regulatory Measures	Follow-up procedure
Positive Fully Compliant with all standards inc. Standard of Evidence.	Low	University status/or Self-accrediting status renewed for five (5) years.	▪ N/A	4a. Action plan with the **engagement of students** shall be submitted to QAC eight (8) weeks from the QAC's approval of the evaluation report. b. Following thirty (30) months from QAC's approval of action plan, updated action plan shall be approved by the institution's academic board for approval and to QAC for ongoing monitoring. c. Updated action plan to be submitted to the Evaluation Panel in the upcoming Renewal of University/Self-Accrediting status, to verify the implementation of the recommendations during the evaluation.
Positive Fully Compliant and Substantially Compliant with all standards inc. Standard of Evidence.	Moderate	University or Self-accrediting status renewed with condition.	▪ N/A	d. Time bound action plan with the **engagement of students** as determined by the Panel shall be submitted to QAC eight (8) weeks from the QAC's approval of the evaluation outcome decision. e. Follow-up on-site visit – timing shall be determined by the Panel. f. On-site visit outcome shall focus on the Substantially Compliant Standards. If the Panel judges these standards as Fully Compliant, the licence shall be renewed for five (5) years. If not all standards are judged as Fully Complaint, the University status/Self-accrediting status shall be rejected. Institution holds the Higher Education Institution (HEI) or Further and Higher Education Institution (FHEI) status, as applicable.
Negative Partially Compliant or Non-compliant in any one (1) standard inc. Standard of Evidence.	High	University /or Self-accrediting status renewal rejected. Institution holds the current operational status i.e. HEI or FHEI	▪ N/A	▪ N/A

Important Notes

Compliance Issues (applies to all types of Provider Accreditation/University status/Self-accrediting status)

- Any unresolved non-compliance issues/repeated history of non-compliances/ outstanding licence restrictions as "severe violations" will also be taken into consideration for the final judgement.
- Unmet recommendations will be considered as severe violations as per article 14 (1)c of Subsidiary Legislation. The Authority reserves the right to follow regulation 14 concerning the revocation or suspension of licence.

Other Conditions

- For Initial Provider Accreditation, initial granting of University status and Self-accreditng status, applicants must pass the financial eligibility check to proceed to the EQA audit (in the case of provider accreditation) or EQA Evaluation (in the case of University/Self-accrediting).
- For Renewal of Provider Accreditation/University Status/Self-Accrediting Status, the financial sustainability report will be submitted to the Independent Panel of Peer Reviewers and Experts for their consideration during the EQA audit or evaluation, as applicable.
- Providers which offer provision in other jurisdictions will also be subject to External Quality Assurances procedures abroad.
- In all cases where the five-year licence period applies, it shall commence two (2) months after the date on which the external quality assurance report is sent to the provider for the factual accuracy check.
- The action plan and its updates shall be published on the institution's website.
- All regulatory measures shall be published on the MFHEA’s website and the Institution’s website.
- The granting and renewal of University status, Self-Accrediting status and Extension of Scope must also satisfy the Standard of Evidence as per the following Annexes.

Annexes

Annex 1 – Provider Accreditation Standards External Quality Assurance

Provide Accreditation Standards and Procedure manual

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[1]

Standard 11. Institutional cooperation, service to society, and internationalisation

N.B. For Table 1 the minimal indicators apply

For Tables 2, 3 & 4, the minimal and performance indicators apply

[1] applicable only to Universities and institutions which deliver level 8 programmes

Annex 2 – Programme Accreditation Standards External Quality Assurance

Programme Accreditation Standards and Procedure manual

Standard 1. Programme organisation and management

Standard 2. Quality management

Standard 3. Programme design, monitoring and review

Standard 3. Student-centred learning, teaching and assessment

Standard 5. Research[2]

Standard 6. Doctoral student supervision[3]

Standard 7. Teaching, administrative and technical staff

Standard 8. Student administration and student support services

Standard 9. Resources and infrastructure

N.B. The minimal and the performance indicators of these standards and the procedure apply for the granting and renewal of Self-accrediting status and Extension of Scope.

[2] Applicable only to programmes at MQF level 8
[3] Applicable only to programmes at MQF level 8

Annex 3 – Standard of Evidence

The following considerations supplement, but do not replace, the applicable Provider Accreditation Standards and the Programme Accreditation Standards. They identify the additional evidence and institutional characteristics that the Evaluation Panel shall assess when determining whether an institution has demonstrated the maturity, capability and readiness required for the award of University Status or Self-Accrediting Status or Extension of Scope.

Standard of Evidence University Status - University Status represents the highest level of institutional recognition within Malta's Higher Education system and, accordingly, applications shall be subject to a heightened standard of scrutiny. The applicant institution shall bear the responsibility of demonstrating, through clear, comprehensive, reliable and verifiable evidence, that it possesses the institutional maturity, governance arrangements, academic leadership, research capacity, internal quality assurance capability, and operational resilience necessary to discharge the responsibilities associated with University Status as per the University Status eligibility stipulated by Article 47 of Subsidiary Legislation 607.03.

1) Only accredited Higher Education institutions which comply with the following shall be eligible to apply for university status in order to be eligible to obtain a licence of a university as defined in the Second Schedule:

(a) Higher Education, teaching, research and dissemination of knowledge are the primary activities of the Higher Education institution;

(b) the Higher Education institution has -(i) academic staff; and(ii) an academic library; and(iii) stable research training or stable research and development activities of a high standard;

(c) the Higher Education institution has representative bodies of staff and students;

(d) the Higher Education institution has an organisation and infrastructure for providing Higher Education and undertaking research;

(e) the Higher Education institution provides programmes which lead to national qualifications classified at a combination of either Malta Qualifications Framework levels 5, 6, or 7, or foreign qualifications at a comparable level, in at least four fields, and also has independent competence in setting up the components of such programmes and an independent right to award degrees with respect to such programmes;

(f) the Higher Education institution provides programmes which lead to national qualifications classified at Malta Qualifications Framework level 8, or a foreign qualification at a comparable level, and also has independent competence in setting up the components of such programmes and an independent right to award degrees with respect to such programmes; and

(g) the Higher Education institution is affiliated with international networks in connection with Higher Education and, or research and participates in national and international cooperation in teaching and, or research:

Provided that an accredited Higher Educational Institute shall be eligible to apply for University status if the Authority considers that such application is in the national interest and in fulfilment of national policies, on the basis of a different combination of Higher Education qualifications other than those indicated in paragraphs (e) and (f).

(2) An application for University status shall be subject to an evaluation by a panel of external experts and such evaluation shall comply with the following:

(a) it shall include consideration of any offshore activities of the applicant Higher Education institution which are required to meet relevant regulatory and reporting requirements in Malta; and

(b) where the evaluation by the expert panel makes a proposal to the Authority for or against the granting of University status, the report of the evaluation shall clearly state the reasons for this.

Standard of Evidence Self-Accrediting Status/Extension of Scope - Self-Accrediting Status/Extension of Scope represent formal recognition by the Authority that an institution has demonstrated the institutional maturity, governance effectiveness and institutional quality assurance capability necessary to exercise increased academic autonomy within the approved scope of self-accreditation. Accordingly, applications for Self-Accrediting Status/Extension of Scope shall be subject to a heightened standard of scrutiny.

The applicant institution shall bear the responsibility of demonstrating, through clear, comprehensive, reliable, verifiable and consistently implemented evidence, that it possesses the institutional maturity, governance arrangements, organisational sustainability and institutional quality assurance capability necessary to assume responsibility for the enhancement of Higher Education programmes. The Authority shall consider not only whether policies and procedures exist, but also whether they are effectively implemented, consistently applied across the institution and demonstrably capable of safeguarding academic standards and supporting continuous quality enhancement as per Article 46 of Subsidiary Legislation 607.03.

(1) Self-accrediting provider status, as defined in the First Schedule, or extension of the scope of this type of accreditation, shall only be given by means of the Act or any regulation made thereunder, or by any other law.

(2) An application for Self-accrediting status as defined in the First Schedule, or for Extension of the Scope of this type of accreditation shall be subject to the following:

(a) only Universities, Higher Education institutions and further education institutions accredited and licensed under these regulations shall be eligible to apply for Self-accrediting status or Extension of Self-accrediting Scope;

(b) Universities or institutions applying for Self-accrediting provider status or Extension of the Scope of this type of accreditation shall demonstrate a track record of accreditation and quality audits in at least two consecutive quality audits with respect to those types of programmes for which Self-accrediting provider status is to apply: Provided that, in exceptional circumstances, the Authority may recommend that a University or institution which has no track record of prior provision of further or Higher Education services in Malta, be granted Self-accrediting provider status. In such case, the evaluation referred to in sub-regulation (3) shall be based on a detailed plan and the application shall be assessed on whether the plan and the human and financial resources allocated by the provider demonstrate a high probability that, on establishment, the University or institution shall operate at least at a comparable standard to existing universities or institutions with Self-accrediting provider status.

(3) An application for Self-accrediting status or Extension of Scope shall be subject to an evaluation by a panel of external experts and such evaluation shall comply with the following:

(a) it may be limited to the broad fields of study and levels of the Malta Qualifications Framework for which the provider has a proven track record;

(b) it shall include consideration of any offshore activities of the University or institution applying for Self-accrediting provider status or Extension of the Scope of this type of accreditation, which are required to meet relevant regulatory and reporting requirements in Malta;

(c) where the evaluation by the panel of external experts makes a proposal to the Authority for the granting of Self-accrediting provider status or the Extension of the Scope of this type of accreditation, the report of the evaluation shall clearly state the reasons for this and shall recommend the broad fields of study and the Malta Qualifications Framework levels for which the provider has the capacity to be Self-accrediting; and

(d) where the evaluation by the panel of external experts makes a proposal to the Authority against the granting of Self-accrediting provider status or the Extension of the Scope of this type of accreditation, the report of the evaluation shall clearly state the reasons for this.

Institutional Mission and Profile

- The mission and profile of the education institution, including its policies and procedures are consistent with the responsibilities of holding Self-accrediting status.
- The institution demonstrates successful implementation of evidence-based improvements arising from past EQAAs and relevant to the responsibilities of Self-accrediting status.

Governance and Leadership

- There (are) is a well-defined and independent academic governance process(es) overseeing internal approval of all study programmes.
- Approval processes are applied consistently to all study programmes, before they are first offered and upon their re-approval.

Self-Assessment Processes

- Self-assessments and self-evaluations conducted by the education institution are comprehensive, rigorous and evidence based.

Standards and Criteria

- The standards and criteria which the institution has set for the quality management of its programmes are aligned with the minimal and performance indicators of Standard Two of the Programme Accreditation Manual for HEIs. Progr.-Accr.-Standards_2025-1.pdf

Peer Review and External Validation

- If relevant, any mechanisms for external validation, such as peer review or external advisory boards, are effective to ensure the quality of the respective educational outputs.

Quality Improvement Plans

- The institution has a structured quality improvement process in place. This includes assessing how the institution identifies areas for improvement and takes action to address them.

Student and Stakeholder Feedback

- Student and stakeholder feedback systems are effective and provide valuable insights to improve the institution's performance.

Documentation and Evidence

- The institution collects and maintains documentation related to its self-assessment process. This includes data on student outcomes, faculty qualifications, programme quality and other relevant areas.

Documentation of Outcomes

- The institution has clear documentation of outcomes related to its self-assessment efforts. This includes improvements made because of self-assessment.

Continuous Improvement

- The institution demonstrates a commitment to continuous improvement and uses feedback and data to make informed decisions.

Offshore Activities

- The expectations and benefits of any offshore activities which are required to meet relevant regulatory and reporting requirements are transparently reported on.
- The added value of such activities is communicated and understood by those benefiting from these activities.

----------END OF FRAMEWORK----------