Malta
Further & Higher
Education Authority

EXTERNAL QUALITY ASSURANCE AUDIT REPORT

PROVIDER ACCREDITATION FOR HIGHER EDUCATION

ALFRED NOBEL BUSINESS COLLEGE

Carried out between
26th and 27th November 2025

Quality education for confident futures .

Contents

Abbreviations List

ANBC	Alfred Nobel Business College
ECTS	European Credit Transfer System
EQA/QA audit	External Quality Assurance Audit
GDPR	General Data Protection Regulation
IQA	Internal Quality Assurance
LMS	Learning Management System
MFHEA	Malta Further and Higher Education Authority
MQF	Malta Qualifications Framework
NCFHE	National Commission for Further and Higher Education
NQAF	National Quality Assurance Framework for Further and Higher Education
SAR	Self-Assessment Report
VLE	Virtual Learning Environment

Executive Summary

Overview of the Audit Process

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

Timeline

EQA Audit Timeline – Alfred Nobel Business College	
Induction meeting	*23.06.2025*
Pre-accreditation provider meeting	*4.11.2025*
Desk-based analysis	*9.09.2025*
Audit visit	*26.-27.11.2025*

Summary of the Conclusions Reached by the Peer Review Panel

The Panel considered ten Standards, as Standard 10 is not applicable here. Of these, no Standards were considered compliant, no Standards were considered substantially compliant, Standards 1, 2, 3, 4 and 11 were considered partially compliant, while Standards 5, 6, 7, 8 and 9 were non-compliant.

About the External Quality Audit

About the External Quality Audit

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

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

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

Standards for Accreditation

Standard 1: Mission and strategic management

Standard 2: Governance, organisational structure and administration

Standard 3: Quality management

Standard 4: Integrity, accountability and information management

Standard 5: Teaching and administrative staff

Standard 6: Design, monitoring and review of programmes

Standard 7: Student-centred learning, teaching and assessment

Standard 8: Student administration and student support services

Standard 9: Learning resources and facilities

Standard 10: Research, development and/or other creative activity (not applicable)

Standard 11: Institutional cooperation, service to society and internationalisation

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

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

The PERFORMANCE INDICATORS included in this Manual reflect the mandatory level of achievement that providers have to demonstrate compliance with during the audit process in order to have their accreditation confirmed. Therefore, performance indicators must be met, starting with the first audit that a provider undergoes five years after the commencement of its operations as well as throughout their entire licensing period, thus are not included in this report.

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

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

The peer review panels shall discuss and exchange the collected evidence, verify the comprehensiveness and interpretation of the data, and analyse various sources in order to come to a consensual, coherent and consistent conclusion through triangulation and cross-referencing. All peer review panel members are required to sign a Declaration of Interest Form prior to starting work on the external quality assurance process.

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

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

- **Compliant** - The institution is entirely in alignment with the Standard, which is implemented in an effective manner.

- **Substantially compliant** - The institution is largely in alignment with the Standard (at least 70% of criteria are met), the general principles of which are followed in practice.

- **Partially compliant** - Some parts of the Standard (at least 40% of criteria) are met while others are not; the implementation of the Standard is not effective enough.

- **Non-compliant** - The institution fails to comply with the Standard.

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

The Peer Review Panel

The peer Review Panel comprised:

Chair of Review Panel: Peeter Normak

Peer Reviewer: Peter Calleya

Student Peer Reviewer: Mia Brzakovic

Accreditation Coordinators (MFHEA): Fiona McCowan and Bilyana Boshova

Specific Terms of Reference

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

Since the educational institution is not yet operational, the Panel can base its decisions primarily on:

1. The prepared ***regulations***, to what extent these clearly and comprehensively describe the institution and its procedures, and to what extent compliance with them ensures the quality of academic activities.
2. The appropriateness of the ***study programme and teaching activities*** to ensure that students achieve the expected learning outcomes.
3. The ***volume and quality of resources*** (including academic staff) planned for academic activities and the efficiency of resource use, including their use in ensuring appropriate teaching activities.
4. The suitability and efficiency of internal ***administrative processes*** to ensure maximum support for academic activities - both students and faculty - and review of related documentation.
5. The suitability and effectiveness of the internal ***quality assurance processes***, including the review of the planned quality assurance tools and procedures, as well as the associated documentation.

Institutional Context and Mission Statement

The proposed Alfred Nobel Business College (ANBC, or the College) would be a private higher education institution based in Malta, operating as an academically independent legal entity. The College is maintained by Alfred Nobel Business College Ltd.

As the College intends to provide only online education, it does not own or rent buildings in Malta, it only has a registered address there.

According to the College's statute, it offers only one MQF level 7 study programme – Master of Science in Information Technology – with a nominal volume of 90 ECTS – having three specialisations: Advanced artificial Intelligence, Advanced Cyber Security and Advanced Business Data Analytics.

As virtually all of the college's staff live outside Malta and all academic staff have their main jobs elsewhere, the College is designed to essentially act as an operator.

The mission of the College is formulated differently in different sources:

In the ***Statute*** of the College: The mission of the College is to provide high-quality, internationally benchmarked higher education, delivered in a flexible and fully online mode;

In the ***Self-Evaluation Report***: The mission of Alfred Nobel Business College is to prepare students for the global knowledge economy by equipping them with the skills, knowledge, and mindset needed to thrive in complex, digital, and multicultural environments;

On the ***website*** of the College: Our mission at Alfred Nobel Business College (ANBC) is to provide accessible, flexible, and professionally relevant online education that supports learners in developing the skills, knowledge, and competencies needed in today’s digital and global environment.

Analysis and Findings of Panel

Standard 1: Mission and strategic management

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

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

Panel's Findings:

The mission statement of ANBC clearly reflects its focus on education and aligns with the core function of delivering higher education programs. However, it makes no mention of the "Research" pillar, and social responsibility, the so-called "third mission". This is only implied and not explicitly addressed.

The vision statement is notably ambitious, with ANBC aspiring to become "a global university impacting the world," which complements the mission in a positive way. It is important to consider the alignment between the mission statement and the strategic plan within the broader context that the Malta-based entity forms part of a network of similar colleges operating across multiple international markets and that it is still in the process of establishing its presence.

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

Panel's Findings:

A strategic development plan has been provided with key metrics and timeframes in place over a three-year period. The main areas have been covered. Steady growth is anticipated and rationale for this provided. As the institution is not fully operational, it is difficult to assess how achievable these are at this stage.

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

Panel's Findings:

Planning has taken place although this is somewhat high level and based on projections with no specific data. KPIs/expected outcomes are listed in the *Operation Plan* 2025-2028 under actions, however, once again this is very high level. While plans have been drawn up, these are not yet implemented in any tangible manner.

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

Panel's Findings:

The financial plans provided cover a period of three years. These forecasts are aligned to the institution's growth strategy and operational plans to achieve them. However, these are only projections and will need to be assessed against actual performance.

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

Panel's Findings:

The plan covers all the main areas and also factors in a budget for "unexpected expenses". However, there are no specific contingency plans in place in a detailed manner. The SAR makes reference to "strategic planning cycles", however, no clear answer of what this refers to was given during the various interviews held. At present there is a dependency on the President (owner) and Academic Director.

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

Additional indicators in the context of online provision:

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

Digital Peer Findings: The institution positions online learning as its delivery model and references the virtual learning infrastructure in its strategic documents. However, plans focus on generic online delivery, with limited articulation of online pedagogy models. The strategic preparedness was noted to be in its early stages.

Judgement:

Partially compliant

Standard 2: Governance, organisational structure and administration

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

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

Panel's Findings:

The leadership positions are described in the SAR and depicted in the organisational chart. They are also referenced in the *Business Plan*. Some positions are referenced by different titles.

The President is the highest-ranking executive and is the owner of Alfred Nobel Business College Ltd.

The Head of Institution is the official representative of ANBC in Malta with responsibilities for overall academic, legal, financial and strategic matters. The President is currently fulfilling the role of Head of Institution. This is depicted in the latest organisational chart submitted.

The President has a lot of experience working in the education sector in different markets and plans on using his contacts and knowledge for the benefit of ANBC locally.

An HR Policies and Procedures document has been provided. However, it does not provide details of how personnel for key leadership roles are selected and recruited. From the interviews the Panel ascertained that as ANBC is still in its infancy, recruitment is mainly handled by the President and a few members of the leadership team.

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

Panel's Findings:

From a review of the documentation provided and interviews held, it was agreed that the President of ANBC, has the necessary qualifications, experience and competence, and is fit for purpose.

Personnel appointed to other leadership roles are mainly selected upon recommendations and are all professionals and suitably qualified. However, many are working with other academic institutions and only dedicate a limited amount of time to ANBC. At present, the President and Academic Director liaise with other senior

personnel as there are no official governance bodies in place. As the College is not fully operational this is understandable, however, will need to be assessed going forward.

While the official language of instruction of the accredited programme is English, the Panel noted that the English language skills of some of those holding leadership roles was insufficient. This is a concern, as it may hinder proper and efficient communication with stakeholders.

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

Panel's Findings:

ANBC states that its study programs are aligned with labour market trends and that consultation takes place with key stakeholders, namely students, employers and other partners. However, at present no governance bodies with such composition are in place and functioning.

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

Panel's Findings:

ANBC has a formal organisational structure in place. The roles and responsibilities are clearly stated.

However, responsibilities for governance, performance and decision making mainly sit with the President and Academic Director. While other leadership positions have been appointed, their direct involvement in decision making is less evident.

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

Additional indicators in the context of online provision:

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

Digital Peer Findings:

Responsibility for online provision resides with the Head of College, supported by the Study Office, QA Unit, and academic leadership. However, no explicit dedicated managerial post or unit for online learning is identified. Responsibilities are fragmented across various individuals.

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

Digital Peer Findings:

ANBC has the necessary technical infrastructure to deliver online academic programs. Yet evidence of resource sufficiency, budget allocation, and structured staff training plans is limited. No SLAs or contracts for Cluster, Sandbox, or third-party digital tools have been provided.

Judgement:

Partially compliant

Standard 3: Quality management

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

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

Panel's Findings: The educational institution has adopted some documents on some aspects of quality:

1. Quality assurance provisions comprise a separate section in the *College Statute*. It sets out the most general principles of quality assurance on programme design, approval and review; monitoring and student feedback; academic staff evaluation and development; academic integrity and misconduct; continuous improvement and external reference points. For specific issues, the *Statute* refers to two College documents: The annual *Continuing Professional Development Plan* and the *Plagiarism and Academic Integrity Policy.*

2. The most general overview of quality mechanisms is provided in a short document *Internal Self-evaluation and Quality Review Procedure*. This document lists data collection instruments (student feedback, staff performance reviews, programme and module self-assessments, etc.), roles of subjects (Quality Assurance Unit, heads of departments, Academic Board), frequency and reporting. Although the title of the document *Internal Self-evaluation and Quality Review Procedure* contains the word "procedure", this document does not describe any procedures.

3. A separate document *Statute of the Quality Assurance Unit* has been created. According to this, it is not a unit, but a quality committee, the work of which is organized by a Quality Assurance Officer. The document *Statute of the Quality Assurance Unit* only deals with educational activities, the words "science" and "research" are not included in it. The same applies to the document *Job Descriptions of Key Leadership and Quality Assurance Roles*.

4. The public website contains a document entitled *Strategy of Quality*. This document describes a quality assurance system for the *Master of Information Technology* study programme, contains the programme objectives and expected learning outcomes, as well as numerous general statements (e.g., "Our Institution aims to provide the most effective and student-based education possible") and positions (e.g., "The institution prioritizes professional

experience and teaching skills over qualifications"). This document never refers to the *Internal Self-evaluation and Quality Review Procedure* document.

5. There is no provision for responsibility for the quality of the study programme. According to the *Statute*, the Programme Coordinator is responsible for day-to-day management of the study programme, and lead(er) lecturer "provides academic leadership at module/subject level". The documents *Strategy of Quality* and *Internal Self-evaluation and Quality Review Procedure* do not mention Programme Coordinator and Lead(er) Lecturer at all.
6. A short document *Internal Quality Assurance – Teaching and Administrative Staff* describes the key principles of recruitment and appointment, induction, performance management and evaluation, continuous professional development, and administrative support of staff. This document is not publicly available.
7. A template for evaluating modules by students is composed.
8. Quality indicators to monitor institutional effectiveness are outlined: student retention rate, graduation rate, student satisfaction, average time to provide feedback on assessment, staff CPD (continuous professional development) participation, thesis completion rate, complaints resolution time, LMS downtime.

However, since the document *Strategy of Quality* does not contain any concrete activities or key performance indicators, it cannot be considered a strategy or policy document. Nor does it describe the organisation of the quality management system, its processes, mechanisms, instruments, reporting, data collection, timeframes and quality cycle. These aspects are partly set out in the document *Statute of the Quality Assurance Unit*.

The RP also sees a problem in the fact that the planned quality assurance officer Is a person working full-time as a logistics manager in another country (Hungary), who would perform the duties of the quality manager in addition to other work. However, at least during the College's launch phase, the quality assurance officer should be full-time.

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

Panel's Findings:

The units and their functions are described in the document *Organizational and Operational Rules*. According to this document, the College is managed by the Head of the

College, the Head of Department (Dean), the Economic Directorate and the Study Department. Their responsibilities related to quality assurance are as follows:

- for the Head of Department (Dean): "participation in the development of the quality assurance of the major";
- for the Study Department: "tasks related to the establishment and operation of the quality assurance system of educational and educational organization activities" and also "contribute to the quality policy".

Key persons responsible for the quality of academic activities – the Quality Assurance Officer, the Academic Director and the Programme Coordinator – are not mentioned in the document *Organizational and Operational Rules*. Academic Director is not mentioned also in *Statute of the Quality Assurance Unit*. Judging by the content of this document, it is the statute of the Quality Committee, not a quality assurance unit. Essentially, the quality assurance unit consists of one person – the Quality Assurance Officer. His duties are described in one sentence in the College statute: "The Quality Assurance Officer oversees the framework and reports directly to the Academic Board, while responsibility for quality is shared across all levels of governance, staff, and students ". On the other hand, the responsibilities of relevant persons in quality assurance are described in the documents *Programme Design and Approval Procedure* and *Programme Review Plan and Schedule*. The key person in the quality assurance of a study programme is the Programme Coordinator. However, his/her tasks are also described in two documents by one sentence only, different from each other: "Responsible for day-to-day management of the MSc IT programme (curriculum delivery, scheduling, assessment calendar, VLE consistency), coordination of syllabi, and ensuring alignment with programme learning outcomes" (*the Statute of the college*) and "Coordinates feedback from lecturers and students, drafts module-level reports." (*Programme Review Plan and Schedule*).

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

Panel's Findings:

Although t*he ANBC Institutional Strategy lists* "quality education and continuous quality improvement" among the key overall objectives and principles of operation", no further explanations, instruments or measures are given. As mentioned above, the main document – *Strategy of Quality* – only addresses the quality aspects of the study programme. For example, the quality of research and knowledge transfer (serving society) of academic staff is not addressed. Not only that, the document is not consistent with the other documents submitted: the organogram differs from the one

submitted separately, it contains a list of "knowledge objectives" that are neither explained nor included in any other document, and promises to find work placement or internship for students, even though no internship is included in the study programme, etc.

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

Panel's Findings:

The treatment of quality assurance instruments is debatable: while the *Organizational Chart* states that the College has a *Quality Assurance Officer*, this person is not mentioned in other relevant documents (*Organizational and Operational Rules*, *Business Plan* and even *Strategy of Quality*). According to the *Organizational and Operational Rules*, the Head of the institution is not explicitly assigned any quality management responsibility. As mentioned above, the Study Department is assigned "tasks related to the establishment and operation of the quality assurance system of educational and educational organization activities". However, these tasks are not further described. According to the *Internal Self-evaluation and Quality Review Procedure*, the Academic Board reviews institutional-level outcomes and approves follow-up actions.

Despite the ambiguity in the College regulations, it can still be argued that study programme quality assurance is designed at the institutional level – this is regulated by the documents *Programme Design and Approval Procedure* and *Programme Review Plan and Schedule*. However, the College's documents do not address the quality assurance of other academic activities (research and development, knowledge transfer/serving society).

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

Panel's Findings:

Although the title of the document *Internal Self-evaluation and Quality Review Procedure* contains the word "procedure", this document does not describe any

procedures. Furthermore, there is no provision for responsibility for the quality of the study programme. According to the Statute, "The College is maintained by Alfred Nobel Business College Ltd". However, this institution is not mentioned in any other quality assurance document of the College, including the document *Programme Design and Approval Procedure* and *Programme Review Plan and Schedule*.

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

Additional indicators in the context of online provision:

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

Digital Peer Findings:

The internal quality assurance system includes monitoring of LMS data, online assessments and digital resource review. However, no clear criteria for online monitoring or staff evaluation were described.

Judgement:

Partially compliant

Standard 4: Integrity, accountability and information management

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

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

Panel's Findings:

ANBC has a *Code of Ethics* which seeks to maintain high standards of professional conduct, defends the values of the institution, and instils academic integrity. The *Code of Ethics* stipulates the ethical behaviour expected from both students and staff. While the focus is mainly on academic staff, the *Staff Handbook* specifically states that all staff must adhere to the *Code of Ethics* and promote equality, transparency, and respect in the workplace.

A copy of the *Code of Ethics* is available on the public website however could not be accessed as the link was not working.

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

Panel's Findings:

The *Code of Ethics* covers most of the areas expected in such a policy, such as harassment and discrimination, however, does not specifically mention conflicts of interest. The policy mainly covers students and academic staff, although it applies to all staff.

ANBC also has a separate *Research Ethics Policy* and *Academic Conduct Policy* which deal with such issues as integrity of research, plagiarism and cheating. These complement the *Code of Ethics*. How staff and students are explicitly made aware of these policies is not evident.

Mechanisms are also in place to deal with any violations of ethical standards. This is mainly dealt with through the Ethics Committee. As the College is not yet operational, the Ethics Committee is not yet functional, and the code has not been used in practice.

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

Panel's Findings:

The website contains information about the academic programme on offer and connected specialisations. However, there is no specific mention of learning outcomes for the education programme or any of its modules. Similarly, there is no mention of the grading system and pass rates. These are all required in terms of MFHEA guidelines.

There is an application form and a step-by-step guide explaining the admission procedure. This is considered sufficient for students to be able to apply.

Apart from a short President's address, there is no information about the Head of Institution or any other academic or non-academic staff member. No activities are listed or news items.

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

Panel's Findings:

The College has a comprehensive GDPR policy in place which is also available on the website. There is also a form students sign regarding the processing of personal data.

The College has implemented robust information management policies to ensure data security and also has a policy on the Responsible Use of Electronic Devices. These are aligned with GDPR and national regulations.

Data protection and GDPR are mentioned in: Research Ethics Policy, processing personal data form, information management policies, Responsible Use of Electronic Devices, Staff Handbook, Student Handbook and SAR. The Panel considers GDPR to be adequately covered.

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

Additional indicators in the context of online provision:

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

Digital Peer Findings:

Institutional policies exist but evidence of training specifically addressing online/digital ethics for teaching staff is limited. Staff interviews showed limited understanding of ethical issues specific to online learning environments. Staff expressed uncertainty regarding plagiarism tools and online integrity processes.

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

Digital Peer Findings:

Policies address data protection, IT security, and acceptable use. However, clarity is lacking regarding ownership of staff-created digital content, recording of online teaching, commercialisation of ideas, and educational use of AI

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

Digital Peer Findings:

The institution intends to make use of LMS analytics and KPI dashboards. However, no structured academic workflows, early warning systems, or intervention processes are in place. Limited evidence provided during visit meetings. Given the intention to commence fully online delivery immediately, operational readiness in this area is low and represents a significant risk.

Judgement:

Partially compliant

Standard 5: Teaching and administrative staff

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

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

Panel's Findings:

The personnel policy is described in a 2-page document, *Staff Handbook*, which lists the elements of personnel work (types of employment and contractual terms; working hours, leave and remote work; salaries, benefits and taxation; academic staff duties and responsibilities, etc.) implemented at the College, 2-3 sentences for each. The descriptions are extremely general and do not refer to procedures or the corresponding implementing documents. For example, regarding professional development, the following is stipulated: "All staff are encouraged to undertake professional development. ANBC supports CPD through workshops, research collaboration, conferences, and access to digital learning platforms. A CPD plan is defined for each staff member."

The document mentioned above largely overlaps with a shorter document *HR Policies and Procedures* For example, regarding staff development it states: "All staff are encouraged to engage in continuing professional development. The College supports training courses, participation in academic events, and online certifications. Staff development plans are prepared in collaboration with supervisors and reviewed annually."

Both above documents are declarative. They do not describe procedures but make statements about them. For example, recruitment and selection of staff is described with three sentences: "Vacancies are advertised transparently and include clear descriptions of roles, qualifications, and expectations. Selection is based on merit, experience, and alignment with institutional needs. Interview panels include academic and administrative representation. Equal opportunity principles apply at all stages." It is not described how the positions to be advertised are decided, through which channels they are announced, what the procedure for processing applications is, which bodies participate in the process, and what the basis for forming these bodies is.

Another big problem is that the text of the documents is impersonal. For example, the sentence "Staff development plans are prepared in collaboration with supervisors and reviewed annually" does not make it clear who the supervisor is (the term "supervisor"

is not defined in any document), who is preparing the HR development plan, how the plan will be processed further, and how its implementation will be monitored.

These documents are not publicly available.

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

Panel's Findings:

Staff recruitment is briefly mentioned in the document *HR Policies and Procedures* and *Staff Handbook* and described in somewhat more specifically in the document *Internal Quality Assurance – Teaching and Administer Staff*: "ANBC has adopted transparent and merit-based recruitment procedures for academic and administrative staff. Minimum requirements include a Master's degree (MQF Level 7 or above) for teaching roles and demonstrated competence in online instruction. Academic staff are selected based on subject-matter expertise, pedagogical skills, and alignment with the institution's mission. Recruitment panels include academic and administrative representation."

In response to the Review Panel's request for additional information on employee recruitment procedures, the document *Management Positions and Selection Criteria* was submitted, in which the steps of recruitment are merely identified – application, pre-screening, interviews, reference checks – without specifying procedures and people involved. Once again, not the slightest description of the listed activities was given.

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

Panel's Findings:

The required qualification for a teaching staff is an MSc or PhD degree, as stipulated in the *Employment Requirement System*. There are no additional requirements or restrictions set for lecturers with a master's degree.

The College has no contracted lecturers – all lecturers work full-time elsewhere. The composition of the teaching staff is characterised by the fact that when the RP asked

for CVs of the teaching staff, only two of the CVs submitted belonged to the 8 individuals on the original list of teaching staff – six persons were replaced.

The most recently submitted list of lecturers includes six individuals, three of whom hold a doctorate and three a master's degree. However, only one of the lecturers with a doctorate has published scientific articles in the last 5 years (for one doctorate holder, no published articles at all could be found).

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

Panel's Findings:

The positions of teaching staff are defined in the document *Employment Requirement System* as *College teacher* and *Teacher of hours*. These positions are not further differentiated in the document – instead the terms *teacher* and *lecturer* have been used. However, two contract forms/templates have been developed – *Employment Agreement* and *Service Agreement*. Like all other documents, both are extremely brief and not detailed. For example, in the *Service Agreement* document, the duties and responsibilities of service provider are described as follows: "The Agent shall carry out the services as instructed by the Dean of the institution, or such other representative as may be designated by the Principal. The Agent agrees to perform all duties diligently, professionally, and in accordance with the academic standards of Alfred Nobel Business College."

The head of department Is responsible for contributing to the qualification of teachers. However, no mechanisms have been set to ensure this. The College's documents also do not provide for the conduct of development interviews.

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

Panel's Findings:

The document *Superior-Student Ratio and Academic Support Guidelines* states that for taught modules there is one academic staff member per 15–20 students and for thesis supervision is a "maximum of 6–8 students per supervisor". This student-faculty ratio requires the presence of full-time faculty to ensure high-quality teaching and adequate supervision of students. However, no evidence was presented to the RP that the College had entered into preliminary agreements with potential lecturers that their

main job would be at the College when the study programme was launched. In the case of part-time lecturers, the question arises as to how to ensure that students work an average of 25 hours per credit (about 40 hours a week). For example, in a meeting with students of a foreign institution owned and managed by ANBC senior leadership (hereinafter referred to as *students*), they estimated their average weekly study time to be about 10 hours (including 4-6 hours of online learning). Not only that, according to these students, only a small percentage of students participate in the online lecture, so they were not aware of how many students there were in the whole study group.

5.6. The workload of teaching staff is appropriately quantified and regularly monitored; it includes the teaching contact hours, preparation, evaluation and complementary functions, including development activities. Teaching loads are taking into account the nature of teaching requirements in different fields of study.

Panel's Findings:

The document *Employment Requirement System* states that the total working time is forty hours per week. The workload of teaching staff is not separately stipulated. The job duties are not stipulated in the employment contract either. In the employment contract form for a teacher, the job duties are described as follows: "The Employee agrees to perform all duties associated with this position, including teaching, academic supervision, curriculum development, participation in faculty meetings, and any other responsibilities reasonably assigned by the Employer or its representatives."

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

Panel's Findings:

Professional development of staff is mentioned in two documents – *HR Policies and Procedures* and *Staff Handbook* (see section 5.1). This is not mentioned in other documents (not even in the *Institutional Strategy*).

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

Panel's Findings:

Performance evaluation is described differently in different documents. The *HR Policies and Procedures* document states that "Academic staff are evaluated based on teaching quality, student feedback, and involvement in institutional development" while *Staff Handbook* that "Academic staff are evaluated based on teaching effectiveness, student feedback, peer review, and self-reflection."

The *Teaching Observation and Peer Review System Summary* document states that each lecturer will undergo at least one peer observation per academic year and that peer review outcomes may be used to recommend professional development activities. As mentioned in section 3.1, student feedback is obtained mainly through evaluating modules by students.; a template for that purpose is developed.

The *Organizational and Operational Rules* document states that periodic inspection of the work of the faculty of the major is the duty of the head of department.

These documents do not include an evaluation of the research activities of the academic staff.

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

Additional indicators in the context of online provision:

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

Digital Peer Findings:

The documentation mentions staff induction covering LMS use and support but no explicit reference to orienting staff on tracking student participation or flagging at-risk students. The institution does not yet have processes to ensure that academic staff understand how to track, interpret and escalate engagement data, indicating that current induction arrangements do not meet the requirements for online delivery.

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

Digital Peer Findings:

The institution does not currently provide or facilitate structured training in online pedagogy, instructional design, digital assessment, or interaction strategies. Most teaching staff and senior academic leadership showed limited understanding of pedagogical models for online learning. Generic reference to a CPD plan has been provided but there is no supporting evidence of planned CPD. This represents a significant gap in readiness for quality online education.

Judgement:

Non-compliant

Standard 6: Design, monitoring and review of programmes

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

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

Panel's Findings:

The development of the programme is regulated by the documents *Programme Design and Approval Procedure* and *Programme Review Plan and Schedule*. The first document sets out the procedures for the initial creation of the study programme, while the second sets out the procedures for conducting annual reviews. However, the tasks of ensuring the operation and quality of the programmes are described very vaguely and at times confusingly. The different descriptions of the programme coordinator's duties in different documents have been mentioned above. At the same time, the document *Programme Review Plan and Schedule* stipulates that the review process and compliance with QA standards are the responsibility of the Academic Coordinator. However, the *Statute* of the College does not mention the existence of such a position (there is an Academic Director).

If a separate working group (programme design team) is created to create a study programme, then the task of further developing the created curriculum is no longer assigned to anyone else - neither the working group nor the individual.

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

Panel's Findings:

The process of designing of the study programme was not described in the documents. The *Labour Market Justification – MSc in IT Programme* document only describes the national and regional needs, academic and industry alignment and graduate employability in very general terms. The documents do not describe what the analysis was based on or how the market analysis was conducted. At the same time, the requirement that curricula must be in line with the College's mission and the needs of the labour market is stipulated in the document *Programme Design and Approval Procedure*.

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

a) they define the expected student workload in terms of ECTS credits; expected student workloads are realistic and consistent with the calculation that, on average, 1 ECTS credit equals 25 study hours;

b) they indicate the target audience, including any geographic/regional targeting, and the minimum eligibility and selection criteria, where applicable;

c) they are learning outcome-based, distinguishing between knowledge, skills and competences;

d) they indicate appropriate learning dynamics and a measure of tutor-student and peer-learning interaction as is appropriate for the course level and content;

e) they indicate appropriate resources and forms of assessment;

f) they provide students with opportunities to elect non-compulsory components;

g) they indicate the minimum requirements in terms of qualifications and competences for teaching staff;

h) they indicate the person/s responsible for:

i) course design and content development;

ii) technical support;

iii) teaching the course and interacting and supporting students;

i) they are in line with the Malta Qualifications Framework (MQF) and the Malta Referencing Report 2012 and subsequent updates;

j) the process of identification of training programme needs involves the participation of external stakeholders who are likely to benefit from the outcomes of such provision;

k) programmes that are employment-oriented involve stakeholders from the world of work in their design;

l) they are designed so that they enable smooth student progression;

m) they involve students in their design;

n) they are subject to a formal institutional approval process.

Panel's Findings:

a) Modules and subjects are measured in ECTSs; 1 ECTS credit equals 25 study hours. However, there are no planned mechanisms that would ensure that students' actual workload is within the prescribed volume for the subjects.

b) The *Strategy of Quality* document defines the target group as "aspiring professionals seeking comprehensive expertise in cutting-edge IT disciplines". Eligibility criteria and admission process is described in a short (one page) document *Admission Process*.

c) Modules are learning outcome-based, distinguishing between knowledge, skills and competences. Learning outcomes of the study programme are listed in the document *ANBC Course Description* (page 18, eight learning outcomes). A different list of learning outcomes is presented in the *Learning Outcomes Matrix Draft*. According to this document, the programme has seven learning outcomes that are not divided into knowledge, skills and competences. It is noted – just marked – which modules contribute to which learning outcomes. However, the names of the modules are different from those in the *ANBC Course Description* document.

   The list of learning outcomes of the study programme is inadequate, as it is the same for all specialisations, covering the expected learning outcomes within all specialisations. Only a subset of the learning outcomes is relevant for each individual student.

   The learning outcomes of the programme are not compared to the MQF Level 7 descriptors. The learning outcomes of the subjects are described in the document *Subject-Module Learning Outcomes Mapping Tables*.

   It is confusing that the name of the module "Advanced Cybersecurity" (20 ECTS) matches the name of the course (2 ECTS) of the same name.

d) Learning activities are described in the *ANBC Course Description* document. Several peer-learning interaction is listed: peer reviews, discussion forums, peer collaboration, peer mentoring, etc. However, according to the students, their cooperation with each other has been minimal, and at times completely absent.

   Tutor-student interaction is also problematic: according to students, the supervision of homework assignments and receiving feedback from lecturers was not systematic, and in some cases it was absent.

e) General principles and procedures of assessment are described in *Assessment Policy and Procedures – MSc Information Technology*. Methods and criteria are described in the *ANBC Course Description* document. However, necessary physical infrastructure is not described (the administration of an online

programme also requires the presence of a certain infrastructure), although it is declared as strong (*SAR_ANBC*, page 28).

f) The College is planning to offer a master's programme that has three specialisations: Advanced Artificial Intelligence, Advanced Cybersecurity, and Advanced Business Data Analytics. The common part of these specialisations is 50 ECTS (out of 90 ECTS). Each specialisation consists of only mandatory subjects; there are no options for elective subjects.

g) The minimum requirements in terms of qualifications and competences for teaching staff are stated in the *Employment Requirement System* document.

h) Academic persons' responsibilities are in very general terms described in employment agreements, and more concretely in the *Employment Requirement System* document. As noted above, the College documents do not specify a person responsible for the quality of the study programme as a whole.

i) The modules and the study programme are described according to the structure set out in the MQF.

j) The *Labour Market Justification – MSc in IT Programme* document only describes the general principles for involving external experts in the initial curriculum development, not the specific parties and activities involved. Neither this document nor the *Strategy of Quality* provides for the involvement of external stakeholders in the further development of the study programme.

k) The involvement of stakeholders from the world of work in the design of the study programme is described in the document "Programme Design and Approval Procedure".

l) Although the content of the subjects is described in very general terms, they generally allow smooth student progression.

m) The involvement of students in the design of the study programme is not described in the submitted documents. However, students' and employers' feedback is foreseen in the modification of the programmes.

n) Annual programme reviews are planned, a template for this purpose is composed.

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

Panel's Findings:

The subjects are divided into semesters; no other structure is used. Prerequisites for courses are described. The duration of the subjects is not described. However, in the case of subjects taking place in the same semester, one is marked as a prerequisite for the other. This indicates that subjects only last part of the semester. Each subject has one contact hour per week, either a lecture or a laboratory, for a total of up to 10 contact hours per week. However, the organization of the laboratories is not described. In a situation where learning is 100% online, the question arises as to how students will be provided with the necessary skills. The curriculum is unique in that it contains a large number - over 50% - of small-scale (1-3 ECTS) subjects. This poses special challenges for the coordination of subjects to ensure a consistent approach to different topics that covers all important aspects. This requirement was apparently not met during the curriculum creation phase, as one of the lecturers who participated in the interview could not name other lecturers who teach subjects in the same module as him.

A major challenge is ensuring the practical skills of students studying the study programme. There is no internship in the curriculum. Moreover, about half of the subjects have only one lecture hour per week, without practical exercises. The subject syllabi do not describe how students will acquire the relevant skills.

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

Panel's Findings:

No adequate comparative analysis has been presented, neither with the curricula of leading international institutions nor with those of other higher education institutions in Malta. The document *Comparative Programme Analysis – MSc Information Technology* was provided where Master programmes in Information Technology of three UK universities (University of the West of Scotland, Bournemouth University, University of Liverpool) were discussed. However, all three study programmes were held on campus. No comparison was made with other ICT master's programmes offered at Maltese universities.

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

Panel's Findings:

The submitted documents did not describe the design of the programme. Only one external stakeholder participated in the interview; he was not involved in the development of the study programme. He believed that although it is possible to learn cyber security online, learning on-site is clearly more effective.

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

Additional indicators in the context of online provision:

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

Digital Peer Findings:

Programme documentation demonstrates formal alignment of learning outcomes, workload calculations, and assessment structures with online delivery. Modules reference the use of digital resources and online assessment modalities.

However, the Panel found limited evidence of deliberate pedagogical design for online learning. Interviews with academic staff confirmed that programme design is not guided by a shared framework for online pedagogy, and that teaching approaches are largely transferred from face-to-face delivery without systematic adaptation.

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

Digital Peer Findings:

The institution has established general quality assurance mechanisms, including programme review cycles, feedback tools, and internal QA processes. However, quality assurance tools, templates, and review criteria are generic and have not been adapted to the specific pedagogical and methodological requirements of online and blended delivery.

Online-specific review criteria or indicators addressing online pedagogy, interaction, or assessment integrity are limited. This significantly limits the institution’s capacity for systematic evaluation and enhancement.

Judgement:

Non-compliant

Standard 7: Student-centred learning, teaching and assessment

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

7.1. The teaching methods and learning environments are planned to be student-centred and to stimulate students' motivation, self-reflection and engagement in the learning process. This includes:

a) enabling flexible learning paths;

b) considering the different modes of delivery, where appropriate;

c) using innovation in pedagogical methods, including digital technologies;

d) providing students with adequate support from the teaching staff.

Panel's Findings:

The SAR describes a coherent, student-centred, fully online model combining structured asynchronous materials, live sessions, project-based work and collaborative activities through the VLE, with clear learning outcomes and aligned workloads per ECTS. In practice, the Panel noted that delivery is still highly dependent on individual lecturers, many of whom are engaged on task-based contracts and show uneven familiarity with student-centred online pedagogy and digital tools, including basic presentation software.

The institution claims systematic use of collaborative learning, discussion forums and peer interaction. However, student feedback indicated limited teamwork outside of classes, very little interaction with peers, and supervision that is informal and variable in intensity. Meeting discussions also revealed that some academic leaders and coordinators were not confident in concepts such as learning outcomes and strategic planning for teaching and did not articulate a clear institutional pedagogy for online, student-centred learning.

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

a) the criteria for and method of assessment as well as criteria for marking are published in advance in a way that is understandable to students;

b) if possible, more than one staff member is involved in the development of assessment tasks and student assessments;

c) the achieved learning outcomes are analysed in relation to the intended outcomes;

d) the regulations for assessment take into account mitigating circumstances;

e) there are quality management arrangements in place to ensure the fitness for purpose of the assessment (validity, reliability, efficiency, transparency, fairness, authenticity, adequacy of feedback); this may include the usage of rubrics, second grading, internal moderation, external examination, usage of anti-plagiarism software.

Panel's Findings:

According to the SAR, assessment methods and weightings are clearly defined at module level, mapped to learning outcomes, and communicated via the Student Handbook and VLE, with varied tools (projects, quizzes, exams, dissertations) and formal policies on academic integrity and plagiarism checking. During meetings, several lecturers appeared unfamiliar with the assessment policy framework, moderation expectations and workload models, reflecting the fragmented nature of task-based contracts and limited collective calibration of assessment practice.

The SAR reports internal moderation, use of plagiarism detection software, and systematic analysis of learning outcomes as part of the IQA cycle. The Panel found that these elements are largely procedural at this early stage: there is little evidence yet of consistent double-marking intentions, structured internal moderation across modules, or staff training on interpreting learning-outcome data; understanding of plagiarism and its implementation was also uneven among staff.

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

Panel's Findings:

The regulations and SAR specify minimum academic requirements, clear progression rules, and defined resit opportunities in line with institutional policy. Nonetheless, during interviews the Panel did not obtain convincing evidence that students are systematically informed about the exact number of reassessment attempts and procedures, and staff could not always describe how these rules would be operationalised in practice once larger cohorts are enrolled.

7.4. The institution has an appeal procedure which is well disseminated, makes clear the grounds on which academic appeals may be based, the criteria for decisions, and the remedies available.

Panel's Findings:

The submitted documentation indicates that appeal procedures, grounds, decision criteria and remedies are documented in the Student Handbook and academic regulations and are intended to safeguard student rights. In the discussions, both students and some lecturers showed only limited knowledge of the concrete steps and timelines for academic appeals, suggesting that while the framework exists, its communication and awareness are limited.

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

Panel's Findings:

The SAR emphasises applied components, simulated labs, industry-linked projects and mandatory internships as key features of the MSc in IT, aligned with programme learning outcomes and supervised by faculty. Meetings with the external partner and staff demonstrated that current cooperation is not yet structured, documented work-based learning framework is not yet in place for these programmes and no clear procedures for supervision, assessment and quality assurance of internships.

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

Panel's Findings:

Institutional documents and thesis guidelines define supervisor responsibilities, supervision hours and expectations for feedback and academic integrity, supported by the Research Methods module. Student testimony confirmed that individual supervision is provided, but also highlighted variability in frequency (for example, bi-weekly meetings for some students) and limited structured peer interaction around thesis work; given the reliance on part-time staff, monitoring of supervision quality and consistency is not yet fully developed.

7.7. The high standard for the evaluation and defence of theses is ensured through transparent and fair procedures and by the involvement of highly qualified

academic staff in the process, including those coming from outside the institution.

Panel's Findings:

The SAR outlines a formal process for thesis submission and defence with specified criteria, the use of external experts where possible, and clear weighting between written work and oral defence. At present, the completed theses and corresponding defences are not available apart from the mentioned Swiss entity with the same leadership, and the Panel found little concrete evidence of systematic external involvement or double-marking to ensure independence and robustness of grading, so the claimed high standards remain largely theoretical pending further implementation.

Additional indicators in the context of online provision:

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

Digital Peer Findings:

The College outlines the use of synchronous and asynchronous online teaching methods supported by Moodle VLE, digital resources, and online assessment tools. Recorded lectures, live sessions, forums, and digital resources are available to support delivery.

However, the use of digital tools is largely functional rather than pedagogical, with limited evidence of structured interaction, scaffolding of learning activities, or deliberate alignment between online teaching methods and intended learning outcomes. In particular, the option for recorded-only participation, with limited mechanisms to ensure engagement or interaction, is inconsistent with recognised principles of effective online learning pedagogy.

Interviews with academic staff confirmed limited understanding of student-centred online teaching approaches, digital assessment design, and strategies for monitoring and supporting learner engagement. Consequently, the College has not yet demonstrated readiness to deliver student-centred learning effectively online.

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

Digital Peer Findings:

Programme documentation refers to activities such as project-based work, discussion forums, collaborative tasks, and peer interaction. These elements indicate an intention to support interaction and active learning in online environments.

Nevertheless, there is limited evidence that staff are equipped to design, facilitate, and assess active or collaborative online learning in a structured and intentional manner. Student-to-tutor and student-to-student interaction relies mostly on optional or ad hoc engagement, rather than being systematically embedded within programme design and assessment strategies.

As a result, while interactive tools and activities are referenced, the institution has not yet demonstrated the capacity to exploit online environments to support sustained, student-centred interaction and active learning.

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

Digital Peer Findings:

There are no established identity verification procedures, no online proctoring systems, and no clearly defined approach to safeguarding the integrity of online assessment environments. The use of plagiarism-detection tools is inconsistent, and staff interviews revealed widespread uncertainty regarding assessment integrity measures and responsibilities in online contexts.

The absence of robust assessment integrity mechanisms represents a major compliance risk and does not meet MFHEA requirements for online assessment. This issue must be addressed comprehensively before the commencement of online programme delivery.

Judgement:

Non-compliant

Standard 8: Student administration and student support services

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

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

Panel's Findings:

Institutional documents state that the website provides comprehensive information on programmes, admission, fees, policies and support services, primarily through the institutional site and the online Student Handbook. The Panel noted that, key information is largely present at policy level, while planned practical communication channels, recruitment strategies and examples of targeted campaigns remain underdeveloped.

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

Panel's Findings:

Admission criteria for MQF Level 7 are clearly formulated, requiring a recognised Level 6 qualification or equivalent and setting out general procedures in the admissions policy and Student Handbook. Interviews showed that the responsible staff can describe the high-level entry requirements, but there is limited indication of established practice in handling non-standard qualifications, recognition of prior learning or borderline cases.

8.3. A comprehensive set of policies is made widely available within the institution, providing clear and transparent information required for all phases of the student "life cycle" – admission, assessment, progression, suspension and termination of student status, mobility, recognition, certification and qualification award – including all concerning regulations, the rights and responsibilities of students, Code of Conduct, actions to be taken for breaches of conduct, responsibilities of relevant officers and committees, and penalties that may be imposed. Policies

cater for the social dimension of higher education by taking active measures to safeguard the equity, inclusion and diversity of the student body.

Panel's Findings:

Academic regulations (Chapter V) address admission, progression, assessment, termination, mobility, recognition and certification, including a Code of Conduct, disciplinary measures and equity provisions. During the meetings, staff descriptions of these procedures were inconsistent, with limited familiarity among coordinators regarding appeals, complaints or strategic integration across the student lifecycle.

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

Panel's Findings:

The regulations define conditions and time limits for academic inactivity leading to termination of student status, consistent with the online delivery model and MQF requirements. At this stage, no monitoring practice or system-generated alerts could be found in operation intentions, and the Panel could not verify how these rules will be applied to actual students or communicated in routine practice.

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

Panel's Findings:

Documentation includes a template student agreement setting out rights, obligations, fees, and reference to Maltese legislation and institutional policies, intended to protect student interests. As no students are yet enrolled, the Panel could not review signed agreements or confirm how contractual terms are explained to students during admission and orientation.

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

Panel's Findings:

Policies on plagiarism and academic misconduct are clearly formulated, supported by a *Code of Ethics*, an ethics committee structure, and the intention to use plagiarism-detection software submitted to the Panel. Nonetheless, staff interviews revealed uneven understanding of academic integrity concepts and limited familiarity

with the practical operation of detection tools and sanctions, and lack of evidence of intention for implementation.

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

Panel's Findings:

Institutional texts describe an online support model combining academic tutoring, supervision, VLE-based resources, and access to technical help, with explicit recognition of diverse learner needs (international, mature, working and students with special needs). In reality, support relies on a small, overloaded team (one person handling office duties, who has no knowledge of English despite serving international students), and structured arrangements for career guidance and psychological support are still in planning, with no evidence of established workflows or tested responsiveness (e.g. the promised 48-hour issue-resolution target).

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

Additional indicators in the context of online provision:

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

Digital Peer Findings:

The SAR notes virtual office hours, live tutorials, supervisor meetings, forums, and VLE-based support counted as engagement. Support structures such as email, chat and mentoring are mentioned. It is advisable that the institution develops a coherent or well-communicated online support framework capable of sustaining effective student engagement.

8.17. Learning Management Systems (LMS) provide activity log data about students' access to material and tasks in online and blended delivery. Such data and learning analytics are checked and analysed to identify students who are lagging

on online tasks and participation; the data assists the institution in identifying students at risk.

Digital Peer Findings:

Documentation confirms availability of Moodle analytics including LMS logs and engagement tracking. However, no demonstration of established risk-tracking workflows. The institution has not developed procedures for using them to detect and support at-risk learners. Staff knowledge of tracking tools is limited, and no workflow or escalation pathway has been designed. This indicates that the institution is not yet capable of proactively identifying disengaged online learners.

8.18. Information on whom to contact and where to seek technical support in case of access to the Learning Management System (LMS), Virtual Learning Environment (VLE), email, proctoring systems and to learning resources is presented to students on the institutional website, on course syllabi and course LMS.

Digital Peer Findings:

Technical support channels are communicated via VLE, handbooks, and website; IT policy and helpdesk arrangements provided. A chat option is mentioned as part of flexible support.

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

Digital Peer Findings:

Orientation programme is defined in institutional documentation. Documentation indicates that orientation sessions include technical guidance and information on contacting support teams. Orientation covers VLE use, library, exams, administrative services, and support channels.

Judgement:

Non-compliant

Standard 9: Learning resources and facilities

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

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

Panel's Findings:

Institutional documents confirm that premises for administrative activities in Malta are under lawful possession, with the digital learning environment (VLE/Moodle) serving as the primary space for online delivery. Panel discussions revealed limited detail on physical facilities, as focus remains on virtual infrastructure, with no clear delineation of dedicated educational spaces beyond planned relocation.

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

Panel's Findings:

As the institution emphasises fully online operations, physical buildings and grounds are not available at this time, with no evidence presented of maintenance plans, attractiveness or full regulatory inspections specific to educational use.

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

Panel's Findings:

The programme outlines digital accessibility features (e.g. VLE compatibility with screen readers and assistive tools) and tailored support for students with disabilities. Staff interviews showed no specific protocols, training or examples for accommodating visual, hearing or mobility impairments in the online context, indicating that provisions remain largely declarative.

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

Panel's Findings:

Library resources, e-journal databases and digital repositories are described in the submitted documents as available 24/7 via the VLE to support flexible study. The Panel found no demonstration of actual collections, usage analytics or extended-hour support services, with reliance on generic online access unverified by operational experience.

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

Panel's Findings:

Students and staff are promised access to current tools including Python, R, Power BI, cloud platforms (AWS/Azure), AI frameworks and cybersecurity software, embedded in module activities. Interviews highlighted gaps: some lecturers lacked basic digital skills (e.g. PowerPoint proficiency), IT admin support appears limited, and hosting/infrastructure details (e.g. GitHub linking) were unclear or unmanaged.

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

Panel's Findings:

Syllabi reference core textbooks, journals and online resources primarily in English, with digital provision claimed for all required readings. No concrete evidence of licensed databases, hard-copy alternatives or multilingual materials was provided, and staff could not confirm procurement, availability or syllabus-main literature alignment.

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

Panel's Findings:

IT support and module-embedded training (e.g. for Git, cloud tools) are outlined to ensure proficiency in teaching, assessment and administration. In discussions, technical support capacity appeared constrained (e.g. part-time admin with 1-5 hours weekly availability), staff training needs were evident, and no formal programmes for ongoing staff development were detailed.

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

a) automated procedures to ensure continuity of service in case of failure of their equipment or software;

b) backup systems, including real-time mirroring of data, full/incremental backups on site, and full/incremental backups offsite on physical data.

Panel's Findings:

The VLE is claimed to be supported by backup systems, real-time data mirroring and on/offsite redundancy to ensure service continuity. Panel meetings uncovered uncertainties around hosting providers, server locations (e.g. Hungary-based for partners) and failure-recovery testing, with staff unable to describe automated procedures or verify compliance with digital education resilience standards.

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

Additional indicators in the context of online provision:

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

Digital Peer Findings:

The College makes references use of cloud/VLE systems and online library databases. The institution uses third-party digital systems, including the LMS hosting provider, Sandbox environment and Cluster MIS, but has not provided service agreements, data-processing agreements, or evidence of scalability and vendor independence. It is not clear where systems are hosted, who administers them, or whether arrangements comply with MFHEA expectations. This represents a significant risk to reliability, data protection and continuity of online provision. No evidence of avoiding vendor lock-in.

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

Digital Peer Findings:

All resources (VLE, library, admin systems) are accessible remotely. Orientation includes access instructions.

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

Digital Peer Findings:

Most institutional resources can be accessed using standard personal devices, consistent with expectations for online learning. However, requirements for specialised environments such as the Sandbox are not fully documented, and the institution has not yet demonstrated that all students will be able to access these tools without high-end hardware or advanced configurations. This limits assurance that all students can fully participate in online programmes.

Judgement:

Non-compliant

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

Standard not applicable.

Standard 11: Institutional cooperation, service to society and internationalisation

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

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

Panel's Findings:

ANBC's Mission Statement does mention that it wants its students to inculcate an entrepreneurial mindset with high ethical and moral standards to become a productive part of society.

At present the strategic focus is on building relationships with other educational institutions and expanding its international partnerships in teaching, research, and mobility. This is considered essential to be able to respond to market needs, especially in rapidly evolving fields such as Information Technology, Artificial Intelligence, and Business Analytics. ANBC does have agreements with international partners in place as evidenced on the website.

As ANBC is not yet functioning, there are no clear indicators of how internationalisation will be taking place. In the future, ANBC would like to offer physical courses locally, however, this is a longer-term objective. At present, there are no plans for any corporate social responsibility (CSR) activities.

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

Panel's Findings:

From the *Financial Plan 2025-2027* provided and the *Business Plan*, it does not appear that there is a budget for institutional cooperation, service to society and internationalisation.

The *Business Plan* does mention expanding international relations and increasing global visibility through international partnerships. However, there are no specific measure around this, or funds allocated.

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

Panel's Findings:

ANBC does not have any formal committees in place with representatives from employers and other external stakeholders. These will be established when the College is functioning.

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

Judgement:

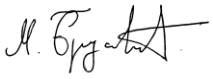
Partially compliant

Panel Member Signatures

The audit report is compiled by the peer Review Panel:

Chair of Review Panel: 

Peer Reviewer: 

Student Peer Reviewer: 

Digital Reviewer: 

Annex 1: Evaluation of the IQA Document

Standards for Accreditation

Standard 1: Mission and strategic management

Panel's Findings:

ANBC has a Mission and Vision statement in place and has presented its strategic development, operational and growth plans and financial forecasts. As the College is not yet operational, a lot of the planning is high level and somewhat generic and will need to be assessed and reviewed once implemented.

Suggestions for Improvement:

1. ANBC should prepare robust contingency plans that cover all strategic, academic and operational areas of the College.
2. It is also recommended that the College undertakes more detailed planning with clear implementation guidelines.

Standard 2: Governance, organisational structure and administration

Panel's Findings:

ANBC has a formal leadership structure documented in its SAR, organisational chart, and Business Plan, though some titles vary. The President, who also serves as Head of Institution, holds primary authority for academic, legal, financial, and strategic matters and is considered qualified and experienced. Official bodies with external stakeholder representation are not yet functioning. Online provision responsibilities are dispersed across units without a dedicated manager, and leadership expertise in online pedagogy is limited. While the technical infrastructure for online delivery exists, evidence of resourcing, budget planning, structured training, and formal agreements for digital tools is limited.

Suggestions for Improvement:

1. ANBC should clearly show within its governance structure who has overall responsibility for online learning and course delivery. The appointed person is to be suitably qualified and have the required online pedagogical competence to fulfil the role.

2. Work on establishing governance committees with key stakeholder involvement needs to be done so that these can be put in place when the College is operational.
3. All official documents: Business Plan, SAR, Organisational Chart, Policies, etc. are to be aligned to ensure titles of leadership roles are the same.

Standard 3: Quality management

Panel's Findings:

The institution lacks a comprehensive approach to quality - different aspects of quality assurance are addressed in different documents, without clearly distinguishing between quality assurance mechanisms, processes and objectives. Also, several important aspects of quality assurance of academic activities, such as research and development and service of society, are not addressed. The documents contain a number of general declarative statements, without appropriate justifications and explanations.

Suggestions for Improvement:

1. An important indicator of the quality of any institution is the quality of its documents. Rework all ANBC documentation, ensuring sufficient coverage of all processes and consistency between different documents.
2. Distinguish (and reflect it in separate documents) between the quality assurance system (quality assurance actors; the instruments they use; quality assurance, evaluation, reporting, etc. processes; indicators) and the quality assurance strategy. The tasks and responsibilities of the quality assurance actors must be presented in particular detail. Also define the person responsible for the quality of the study programme and his/her duties.
3. Supplement the document *Strategy of Quality* so that it covers all aspects of quality assurance of the College's academic and non-academic activities.

Standard 4: Integrity, accountability and information management

Panel's Findings:

ANBC has a Code of Ethics intended to uphold professional conduct and academic integrity for students and staff, supported by separate Research Ethics and Academic Conduct policies. The area of conflicts of interest is not explicitly addressed. As the College is not yet operational, awareness and training mechanisms for these policies,

including online/digital ethics, have not yet been undertaken. The College's website provides basic programme and admissions information but does not contain all the details required by MFHEA. Strong GDPR and data/information management policies are in place and considered adequate. Policies cover many online delivery issues; however, gaps remain. ANBC plans to use specific analytics for quality monitoring.

Suggestions for Improvement:

1. ANBC's public website is to be reviewed and updated in accordance with MFHEA Communication MFHEA/09/2021 to ensure all required information is available. The online link to the Code of Ethics needs to be fully functional to allow full access.
2. Procedures should be introduced so that all academic and non-academic staff and students are explicitly aware of their responsibilities under the Code of Ethics.
3. The Code of Ethics and policies are to be reviewed and updated to cover any missing areas. The composition of the Ethics Committee and how members are appointed are to be included in the College's policies.

Standard 5: Teaching and administrative staff

Panel's Findings:

The description of personnel work is extremely general and declarative (especially academic staff duties and responsibilities) and does not refer to procedures or the corresponding implementing documents. The qualifications of academic staff do not always meet the requirement of being at least one degree higher than the qualifications achieved by students upon completion of the study programme. Since ANBC is designed to function primarily as an operator – all faculty members have their primary jobs at other institutions – it is extremely important to ensure the coordination and the supervision of their activities. Unfortunately, these aspects are not reflected in the College documents.

Suggestions for Improvement:

1. Set out in detail the procedures for creating positions and applying for positions, as well as the parties involved in these procedures and their roles.
2. Establish measurable criteria for evaluating academic staff's research and development activities and community service provision.

3. Describe in detail the duties of employees working in academic positions in the employment agreements, including to ensure adequate supervision of students' independent work.

Standard 6: Design, monitoring and review of programmes

Panel's Findings:

The mechanisms and procedures for further development of the study programme are not described in the documents. While the study programme has three specialisations, the expected learning outcomes for graduates of all specialisations are identical. There is no internship in the curriculum. Moreover, half of the subjects have only one lecture hour per week, without practical exercises. The subject syllabi do not describe how students will acquire the relevant skills.

Suggestions for Improvement:

1. Develop learning outcomes for the study programme that take into account the specialisation pursued by the student.
2. Develop and implement mechanisms that ensure the acquisition of practical skills set out in the study programme objectives. To achieve this, include a mandatory company internship in the study programme.
3. Develop and implement mechanisms for further developing the existing study programme.

Standard 7: Student-centred learning, teaching and assessment

Panel's Findings:

Policies and programme documentation describe an appropriate, student-centred, outcomes-based model, but interviews revealed limited staff understanding of learning outcomes, uneven digital pedagogy skills, and very weak evidence of collaborative learning, moderation and plagiarism management in practice.

Suggestions for Improvement:

1. Clarify and document an institution-wide pedagogical model for online, student-centred learning and train all academic staff in its use.
2. Introduce mandatory training and guidance on learning outcomes, assessment design, moderation and plagiarism procedures, with templates and checklists.
3. Formalise teamwork, peer interaction and structured supervision (frequency, formats, records) and monitor their implementation.
4. Establish clear procedures for double-marking or moderation of key assessments and ensure staff can explain and apply them consistently.

Standard 8: Student administration and student support services

Panel's Findings:

Operational systems are immature: recruitment and communication strategies are weak, staff awareness of appeals and misconduct processes is inconsistent, and student support is concentrated in, at the time of the assessment, one person without English proficiency, despite an international target group.

Suggestions for Improvement:

1. Develop and implement a clear, multilingual recruitment and communication plan, with web content, campaigns and applicant workflows tested end-to-end.
2. Provide targeted training so all relevant staff can accurately describe admissions, progression, appeals, complaints and misconduct procedures.
3. Build a properly staffed, English-speaking student support function, with defined service levels and documentation of cases.
4. Specify and contract external providers where needed for psychological counselling and career guidance and communicate these services clearly to students.

Standard 9: Learning resources and facilities

Panel's Findings:

The digital-first model and intended toolset are appropriate for online IT programmes, but evidence of actual infrastructure, licensed resources, accessibility measures and

technical support capacity is limited; physical facilities are minimally developed and not central to the concept.

Suggestions for Improvement:

1. Finalise and document the technical architecture (hosting, backup, recovery, data locations) and perform and record continuity tests.
2. Ensure adequate, contracted IT support hours and a helpdesk process for staff and students; provide digital skills training for all lecturers.
3. Conclude and evidence subscriptions or licenses for key e-libraries and databases, and map each module's core readings to available resources.
4. Define and implement concrete digital accessibility measures (tools, procedures, staff training) for students with disabilities and special needs.

Standard 10: Research, development and/or other creative activity
Not Applicable

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

Panel's Findings:

ANBC's Mission highlights fostering an entrepreneurial mindset with strong ethical and moral standards. The current strategic emphasis is on building relationships and international partnerships in teaching, research, and mobility. Some agreements with international partners are in place. As the College is not yet operational, there are no clear indicators or structures for how internationalisation will be implemented. There are no formal CSR activities planned. Formal committees with external stakeholders are also not yet established.

Suggestions for Improvement:

1. ANBC should implement procedures regarding the setting up and functioning of a committee with external stakeholders. This is to include how such stakeholders are selected.

Annex 2: Accreditation Visit Agenda

Accreditation Visit Agenda

26th November 2025 **Venue:** Cavalieri Hotel, St Julians

Day 1. **Time and Duration**	**Meetings**	**Names of Attendees**	**In-person or online**
8.30 (30 m)	Arrival at the venue, MFHEA EQA panel preparation meeting	MFHEA, EQA panel	
9.00 (120 m)	**Meeting with the Head of Institution (President)**		**In-person**
11.00 (15 m)	Internal panel meeting	MFHEA EQA panel	
11.15 (60 m)	**Meeting with Academic Director**		**In-person**
12.15 (3-4m)	Prospective Student		**Online**
12.20 (10m)	Internal panel meeting	MFHEA EQA panel	
12.30 (60 m)	**Quality Assurance Unit**		**In-person**
13.30 (60 m)	Working Lunch and Panel Discussion	MFHEA EQA panel	
14.30 (30 m)	**Support Staff & Coordinators**		**Online**
15.00 (10 m)	Internal panel meeting	MFHEA EQA panel	
15.10 (30 m)	**IT personnel:** Virtual tour and access to a fully built sample module of the provider's online platform, including all learning materials, assessments, and interactive elements		**Online/ in-person**
15.40 (30 m)	Prospective Students		Online

16.10 (15 m)	Closure of day one/ internal panel meeting	MFHEA EQA panel	

27th November 2025

Day 2. **Time and Duration**	**Meetings**	**Names of attendees**	**Comments**
8.30 (30 m)	Arrival at the venue, MFHEA EQA panel preparation meeting	MFHEA, EQA panel	
9.00 (30 m)	**The Study Office**		**Online**
9.30 (15m)	Internal panel meeting	MFHEA EQA panel	
9.45 (45 m)	**Professional Leader Teacher**		**Online**
10.30 (15 m)	Internal panel meeting	MFHEA EQA panel	
10.45 (45 m)	**Prospective lecturers**		**Online/In-person**
11.30 (15 m)	Internal panel meeting	MFHEA EQA panel	
11.45 (30 m)	**Sales & Marketing Director**		**Online**
12.15 (15 m)	Internal panel meeting	MFHEA EQA panel	
12.30 (30 m)	**Professional Consultant**		**In-person**
13.00 (60 m)	Working Lunch and Panel Discussion	MFHEA EQA panel	
14.00 (30 m)	**Meeting with External Stakeholders (employers or personnel from the industry which the Institute collaborates with)**		**Online**
14.30 (15 m)	*Additional meeting, if requested*	MFHEA EQA panel	
14.45 (60 m)	Final internal panel meeting	MFHEA EQA panel	
15.45 (5 m)	**Conclusion of the on-site visit**	**Peer Review Panel and Head of Institution**	**In-person**

Annex 3: Review Panel Bio Notes

Chair of Review Panel:

Peeter Normak is a professor of informatics of the School of Digital Technologies at Tallinn University, who started his academic career as a lecturer in 1978. In 1996-2006, he served as the Vice Rector for Research and Development of the university, and in 2015-2025, as the Director of the School of Digital Technologies. He is a member of several professional and expert committees, such as Professional Council of Information Technology and Telecommunications of the Estonian Qualifications Authority, the Doctoral Committee of Natural Sciences at Tallinn University, representing the university in the Estonian Association of Information and Telecommunications, etc. In addition to his primary job functions, he has worked internationally as an expert assessor of the quality of universities and their study programs in Afghanistan, Estonia, Finland, Kosovo, Lithuania, Russia, Tajikistan. An overview of his academic activities can be found at https://www.etis.ee/CV/Peeter_Normak/eng/ and his teaching activities at https://dti.tlu.ee/digiois/lecturer.php?l=48&lang=en .

Peer Reviewer:

Peter Calleya has been a financial services professional for over 40 years and is currently Head of Client Tax Reporting and Analytics for the Malta subsidiary of an International Bank. Previous roles included Head of Governance, Head of Strategic Planning Senior and Senior International Marketing Manager. He is also a Visiting Senior Lecturer at the University of Malta where since 2007 he has lectured various courses from Diploma and Bachelors to Masters level and also served as an examiner, paper-setter and reviewer. Since 2003 he has been elected for consecutive terms to the Board of Directors of the Institute of Financial Services (ifs Malta) and has been serving as President since 2023. He has also been re-elected to a sixth consecutive three-year term to serve on the Board of Directors and Executive Committee of the Brussels-based European Banking and Financial Services Training Association (EBTN) for 2026-2028. He holds an MBA (Bangor), MA Marketing (Melit.) and BA (Hons) Business Management (Melit.). He is also a Chartered Banker, Chartered Marketer and Fellow of both the London Institute of Banking and Finance and Chartered Banker Institute (UK). Mr Calleya is a peer reviewer with MFHEA and has been working with the Authority for a number of years, forming part of panels in several audits.

Student Reviewer:

Mia Brzakovic is an Investment Analyst at Atlantic Bridge, where she focuses on deeptech investments and supports portfolio companies with strategic growth and commercialisation. She holds a First-Class Honours BA, BAi and MAI degrees in Biomedical Engineering from Trinity College Dublin. During her time at Trinity, she was active in the Students' Union, serving as Engineering Representative and Engineering School Convenor, and participated in societies such as the Trinity Entrepreneurial Society, DU Consultancy, and Trinity Engineering Society. Since 2021, Mia has been a member of the European Students' Union (ESU) Quality Assurance Experts Pool, contributing to education evaluations across Europe. So far, she has collaborated with agencies such as the MFHEA in Malta, the FINEEC in Finland, and the SKVC in Lithuania. Through this work, she developed expertise in quality assurance, performance assessment, and enhancing educational standards at a European level.

Digital Reviewer:

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