

ENQA AGENCY REVIEW

MALTA FURTHER AND HIGHER EDUCATION AUTHORITY (MFHEA)

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EXECUTIVE SUMMARY

The Malta Further and Higher Education Authority (MFHEA) was reviewed against the ESG following the methodology described in the Guidelines for ENQA Agency Reviews. The purpose of the review was ENQA membership application. The review took place in March 2023 until January 2024 including the dates of visit. The review has been commissioned to provide information for the ENQA Board's decision on the agency's membership in ENQA, and to support the agency's application for its registration in EQAR.

The MFHEA traces its roots to 2005 when the Malta Qualifications Council (MQC) was established to oversee the development of the National Qualifications Framework (NQF) in the context of lifelong learning. In 2006 the National Commission for Higher Education (NCHE) was set up as a consultative and advisory body to the national government on the sustainability of further and higher education. In 2010, MQC was merged administratively with the NCHE and the two functioned as a single organisation (NCHE-MQC) until the creation of the National Commission for Further and Higher Education (NCFHE).

In 2012 the NCFHE was established by Article 64 of the Education Act (Chapter 327) to absorb the functions of the MQC and the NCHE and to promote the development of further and higher education in Malta through regulation and identification of best practices. The NCFHE underwent re-establishment as the MFHEA in 2021.

The agency's mission is to foster the development and achievement of excellence in further and higher education in Malta through research, effective licensing, accreditation, quality assurance and recognition of qualifications established under the Malta Qualifications Framework. The key activities of the agency are accreditation to further and higher educational institutions; accreditation to programmes or courses of studies at further and higher education levels; quality assurance of both educational institutions and programmes or courses; recognition of obtained national or international qualifications as well as prospective qualifications; validation of informal and non-formal learning and research and policy recommendation on issues related to further and higher education.

The review results show that the agency is regarded by external stakeholders as a competent quality assurance agency and enjoys a good level of satisfaction among staff, higher education institutions and reviewers. The agency has demonstrated a high level of communication culture with stakeholders involved in its activities.

Nevertheless, the panel during the review process identified some challenges and key areas for further development.

The panel considers that the agency should reflect on the way how the agency is structured. The HEI and HE provisions in MQF levels 5-8 so that QA in the remit of ESG is not clearly identified and separated from those under MQF level 5.

Another challenge is addressing in depth of IQA system efficiency and effectiveness within EQA activities to minimise ambiguity and ensure comprehensive coverage of necessary standards for safeguarding quality of higher education.

The panel finds that the agency should revise its approach and ensure that the outcomes for each EQA activity of the agency in the scope of the ESG are made public and that all the reports are published together with the decisions.

In light of the presented evidence in the review report, the panel finds the agency is compliant with the following standards of the ESG:

- ESG 3.1 Activities, policies and procedures for quality assurance
- ESG 3.2 Official status
- ESG 3.3 Independence
- ESG 3.4. Thematic analysis
- ESG 3.5 Resources
- ESG 3.6 Internal quality assurance and professional conduct
- ESG 3.7 Cyclical external review of agencies
- ESG 2.7 Complaints and appeals.

According to the judgement of the panel, the agency is found to be partially compliant with the following ESG standards:

- ESG 2.1 Consideration of internal quality assurance
- ESG 2.2 Designing methodologies fit for purpose
- ESG 2.3 Implementing processes
- ESG 2.4 Peer review experts
- ESG 2.5. Criteria for outcomes
- ESG 2.6 Reporting

Based on the agency compliance with the ESG standards presented above and based on the review panel's analysis provided in this report, the review panel considers that in spite of being compliant with ESG Part 3: Standards and guidelines for quality assurance, the agency doesn't demonstrate compliance with ESG Part 2: Standards and Guidelines for external quality assurance, except for, ESG 2.7. Complaints and appeals, and thus is partially compliant with the ESG.

INTRODUCTION

This report analyses the compliance of Malta Further and Higher Education Authority (MFHEA) with the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG). It is based on an external review conducted in March 2023 until January 2024. The review has been commissioned to provide information for the ENQA Board's decision on the agency's membership in ENQA, and to support the agency's application for its registration in EQAR.

MFHEA's predecessor organisation was the National Commission for Further and Higher Education (NCFHE) which was founded in 2012 and affiliated to ENQA in 2014. The NCFHE was re-established as the MFHEA in 2021 by the Further and Higher Education Act Chapter 607. The MFHEA is responsible for setting the strategic direction for further and higher education in Malta and to ensure quality in education in accordance with national, international, and European standards and guidelines. This includes accreditation and quality assurance of educational institutions and programmes.

BACKGROUND OF THE REVIEW AND OUTLINE OF THE REVIEW PROCESS

BACKGROUND OF THE REVIEW

ENQA's regulations require all member agencies to undergo an external cyclical review, at least once every five years, to verify that they act in compliance with the ESG as adopted at the Yerevan ministerial conference of the Bologna Process in 2015.

As this is MFHEA's first external review for full ENQA membership, the panel is expected to pay particular attention to the policies, procedures, and criteria in place, being aware that full evidence of concrete results in all areas may not be available at this stage.

SCOPE OF THE REVIEW

This review will analyse all the agency's activities that fall within the scope of the ESG. All activities are reviewed irrespective of geographic scope (within or outside the EHEA) or whether they are obligatory or voluntary in nature. The following activities of MFHEA that will be addressed in the external review (ToR):

- Licensing of further and higher education institutions in Malta*;
- Accreditation of home-grown programmes offered by licensed institutions;
- Recognition of foreign programmes and qualifications which are pegged to the European Qualifications Framework**
- Guidance and review of institutional IQA procedures;
- External quality assurance audits.

The following activities of MFHEA are outside the scope of the ESG and are not relevant for the application for this external review:

- Recognition of foreign programmes and qualifications which are pegged to the European Qualifications Framework;
- Mutual recognition of professions and EU Affairs Office;
- Research and Policy Unit;
- Malta Qualifications Recognition Information Centre (MQRIC);
- Validation of non-formal and informal learning.

*The activities of the *Legal and Compliance Unit* within the MFHEA is a form of risk assessment investigation (see clarification of 27/04/2023) related to the licensing of further and higher education

institutions. The agency checks that the licensed educational provider (university, higher education institution, further and higher education institution, further education institution, further education centre and tuition centre) adheres and operates according to its licence, laws, and regulations. For instance, it checks whether the information offered about the institution and its educational programmes are accurate and not misleading. It does not address teaching and learning in higher education. The activity is outside the scope of the ESG, though the external review of MFHEA should address the way in which the agency prevents conflicts of interests in carrying out this activity.

**Recognition of foreign programmes and qualifications which are pegged to the European Qualifications Framework are not EQA activities but are related to the QA activities carried out by the agency. The panel understands this activity as related to programme accreditation when a programme has been accredited by another agency. The MQRIC, which is also the ENIC/NARIC centre of Malta, will confirm that this is accredited and confirm the EQF/MQF level of the programme.

The activity *Selection process to ensure the independence and competence of evaluators and reviewers as well as initial training and continuous professional development of the same* is not an external QA activity in itself but addresses aspects that are transversal to the agency's quality assurance activities in relation to peer-reviewers (ESG 2.4) and are therefore considered as part of the agency's application for inclusion on EQAR.

REVIEW PROCESS

The 2023 external review of MFHEA was conducted in line with the process described in the *Guidelines for ENQA Agency Reviews* and in accordance with the timeline set out in the Terms of Reference. The panel for the external review of MFHEA was appointed by ENQA and composed of the following members:

- Tatjana Volkova (Chair), Professor, BA School of Business and Finance, Latvia, academic (EUA nominee);
- Luna Lee Solheim (Secretary), Senior Adviser at Norwegian Agency for Quality Assurance in Education (NOKUT), Norway, QA professional (ENQA nominee);
- Alberto Cioffi, former Head of Unit at National Agency for the Evaluation of Universities and Research Institute (ANVUR), Italy, Panel member, QA professional (ENQA nominee);
- Alexandra-Simona Zamfir, PhD student in medicine, "Grigore T. Popa" University of Medicine and Pharmacy Iasi, Pulmonology Resident at Iasi Hospital of Pneumology, Romania, Panel member, student (ESU nominee, Member of the European Students' Union Quality Assurance Student Experts Pool).

Goran Dakovic, ENQA Head of Agency Reviews, acted as the review coordinator.

Luis Miranda, ENQA Project Officer, shadowed the external review of MFHEA and was present to observe the meetings during the site visit as part of his training for his position in ENQA.

MFHEA produced a self-assessment report (SAR) on 24 July 2023 that provided the basis for the work of the review panel. Prior to receiving the document, the review panel was briefed and prepared by the ENQA review coordinator and by a representative from EQAR (4 July 2023). On 25 August 2023 the panel met again online to discuss the SAR and any additional need for clarification and further information.

The additional information was provided by the agency on 27 September 2023 and an online clarification meeting with the agency took place on 3 October 2023. The panel met again on 10

October 2023 for the review panel's pre-visit meeting and preparations for the site visit. On the same day, a pre-visit meeting with the CEO and the agency's resource person took place, to provide for clarification of remaining questions. The site visit was then carried out onsite 11-13 October 2023 in Malta. The overall purpose of the site visit was to interview members of the agency and relevant stakeholders, examine and triangulate the information provided in the SAR, and to check for any remaining evidence needed for the panel's work. The review panel provided the report based on the SAR, additionally requested documents, explanation from the clarification meetings, information collected during the site visit and evidence obtained from other resources such as the MFHEA's website. The panel drafted the report in the months of October and November and was sent to MFHEA for factual verification on 27 November 2023. The agency was given two weeks to comment on the factual accuracy of the report. The final review report was submitted to ENQA in December 2023.

The panel had various internal discussions during the site visit and the drafting of the report, and all decisions were taken by consensus.

Self-assessment report

MFHEA's predecessor organisation (the NCFHE) was an affiliated member to ENQA since 2014. In 2019, upon becoming the MFHEA, it was decided that an application for ENQA membership should be submitted. It was anticipated that the process would be initiated in 2020, however the Covid-19 pandemic disrupted plans for the transition from NCFHE to MFHEA and for the application process. The application for ENQA membership was therefore rescheduled for 2022.

The MFHEA's self-assessment report (SAR) was developed by a team established in 2022. The core working group consisted of five senior members of staff which included the CEO of the MFHEA, the Head of the Accreditation, Quality Assurance and Validation Unit, the Head of the Legal and Compliance Unit, the Senior Manager for Corporate Services and the Communications Manager. The members of the working group were given responsibility for different aspects of the report which they were commissioned to work on with their respective teams.

A SWOT analysis was conducted during the first week of March 2023 and gave further detailed insights of the MFHEA. Throughout this process the working group members and their supporting teams explored the strengths, weaknesses, opportunities, and threats attached to each ESG standard, practice, procedure, and the quality assurance activity they are responsible for. This was a solution driven exercise whereby an action plan and timeline were drawn up for each identification made.

The exercise was furthermore extended to external stakeholders through a consultation exercise conducted also in March 2023 with the Advisory Committee which includes representatives of providers, students, policy makers and other social partners. Further details on the outcomes of the Internal Stakeholder Perspectives on Quality Assurance and the SWOT analysis, such key challenges and areas for future development and recommendations to the agency, are found in part 9 of the SAR.

Once all the internal and external data, literature and feedback were compiled, the agency started drafting the SAR. As mentioned above, different sections of the SAR were assigned to different members of the MFHEA staff for drafting according to their areas of expertise and practice. A core team was then given responsibility to merge the different sections of the document and to ensure the report was consistent and exhaustive. Once the final draft was prepared the report was distributed to the MFHEA staff for final feedback and comments. The final version of the SAR was sent to the review panel on 28 June 2023.

The SAR contained information on:

- Legislation and regulatory documents
- Structure, financing, and development of human resources
- Higher education and quality assurance in higher education in Malta in the context of MFHEA
- How MFHEA meets the ESG part II and III
- SWOT analysis
- Key challenges and areas for further development
- National Quality Assurance Framework (NQAF) for Further and Higher Education, including online/blended learning
- EQA Manual of Procedures and guidelines.

The panel wishes to note that the SAR was not exhaustive in describing how the agency meets the ESG standards 2.1-2.7 and 3.1, 3.3, 3.4, 3.5. and 3.6, therefore further clarification and additional documentation were required to support the SAR. This was conducted in line with ENQA's guidelines for agency reviews. MFHEA provided the panel with the supplementary information well in time, i.e., on 28 September, and then also on 9, 11, 12 and 13 October 2023.

Site visit

The first draft programme for the site visit was sent to MFHEA on 10 July 2023, after the panel agreed on it at their meeting on 4 July 2023. The programme was finalised on 28 July 2023 in cooperation with MFHEA contact person and the secretary of the panel. An updated version was provided by MFHEA on 10 October 2023.

The programme for the site visit included interview sessions with the CEO and the Chair of the MFHEA Board, as well as members of the Board, Quality Assurance Committee and Advisory Committee, representatives from the Senior Management team, key staff of the agency in charge of EQA activities and officers from the Accreditation, Quality Assurance and Validation Unit. The panel met with representatives from the reviewers' pool, and various stakeholders, including a representative of the Ministry, Student University Council, Heads of HEIs, quality assurance officers of HEIs, Chambers of SMEs and Chamber of Commerce to mention some. See Annex I for the programme of the site visit.

The contact person from MFHEA and the staff of the agency demonstrated significant professionalism during the entire review process and provided necessary assistance to the panel regarding all matters. The panel would like to thank the team of MFHEA for the practical organisation of the site visit. At the end of the site visit, the panel met with the CEO, the chair, members of the Board of MFHEA and head of Accreditation, Quality Assurance and Validation Unit where it presented preliminary findings relating to the standards of Part 2 and 3 of the ESG.

HIGHER EDUCATION AND QUALITY ASSURANCE SYSTEM OF THE AGENCY

HIGHER EDUCATION SYSTEM

The Maltese higher education system comprises of several institutions (see table 2 below) which are public or privately owned and which offer home-grown or third-party qualifications at EQF/ISCED¹ level 5-8 on the Malta Qualifications Framework (MQF).

¹ [The European Qualifications Framework \(EQF\) | Europass](#) and [International Standard Classification of Education \(ISCED\) - Statistics Explained \(europa.eu\)](#)

The general legal framework for the system of higher education in Malta are based on the following legal documents:

- The Education Act (Chapter 327)²
- Further and Higher Education Act (Chapter 607)³
- Further and Higher Education (Licensing, Accreditation and Quality Assurance Regulations (Subsidiary Legislation 607.03)⁴
- The National Strategy Action Plan for Further and Higher Education 2022-2030 (December 2022)⁵
- Malta Qualifications Framework
- The National Quality Assurance Framework for Further and Higher Education (NQAF) (July 2015)
- The NQAF Standards amended to also cover Online/Blended Learning (2017).

The MQF is a referencing tool that helps to describe and compare the knowledge, skills and competences obtained through qualifications. The MQF applies to all qualifications irrespective of whether they arise from academic or vocational education; formal, informal, and non-formal learning, thereby promoting quality, transparency, and mobility of qualifications.

Table 1: Malta Qualification Framework (SAR, link to the Referencing report)

8	Doctoral Degree	
7	Master's Degree Post-graduate Diploma Post-graduate Certificate	
6	Bachelor's Degree	
5	Undergraduate Diploma Undergraduate Certificate	VET Higher Diploma Foundation Degree

Degree structure in Malta:

Bachelor 3-5 years (first cycle)

Master 1-2 years (second cycle)

Doctorate (PhD) 3 years (third cycle).

Entry into first-cycle higher education programmes (MQF level 5 or 6) generally requires a qualification at MQF level 4 while entry into second and third cycle (MQF level 7 and 8) programmes generally require a first and/or second cycle degree respectively. Some programmes allow maturity clauses for persons over a certain age threshold who demonstrate the aptitude to follow the course with success (Eurydice⁶).

Higher education institutions in Malta

There are three categories of HEIs licensed in Malta:

² <https://legislation.mt/eli/cap/327/eng>

³ <https://legislation.mt/eli/cap/607/eng>

⁴ <https://legislation.mt/eli/sl/607.3/eng>

⁵ meae.gov.mt/en/Public_Consultations/MEDE/Documents/MFHEA_National_Strategic_Plan_2030.pdf

⁶ [Higher education \(europa.eu\)](https://higher-education.europa.eu)

- University - The MFHEA will only consider accredited higher education institutions to be eligible for University status if the criteria established article 47 (1) of Subsidiary Legislation 607.03 are met.
- Higher Education Institution - A licence as a Higher Education Institution is granted to providers who deliver programmes or modules that are self-awarded or otherwise and that have been formally accredited at Level 5 or higher of the MQF or a foreign qualification at a comparable level.
- Further and Higher Education Institution - A licence as a Further and Higher Education Institution is granted to providers who deliver programmes that are self-awarded or otherwise, which lead to qualification on the MQF classified at Levels 1 to 8 or a foreign qualification at a comparable level.

As for the academic year 2022/2023 there are 4 Universities, 60 Further and Higher Education institutions and 62 Higher Education Institutions in Malta (Additional information provided on 12 October 2023). The panel is not clear what the ratio is between public and private higher education providers as this data is not available. There are however four HEIs that are state funded, and three are also granted the self-accrediting status:

- University of Malta (UM)
- Malta College for Arts, Science and Technology (MCAST)
- Institute for Tourism Studies (ITS).

University of Malta provides programmes up to and including MQF level 8, Malta College of Science and Technology provides programmes up to and including MQF level 7 and the Institute of Tourism Studies provides programmes up to and including MQF level 5.

Table 2: Number of institutions licenced divided per category 2022/2023 (additional information)⁷

Licence category	No. of institutions
Further and Higher Education Institution	60
Higher Education Institution	62
Further Education Institution*	51
Further education Centres*	7
Tuition Centres*	5
Universities	4
Total	189

*Non-higher education: Further Education Institution (granted providers offering programmes MQF level 1-4), Further Education Institution (granted to providers delivering programmes up to level 4, Further Education Centres (granted to individual offering only foreign qualification up to level 4) and Tuitions Centres (offer courses not mapped to the MQF).

Table 3: Registered students per Academic year (SAR)

⁷ [List of Licensed Providers and Accredited Programmes - Malta Further & Higher Education Authority \(mfhea.mt\)](https://mfhea.mt)

Registered students	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022*
University	11,777	12,198	11,691	12,145	12,924
Further and Higher Education Institution	19,255	30,720	25,787	29,789	28,096
Higher Education Institution	3,120	3,630	4,656	6,502	5,306
Further Education Institution	4,516	6,514	5,169	5,796	9,867
Further Education Centre	241	247	100	80	-
Tuition Centre	-	276	144	128	-

*The data for 2021/2022 is undergoing final vetting and is subject to review.

While the students are growing for Further Education Institutions, the number of students is rather stable in universities. There is a slight decrease of registered students in Further and Higher Education Institutions and in Higher Education Institutions in 2021/2022 in comparison with 2020/2021. About 20 percent of the students enrolled in accredited courses in 2021/2022 have foreign citizenships.

QUALITY ASSURANCE

All providers of further or higher education in or from Malta require provider accreditation through a licence issued by the MFHEA. Accreditation is the formal acknowledgement of the status, legitimacy, and appropriateness of an education institution. A licence is only issued, renewed, changed, or extended if the provider complies with the provisions of the legislation (Subsidiary legislation 607.03) Further and Higher Education (Licensing, Accreditation and Quality Assurance) Regulations.

The different categories of provider licences issued by the MFHEA are: University, Higher Education Institution, Further and Higher Education Institution, Further Education Institution, Further Education Centre, and Tuition Centre.

Higher education refers to all non-compulsory formal learning or research which serves to obtain a national qualification classified at Malta Qualifications Framework (MQF) level 5 or higher. This complies with the institutional categories of University, Higher Education Institution and Further and Higher Education Institutions. These three categories of providers are the primary subject for this review and in the remit of the ESG.

Further education refers to all non-compulsory formal learning which serves to obtain a national qualification classified up to and including MQF level 4, or a foreign qualification at a comparable level. This is not in the remit of ESG nor subject to this review.

MFHEA maintains a register of accredited further and higher educational institutions in Malta, which includes detailed information of providers licensed by the agency and of those institutions that are self-accrediting.

Licensed further and higher education institutions can apply to MFHEA for accreditation of home-grown programmes. The licensed providers can also provide HE programmes that are accredited by another agency. In such cases the MFHEA by the Malta Qualification Recognition Information Centre (MQRIC) confirms the accreditation of the programme pegged to the EQF and MQF level. This is related to the activity *Recognition of foreign programmes qualifications which are pegged to the European Qualifications Framework*.

QA in Malta was strengthened through the establishment of the National Quality Assurance Framework (NQAF) for Further and Higher Education (Chapter 607, Further and Higher Education Act). This was launched in 2015, and MFHEA (predecessor organisation NCFHE) has through NQAF established parameters for a national EQA system that compliments the IQA mechanisms of further education institutions and HEIs.

The NQAF sets eleven IQA standards to guide institutions in the development of their QA policies and ensure the required standards for providers' courses and programmes.

Through the EQA audit the MFHEA reviews providers' QA procedures against these eleven standards in accordance with the External Quality Assurance Provider Audit Manual of Procedures (EQA audit manual of procedures).

The eleven standards in the NQAF encompass the standards of ESG Part 1. The NQAF standards were updated in 2017 to include online/blended learning. See the panel's assessment of ESG 2.1.

MALTA FURTHER AND HIGHER EDUCATION AUTHORITY

MFHEA, was re-established in 2021 by the Further and Higher Education Act (Chapter 607) (SAR page 16). MFHEA's predecessor, NCFHE, has been an affiliated member of ENQA since 2014. In 2019 it was decided to apply for ENQA membership, but due to the Covid-19 pandemic the application was rescheduled to 2022. The agency also took part in the SEQA-ESG⁸ project which disabled the agency from undergoing a review while the project was running until the end of November 2022.

The MFHEA traces its roots to 2005 when the Malta Qualifications Council (MQC) was established to oversee the development of the National Qualifications Framework (NQF) in the context of lifelong learning. In 2006 NCHE was set up as a consultative and advisory body to the national government on the sustainability of further and higher education. The NCHE drafted recommendations for a Further & Higher Education Strategy, and in 2010 published a Guide to Financial Support Schemes for Students in Further & Higher Education. In 2010, MQC was merged administratively with the NCHE and the two functioned as a single organisation (NCHE-MQC) until the creation of the National Commission for Further and Higher Education (NCFHE).

In 2012 the NCFHE was established by Article 64 of the Education Act (Chapter 327) to absorb the functions of the MQC and the NCHE and to promote the development of further and higher education in Malta through regulation and identification of best practices. The NCFHE underwent re-establishment as the MFHEA in 2021.

MFHEA is responsible for setting the strategic direction for further and higher education in Malta. The work of the agency is guided by its mission statement and strategic vision statement (SAR). The

⁸ [Supporting European QA Agencies in meeting the ESG \(SEQA-ESG\) • ENQA](#)

MFHEA mission is “to foster the development and achievement of excellence in further and higher education in Malta through research, effective licensing, accreditation, quality assurance and recognition of qualifications established under the Malta Qualifications Framework.” (SAR) To carry out its mission, MFHEA provides (website⁹):

- accreditation to further and higher educational institutions;
- accreditation to programmes or courses of studies at further and higher education levels;
- quality assurance of both educational institutions and programmes or courses;
- recognition of obtained national or international qualifications as well as prospective qualifications;
- validation of informal and non-formal learning;
- research and policy recommendation on issues related to further and higher education.

The MFHEA actively participates in various international organisations, such as ENQA and Bologna Follow-up group (BFUG). The agency is also represented in the following groups:

- ASEM - Asian European Education Meeting;
- National Academic Recognition Information Centres (NARIC);
- CDEDU – the MFHEA is the Malta representative on the Steering Committee for Education Practice and Policy of the Council of Europe;
- EQAVET - EQAVET aims to enhance the quality of vocational education and training programmes;
- Expert group on European Quality assurance in Vocational Education and Training;
- EQAVET National Reference Point;
- ETINED - ETINED Platform is a network of specialists appointed by member States of the Council of Europe and of States Parties to the European Cultural Convention;
- Europass – National Europass Centres - Europass offers online tools that support learners, workers and job seekers across Europe;
- European Qualifications Framework – National Coordination Points - Malta established its Malta Qualifications Framework (MQF) in 2007 and the Malta Further and Higher Education Authority (MFHEA) is the local competent authority to recognise qualifications and accredited courses against the Malta Qualifications Framework;
- ESCO Advisory Group - ESCO (European Skills, Competences, Qualifications and Occupations) is the European multilingual classification of Skills, Competences and Occupations;
- National Reference Point on Graduate Tracking and Ecorys national expert for European Graduate tracking Initiative - The Network promotes the cooperation and mutual learning of countries participating in the European Graduate Tracking Initiative;
- European Wergeland Centre: This is a resource centre on education for intercultural understanding, human rights, and democratic citizenship. The CEO was chosen to be a bureau member of this bureau, representing the Council of Europe;
- EPAN - the Education Policy Advisors Network (EPAN) was established to support education authorities in the Council of Europe member states to promote democracy and human rights in education through the use of the Reference Framework of Competences for Democratic Culture (RFCDC);
- EQA Validation;
- IMINQA - QA of micro credentials - Implementation and Innovation in QA through peer learning;

⁹ [MFHEA's Internal Quality Assurance Policy - Malta Further & Higher Education Authority](#)

- TCR Evaluation Committee;
- WG on QA of European Universities;
- Group of Coordinators (GOC) PQD The GOC meetings stem from the Professional qualifications Directive and meet regularly. It is composed of all Mutual Recognition Coordinators, EEA members and the European Commission.

In June 2023, the MFHEA was appointed an honorary member of the European Council of leading Business Schools Board and the agency was accepted as an observer member in the European Consortium for Accreditation (ECA) in June 2023.

MFHEA'S ORGANISATION/STRUCTURE

MFHEA is governed by a Board composed of six members. The chairperson is appointed following parliamentary scrutiny and approval. The board members are appointed by the Minister responsible for education for a period of 3 years and can be re-appointed at the end of their term. The members must have leadership qualities and an understanding of further and higher education within the context of the general socio-economic development. The Board includes one member representing persons with disabilities nominated by the Commission for the Rights of Persons with Disability and the chairperson of the QAC. The composition of the board is set in Further and Higher Education Act - Article 8. The panel learned that there is a parliamentary process underway to review the legislative provisions on the constitution of the MFHEA Board and to include student representation on the board. The panel was informed during the site visit that this has already been approved by the Cabinet but awaits Parliamentary decision.

Board meetings are held at least once a month, and the CEO of the agency attends the meetings as a non-voting member.

The Chief Executive Officer (CEO) is appointed by the agency through a public call and is responsible for the day-to-day running of the MFHEA. The CEO ensures the Board stays informed by providing updates and reports as needed. The agency's administration, organisation and the administrative control of its officers and employees are the responsibility of the CEO. The CEO is appointed for a three-year term and may be appointed for subsequent terms. There is no limit on the terms the CEO can be appointed.

The Quality Assurance Committee (QAC) is appointed by the MFHEA Board and currently comprises six members, including the chairperson. Members of the QAC must have a background in the education sector and in quality assurance. Efforts are also made to ensure that at least one member has experience in medical education, and another with legal background. Members of the QAC are appointed for a three-year term and they can be re-appointed for another term. The QAC is independent and autonomous in its decisions and is responsible for external quality assurance of further and higher educational institutions. QAC meetings are held at least once a month. There is a process of strengthening the QAC, changing the composition and how the QAC members are selected. These changes have already been approved by the Cabinet and are awaiting approval in the Parliament. The new composition will be as follows (additional information):

- (a) one (1) person in possession of a qualification at MQF Level 8 in the Arts sector who shall be appointed for a maximum period of three (3) years;
- (b) one (1) person in possession of a qualification at MQF Level 8 in the Science sector who shall be appointed for a maximum period of three (3) years;
- (c) one (1) person in possession of a qualification at MQF Level 8 in the Vocational Education sector who shall be appointed for a maximum period of three (3) years;
- (d) two (2) persons having expertise in Quality Assurance in Education who shall be appointed for a maximum period of four (4) years;

- (e) a lawyer who has the necessary experience and qualities according to law to be appointed as a magistrate who shall be appointed for a maximum period of three (3) years;
- (f) one (1) person from the Medical sector or ancillary professions who shall be appointed for a maximum period of three (3) years;
- (g) two (2) students who are following a full programme of studies leading to a qualification at MQF Level 7 or higher and who shall occupy the role for a maximum period of two (2) years.

The aforementioned qualities will ensure that the QAC possesses a diverse range of attributes, encompassing various disciplines and individuals with expertise in Quality Assurance. A lawyer with a degree of experience is also included to ensure that at least one QAC member has legal expertise and can ensure proper adherence to the procedures. Two students must also be appointed. The student members will represent over 20% of the committee.

The Advisory Committee provides a forum for consultation with stakeholders and meets at least twice a year. This Committee is chaired by the Chairperson of the MFHEA Board or the CEO (see ESG 3.3). The Advisory Committee is composed of elected representatives of private further education institutions, elected representatives of private higher education institutions, student representatives, representatives of civil society, the business community and trade unions which represent the majority of employees in the further and higher education sector. The Committee also includes representatives from the three main self-accrediting institutions in Malta, namely University of Malta, the Institute for Tourism Studies and the Malta College for Arts Science and Technology. The Advisory Committee is currently made up of eight representatives and two elected members (from the Further and Higher education sectors and represent the private providers). The elected members have to stand for election every two years.

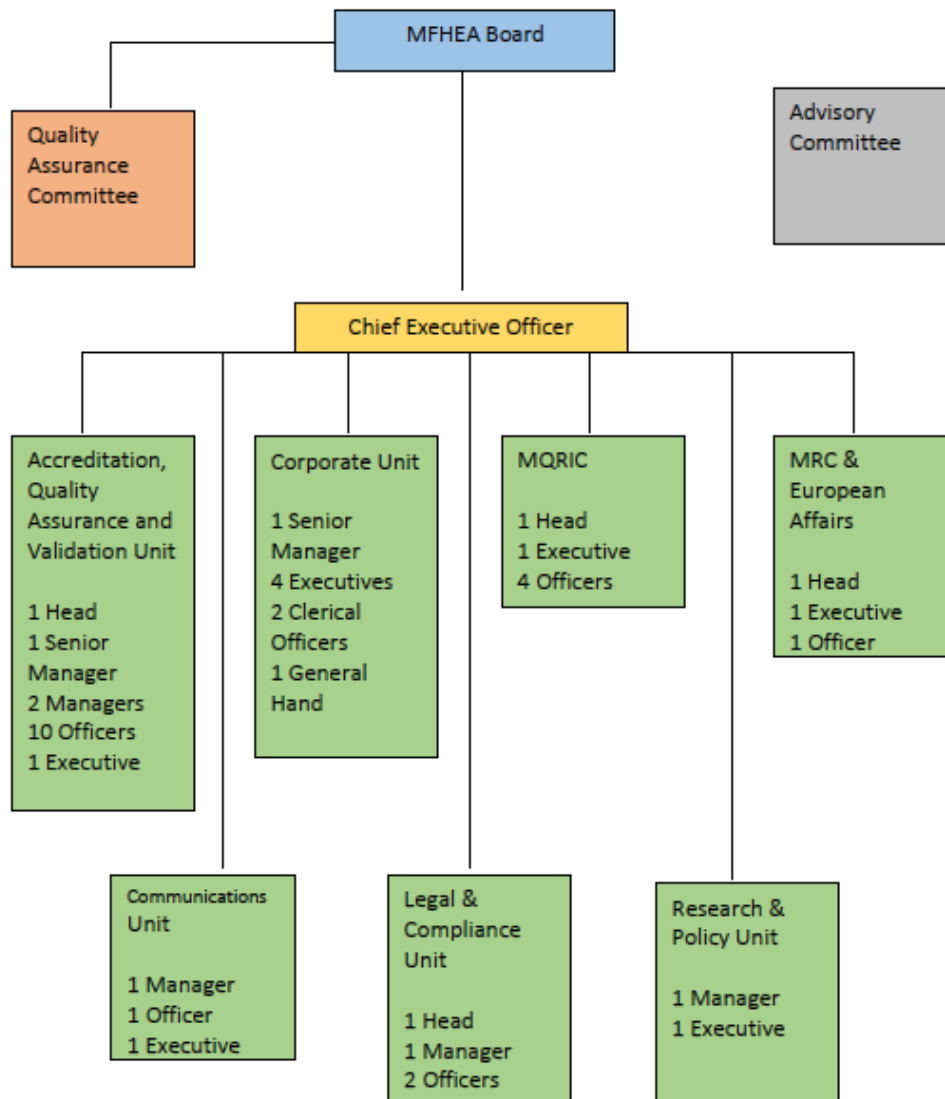


Figure 1: Organisation chart (SAR)

The MFHEA has experienced steady growth over the last five years. In 2019, it employed 35 full time staff members, gradually increasing to the current 42 full time staff members. This growth has consolidated various units and allowed the MFHEA to strengthen and improve its work. In 2019, a Communications Unit was re-established when the Communications Manager joined the NCFHE. In 2020 a communications executive joined the unit and in 2021, the Communications Unit welcomed an officer as part of the team.

In 2021, a Legal and Compliance Unit was established, composed of 4 staff members, primarily to safeguard students' interests and checks that the licensed educational provider (university, higher education institution, further and higher education institution, further education institution, further education centre and tuition centre) adheres and operates according to its licence, laws, and regulations. See Scope of the review.

The MQRIC acts as Malta's ENIC-NARIC centre and is responsible for the recognition of foreign programmes and qualifications which are pegged to the EQF. If the agency receives an application for programme accreditation of programmes accredited by another agency, MQRIC will confirm if this is accredited and the EQF/MQF level of the programme.

MFHEA'S FUNCTIONS, ACTIVITIES, PROCEDURES

MFHEA's main activities on External Quality Assurance of Higher Education are:

- Licencing of Further and Higher Education Institutions (Provider Accreditation)
- Accreditation of home-grown programmes offered by licensed institutions (Programme Accreditation)
- External Quality Assurance Audits (Audits).

Provider Accreditation (Licencing)

The panel will use provider accreditation when referring to this accreditation activity throughout this report, except when referring to formal documents and the legislation. Provider accreditation is the formal acknowledgement, issued by the MFHEA, of the status, legitimacy, and appropriateness of an education institution. Institutions are requested to submit amongst other documents an Internal Quality Assurance document which addresses all the eleven standards outlined in the National Quality Assurance Framework for Further and Higher Education. Simultaneously, providers must also submit a home-grown programme for accreditation or offer recognised programmes by foreign agencies along with the licence application. Provider accreditation signifies that the institution has met the eleven standards and guidelines as established by the MFHEA. Accredited provider education institutions can offer both foreign accredited programmes and/or create their own programmes (home-grown) and accredit them through MFHEA.

There are two types of provider accreditation: provider accreditation for university status and provider accreditation for HEI. HEIs applying for university status must fulfil the criteria outlined in Article 47 of the Subsidiary Legislation 607.03.

There is also a process for an accredited provider to apply for self-accreditation. HEI has a track record of accreditation and quality audits in at least two consecutive external quality audits with respect to those types of programmes for which self-accrediting provider status is to apply. The agency has currently one pending application for self-accreditation (based on additional information received during the visit).

Provider re-accreditation is described in the SAR. This refers to the EQA audit. The agency sends a letter to education institutions 5 years after provider accreditation informing that an EQA audit will be held by the agency in terms of Subsidiary Legislation 607.03.

Programme Accreditation (of home-grown programmes and with foreign accreditation)

Programmes are deemed to be 'accredited' when assessed by the MFHEA and pegged to the MQF. HEIs without self-accreditation rights must submit their prospective programmes to the MFHEA for accreditation.

This accreditation process can undergo a maximum of three cycles of amendments and revisions until the programme either fails or passes accreditation. The same process applies to the re-accreditation of existing programmes if a revision is proposed by the provider.

MQRIC is responsible for the Recognition of foreign programmes and qualifications which are pegged to the European Qualifications Framework. If the accreditation of a programme by other (foreign) agencies is confirmed by MQRIC, there will not be an accreditation process as described above.

Online program accreditation requires submission of application to the agency. The process mirrors that of programme accreditation with the three cycles. There is a guideline for online providers with eight domains and the NQAF standards have been updated to include online/blended learning. A digital reviewer is appointed to assess eight domains according to which the assessment is delivered: Leadership and management, Staffing Profile and Professional Development, Review and

Improvement, Resources, Student Information, Experience, and Support, Assessment and Integrity, Learning Outcomes, Curriculum Design according to the Guidelines for quality assurance for online providers. This process is different from programme and provider accreditation. (See SAR 5.1.4.)

Re-accreditation of programmes

A provider can submit proposed changes to an already home-grown accredited programme to the Re-Accreditation Committee which is established by QAC. The members of the re-accreditation Committee are the CEO, the Head of Accreditation, Quality Assurance and Validation Unit and the Manager of Accreditation. The Re-accreditation Committee assesses the changes as major or minor in line with the published guidelines for providers. In case when a program requires to go through re-accreditation, then the procedure for accrediting home-grown programs applies (see programme accreditation above).

External Quality Assurance Audit

The EQA audit process reflects the ESG and consists of eleven standards. It is an evidence-based process which involves critical assessment of current institutional systems and processes in terms of the NQAF. A follow-up is conducted after the EQA audit. One year after the publication of the EQA audit report, the HEI is requested to submit a follow up report outlining the take-up and implementation of the outcomes. The EQA audit is conducted every five years from when the institution has been licensed.

The provider and programme accreditation, as well as EQA activities in the remit of ESG are primarily carried out by the Accreditation, Quality Assurance and Validation Unit. MFHEA requires a specific process for online learning providers and programmes that are offered online must be submitted for evaluation in terms of the Guidelines for Quality Assurance for Online Learning Providers (published in 2021).

Other related activities

The Guidance and review of institutional IQA procedures and Selection process to ensure the independence and competence of Evaluators and Reviewers as well as initial training and continuous professional development of the same are not external QA activities themselves. Instead, they are integral components of the agency's QA activities. This also applies to *Guidance and review of institutional IQA procedures*. The agency provides guidance to the providers by evaluation of their IQA documents at the licensing stage/programme accreditation.

The agency is currently developing programme audits, and a pilot project was conducted in 2022 where programmes offered by the American University of Malta were audited. The MFHEA will be publishing revised programme audit procedures by the end of 2023, following a consultation process with providers and internal stakeholders. This is a commitment of the MFHEA and one of the targets of the National Strategic Action Plan for Further and Higher Education 2022-2030 (SAR Key Challenges).

Activities outside the scope of the ESG

MFHEA also conducts licensing, audit of providers and programme accreditation of provisions of MQF level 4 and lower. These are non-ESG activities, but they are not clearly differentiated from the activities related to higher education. These activities are also carried out by the Accreditation, Quality Assurance and Validation Unit.

Validation of non-formal and informal learning is also under the responsibility of the Accreditation, Quality Assurance and Validation Unit. During the site visit it was explained that this activity was introduced with the new law establishing national skills. There are centres assessing applicants for

trade testing to acquire a skills card. MFHEA validates (recognises) this experience, i.e., they are defining the procedure, but not the content of the testing. The agency does not receive many cases for validation. Validation of non-formal and informal learning activities are placed under the responsibility of the other units at MFHEA. The MRC and EU Affairs Unit handle the Mutual recognition of professions and EU affairs, while the MQRIC Office serves as the Malta Qualification Recognition Information Centre, responsible for Recognition of foreign programmes in qualification pegged to the EQF.

The Research and Policy Unit ensures the agency’s responsibilities in terms of the Education Act “to undertake research to guide policy development and standards that live up to and guide the growth and changes in the sector”. The unit serves as the National Coordination Point for the EQF in Malta. In collaboration with the Statistics Office, the unit compiles annual statistical surveys based on data from licensed providers and covers all further and higher education students and graduates in each academic year. The unit is also responsible for the Malta Qualification Database.

MFHEA’S FUNDING

MFHEA’s usual funding derives from different sources: the primary source is government funds to which are added EU reimbursements, income from licensing/provider accreditation and programme accreditation, income from MQRIC and income from EQA audits.

In the first quarter of 2023 the MFHEA generated EUR 265,337 from income generated from its own operations. According to the SAR the agency has also received EUR 300,000 from the government subsidy so far this year, which will amount in total to EUR 1,200,000 when the year 2023 is over. With the government funds of 1,200,000 plus the income from the agency’s own operation, the agency’s income is projected to be a total of EUR 2,010,000 for 2023 (see table 4 below).

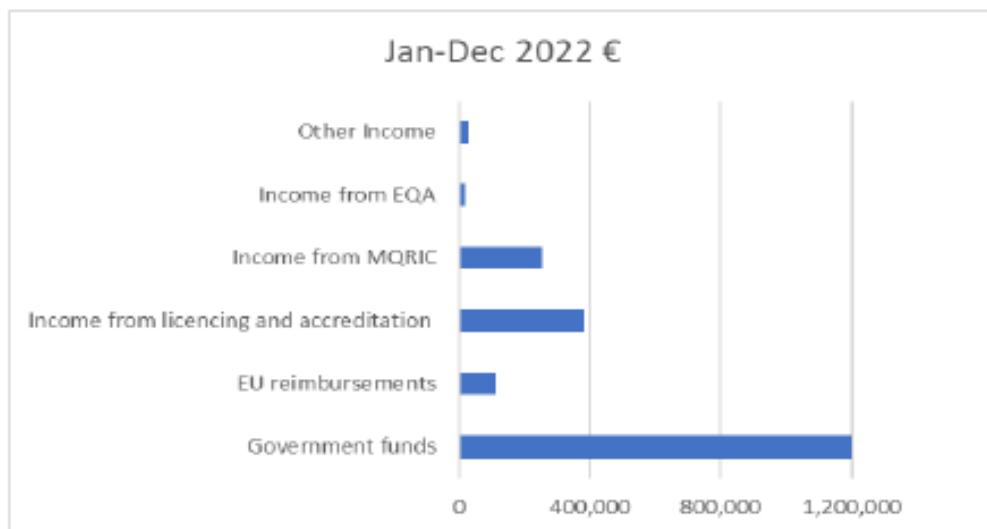


Figure 2: Funds and income 2022 January to December 2022

The SAR shows that in 2022 the MFHEA received Eur1,200,000 from government funds, it also received EUR 108,994 from EU Reimbursements and it generated EUR 686,571 as income from its own operations. This was divided into EUR 385,296 from licencing and accreditation, EUR 256,866 from MQRIC services, EUR 15,241 from External Quality Audits and EUR 29,168 from other income. The numbers in the SAR give a total income of EUR 1,995,565 while the information from the additional information gives a total of EUR 2,013,065, which does not correlate. The table below shows a status and projection of MFHEA’s income and expenditure for 2022 to 2026 from the additional

information. The projection for 2023 and the coming years shows a decrease in income. This requires close attention by management. The agency has to perform many activities requiring necessary funding, and a decrease in funding may be a threat to the quality of the agency's work.

Table 4: Income and expenditure in euro for 2022-2026*

	2022	2023 (proj.)	2024 (proj.)	2025 (proj.)	2026 (proj.)
Total income	€ 2 013 066	€ 2 010 000	€ 2 005 000	€ 2 005 000	€ 2 005 000
Total expenses	€ 2 194 656	€ 2 138 364	€ 2 227 389	€ 2 323 120	€ 2 322 788
Difference	-181 590	-128 364	-222 389	-318 120	-317 788

*additional information provided 28 September 2023 and amended after further clarification.

FINDINGS: COMPLIANCE OF MFHEA WITH THE STANDARDS AND GUIDELINES FOR QUALITY ASSURANCE IN THE EUROPEAN HIGHER EDUCATION AREA (ESG)

ESG PART 3: QUALITY ASSURANCE AGENCIES

ESG 3.1 ACTIVITIES, POLICY, AND PROCESSES FOR QUALITY ASSURANCE

Standard:

Agencies should undertake external quality assurance activities as defined in Part 2 of the ESG on a regular basis. They should have clear and explicit goals and objectives that are part of their publicly available mission statement. These should translate into the daily work of the agency. Agencies should ensure the involvement of stakeholders in their governance and work.

Evidence

The Further and Higher Education Act (Chapter 607) and the Subsidiary Legislation 607.03 on Further and Higher Education (Licensing, Accreditation and Quality Assurance) Regulations define that these regulations apply to all providing or seeking to provide further and higher education in Malta.

The requirements for licensing of providers (Part II) and Accreditation and Quality Assurance (Part IV) are laid out in the Subsidiary Legislation 607.03. The aims and objectives of the Commission¹⁰ (MFHEA) are also stated in the same legislation:

- (a) to safeguard the quality of further and higher education within the economic, social and cultural context of Malta, taking into account the wider international dimension of further and higher education;
- (b) to encourage and help providers in Malta to use appropriate quality assurance measures as a means of improving the quality of teaching and learning in further and higher education;
- (c) to stimulate the general raising of standards in the provision of further and higher education; and
- (d) to stimulate a mutual exchange of information across borders on quality assurance and accreditation in further and higher education and to encourage cooperation between providers.

The Commission (MFHEA) shall have the following powers and functions (Article 34):

- (a) to make and publish a mission statement regarding its accreditation and quality assurance functions, which statement shall contain the following:
 - (i) explicit goals and objectives of its accreditation and quality assurance processes;
 - (ii) the division of labour with relevant stakeholders in further or higher education;
 - (iii) an assertion that quality assurance and accreditation are its major activities; and

¹⁰ The Legislation refers to the *Commission*, The National Commission for further and Higher Education, which is the predecessor of MFHEA.

- (iv) an assertion that there exists a systematic approach to achieving its goals and objectives; [...]
- (e) to make and publish guidelines on the procedures for applying for and conducting quality audits and accreditation processes, including time schedules, deadlines and other conditions;
- (f) to be rigorous, fair, and consistent in decision-making.
- (g) to be transparent in its operations and publish and make officially available policies, procedures, processes, guidelines and criteria [...]

The subsidiary legislation Section 37. (1) explicitly defines the form of EQA activities MFHEA shall provide:

- (a) a provider quality audit conducted for the purpose of first-time provider accreditation of providers;
- (b) a programme quality audit conducted for the purpose of first-time accreditation of programmes; and
- (c) periodic provider and programme quality audits for licences granted under regulation 9(1)(a) to (d)¹¹ conducted for the purpose of confirming or revoking the accreditation previously granted under these regulations;
- (d) periodic provider quality audits for licences ordered under regulation 9(1)(e)¹² shall also include an audit of programmes on offer as listed in the licence conditions.

Periodic QA is included in the Subsidiary Legislation Section 38 (1) Providers shall undergo periodic provider and programme quality audits, as provided in regulation 37(1)(c), every five years.

In March 2021, the agency published a National Action plan for Quality Assurance Development, identifying priority areas and objectives for the activities of the agency. The plan outlines the agency's responsibility to increase policy monitoring and evaluation, as well as to sustain quality standards in further and higher education provision offered in and from Malta. During 2022, the agency led the drafting of the National Strategic Action Plan for Further and Higher Education 2022-2030. The different units at the agency are responsible for developing an annual QA planning and review process for their departments based on the specific set of goals in relation to the national action plan. The panel was provided with the agency's Strategy & Action Plan 2023 specifying the guiding values of the MFHEA such as independence, integrity, compliance with laws, regulation and standards, competence and professional development, continuous development, and stakeholder focus, to ensure the quality of their activities. The Strategy and Action Plan 2023 identifies the main challenges and includes specific action plans for each MFHEA unit.

The agency mission is “to foster the development and achievement of excellence in further and higher education in Malta through research, effective licensing, accreditation, quality assurance, and recognition of qualifications established under the Malta Qualifications Framework” and is publicly available under website section 'About us' in the subsection 'Overview’.

The agency conducts three main EQA activities. These are provider accreditation, programme accreditation and EQA audit. The number of these activities for 2018 – 2022 is presented in table 5 and more detailed for 2021 – 2022 in table 5a.

¹¹ (a) University, (b) HEI, (c) Further education institution, (d) Further education centre (not HE)

¹² Not higher education

Table 5: EQA activities 2018 - 2022 (SAR)

EQA Activity	2018	2019	2020	2021	2022
Provider Accreditation	32	25	19	18	19
Programme Accreditation	140	130	191	223	187
EQA Audit	1	7	13	13	13

Table 5a: EQA activities 2021 – 2022 (detailed after clarification)

EQA activity	Outcome	Year	
		2021*	2022**
Provider accreditation	Total applications received. *(This data includes applications that were both received during 2021 and those carried forward from previous years) **(This data includes applications that were both received during 2022 and those carried forward from previous years)	HEI: 30 Other: 31	HEI: 30 Other: 41
	Positive decision	HEI: 10 Other: 8	HEI: 11 Other: 8
	Negative decision	HEI:0 Other: 0	HEI:1 Other: 0
	Withdrawn	HEI:1 Other: 4	HEI:2 Other: 3
Programme accreditation	Total applications received	HEI – (programme from MQF Level 5-8): 171 Other- (programme from MQF Level 1-4): 87	HEI – (programme from MQF Level 5-8): 142 Other- (programme from MQF Level 1-4): 92

	Positive decision	168	140
	Negative decision	2	2
	Withdrawn	2	1
EQA audit	Total conducted	HEI: 11 Other: 2	HEI: 10 Other: 3
	Positive	12	13
	Negative	1	0

Not all tables in the SAR provided sufficient information. Some of the tables did not differentiate accreditation and EQA audit of HEI and HE programmes, as well as providers of courses under MQF level 5. After the panel's requests, the agency provided new tables showing *No of Applications received MQF level 5-8* (programme accreditation outcomes) and *Providers full qualification (home-grown programmes) from MQF level 5 to 8* and a table showing *Providers programmes recognised/accredited by other agencies and accredited home-grown programme MQF level 5 to 8*. See table 6 below.

Table 6: Numbers of applications received MQF 5-8, 2018 - 2022 (additional information and SAR)

Programme Accreditation Outcomes	2018	2019	2020	2021	2022
Total Applications Received (Level 5,6,7,8)	118	75	113	171	142
Total Applications Finalised	155	134	212	253	206
Programme Accreditation Approved	140	130	191	223	154
Programme Accreditation Application Withdrawn	15	4	7	24	9
Programme Failed Accreditation	-	-	14	6	10
Programme Reaccreditation Approved	*	*	*	*	26
Programme Reaccreditation Application Withdrawn	*	*	*	*	1
Programme Reaccreditation Failed	*	*	*	*	-
Programme Revised for Online Learning Approved	*	*	*	*	7
Programme Revised for Online Learning Withdrawn	*	*	*	*	-
Programme Revised for Online Learning Failed	*	*	*	*	-
Total Approvals	140	130	191	223	187
Of which were Further Education Programmes	**	**	99	75	70
Of which were Higher Education Programmes	**	**	92	148	117

* There was no distinction between new and reaccredited programmes in the data collected for this period. The total includes both new and reaccredited programmes.

** Data not available.

Accreditation of online learning providers and programmes was included in the SAR. See table 6 for the number of online HEI programmes approved in 2022. Though this is a specific procedure with a dedicated guideline, this is considered part of provider and programme accreditation. The same applies for reaccreditation; if changes in a programme requires reaccreditation, the whole process for programme accreditation will be applied.

The agency also carries out other activities such as recognition of foreign programmes and qualifications which are pegged to the EQF (ENIC-NARIC) and mutual recognition of professions. Though they may assist in programme accreditation by confirming accreditation and EQF level of programmes that are accredited by another agency (see ESG 2.3), these activities are clearly distinguished from the EQA activities and are placed in its own unit (MQRIC).

The agency involves external stakeholders from different sectors in its governance and work. Members of the Board are from different backgrounds in higher education, including a representative nominated by the Commission for Persons with Disability, and a student will now also be represented in the Board. The current members of the QAC include experts who work in different areas of the higher education sector. The MFHEA has also enhanced the engagement of stakeholders through the Advisory Committee, providing a forum for consultation with stakeholders (SAR 4.1.4).

MFHEA regularly collects feedback from stakeholders (further explained in ESG 3.6). The agency takes the feedback into consideration when revisiting and updating the procedures, e.g. the new Accreditation Manual titled “EQA Provider Accreditation for HEI” which is a revised version of the EQA Provider Audit Manual of Procedures covering provider accreditation and EQA audit after 5 years of operation. All further and higher education institutions undergoing programme accreditation and EQA audits are required to complete the survey upon the completion of the process. The agency also organises initiatives to gather stakeholder feedback, such as the public consultation survey on the proposed new Accreditation Manual.

Analysis

The mission statement of the agency can be found on the web page under the section 'About us' and in the strategic plan. The aims and objectives of the agency are clearly stated in the subsidiary legislation, and the goal for its activities is further laid out in the strategic and action plan. Under the website there is publicly available information regarding what the agency is focusing on, thus highlighting key areas of activities. For better communication with stakeholders the section on the mission of the agency must be made more visible.

Additionally, and importantly, the panel learned that although the strategic plan highlights primary challenges, it lacks a detailed outline of clear and explicit goals. Overall, the panel found that there are regular EQA activities in place, following the ESG, with periodic EQA audits being conducted every five years, provider accreditation and programme accreditation.

However, the panel wishes to emphasise one important finding. The agency does not ensure a clear distinction between EQA activities they conduct in higher education and other fields of work, be it on the institutional level or the programme level. Not all the tables provided by the agency differentiate between HEI or HE programmes (MQF 5-8) and not HE programmes with courses that are MQF level 4 and lower. The agency website does contain a database of licenced, programme accreditation and reports of EQA audits. While the name of providers/institutions are listed, it is not easy to identify if it is a further and higher education provider or non-higher education provider. The agency should establish a clear distinction between higher education and non-higher education activities of the

agency. And thus, ensure clarity in communication. The terminology is not consistent in all its documents and should be reviewed. The panel also learned through the interviews that the agency is well recognised by all stakeholders including the Ministry for Education, the further and higher education institutions, among the students and the Student's Association, and representatives from industry and services.

Panel recommendations:

1. The panel urges the agency to reconsider and map all activities in a clear and comprehensive manner for better understanding of the landscape to any user of the agency's services.
2. Have a clear and accessible distinction of higher education and non-higher education activities to improve internal organisation and external communication.
3. Goals and objectives of the agency should be established explicitly and communicated clearly to assure guidance of the agency's daily work.
4. Reflect on the EQA system by reorganising the procedures thus decreasing its complexity and not to overburden the HEIs.

Panel suggestions for further improvement:

1. Review the use of terminology so that it is consistent in all its documents.

Panel conclusion: compliant

ESG 3.2 OFFICIAL STATUS

Standard:

Agencies should have an established legal basis and should be formally recognised as quality assurance agencies by competent public authorities.

Evidence

The MFHEA is an independent public agency established by law and its EQA responsibilities are clearly established by the Further and Higher Education Act. It has a well-established legal basis and is recognised as a quality assurance agency by the competent public authorities in Malta and overseas. The MFHEA is the only officially recognised agency responsible for quality assurance in further and higher education in Malta.

The National Strategic Action Plan for Further and Higher Education 2022-2030 also recognises the MFHEA as the authority responsible for the regulation and development of further and higher education in Malta. It identifies areas requiring attention to ensure the continuous development and enhancement of quality assurance in the Maltese higher education sector, including the alignment of the Agency's core procedures with the ESG.

The panel notes, however, that in certain laws and documents, references are still made to the NCFHE, the predecessor to the MFHEA. Although the Further and Higher Education Act clearly states that the MFHEA replaces the NCFHE and takes on all its rights and responsibilities, there is an ongoing process to update the nomenclature, which should be completed within the next 6 months from the writing of the SAR.

To strengthen the independence of the agency from the executive branch of government and enhance the legal framework, the Further and Higher Education Act is being revised to establish the criteria and a methodology for the selection, composition, and appointment of members of the QAC and the

Board. See section about MFHEA's organisation/structure above where the changes of the composition of members of the Board and the QAC in is described.

Analysis

The panel notes that the agency is established by Further and Higher Education Act and its mandate and tasks are further regulated in government regulations. It is the only recognised QA agency in Malta. From the meetings with the providers and stakeholders during the site visit, it was confirmed that the agency's work with EQA and its outcomes are accepted and respected.

Through the site visit interviews the panel confirmed that the role of the organisation as a QA agency is being recognised in the National Strategic Action Plan to regulate and develop further and higher education in Malta. Moreover, there is an ongoing process to change the Act and the regulations concerning MFHEA, especially the changes concerning the selection, composition, and appointment of the Board and the QAC. The panel finds these changes in the legislation important, especially with the inclusion of students in the Board and the QAC. It will strengthen the student perspective and the stakeholder representation in both the executive as well as the decision-making body of the agency.

The panel agrees that the update and revision of the Further and Higher Education Act, will provide clarity and strengthen the decision-making body of the agency. This is important for the reputation and the outcomes of the agency's EQA activities.

Panel conclusion: compliant

ESG 3.3 INDEPENDENCE

Standard:

Agencies should be independent and act autonomously. They should have full responsibility for their operations and the outcomes of those operations without third party influence.

Evidence

The MFHEA is a public agency established by The Further and Higher Education Act. The Subsidiary Legislation Chapter 607.03 refers to the Commission (NCFHE, the predecessor of MFHEA) as the competent authority for licensing, accreditation and quality assurance of providers and programmes (Article 4. (1)).

Organisational independence

The organisational independence of MFHEA is ensured by the Further and Higher Education (Licensing, Accreditation and Quality Assurance) Regulations Article 4 (3) that MFHEA shall be "sufficiently independent from government, from providers as well as from business, industry and professional associations in all their operations and decisions." and Article 34 (2):

[...] (r) to act independently, and for such purpose, to adhere to the following:

- (i) it shall have autonomous responsibility for its operations;
- (ii) it shall ensure that the conclusions and recommendations made in its reports and the outcomes of quality audits and accreditation decisions shall not be influenced by any third parties;

(iii) it shall ensure that the definition and operation of its procedures and methods, and the nomination of its external experts shall not be influenced by any third parties; and

(iv) it shall ensure that while relevant stakeholders, particularly students and academic staff, are consulted in the course of quality assurance processes, the final outcome of any quality audit or accreditation decision remains its responsibility.

MFHEA is the only officially recognised body responsible for quality assurance of further and higher education in Malta.

Operational independence

The agency has autonomous responsibility for its operation and establishing procedures ensuring operational independence. The MFHEA staff is selected, engaged, and paid by the agency. The Chairperson of the MFHEA Board undergoes parliamentary scrutiny and is questioned by a Parliamentary committee composed of members of the Government and the Opposition before being appointed. The criteria and the nomination of the Board is found in Article 8 in the Further and Higher Education Act:

Section (1) “The Board shall be composed of not less than five (5) and not more than seven (7) members who shall be appointed by the Prime Minister”.

Section (2) The Board shall be composed of the following members:

(a) up to five (5) persons who possess leadership qualities, and have an understanding of further and higher education within the context of the general socio-economic development, nominated by the Minister;

(b) one (1) person representing persons with disability nominated by the Commission for the Rights of Persons with Disability; and

(c) the Chairperson of the Quality Assurance Committee referred to in article 17.

Section (3):The Prime Minister shall nominate a Chairperson and a Deputy Chairperson from amongst the members of the Board.

Dismissal of Board members is found in Article 11 (Term of office) in the Further and Higher Education Act:

Section (3) A member of the Board may at any time be removed or suspended from office by the Prime Minister after a recommendation by the Authority on the grounds of inability to perform the functions of his office as required, either because of mental or physical illness, or for any other reason due to which the member would no longer be fit to occupy such office.

Section (4) A member of the Board may resign from his office through a letter addressed to the Prime Minister.

There will be a change in how the members are selected and the composition of the QAC, which will further strengthen the QAC. The changes, that were not yet in force during the site visit, will amend Article 17 of the Further and Higher Education Act, see in this report under MFHEA’s Organisation/Structure about the composition and appointment of the QAC. This change has already been approved by the Cabinet and awaits Parliamentary decision. The members of the QAC will continue to be appointed by the Board, but after a public call for the members. The interviewing board

will be regulated by law and will be composed of the Chairperson, the CEO (or a representative) and the Head of QA. This ensures that members of the QAC are not handpicked and that even the members of the interviewing board cannot be handpicked. Dismissal of the member of the QAC is found in Article 17 Section 10 in the Further and Higher Education Act “Any member of the Committee who has any direct or indirect interest in any matter or situation being considered by the Committee, not being an interest which disqualifies such member from remaining a member, shall disclose the nature of his interest at the first meeting of the Committee after the relevant facts have come to his knowledge [...] Where, in the opinion of the Board, the interest of the member is such as to disqualify him from remaining a Committee member, the Board may terminate his appointment as a member of the Committee”.

All decisions taken by the QAC and endorsed by the MFHEA Board are based on detailed and reasoned reviews conducted by independent peer reviewers.

The peer-reviewers are external, local, and international experts. All reviewers must sign a declaration of no conflict of interest. As a small country, MFHEA is aware of the problem of independence and takes measures to avoid any conflict of interest.

According to Further and Higher Education (Licensing, Accreditation and Quality Assurance) Regulations the procedure for EQA audits Article 39 2 b) “*it shall appoint external experts to carry out quality audits, including, as appropriate, one or more students, ensuring that such experts are chosen on the basis of their expertise and on the requirement that there arises no conflict of interest in undertaking the quality audit with respect to the provider undergoing such quality audit*”.

To mitigate any third-party influences, the MFHEA appoints foreign peer-reviewers (SAR). The agency provided a list of reviewers for programme accreditation and EQA audits for 2022 and 2023, and it was observed that many international reviewers have been appointed for these activities. There was no similar list for provider accreditation, but in the additional information the panel was provided with one licensing report (additional information attachment 20 and link to the same report on 9 October). One of the panel signatures is signed by a foreign peer-reviewer, but the date is missing.

The MFHEA is also promoting ethical culture and has in the past year published Guidelines for Ethical Practice and Research Integrity. Although directed to the providers, the document is not limited to them and is also an internal tool for self-reflection. A Code of Ethics intended to regulate MFHEA staff has also been published on the agency’s website.

Independence of formal outcomes

The final outcomes of the QA processes remain the responsibility of the agency ensuring that the conclusions and the recommendations in the reports, and the outcomes of QA audits and accreditations decisions are not influenced by any third parties (Subsidiary Legislation Chapter 607.03).

The peer-review experts submit the report to the agency, which is vetted by the MFHEA officer. The QA procedures establish that the HEI undergoing this review is asked to identify any factual errors in the report. The HEI or any other parties cannot influence the conclusions of the expert panel. The QAC reviews the report and the provider may submit its views on the report. The QAC approves the report and makes the accreditation decision. In Further and Higher Education (licensing, accreditation and quality assurance) Subsidiary Regulation 607.03 (2012) Article 4 Section 4 it is stated “In accordance with Article 69(10) of the Act, the Commission shall establish a Quality Assurance Committee to carry out its licensing, accreditation and quality assurance functions under these regulations. Decisions taken by the Quality Assurance Committee require adoption by the Commission for their validity and enforcement: Provided that reference to “the Commission” under these regulations shall be construed as reference to the Quality Assurance Committee, unless the context shall otherwise require”. The substance of the QAC decisions is adopted by the Board, and

the Board cannot enter into the reasoning behind the QAC decision. From the provided additional information the panel understands that most accreditation decisions are made by the QAC, and only provider accreditation for university status, provider re-accreditation and self-accreditation are being endorsed by the Board. See ESG 2.5 tables 8, 9 and 10 for decisions in the different accreditation procedures. However, the panel found in the SAR (6.5 ESG Standard 2.5 Criteria of outcomes) that the Board endorses the QAC's decision based on the outcomes of the EQA audit report. This is also confirmed by the information on the website following a "Cover Letter" from the Board on published EQA audit reports and decisions.

To strengthen the independence of the agency from the executive branch of government and enhance the legal framework, the Further and Higher Education Act is being revised to establish the criteria and a methodology for the selection, composition, and appointment of members of the QAC and the Board. With this revision related to the QAC and the Board, the panel believes the decision-making body of the agency will strengthen its independence and autonomy.

Analysis

Following the above stated evidence and their analysis, the panel finds that the agency operates independently, as also stipulated in the Further and Higher Education Act and the Subsidiary Legislation Chapter 607.03.

Following the directives in the Act, MFHEA has established procedures securing its operational independence. MFHEA maintains a database of peer-review experts, and the selection, nomination and appointment of experts are undertaken independently by the MFHEA. The Accreditation, Quality Assurance and Validation Unit identifies relevant reviewers from the database of peer-review experts and the QAC approves the reviewers/panel.

Both local and foreign experts contribute to the operational independence of the accreditation and EQA audit, ensuring independence in formal outcomes as outlined in the reports. However, the panel identified a weakness in the practice of having a single evaluator for program accreditation, even if they are a foreign expert. Nevertheless, the panel learned that there is a panel of three experts that already includes a student from September 2023 on, for programme accreditation of home-grown programmes. The panel believes that this change strengthens the independence of formal outcomes (see also ESG 2.4 Peer-review experts).

The panel found some inconsistency in what accreditation procedures and which decisions are being endorsed by the Board. This concerns especially the EQA audit and the QAC decision endorsed by the Board in a form of the "Cover Letter" that is published together with the report. The panel is convinced that the "Cover Letter" needs further attention regarding the Board's involvement in endorsing and such communicating decisions made by QAC. The panel is concerned about the fact that the head of the QAC participates in the endorsement of the evaluation decisions as a Board member. Though the role of the Board is to oversee the general administration of the agency (including appointment of the QAC) and ensuring that the procedural norms are followed, and that they can not overrule the QAC decision, the agency must keep its focus on ensuring the independence of the assessments overall, and more specifically of the agency's evaluation decisions. The current composition of the Board by the inclusion of the Head of the QAC based on Article 8 of the Further and Higher Education Act creates an internal conflict of interest. There must be changes in the composition of the Board, such as not including any members, including the Head of the QAC as a member of the Board, to eliminate conflicts of interest.

The panel found that the Advisory Committee provides a forum for consultation with stakeholders chaired by the Chairperson of the MFHEA Board or the CEO. The autonomy of the Advisory

Committee needs to be strengthened and chaired by Chair elected from Advisory Committee members.

Panel recommendations:

1. The role of the QAC and the Board should be further clarified and clearly communicated in all accreditation procedures and formal outcomes.
2. Ensure changes in composition of the Board by not including any members, including the Head of the QAC, to eliminate conflicts of interest.

Panel suggestion:

1. Ensure that the Advisory Committee is chaired by the chair elected among Advisory Committee members.

Panel conclusion: compliant

ESG 3.4 THEMATIC ANALYSIS

Standard:

Agencies should regularly publish reports that describe and analyse the general findings of their external quality assurance activities.

Evidence

THE agency explains in the SAR that its first thematic analysis was produced as inspired by the SEQA-ESG¹³ project. Following this, the report was published¹⁴ from data based on 60 EQA audits conducted by NCFHE/MFHEA from 2016 on. In 2021 it was decided that many EQA audits had been completed providing sufficient data to commission a formal external thematic analysis in terms of the requirements of the ESG 3.4. The focus of the analysis was on Standard 1 (EQA audits) which requires the entities to have an IQA policy. The analysis covers a total of 241 recommendations from different panels. A foreign external expert was engaged to conduct the analysis and the report is published and available on the MFHEA website.

From the additional information provided by the agency, it was accounted for that the QAC decides on the topic areas for the thematic analysis. Next year's thematic analysis report will serve to identify the weaknesses and strengths of providers. MFHEA is looking ahead to conducting a thematic analysis of the other ten standards. This will provide the basis on which the standards or areas for future thematic analysis for the coming years will be identified and conducted regularly.

The 2023 report was financed from the MFHEA funds, and MFHEA has allocated funds from the National VET Team Project for 2024. From what the panel could learn from the document provided by the MFHEA, the target group of the 2024 thematic analysis are the VET providers and not higher education. It was, however, explained during the site visit that MFHEA will follow the analysis of the recommendations from this year's thematic analysis, and further identify in more details for next year's thematic analysis. Additionally, during the site visit, the panel was informed that MFHEA is exploring how the research unit can be involved and contribute to thematic analysis. The agency is in the process of developing a policy to identify areas requiring analysis, establish systems of prioritisations and

¹³ The SEQA-ESG project was a project supporting QA agencies in establishing a QA system in line with the ESG. [Supporting European QA Agencies in meeting the ESG \(SEQA-ESG\) • ENQA.](#)

¹⁴ [Microsoft Word - FINAL REPORT of analysis of recommendations for Standard 1 \(mfhea.mt\)](#)

determine analysis cycles. The results of the first thematic analysis will also serve as the basis of training initiatives and staff development exercises that MFHEA will conduct in the future.

Analysis

The agency has conducted the first thematic analysis focusing on the first standard (NQAF Standard 1) based on EQA audits that has been carried out by the agency since 2016. The agency's intentions for next year's thematic analysis report will serve to identify the weaknesses and strengths of higher education providers. According to the additional information received, this report will identify the standards or areas for future thematic analysis. Overall, the agency is looking ahead to conducting thematic analyses for the other ten standards and recognises the importance of such work being conducted regularly. The panel appreciates this, and the confirmation given that the agency has found a way of conducting such analyses. However, the panel urges the agency to systematise this work and deliver it regularly based on the well-elaborated plan and necessary resources, with a focus on HE and HEIs at both the institutional and programme levels. MFHEA should also ensure that the different categories of institutions, HE and HEIs, will be easily identifiable in the reports. The panel is convinced that the agency could learn from other QA agencies about the diverse approaches for conducting such analyses.

Following the analysed current practice, the panel also believes that the agency should further involve its own staff, such as the accreditation officers and staff from the research unit, to contribute to the thematic analysis. The SAR supports this ambition, as the agency, in its reflection, notes that it has been a learning experience for the staff who have observed the process. They can now better support external experts in conducting thematic analysis and, through observation, they are developing the skill set to be able to conduct regular internal thematic analyses. The panel finds it crucial that the agency itself is involved in the thematic analysis, rather than commissioning this work to any external party.

The panel does not hold information on the status of the development of MFHEA's policy on thematic analysis. The panel found that the agency, as a new agency, is revisiting its approach and a process for conducting thematic analysis currently.

Panel recommendations:

1. Have a plan to ensure thematic analysis regularly and expand its thematic analysis activities with a specific focus on HE and HEIs.
2. Take a hands-on approach in thematic analysis, emphasising internal involvement over outsourcing to external evaluators, in order to foster a more nuanced and context-specific analysis.

Panel suggestions for further improvement:

1. Learn from other QA agencies about diverse approaches for thematic analysis.
2. Feedback from external stakeholders could be taken into account in defining topics to analyse.

Panel conclusion: compliant

ESG 3.5 RESOURCES

Standard:

Agencies should have adequate and appropriate resources, both human and financial, to carry out their work.

Evidence

The agency's funding derives from the following sources: government funds, EU reimbursements, income from licensing and accreditation, income from MQRIC, and income from EQA. In the first quarter of 2023 the MFHEA generated EUR 265,337 from its own operations and received EUR 300,000 from the government subsidy, totalling EUR 1,200,000 for the whole financial year. Additionally, the panel was provided with the budget projections for 2024-2026, which were submitted to the Finance Ministry earlier in 2023. See also MFHEA's funding, *figure 2 Funds and income 2022 January to December 2022* and Table 4 Income and expenditure for 2022-2026.

The MFHEA is currently housed in a three-story building in Hamrun and is responsible for the running of all the operational and administrative costs of this building. The MFHEA offices belong to the government of Malta. The MFHEA has been granted the use of the buildings and is not charged any rent. The agency has invested in updating its ICT systems and digitising work processes (SAR 5.5.3).

When questioned about anticipated QA applications and the budget for 2023, the agency disclosed plans for approximately 25 EQA audits for further and HEIs. The cost for the QA applications and audits is covered by the revenue generated from the QA audits. The agency does not expect a substantial increase in application for provider accreditation. See ESG 3.1. *Table 5 EQA activities 2018-2022*.

The SWOT analysis from 2020 identified funding as one of the threats, though it was not further accounted for. From the site visit, it was clear that the agency receives government funding and with the income such as fees for the services the agency provides, the income of the agency is predictable, and the funds are sufficient for its QA purposes.

The MFHEA currently employs 42 full-time employees (SAR) split into eight different units. Over 75% of MFHEA's workforce currently have an EQF/MQF Level 6 qualification or higher with a high percentage of its officers and management team holding an EQF Level 7 or higher. (see MFHEA's organisation figure 1 Organisation chart).

The MFHEA supplements its full-time staff complement through external contracts with experts in various fields. These cover the legal fields, financial, evaluators, and experts for the EQA Audits. A number of such experts were recruited in relation to the various EU and national projects. An external foreign consultant has been recruited to assist the QAC in determining when Standard must be considered to have been met and when an institution should be deemed to have passed or failed an audit. The QAC is committed to continuing discussion on this matter. A foreign external expert was invited to conduct the first thematic analysis.

Over the past 5 years the MFHEA has seen a reduction in its staff turnover. In 2019 staff turnover was 12 staff members. Over the past 3 years staff turnover was an average of 8 employees per year. There was therefore a decrease of staff turnover despite the growth in numbers from 35 staff members in 2019 to bring it up to 42 staff members.

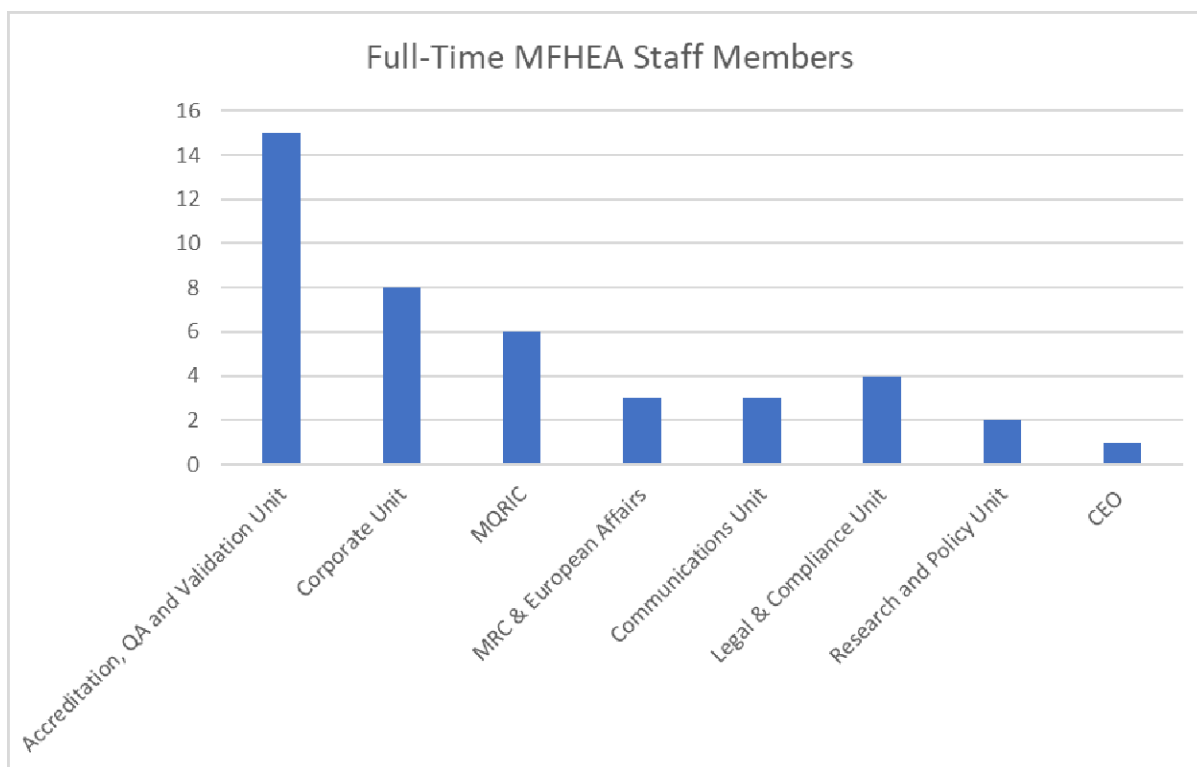


Figure 3 Full Time staff members showing all units

MFHEA invests heavily in training of the staff both locally and through various international training initiatives such as job placements, job shadowing and attendance at various training workshops, conferences and seminars. During the site visit it was expressed that the Accreditation, Quality Assurance and Validation Unit has a heavy workload and that there was little possibility for any advancement within the agency. In the SWOT analysis from 2022, one of the seven areas for development was Staff Development Policy. The staff was aware of the staff development policy (additional information attachment 4), as confirmed during the site visit. The panel confirms that the current staff development policy document is dated with the year 2023 and the aim of the document is “to enable all staff to increase job satisfaction from work within the MFHEA and to develop the individual careers through developing their qualifications”.

The National Strategic Action Plan for further and higher Education 2022-2030 places a strong emphasis on QA by mainstreaming standards in the FHE provision offered in and from Malta. In relation to this action plan, MFHEA set up a working group tasked with developing QA policy in consultation with the stakeholders (SAR). The Working Group is responsible for identifying key concerns for the period up to 2030 and proposing appropriate measures and required resources.

Analysis

The panel found that the agency has sufficient human and financial resources for their current activities. However, the budget plan as shown in table 4 in this report shows financial resources deficit in coming years and, therefore, requires close attention by the management and ongoing financial support from the government to ensure the agency fulfils its activities on required quality level and sustainable development. The human resources for the agency’s responsibility with provider accreditation, programme accreditation and EQA audits are managed mainly by the officers from the Accreditation, Quality Assurance and Validation Unit.

In the agency’s Strategic Action Plan, there is a focus on further developing QA and this will involve further developing the EQA activities of MFHEA. In this regard, the panel finds it important to consider that the staff already has a rather heavy workload and is currently involved with many ongoing

activities. The agency should (as part of the agency's action plan) investigate how the agency could be better organised and structured to carry out work more efficiently and effectively around the ESG related activities.

Overall, the panel wishes to emphasise it has met with a highly competent and engaged staff during the site visit and was informed about some of the results of the SWOT analysis which they conduct every year. The staff emphasised that the IQA of the agency should be strengthened, that the agency should better involve student reviewers in the accreditation processes, and that the agency should continue its work on the staff development policy.

The agency has a staff development policy in place, dated 2023. The staff have regular individual meetings with the head of the unit where feedback and plan for development is discussed. It is however a known challenge to find time for such development. The panel believes that the agency should have this in mind and find a way of providing further opportunities for the development of its staff. The interviewees were clear of the significant importance being put to this, as to develop the required competence at work. Only sufficient and competent human resources will meet the agency's future challenges.

Panel commendation:

1. The panel commends the MFHEA for enlisting staff with exceptional motivation and high competence.

Panel recommendations:

1. Map the ongoing procedures and relative workload taking into account the possible expansion of the higher education system in the short to medium term.
2. Prioritise and implement robust staff development opportunities, essential for both individual and organisational growth, ensuring the retention and continual enhancement of expertise within the agency.

Panel suggestions for further improvement:

1. Put strong efforts to ensure necessary level of financial provision for coming years to the agency to enable it to fulfil its activities on required quality level and sustainable development.
2. Consider sufficient human resources to meet future challenges.
3. Divisions and offices could be rethought accordingly to and related to HE-related activities; and the employees assigned on the basis of acquired skills and know-how.

Panel conclusion: compliant

ESG 3.6 INTERNAL QUALITY ASSURANCE AND PROFESSIONAL CONDUCT

Standard:

Agencies should have in place processes for internal quality assurance related to defining, assuring and enhancing the quality and integrity of their activities.

The Subsidiary Legislation requires that the agency has an internal IQA policy, which includes internal feedback mechanisms, internal reflection mechanisms and external feedback mechanisms to ensure the development and improvement of the agency.

The MFHEA internal quality assurance policy (issued 2023) is published on the agency's website but not easy to find as it was placed under "Announcements¹⁵". The policy document contains QA principles, organisational structure, leadership, strategic planning, needs and expectation of stakeholders, QA processes, MFHEAs approach to reviewing its own QA.

The agency has standard operating procedure, manuals of procedure of each EQA activity and several guidelines. These are published in the MFHEA website. The staff members of each unit must operate in accordance with these procedures. Internal review of staff performance is conducted regularly, as are procedures for the inclusion and training of new staff and the continued professional development of existing staff members.

The agency published a Code of Ethics¹⁶ intended for MFHEA employees and is also applicable for the Board Members. It articulates the framework defining the behaviour and actions of MFHEA with eight set of values: a) acting with integrity; b) respecting others; c) showing loyalty; d) being worthy of trust; e) striving for quality standards and improvement; f) being accountable for the performance of their duties and for their behaviour; g) acting in a manner that does not discriminate, and h) being impartial. Conflicts of interest are defined in the Code of Ethics.

The procedures for provider accreditation, programme accreditation and EQA audit are organised in a way that the providers easily can find their way to these three main areas of QA activity on the website. There is a link to QA standards and to a step-by-step guide to IQA for the providers. There is a flowchart showing the process for provider and programme accreditation. There has been a process to develop the process of provider accreditation, and the panel has been provided with the new Provider Accreditation Manual that will be applicable from 2024. The manual contains the 11 standards for accreditation covering ESG part I, guidance for self-assessment, guidance to the accreditation process (site-visit, drafting of the report, accreditation decision, action plan and follow-up activities), the roles and responsibilities of the coordinator and the peer-review panel. In terms of the new manual entering into force from January 2024 all reports related to all types of provider accreditation will be required and published.

The agency has also conducted an internal discussion on the methodology of programme accreditation. A report by two evaluators from the pool of evaluators was drafted in June 2023 for internal discussion. By November 2023, a consultation document related to program audits shall be published for consultation with all stakeholders. It is envisaged that changes to the program accreditation process (new methodology) will come into effect during the academic year 2024/2025.

For the EQA audit, there is a EQA audit manual which is available on the website. It contains the scope of the audit, the standards for the audit covering ESG part I, and the processes prior to the audit (such as request for additional information, appointment of the peer-review panel and the chair), during the audit (such as the site-visit) and after the audit (such writing of the report written by the members of the panel, and the provider comments on the factual accuracy of the report or issues of misunderstanding, QACs approval of the report and the endorsement of the Board), appeals, potential areas for development of the audit. There are annexes with guidance to the SAR, students' questionnaire, composition, and training for the peer-reviewers, recording template for the peer-review panel, guidance and timeframe for the site visit and feedback form which enables panel members to give feedback. One annex contains judgement criteria on each standard that the panel will use to determine the judgement for each standard. There is also guidance on producing an action plan, which is to determine follow-up procedures where an audit report contains recommendations for a provider.

¹⁵ [MFHEA's Internal Quality Assurance Policy - Malta Further & Higher Education Authority](#)

¹⁶ Code-of-Ethics-for-Employees.pdf (mfhea.mt)

The panel found other accreditation procedures that are closely related to the three main EQA activities provider accreditation, programme accreditation and EQA audit. The agency provided the panel with a full overview:

1. Provider licensing (accreditation) + with already accredited programs
Provider licensing (accreditation) + with already accredited programs – for university status
2. Program accreditation
3. Home-grown program accreditation
4. Online program accreditation
5. EQA audit
6. Follow-up (after EQA audit)
7. Program re-accreditation
8. Provider re-accreditation (every 5 years)
9. Self-accreditation.

Provider re-accreditation (8) and EQA audit (5) refers to the same task. See presentation of these processes under MFHEA's functions, activities, and procedures.

The panel was also provided with feedback forms (programme accreditation) and questionnaire for the providers (EQA audit) and results from the feedback and questionnaires (SAR and additional information).

Other elements the MFHEA mentioned about their IQA are the data protection policy. The agency has appointed an officer to whom queries and complaints regarding data protection can be directed. The agency also has a system for complaints and appeals related to the EQA activities, and information is public and available on the MFHEA website.

Analysis

The agency has several internal QA processes in place, as explained above. There are procedures, manuals, and guidelines for provider accreditation, programme accreditation and EQA audit. The panel confirms that all of the documents are published on the MFHEA website. However, the IQA policy was found under the announcements section on the website. IQA policy is an important document defining, assuring and enhancing the quality of the agency's work. This should be made more visible and forefront on the agency's website and for all their stakeholders to explore.

The panel found that the internal quality culture needs to be developed further and shared in order to foster continuous improvement. There are the existing processes in place and well-defined, but at the moment not all of the agency's EQA processes are clearly and fully visible as a part of the QA system. The panel also found it confusing that there were other accreditation procedures that were not mentioned in the SAR but came up during the meetings. It required clarification during the panel visit. (See ESG 2.3). The panel found that most processes are mainly related to the three main accreditation procedures. Some are sub-processes or an extension or follow-up of the three main EQA activities of the agency, such as self-accreditation, re-accreditation of programmes. The panel found that this could be better systematised and grouped. A simplification by joining together some of the procedures could help to clarify the differences. And it should be clearly integrated in the agency's QA system.

The new manual for provider accreditation and the coming changes in the methodology for programme accreditation will still have to be implemented. For instance, the reports for provider and programme accreditation are not being published, see ESG 2.6. As such the panel found that though the EQA audit is fully implemented, parts of the system are still under development.

The agency has external feedback mechanisms obtained through feedback forms and questionnaires. The panel was also provided with examples of summaries of these questionnaires. It is however missing analysis of the results and how these will be applied to contribute to continuous improvement within the agency.

Panel recommendations:

1. Foster and promote the internal quality culture by making existing processes more visible within the QA system for enhanced clarity and shared understanding.
2. Assess its external feedback mechanisms, aiming to elaborate input from stakeholders that enhances continuous improvement.

Panel suggestions for further improvement

1. Enhance the website's search and navigation features for easier accessibility to the agency's relevant documents (such as the internal quality assurance policy), ensuring transparent and effortless information retrieval.

Panel conclusion: compliant

ESG 3.7 CYCLICAL EXTERNAL REVIEW OF AGENCIES

Standard:

Agencies should undergo an external review at least once every five years in order to demonstrate their compliance with the ESG.

Evidence

This is MFHEA's first ENQA review for the assessment of the agency's compliance with the ESG. The agency is applying for ENQA membership and for registration in EQAR. MFHEA has been an affiliate of ENQA since 2014 by its predecessor the National Committee for Further and Higher Education (NCFHE).

MFHEA is the only officially recognised agency responsible for quality assurance in further and higher education in Malta.

Analysis

MFHEA is undergoing its first periodic review by ENQA for the assessment of the ESG.

Panel conclusion: compliant

ESG PART 2: EXTERNAL QUALITY ASSURANCE

ESG 2.1 CONSIDERATION OF INTERNAL QUALITY ASSURANCE

Standard:

External quality assurance should address the effectiveness of the internal quality assurance processes described in Part I of the ESG.

Evidence

The agency implements three main EQA activities: provider accreditation, programme accreditation and EQA audit. The NQAF has set 11 IQA standards covered in the three activities to various degrees, as shown in table 7 below.

The table below shows a mapping of the ESG Part I, the IQA standards of the agency and the three EQA activities of MFHEA, as provided in the agency's SAR.

Table 7: Mapping ESG, MFHEA standards and the EQA activities

ESG Part I	NQAF Standards	Provider accreditation	Programme accreditation	Online and blended learning	EQA Audit
I.1 Policy for QA	1. Policy for QA (sub criteria a-i)	✓		✓	✓
	2. Institutional probity	✓		✓	✓
I.2 Design and approval of programmes	3. Design and approval of programme (a-l)	✓	✓	✓	✓
I.3 Student-centred learning, teaching and assessment	4. Student-centred learning, teaching and assessment (a-g)	✓	✓	✓	✓
I.4 Student admission, recognition and certification	5. Student admission, progression, recognition and certification (a-e)	✓	✓	✓	✓
I.5 Teaching staff	6. Teaching staff	✓	✓	✓	✓
I.6 Learning resources and student support	7. Learning resources and student support	✓		✓	✓
I.7 Information management	8. Information management (a-d)	✓		✓	✓
I.8 Public information	9. Public information (a-f)	✓		✓	✓
I.9 Ongoing monitoring and periodic review of programmes	10. Ongoing monitoring and periodic review of programmes	✓		✓	✓
I.10 Cyclical external quality assurance	11. Cyclical external quality assurance	✓		✓	✓

ESG 2.1 Policy for Quality Assurance

NQAF standard 1 states that *entities shall have a policy for QA that is made public and forms part of their strategic management.*

The NQAF document further specifies what the policy should include (a – i), such as the organisation of the QA system, the responsibilities of departments, faculties, the leadership, staff members, students with respect to quality assurance, it includes a reference to the relationship between research and learning & teaching, procedures for ensuring academic integrity and freedom and procedures against academic fraud, procedures for ensuring against intolerance of any kind or discrimination against students or staff, involvement of external stakeholders in quality assurance, procedures for the quality assurance of any elements of an entity's activities that are subcontracted to or carried out by other parties and in case of local representatives or franchises of foreign providers, explicit reference to the quality assurance procedures of the parent provider and the role of the local representative or franchise in this. The standard and the sub-criteria align with and cover the guidelines in ESG I.1.

ESG I.2 Design and approval of programmes

NQAF standard 3 providers shall have appropriate processes for the design and approval of their programmes of study.

The NQAF document further specifies the design and approval with characteristics (a – l), such as it defines the expected workload in terms of ECTS, learning outcome-based, in line with the MQF, appropriate resources and forms of assessment, indication of the minimum requirements in terms of qualifications and competences for teaching staff, that the process of the identification of training/programme needs involvement and participation of the external stakeholders, that programmes are employment-oriented and involve stakeholders from the world of work in their design and review, that they are designed so that they enable smooth student progression, and are subject to a formal institutional approval process. The panel found the listed agency's requirements to sufficiently cover the elements of ESG I.2.

ESG I.3 Student-centred learning, teaching and assessment

NQAF standard 4 states that *entities shall ensure that programmes are delivered in a way that encourages students to take an active role in the learning process.*

The NQAF document further specifies the implementation of student-centred-learning and teaching (a-g), such as respect of and focus on the diversity of students and their needs, enabling flexible learning paths, as well as different modes of delivery, the flexible use of a variety of pedagogical methods, to regularly evaluate and adjust the modes of delivery and pedagogical methods, encourage a sense of autonomy in the learner, while ensuring adequate guidance, and inclusion of a support from the teacher/lecture that promotes mutual respect within the learner-teacher relationship.

The standard also refers to assessment (a-g), such as that assessors are familiar with the existing testing and examination methods and receive support in developing their own skills in this field, criteria for and method of assessment as well as criteria for marking that are published in advance, that the achieved learning outcomes are analysed in relation to the intended outcomes (students are given feedback), which, if necessary, is linked to advice on the learning process, that the assessment is carried out by more than one examinee (if possible and applicable), that the assessment is consistent, fairly applied to all students and carried out in accordance with the stated procedures, and that there is a formal procedure for student complaints and appeals. The standard and its sub-criteria covers ESG I.3.

ESG I.4 Student admission, recognition and certification

NQAF standard 5 states that *entities shall consistently apply pre-defined and published regulations covering all phases of the student 'life-cycle'.*

The NQAF document further specifies the requirements (a-e), such as that the admission processes and criteria are implemented consistently and in a transparent manner, processes and tools are in place to collect, monitor and manage information on student progression, that mechanisms are in place to take into consideration the other relevant qualifications that are accredited or recognised by the MFHEA, that students receive documentation explaining the context, MQF level, amount of learning credit, content, status of the qualification gained, and reference to achieved learning outcomes. The standard and sub-criteria cover ESG 1.4.

ESG 1.5 Teaching staff

NQAF standard 6 states that *entities shall assure the competence and effectiveness of their teaching staff.*

The NQAF document further specifies that the teaching staff regulations shall apply clear, fair, and transparent processes for the recruitment, conditions of employment and professional development, promote innovation in teaching methods, and continuous professional development. Higher education institutions shall encourage scholarly activity to strengthen the link between education and research and ensure that the staff is constantly au courant with developments in their fields and with the methodological requirements of their programmes. The standard covers ESG 1.5

ESG 1.6 Learning resources and student support

NQAF standard 7 states that *entities shall have appropriate funding for their learning and teaching activities and sufficient learning resources to fully support the students' learning experiences.*

The NQAF document further specifies the criteria to ensure that adequate and readily accessible learning resources are provided to assist student learning. Resources may vary from physical or virtual libraries, learning equipment, study facilities and IT infrastructure to human support in the form of tutors, counsellors and/or other advisers. Resources and services should be fit for purpose and accessible for the students and that students should be informed about the services available to them. Finally, support and administrative staff need to be qualified and have opportunities to develop their competences. The standard covers ESG 1.6.

ESG 1.7 Information management

NQAF standard 8 states that *entities shall ensure that they collect, analyse, and use relevant information for the effective management of their programmes and other activities.*

The NQAF document further specifies what the information shall include (a-d) profile of the student population including prevalence of vulnerable groups, course participation, retention and success rates, students' satisfaction with their programmes and employment rates and career paths. Sources of such information may include the NCFHE/MFHEA yearly statistics for further and higher education. Students and staff should be involved in providing and analysing information and planning of the follow-up activities. The standard covers ESG 1.7.

ESG 1.8 Public information

NQAF standard 9 states that *entities shall publish information about their activities that is clear, accurate, objective, up-to-date, and readily accessible.*

The NQAF document further specifies what information of their activities shall include (a-f) the selection criteria for the courses and programme, learning outcomes, the qualification they award (including EQF/MQF and ECTS), the teaching, learning and assessment procedures that are used, pass rates and further learning opportunities available for their students. The standard and sub-criteria cover ESG 1.8

ESG 1.9 On-going monitoring and periodic review of programmes

NQAF standard 10 states that *entities shall implement the 'Quality Cycle' by monitoring and periodically reviewing their programmes to ensure their continuing fitness for purpose.*

The NQAF document further specifies the monitoring to ensure that the HEIs achieve the objectives set for them, to review the content of the programme in the light of latest research/practice in the sector to ensure that the programme is up to date; and to respond to the changing needs of students and society. The standard covers ESG 1.9.

ESG 1.10 Cyclical external Quality Assurance.

The NQAF standard number 11 states that *entities should undergo EQA by, or with the approval of, the MFHEA on a cyclical basis of no longer than five years.*

The EQA Audit is cyclical every five years. Subsidiary Legislation Article 38 (1) states that *Providers shall undergo periodic provider and programme quality audits, as provided in regulation 37(1)(c), every five years.*

Five years after the provider accreditation, i.e., the provider has been issued a licence to provide higher education, the HEI will be subject for EQA audit. Subsidiary Legislation Article 18. (1) states the following: *Prior to the lapse of five years from the date of obtaining their licence, or of a change or renewal of their licence, as the case may be, licensees shall apply to the Commission for a review of their provider and programme accreditation, through periodic provider and programme quality audits, in accordance with regulations 37(1)(c) and 38.* The standard aligns with ESG 1.10.

For EQA audit the revised and updated EQA audit manual of procedures includes all the NQAF standards including sub-criteria, expectations and indicative key questions for each standard. The reports for the EQA audit are available on the website and include assessment of the eleven NQAF's standards (see ESG 2.6).

For provider accreditation there is currently an application form in place, which includes and refers to the eleven NQAF standards, but it is not clear how they are made operational in the application and in the reports. The panel was provided with one provider accreditation report (for university status). Following the analysis of the provided report, the panel learned that the provider accreditation report refers to Article 47 Annex 1 and not the NQAF standards (see ESG 2.6). However, there is a new Provider Accreditation Manual that will be applicable from 2024, and the standards have been drafted in alignment to the ESG. The following standards for provider accreditation from 2024 are:

- Standard 1 Mission and strategic management (ESG 1.1, 1.7,)
- Standard 2 Governance, organisational structure, and administration (ESG 1.1)
- Standard 3 Quality management (ESG 1.1, 1.7,)
- Standard 4 Integrity, accountability and information management (ESG 1.7, 1.8)
- Standard 5 Teaching and administrative staff (ESG 1.5)
- Standard 6 Design, monitoring and review of programmes (ESG 1.2, 1.9)
- Standard 7 Student-centred learning, teaching and assessment (ESG 1.3)
- Standard 8 Student administration and student support services (ESG 1.4, 1.7, 1.8)
- Standard 9 Learning resources and facilities (ESG 1.6)
- Standard 10 Research development and/or other creative activity, applicable for universities delivering MQF level 8 programmes (ESG 1.9)
- Standard 11 Institutional cooperation, service to society and internationalisation

There is today an application form for programme accreditation. The four standards that the agency indicated in the mapping in the SAR are not easily identified on the application form. Following the additional analysis of the form, the panel found that the form requests for information about the course description and information about entry requirements, duration and ECTS, learning outcomes, pedagogical methods, assessment methods and teaching staff. The agency does not publish reports for

provider accreditation and programme accreditation on the website. The panel was nevertheless provided with examples of programme accreditation reports, and the assessments do not clearly refer to the standards (see ESG 2.6). Thus, it is difficult to identify how programme accreditation covers the NQAF standards and how it relates to the ESG Part I.

For online/blended learning there are 8 main domains that are addressed and refers to NQAF standards: Leadership and management; staffing profile and professional development (NQAF standard 1, 3, 4, 6, 7, and 10); review and improvement (NQAF standard 1, 3, 8, 10 and 11); resources (NQAF standard 1, 4, 7 and 8), student information and experience ((NQAF standards 1, 3, 4, 5, 7 and 8); assessment and integrity (NQAF standards 1 and 4); learning outcomes (NQAF standards 1 and 4) and curriculum design (NQAF standards 3, 4 and 10). See table 7 above.

Finally, the panel notes that the agency refers to the outcomes of the thematic analysis of Standard I and the upcoming ones as a further support to address the compliance to ESG 2.1.

Analysis

The panel found that the EQA audit standards cover ESG part I. Ten of the eleven EQA audit standards/NQAF standards including the sub-criteria, that are described in the manual of procedures, are almost a copy of the ESG part I standards and in the guidelines.

However, the panel wishes to comment on one particular finding related to the requirement that the NQAF provider accreditation should also cover all parts of the ESG Part I. To the panel's understanding this is not conducted, except submitting an IQA policy, since the provided agency report on this activity does not refer to the standards in the NQAF, but to Article 47 Annex I. The standards in Article 47 refers to that HEI has academic staff, academic library, stable research training and development activities of high standard, representative bodies of staff and students, have an organisation and infrastructure for providing HE and undertaking research, provide programmes MQF level 5-8, affiliated with international networks and have international cooperation in teaching and research. It does not clearly relate to quality assurance policies and IQA processes in the HEIs, but more to the factual side of operating as a university - that there are HE programmes, facilities, and there is teaching staff and research. However, as shown in the new Provider Accreditation Manual that will be applied from 2024, there is listed a set of standards which was drafted to align with the ESG. If so, from 2024 provider accreditation standards will further ensure alignment with ESG Part I.

The panel also confirms that the programme accreditation does not refer directly to the four NQAF standards as shown in the mapping above (table 7). Rather, the listed standards can only be partly identified in the application form and in the reports provided. It requires the agency's attention when working towards the new methodology for programme accreditation which will be effective in 2024/2025.

Overall, the panel learned that the agency's EQA activities are aiming to address the effectiveness of the IQA processes, but this is not addressed in a thorough manner, leaving too much space for interpretation on whether the necessary standards are to be covered or not. There are different procedures (provider and programme accreditation) that are currently delivered by the agency, which still require further attention regarding its clarity for external users in this regard. Thus, in the panel's view, the prescribed standards, particularly of the programme accreditation, do not always ensure that the agency reaches the objectives it set for safeguarding the standards and quality of higher education. Finally, the standards that are being referred to in the NQAF should be reflected clearly in the documents related to provider accreditation and programme accreditation if that is the intention. It is important that the agency in the upcoming methodology for programme accreditation defines what standards apply to ensure the quality of accredited higher education and that relevant standards of part I of the ESG are clearly integrated.

Finally, the panel welcomes the agency's plans related to production of thematic analysis, where all of the standards should be covered over time. This will help the agency to reflect on the use and impact of the standards that are covered by and implemented in the different EQA procedures.

Panel recommendations:

1. Consider incorporating the standards referenced in the NQAF into documents pertaining to provider and program accreditation for improved transparency and alignment.
2. Enhance the depth of addressing IQA system efficiency and effectiveness within EQA activities to minimise ambiguity and ensure comprehensive coverage of necessary standards for safeguarding quality of higher education.
3. Ensure that in the application form for programme accreditation and in the upcoming methodology for programme accreditation all relevant standards of Part I of the ESG are clearly integrated.

Panel conclusion: partially compliant

ESG 2.2 DESIGNING METHODOLOGIES FIT FOR PURPOSE

Standard:

External quality assurance should be defined and designed specifically to ensure its fitness to achieve the aims and objectives set for it, while taking into account relevant regulations. Stakeholders should be involved in its design and continuous improvement.

Evidence

Provider accreditation (Licencing)

In terms of the Subsidiary Legislation 607.03 on Licensing, Accreditation and Quality Assurance, the MFHEA is responsible for the provider accreditation (licensing) of further and higher education institutions who operate in Malta. This accreditation certifies the status, legitimacy and appropriateness of an education institution and that the institution has met the 11 IQA standards as stated in the NQAF. All education institutions offering further or higher education in or from Malta require a licence issued by the MFHEA to operate.

Provider accreditation for university status

For provider accreditation for university status, the criteria are outlined in Article 47 of the Subsidiary Legislation 607.03 (additional information) and does not refer to the NQAF standards.

Self-accreditation

The information of this activity was provided as part of the additional information, but it was not included in the SAR. The agency informed that there is one application pending for extension of scope of a provider accreditation that has a university status. This activity relates to Article 46 of Subsidiary Legislation 607.03. The institutions shall demonstrate a track record of accreditation and at least two consecutive quality audits. Offshore activities are also considered.

Programme Accreditation (Home-grown programmes)

Programmes are deemed to be 'accredited' when they have been assessed by the MFHEA and pegged to the MQF. HEI which does not have self-accreditation rights need to submit their prospective

programmes to the MFHEA for accreditation. Standards for programme accreditation consists of four NQAF standards (see ESG 2.1.). The application form for programme accreditation does not have a clear reference to the NQAF standards, but requires information about course description, learning outcomes, ECTS, entry requirements, pedagogical methods, assessment methods and teaching staff. The few reports that the agency provided to the panel follow the application template, and the panel confirms that the reports do not refer precisely to which NQAF standards are being assessed.

Programme accreditation of accredited by another agency

MFHEA by MQRIC confirms if the programme has been accredited by another agency and at what EQF/MQF level. If the MQRIC confirmation is positive the education institution can offer the programme.

Online and blended programme accreditation

In order for the institution to offer a program online or blended, the application is evaluated after a set of eight domains (referring to NQAF standard covering online/blended learning) given in the *Guidelines for Quality Assurance for Online Learning Providers*.

Programme re-accreditation

HEIs submit changes to accredited home-grown programmes and will be assessed by the re-accreditation committee¹⁷. If there are major changes the programme must go through programme accreditation. The agency published¹⁸ about this activity on the website.

EQA Audit

The EQA audits serves to establish and ensure that the internal quality management system of the provider is:

- fit for purpose according to the provider's courses and service users;
- compliant with all IQA standards and MFHEA regulations;
- contributing to the development of a national quality culture;
- contributing to the fulfilment of the broad goals of Malta's Education Strategy;
- implemented with effectiveness, comprehensiveness and sustainability.

The procedures which are followed during EQA audits are detailed in the EQA audit manual of procedures which is publicly available, ensuring consistency and transparency regarding the process and the criteria for outcomes. An EQA audit is conducted every five years from when the institution has been licensed (accredited).

The panel has been provided with the *EQA Provider Audit Manual of procedures* and *EQA Provider Accreditation Manual for Higher Education institutions* which will be applicable from 2024. In addition, there will be a new methodology for programme accreditation which will come into effect during the academic year 2024/2025 (SAR).

Support and guidance

An important EQA function of the MFHEA is to support further and higher education institutions in the implementation of their own IQA which is in line with the NQAF and MFHEA regulations. This is achieved through the publication of guidance documents, information meetings, workshops, seminars, webinars, issuing of general communications and answering individual queries. The agency receives an

¹⁷ The re-accreditation committee has three members: CEO of the agency, Head and Manager of Accreditation, Quality Assurance and Validation Unit

¹⁸ [MFHEA-Comm-003-2023-1.pdf](#)

average of 150 requests for guidance annually. The panel understands this to be referring to the activity *Guidance and review of the institutional IQA procedures* which is included as one of the activities of MFHEA in the ToR.

To assist prospective applicants, information sessions are organised regularly at the request of the provider. The aim of these information sessions is to explain to prospective applicants the requirements for provider accreditation and programme accreditation. Apart from the monthly information sessions, the agency also holds meetings with individual providers who require further guidance or assistance. Furthermore, information on programme accreditation and provider accreditation is regularly updated on the agency's website and includes flow charts explaining the processes and the relevant timelines. These information sessions and meetings are organised to assist in the understanding requirements of provider accreditation and programme accreditation and not be regarded as consultancy services as they don't provide individual solutions to the HEIs in question.

During the site visit and from the SAR the panel learned that all current processes were designed in consultation with EQA experts and stakeholders. As stated in the SAR, the agency gathers feedback and conducts surveys to collect information about programme accreditation and EQA audit. These are considered by the agency as the important tools for assisting the agency in its assessment of its standards and methodology. During the site visit, the panel managed to confirm these statements of the agency. Furthermore, the MFHEA Advisory Committee provides a forum for consultation with stakeholders. The Advisory Committee has also been involved in the SWOT analysis for this external review and gave feedback on the agency's work during the site visit. The panel also learned that there was a consultation with the HEIs about the new Accreditation Manual for provider accreditation that will come into force from January 2024, and that HEIs gave recommendations for improvements. Finally, the reviewers received a questionnaire and there was also a consultation so they could give their feedback. In relation to the ongoing process of a new methodology for programme accreditation, the panel learned that there is a consultation planned with stakeholders in the first half of 2024 (SAR). It was also confirmed during the site visit that the different stakeholders have been involved in various ways and were given a possibility to contribute to the development of the agency.

Analysis

The most elaborated and advanced procedure from the panel view at this stage of review is EQA audit. The designed methodologies for EQA audit, provider and programme accreditation are described in the related guidelines. The panel found that the procedures and guidelines are published and accessible on the MFHEA website. The standards and methodology follow a national standard (Subsidiary legislation and NQAF standards) and the ESG.

Overall, there is a thorough procedure manual for EQA audit, which includes detailed guidelines for the SAR, the site visit and guidance and template for the reporting to ensure the consistency of the review panel's work in this activity. The methodology allows the HEIs to demonstrate improvement, and the published EQA audit reports include recommendations with the follow-up steps planned. The report and the decisions are all published on the agency's website.

Regarding provider accreditation, all HEIs offering further and higher education in or from Malta require a licence issued by the MFHEA to operate. Provider accreditation certifies the status, legitimacy, and appropriateness of an education institution and that the institution has met the eleven IQA standards as stated in the NQAF. This is also referred to in the SAR and in application form published on the MFHEA website. However, the reviewer's report that the panel was provided with, refers only to Article 47 and there is no reference to the NQAF standards (see the ESG 2.1). What is of particular importance for the panel's analysis of the agency's compliance with the ESG 2.2 is the

finding that the methodology for provider accreditation seems to be slightly different for provider accreditation for university status in comparison to other HEIs. The panel learned that for provider accreditation for university status there is a clear reference in the methodology that this should be performed by a review panel consisting of three academics and student reviewers from September 2023. However, the panel was left unclear whether the same applies for provider accreditation of other HEIs. As there are no other reports published or made available concerning provider accreditation of other HEIs (not universities), the panel could not make further conclusions nor judgement on this. In the panel's view, the agency should urgently clarify this in the related guidelines, further develop the methodology and ensure that this methodology for provider accreditation of all HEIs is clearly communicated to all relevant stakeholders. The panel was provided with a new manual for provider accreditation which will be applicable from 2024. This should ensure a consistent process and criteria for all types of provider accreditation. Regarding the programme accreditation, the related application form requires information from HEIs, such as on course description and teaching staff, but as already mentioned under the ESG 2.1, there is no direct reference to the four NQAF standards. In the panel's view, this diminishes the fitness for purpose of the activity as it minimises the evaluation of key components and the overall higher education nature of these study programmes. The agency's reports equally do not refer to the NQAF standards but mirror the application form. Moreover, the panel notes that there is a three-cycle process for programme accreditation. In the first round, the agency delivers a report with recommendations, and the HEIs can improve and amend the programme. This will then be sent back to the agency for a second cycle and so on. The final decision is made after the third cycle. The panel understands the supportive nature of this activity but there should be a clearer line made on provision of support versus an external evaluation. The agency's activity in relation to *Guidance and review of the institutional IQA procedures* should also have this in mind.

Overall, in connection to the panel's findings under ESG 2.1, the panel notes that the unclarity of definition of standards for provider and programme accreditation causes the methodologies not to be delivered in a consistent and clear manner. This, in consequence, causes the procedures not always ensuring that the agency reaches objectives set for its EQA activities and overall for safeguarding the standards of higher education.

Panel commendation:

1. The panel commends the approach by the agency that all current processes were designed in consultation with EQA experts and stakeholders.

Panel recommendations:

1. Distinctly separate accreditation for further education providers and higher education programmes and emphasise research in accreditation of HEIs.
2. The key elements of higher education as prescribed through the relevant standards should be evaluated consistently in the agency's EQA activities to safeguard and further support the Maltese higher education sector. This is particularly relevant for the agency's external quality assurance procedures on study programmes, where the coverage of all standards is not guaranteed, and of the provider accreditation of other HEIs with the lack of clarity of the academics being involved in the process.
3. A clearer line to be made on the provision of support to higher education institutions during programme accreditation versus an external evaluation in the agency's activities (particularly programme accreditation and the related cycles).

Panel suggestions for further improvement:

1. MFHEA should actively engage a broader range of stakeholders, together with relevant staff, incorporating both a broader quality assurance perspective and a student viewpoint, in the design and enhancement of their accreditation methodologies.
2. In addition, the application form would be simplified, and the assessment report should be required in addition to get a deeper understanding of the institutional intention and resources.

Panel conclusion: partially compliant

ESG 2.3 IMPLEMENTING PROCESSES

Standard:

External quality assurance processes should be reliable, useful, pre-defined, implemented consistently and published. They include:

- a self-assessment or equivalent
- an external assessment normally including a site visit
- a report resulting from the external assessment
- a consistent follow-up

Evidence

The procedures for provider accreditation, programme accreditation and EQA audit are available on the MFHEA website. For provider and programme accreditation, there is a flowchart showing the related processes and the QA standards and a step-by step guide. The application forms for provider and programme accreditation can be downloaded from the website. For EQA audit, the procedure is laid out in the EQA audit manual of procedures and is accessible on the MFHEA website.

The panel wishes to note that the below analysis of the implementing processes refers primarily to the three main EQA activities of the agency. Namely, the other procedures that agency is responsible for, such as blended and online programme accreditation, programme accreditation accredited by other (foreign) agencies involving the MQRIC, are being assessed in relation to provider and programme accreditation (for further information on these procedures see ESG 2.2).

Provider accreditation (licensing)

The MFHEA website presents a flowchart showcasing the process for provider accreditation. The procedure was also described in the additional information provided by the agency.

Table 8 Provider accreditation current procedures

	Provider accreditation (licencing)	Provider accreditation university status	Self accreditation
SAR	Filled out application form	Filled out application form	Application (one pending)

External assessment	MFHEA officers and the agency provide support 2 cycles of feedback Before a licence can be awarded, a provider must have an accredited programme (see programme accreditation)	QAC appoints a panel of three academics	QAC appoints two reviewers and one student reviewer
Site visit	No	Yes	No
Report	No. Reports will be publish from 2024	Yes, published from this year (see ESG 2.6)	One application is pending. This report will be published.
Decision	QAC	QAC, and the Board adopts the QAC decision	QAC and the Board adopts the QAC decision
Follow-up	No	No	No

The panel specifically notes the specifics of the process where the self- assessment report is replaced by an application form. Importantly, there is an administrative vetting of the application. Feedback may be sent to the applicant with request for clarification and/or additional documentation. In the current procedure for the programme accreditation of HEI, it seems that only provider accreditation for university status includes a site visit by the review panel. It is unclear whether there is a similar site visit for provider accreditation of other HEI and for self-accreditation and if it involves external peer-reviewers or if it is part of an administrative vetting conducted by the MFHEA officers. However, in the new manual for provider application that will be applicable from 2024, the panel understands that there will be a site-visit by an external panel included in all types of provider accreditation.

If the applicant has submitted programmes for accreditation, this will follow the procedure for programme accreditation that is part of the provider accreditation process (see programme accreditation below). The applicant is given possibilities to submit requested updates and clarifications before the final report is finalised and the decision is made. If the application meets all necessary standards, preparation will commence for the licence to be issued. If the application does not meet the standards the application will be rejected.

For provider accreditation for university status, the panel was provided with some additional information explaining that it is the QAC that appoints a panel of three academics for these purposes. Moreover, the vetting of the application is done by this panel. The panel can request further documentation and information. The panel then submits their first report to the provider for the three cycles. In the case of accreditation for a University Status, the MFHEA's board adopts the decision taken by the QAC. Provider accreditation for university status will be further elaborated and published in late 2023, as explained to the panel. The panel overall managed to consult one report related to provider accreditation for university status (see the ESG 2.6).

As stated above, the process of provider accreditation has been refined and updated and a new Provider Accreditation Manual will enter into force from 1 January 2024. From 2024 a SAR will be required, there will be review panels including students appointed for all types of provider accreditation, and all reports will be published. Check follow-up.

Programme Accreditation (home-grown programmes)

The MFHEA has a flowchart showing the process for programme accreditation. The table below shows the different types of programme accreditation.

Table 9 Programme accreditation

	Programme accreditation by another agency	Programme accreditation home-grown	Online/blended learning
SAR	Application form	Application form	Application form
External Assessment	MFHEA officers contact MQRIC to confirm accreditation	Two reviewers and a student reviewer from September 2023	A digital reviewer
Site visit	No	No	No
Report	Not published	Each reviewer submits its own report and is consolidated by the MFHEA officer. Not published	Not published
Decision	QAC (not published)	QAC (not published)	QAC (not published)
Follow-up	No	No	No

The process of programme accreditation consists of initial administrative vetting of the application by the MFHEA secretariat. Once the initial vetting is completed, one or more reviewers (depending on the type of programme) are identified and appointed by the QAC. Once the selected reviewers submit/s their assessment, the applicant will be given a deadline for submitting an updated application in accordance with any recommendations. The reviewer will assess the updated application. This process can carry on for a maximum of three cycles until the programme fails or passes accreditation. This process also applies for the re-accreditation of existing programmes if a revision of the programme is proposed by the provider.

As mentioned, the programme accreditation process may take up to three cycles during which evaluators will provide their feedback identifying any shortcomings in the programme, or suggestions for improvement. At the end of the third cycle the panel will recommend to the QAC whether the programme should be accredited.

A new methodology and changes to the programme accreditation process is under discussion and will come into effect in 2024/2025 (SAR).

As shown on the table above, for accreditation of online and blended learning programme applicants submit an application form. The digital reviewers assess the provision, but the same as programme accreditation there is no site visit and the report and decisions are not published.

EQA Audit

The EQA audit manual of procedures contains the following seven chapters:

Chapter 1 Scope and focus of the audit

- The Purpose of the Audit
- The Focus of the Audit
- Standards for Internal Quality Assurance

Chapter 2 Prior to the audit

- Application and Notification of Audit
- Peer Review Panel
- Role of NCFHE Panel Member
- Institutional Facilitator
- Data Sources and Documentation
- Desk-Based Analysis
- Pre-Audit Panel Meeting
- Pre-Audit Provider Meeting (Scoping Visit)

Chapter 3 During the audit

- Facilities
- Additional data
- judgements

Chapter 4 After the audit

- Audit report
- Structure of the audit report
- Follow-up activities and consequences of the audit

Chapter 5 Appeals

Chapter 6 Audit timeline

Chapter 7 Potential areas for development of the audit

- Review of Smaller Education and Training Providers
- Recognition of External Reviews
- Transnational Education
- The Role of Cross-Border Audits

There are seven annexes related to this EQA procedure: guideline for the SAR, students' questionnaire, guidance for facilitators, composition, training and management of the peer-review panel, information recording template for the peer-review panel, guidance for determining audit

visitation duration and indicative audit visit outline. The EQA audit manual shows the steps in an audit procedure.

Table 10 EQA audit

	EQA audit
SAR	Guideline for the SAR
External assessment	Peer-review panel including chair and student (approved by the QAC)
Site visit	1-5 days depends on the size of the provider, and the scale and complexity of the HE offered
Report	QAC review the report Published report
Decision	QAC and the Board endorse
Follow-up	Following action plan submitted by the provider

The SAR, along with supporting documentation of a HEI is a central element which gives the appointed review panel an overview of the institution’s QA policies, mechanisms, processes, and procedures. The SAR guideline is detailed and include specific sections, following the MFHEA’s regulations:

1. An introduction and overview of the provider including its mission statement, organigram, its primary areas of academic/educational provision and the characteristics of its student population.
2. An explanation of the governance and management arrangements and the academic infrastructure, including faculties and departments, learning resources and support arrangements (physical and/or online libraries, IT facilities, provision of academic advice and guidance) as applicable.
3. A commentary on each of the 11 Internal Quality Assurance (IQA) Standards as outlined in the National Quality Assurance Framework for Further and Higher Education Amended to also cover Online/Blended Learning (The Framework).

The agency may request additional information. The QAC approved the review panel and there is a site visit with a duration of 1 up to 5 days. The panel writes the report which is submitted to the QAC and reviewed. The report is sent to the provider and the provider submits its view to the report. The QAC makes the decision, and the Board endorses the report. The Board produces a “Cover Letter” (see ESG 3.3) which is published together with the report.

As for follow-up to the activity, the provider addresses how they intend to implement the recommendations by compiling an action plan. The action plan is submitted prior to the publication of the report. Action plans should determine follow-up procedures which should be implemented consistently by the provider to address the recommendations made by the panel.

Following the publication of the EQA audit report, the provider is informed that MFHEA will be documenting and assessing the actions taken by the institution in a series of follow-ups to the audit. The follow-up takes the form of an updated assessment of the take-up and implementation of the recommendations put forward by the peer review panel in the audit report. The institution is thus requested to submit a self-assessment (follow-up report) by not later than a year of the publication of the report indicating how and by when each recommendation outlined in the audit report has been or is going to be addressed. The document is to include clear timeframes of implementation. The panel notes that this report and the follow-up report are published on the MFHEA website.

In terms of the upcoming revised and updated Accreditation Manual, as clarified to the panel during the site visit (based on additional information received), the HEI is requested to submit a follow-up report one year after the publication of the EQA audit report and will serve to establish and to confirm whether the mandatory and key recommendations outlined in the audit report have been implemented.

Analysis

The EQA audit process is clearly outlined in the EQA audit manual of procedure ensuring consistency on how they are conducted. Importantly, the panel found the procedure and the EQA standards to be published. The EQA audit includes a self-assessment part, external evaluation by the panel, reporting, and a follow-up on the recommendations which is set up in the action plan by the HEI as shown in the table below. The follow-up report is published together with the report and the initial decision of the agency.

For provider accreditation, the panel was acquainted with the information that an updated Accreditation Manual for provider accreditation will come into force from 1 January 2024 and that a new methodology and changes to the programme accreditation process is under discussion and will come into effect in 2024/2025 (SAR).

Overall, the panel found the EQA processes for provider and programme accreditation and the information found in relation to these activities difficult to understand. The information found on the website and the provided documents to the panel were namely not always consistent. This could be a result of the processes that are still being developed or are in the process of revision. In any case, the agency should focus on simplifying and ensuring that the information about provider accreditation and programme accreditation is consistent in the different documents, as well as the agency’s website, and easily comprehended and followed. To get a better overview the agency’s EQA activities are placed in table 10 below.

Table 10: EQA processes

	Provider accreditation			Programme accreditation			EQA audit
	HEI	University status	Self-accr.	Home-grown	Foreign accredited	online	
SAR	application form – SAR from 2024	Application form – SAR from 2024	Application SAR from 2024	Application form	Application form	Application form	Yes

External assessment	Currently MFHEA officers panel including students from 2024	Panel includes students from 2024	Panel includes student	Panel	MQRIC	Digital reviewer	Panel
Site-visit	Not currently (from 2024)	Yes	Not currently (from 2024)	No	No	No	Yes
Report published	Not currently (from 2024)	Yes, one report from this year	Not currently (from 2024)	Not currently (from October 2024)	No	Not currently (from October 2024)	Yes
Follow-up	From 2024	From 2024	From 2024	No	No	No	Yes

In the current status in regard to EQA processes, the panel found that there are parts of the processes that are not clear or that it will not be applicable before next year. Also, the methodology for programme accreditation needs to be finalised and fully implemented, and this will not take place before 2024/2025.

The panel is concerned about the accreditation of programmes that are accredited by another agency. This is a programme accreditation that does not involve peer-reviewers but is handled by the agency (MQRIC) confirming the accreditation status and the relevant EQF/MQF level. The agency's recognition of results of procedures of foreign agencies requires closer attention and involvement since MFHEA the agency holds the overall responsibility for the quality by ensuring that the minimum quality standards in relation to the Malta legislation and other requirements are met. The policy and following processes to monitor accreditation periods of programmes accredited by other agencies would be helpful in this regard. In relation to the current development for the methodology of programme accreditation, the agency should look how this could be developed to safeguard higher education provisions in and from Malta.

It is important that the agency ensures all its EQA activities to be concise and consistent. The methodology for all types of provider accreditation and programme accreditation must be implemented and ensure that there is a SAR, an external assessment which includes a site-visit, published report by external reviewers. The process for programme accreditation describes a three-cycle procedure. Follow-up to the agency EQA activities can be considered as such only after the agency's decision on these activities. The agency should establish and communicate follow-up procedures after the finalisation of reports and decisions. The agency should ensure consistency in all information about the EQA activities on the website and in written documents, such as guidelines and manuals.

The panel found the many different procedures of EQA activities difficult to fully understand. The agency should reorganise some of these processes to simplify the system.

Panel recommendations:

1. Ensure that processes for provider and programme accreditation and the information found in relation to these EQA activities are concise, consistent and easy to understand for relevant stakeholders and fit for purpose to safeguard quality.
2. Streamline and systematise processes, particularly those associated with the three main accreditation procedures, considering a simplification by grouping and integrating them more clearly into the agency's QA system for enhanced coherence and understanding.
3. Ensure the methodology for provider and programme accreditation including requirement for a SAR and the site visits for all HEIs is clear and consistently applied.
4. Follow-up to the agency EQA activities can be considered as such only after the agency's decision on these activities. Thus, the agency should develop follow-up processes for programme accreditation and ensure that follow-up procedure is implemented for all provider accreditation.
5. Establish and communicate follow-up procedures after the finalisation of reports and decisions to ensure continuous improvement.
6. Introduce the policy and following processes to monitor accreditation periods of programmes accredited by other agencies.
7. Ensure consistency of information provided on the website and easily comprehended and followed, for each EQA process of the agency.

Panel conclusion: partially compliant

ESG 2.4 PEER-REVIEW EXPERTS

Standard:

External quality assurance should be carried out by groups of external experts that include (a) student member(s).

Evidence

The agency has a pool of experts involving national experts, foreign peers, and student reviewers. MFHEA is increasing its efforts to recruit student QA experts by collaborating with local student organisations and further and higher education institutions and by signing an MOU with the European Students' Union (ESU). The latter was signed with ESU in 2022.

EQA audit

EQA audits are conducted by panels of external peer-review experts. The Accreditation, Quality Assurance and Validation Unit is responsible for finding the reviewers and the reviewers are approved by the QAC.

Peer reviewers must be in possession of at least a full MQF/EQF Level 7 degree and preferably should have lecturing and research experience within a further or higher education institution. They must have experience and knowledge of QA processes and audits. Student reviewers must be enrolled with an accredited further and higher education provider and have training in QA processes and audits. Each peer review panel must include a chairperson, at least one peer reviewer and a student reviewer.

MFHEA officers facilitate the panel and accompany the panel during site visits and keep notes and a record of the process. This information is then passed on to the panel. The chair of the panel is responsible for the coordination of the panel members for the drafting of the audit report.

The agency provided a list of EQA audit experts 2022-2023 (additional information). The list includes national and foreign peer-reviewers as well as student reviewers.

Panel members selected to conduct an audit go through an induction process to ensure all panel members understand the aims, objectives and methods of the audit process and understand their own roles and responsibilities as part of the panel. Training in the past has also included a mock audit. In light of the introduction of the new Accreditation Manual in 2024, mock audits will be reintroduced in the coming months to assist in the professional development and preparation of all reviewers. Training for the current pool of peer reviewers will be held in parallel with the training of new peer reviewers.

The composition of the peer review panel (see table 11) requires approval from the QAC prior to the audit. Panel members are required to sign a declaration stating that there is no conflict of interest that may influence them in the performance of their duties. Providers also have the right to object to the nomination of a particular panel member on the grounds that the member may have a conflict of interest. Annex 4 in the EQA audit manual outlines the composition of the peer-review panel for any EQA audit.

Table 11: Composition of peer-review panel (EQA audit manual of procedure)

Chair of Peer Review Panel	A recognised expert in the field of delivery of the target provider, or in quality audits
External experts	Between one and three, depending on the size of the target entities, being recognised experts in the field/s of delivery of the provider or in quality audits
MFHEA (NCFHE) QA personnel	Up to two staff personnel, with expertise in audit procedures (see about their role below)
Student	Up to two students selected according to minimum criteria (see below)
Industry expert (for vocational training providers only)	

The role of the MFHEA QA officers as shown in the table above was further described in the EQA audit manual of procedures. They act as audit manager, with a primary function to coordinate the audit activity, to advise the review panel and the institutions of the audit procedures, to ensure the interpretation of the QA standards and to facilitate the communication between the panel and the institutions. They also act as the secretary to the panel and coordinate the production of the audit report.

The EQA audit manual of procedure has a set of minimum criteria for student reviewers for EQA audits:

- selection shall be through an open call issued by the agency for training as audit student reviewers;

- only students who have received training or undertaken service as audit student reviewers are eligible to apply;
- selected students shall be at least 18 years old at the point of application with the agency;
- selected students are required to have a regular attendance record for at least two full scholastic years at a relevant further or higher education provider (this shall be determined by a written declaration by the Head of Department/ institution. As a rule of thumb, attendance shall be deemed to be regular if it is at least 80% of possible attendance of lectures/teaching sessions);
- in the case of students attending part-time courses, they must have at least two sessions per week for the duration of the scholastic year to be deemed as having experience equivalent to a full year for a full-time student. These parameters will ensure that eligible students are well grounded in further and higher education practices and procedures;
- selected students are required to have a clean behaviour record. This shall be determined by a written declaration by the Head of Department/institution;
- as a general principle, selected students should represent the diversity of the student body;
- to avoid possible conflict of interest issues, the selected student/s shall not be registered as a student of the target provider, nor shall they be a past student of that provider.

To ensure that there are no conflicts of interest, the agency may select students from overseas, for example through arrangements with ESU.

Programme accreditation

Accreditation of programmes is based on reports by experts in the subject matter, who conduct documentary review of the programmes. Full qualifications which are at MQF Level 5 or higher require two evaluators. Experts for programmes offering a full qualification above MQF Level 5 are approved by the QAC. Reviewers for programmes at a lower MQF Level are identified and appointed by the Accreditation, Quality Assurance and Validation Unit. In any event the reviewer must be in possession of a qualification which is of at least an MQF level higher than that of the programme being proposed. It is also important to note that where the programme being proposed relates to an award, and not a full qualification, then one evaluator suffices, irrespective of the MQF Level of said qualification.

As of the first of September 2023, full qualifications at MQF Level 6 or higher, will in addition to the existing two evaluators, have a third student reviewer included in the panel. Where a programme is accredited by one reviewer, that individual reviewer is responsible for compiling the evaluation report. Where there is more than one reviewer, each reviewer submits their own report. The different reports received in relation to the same programme are then consolidated by MFHEA officers (6.4.2 SAR). Starting October 2023 for MQF level 8, the reviewers meet remotely to discuss the evaluation of the programme, and the recommendations and accreditation of the programme.

The panel learned during the site visit that the students appointed as reviewers shall be enrolled in a program at a higher MQF/EQF level than the one of the programme being assessed. They will have the duty to i) verify whether the presented learning outcomes for the programme are, amongst other, clear, obtainable, measurable, and capable of being assessed, ii) confirm or otherwise evaluate whether the programme achieves the MQF level proposed by the applicant and iii) come up with any recommendations on how the programme can be improved to achieve the MQF level proposed by the applicant.

A digital reviewer is appointed for the assessment of online/blended learning. There is a pool of digital reviewers (additional information). It is not clear if and how this reviewer works with the other reviewers assessing the programme.

There is a programme accreditation reviewers list¹⁹ published on the website. The agency provided a list of programme accreditation reviewers for 2022-October 2023 (additional information). The list includes national and foreign peer-reviewers but there are no students. However, on the website there is a list of student reviewers from ASEF and ESU. Training and briefing of reviewers for programme accreditation is not described in the SAR, but the panel understands that the pool of experts has undergone training before being admitted on the list of reviewers for programme accreditation that is published on the agency’s website.

Provider accreditation

Provider accreditation is conducted by the MFHEA officers from the Accreditation, Quality Assurance and Validation Unit. The officers assess the application form and then determine whether the application meets the II Standards of the NQAF. The QAC then makes the decision based on the compliance with the standards. If the standards are met, a licence will be issued. The programmes offered by the same provider will require individual programme accreditation as laid out in the ESG 2.3 above.

Where an institution is seeking to obtain University Status, the MFHEA appoints an evaluation panel composed of three academics (SAR) and from 27 September 2023 students are appointed on the panel to assess a university application. This is confirmed in the new provider accreditation manual *External Quality Assurance Provider – Accreditation Manual for Higher Education Institutions* will be applicable from 2024. The manual will apply for self-accredited providers, universities, and higher education provision (attachment 18 additional information). The panel understands that this will also apply for provider accreditation for HEI, and not only for provider accreditation for university status and for self-accreditation. With the implementation of this manual there will be at least three panel reviewers, including a student. The review panel may consist of international experts and may include representatives of the world of work. The agency nominates one of the experts as the Chair of the review panel. The complexity of the provider will have an impact on the number of members included in the panel. The QAC approves the composition of the review panel.

Though the SAR does not describe training of experts for provider accreditation, this is included in the new manual. The panel will be nominated from a pool of experts that is maintained. These experts have completed training from the agency, but the agency will also organise additional training courses aimed at a wider audience of prospective experts and student reviewers. The composition of peer-review panel for provider accreditation - current and from 2024 see below in table 12.

Table 12: Composition of peer-review panel for provider accreditation - current and from 2024

Provider accreditation HEI	Provider accreditation university status
Conducted by MFHEA (SAR)	Conducted by panel of three academics
Provider accreditation including HEI, university status and self-accreditation (From 2024)	
Chair	
1-5 panel-review experts (may include a foreign peer-reviewer)	
At least one student	

¹⁹ [Programme-Accreditation-Evaluators-list_as-per-03.10.2023](#)

May include representative from working life

The activity *Selection process to ensure the independence and competence of Evaluators and Reviewers as well as initial training and continuous professional development of the same* addressed in the ToR, is related to ensuring the competence and the training of the reviewers. Though this activity is not described thoroughly in the SAR the panel relates this to the process of finding reviewers for the database and pool of experts.

Analysis

The panel found that some provider and programme accreditation processes do not involve peer-review panels. There is also some inconsistency in the documentation which has made it difficult to get a full picture for all accreditation processes. There have been recent changes for provider accreditation and there is ongoing work on improving programme accreditation.

The panel acknowledges the involvement of students in programme accreditation from September 2023. From this date there will be a panel of three reviewers for programme accreditation of full qualification and MQF level 6 and higher. However, the panel notes there will still be some programme accreditation of higher education involving only one reviewer, such as for online and blended learning. The panel finds this a weakness and may cause a challenge for the quality of the overall outcome for such evaluated programmes, primarily due to possible subjectivity of one view on the programme solely. The assessment carried out by the digital reviewer should be integrated into an assessment of the pedagogical and methodological aspects required for distance teaching and learning. Also, the accreditation of programmes accredited by other agencies which the MQRIC checks and confirms need further attention. The agency regards this as a programme accreditation procedure and as such is expected to involve peer-reviewers.

For provider accreditation, the panel understands that currently only application for university status includes assessment by peer-review panels. It is not further explained why there are no such peer-review panels appointed for other provider accreditation, since the HE landscape in Malta consists of numerous such institutions. In the panel's view, the inexistence of a peer-review approach for the other HEIs might have a serious negative impact on the overall quality of the Maltese higher education. The panel thus believes it should become a requirement that accreditation of all HEIs must be carried out by groups of external experts including a student member. However, the panel was provided with the new manual for provider accreditation and found that from 2024 there will be a peer-review panel involved in all types of provider accreditation (HEI, for university status and for self-accreditation) as shown in table 12. This remains to be fully implemented, but the panel welcomes these changes in future provider accreditation activities. It is of importance that the agency ensures that there is student participation in all EQA activities related to higher education.

The new provider accreditation procedure going to be introduced from January 2024 will have an impact on the number of members included in the panel. A structured and transparent recruiting system for peer experts, in which the different profiles are clearly defined, have to be organised and implemented to avoid shortages of experts to deliver the procedure. The selection criteria of experts based on predefined and clearly communicated selection criteria to be selected for EQA and/or programme accreditation will contribute to formation of a competent and capable peer review team.

With the changes in provider and programme accreditation, there will in the future be many student reviewers participating in accreditation activities. It is important that there are clear guidelines and that the students are trained so they have a good understanding of their role, the accreditation process and the accreditation standards.

The panel's view is that the agency grasps the interpretation of the standard by implementing changes ensuring that all EQA activities in higher education will be conducted by groups of external experts, including students, and ensuring the necessary competence and the independence of the experts.

Finally, for EQA audits the panel found the composition of the panel to be sufficient in terms of following the requirements of the ESG, but the inclusion of the MFHEA QA personnel as members of the peer-review panel as shown in the table 11, gives the impression that they are part of the review panel. Thus, this should be taken out from the table in the EQA audit manual of procedure, Annex 4. Their role is, however, clearly described as coordinator and facilitator in the manual and in the SAR.

Panel recommendations:

1. Ensure that there is student participation in all EQA processes related to higher education.
2. Deliver distinct training for students covering accreditation standards and their role in external evaluation, while revising guidelines for full student engagement.
3. Organise a structured and transparent recruiting system for peer experts especially for provider accreditation, in which the different profiles are clearly defined.
4. Selection criteria for being enrolled in the pool of experts for conducting EQA and programme reviews should be predefined, clearly communicated, and capable of ensuring peer review.
5. Include assessment by peer-review panels in case of provider accreditation.
6. For online providers and programmes, the assessment carried out by the digital reviewer should be integrated into an assessment of the pedagogical and methodological aspects required for distance teaching and learning.

Panel conclusion: partially compliant

ESG 2.5 CRITERIA FOR OUTCOMES

Standard:

Any outcomes or judgements made as the result of external quality assurance should be based on explicit and published criteria that are applied consistently, irrespective of whether the process leads to a formal decision.

Evidence

Through the NQAF (including the updated standards for online/blended learning in 2017), the MFHEA has established the parameters for a national EQA system that complements the IQA mechanisms of HEIs. The NQAF standards are available to the public on the MFHEA website.

The standards for EQA audit are explicit with guidelines listed in the EQA audit manual of procedures. The EQA audit reports are drafted by the peer-review panel. The structure of the report is laid out in the EQA audit manual for procedures (chapter 4) and the Annex 5 of the EQA audit manual for procedures includes a recording template for the peer-review panels. The recording template requires each review panel member to write down their assessment on each standard. Prior to the assessment, the reviewers are asked to note down their expectations and indicative key questions for each standard that the agency has set. Judgements on compliance with each IQA standard are then made by the peer-review panel jointly. The EQA audit manual Annex 8 includes judgement criteria expressed on four levels: *surpasses standard*, *meets standard*, *requires improvement to meet standard* and *does not meet standard*. Furthermore, in the same document (Annex), there are guiding criteria that the panel will use to determine the judgement for a standard.

All reports are vetted by the QAC, which may request revisions to the EQA audit report if this is not of the required quality or does not comply with the requirements of the EQA audit manual of procedures. The QAC cannot replace the judgements of the peer-review panel, but it is bound to ensure consistency between reports from different panels and that the established criteria for outcomes have been satisfied in each audit report. The MFHEA Board endorses the QAC's accreditation decision based on the outcomes of the EQA audit report. The QAC makes all decisions regarding EQA activities, and it was confirmed at the site visit that the Board has not overruled any of the QAC's decisions.

For programme accreditation, the standard and the criteria are stipulated in the application form which is to be completed by the provider in question. These criteria are further reinforced in the standard form evaluation report to be completed by programme reviewers. In the agency's self-mapping against Part I of the ESG the standards for programme accreditation relate to the four of the NQAF standards, though these standards are not directly referred to in the application form nor in the report examples that were provided to the panel. The MFHEA officers make an initial vetting of the application before the reviewers draft the report. The programme accreditation process may take up to three cycles during which reviewers will give the provider feedback identifying any shortcomings in the programme or suggestions for improvement. At the end of the third cycle the evaluator will recommend whether the programme should be accredited. The panel wishes to note that it was unclear how the agency officers are engaged in the quality assurance of the report between the three cycles. However, what was clarified during the site visit is that the MFHEA officers consolidate the reports if there is more than one reviewer involved in the activity. For MQF level 8 the reviewers in addition meet remotely for discussion and recommendations (see also the ESG 2.4). This practice could be extended to the MQF levels 6 and 7. The QAC makes the decision, and it is also the QAC's responsibility to ensure the consistency and quality of the report. This body can also send a report back and require clarification from the reviewers and the HEIs, which further may strengthen the evidence and the basis for the judgement. Additionally, the panel notes that the programme accreditation reports and decisions, including online/blended learning, are not published on the agency's website (see ESG 2.6), and thus the panel has no results to check the outcomes in the judgements, recommendation, and decisions.

Criteria for provider accreditation refers to the eleven NQAF standards. This is reflected in the application form for provider accreditation and in the MFHEA website where it refers to IQA and the document *External Quality Assurance in Further and Higher Education*. The activity's step-by-step guide also explains the standards to be used (see also the mapping exercise under the ESG 2.1). The criteria for a HEI to obtain university status is established in Article 47 of The Further and Higher Education (Licensing, Accreditation and Quality Assurance) Regulations (source: SAR). The panel managed to verify this through the provided report (see also the ESG 2.6) where the agency's assessment only referred to Article 47. Regardless of the overlapping subjects for assessment in Article 47 and the NQAF standards, it is unclear to the panel if and how the NQAF standards apply for provider accreditation for university status and other HEI categories. The provider accreditation reports are not published and were not accessible to the panel except from the one example mentioned above.

Analysis

The NQAF standards form the sole basis for the provider and programme accreditation as well as the EQA audits. The NQAF standards include the updated standards for online/blended learning. The panel confirms that all criteria for all activities are published on the agency's website.

MFHEA had developed and published the EQA audit manual with detailed instructions for implementation to ensure consistency of the process. The EQA audit standards in the manual mirror the same standards as the published NQAF standards. The panel confirms there is a recording

template available for the review panel to ensure a consistent judgement of each standard. The MFHEA officers and the QAC have an important task to ensure the quality of the SAR and of the reports before they are finalised and can form the basis for the decision of the QAC and the Board's endorsement. All reports together with the decision of the QAC with the endorsement of the board (the so-called "Cover Letter"), the follow-up report and the possible appeal are published on the MFHEA website.

In contrast, the NQAF standards for programme accreditation are not clearly referred to in the related application form. The information requested in the application form may relate to the NQAF standards, but a clearer communication of which standards are referred to in the application form and in the overall assessment should be better considered by the agency. All programme accreditation reports should be published, which is currently not the case. Nevertheless, the panel learned during the site visit that there is an intention of publishing programme accreditation reports from October 2024 (see ESG 2.6). The panel believes this will strengthen the agency's credibility and transparency of their EQA processes and outcomes, including of how the programme accreditation standards are being used and communicated to the higher education community.

Similar challenges apply to provider accreditation. The panel received one report for provider accreditation for its university status. This does not follow the application form where the NQAF standards are referred to. In the provided accreditation report, the assessment referred to Article 47 in the Subsidiary Legislation, rather than the NQAF standards. The panel believes it is important that there is consistency of the standards used as they form the basis for any assessment, including the provider accreditation. Only the clarity of use of the standards will ensure the consistency of judgements and good acceptance in the higher education sector.

All in all, the panel notes that the main outcomes of the agency's EQA are the accreditation reports where the prescribed standards are applied in practice through the agency's activities. Thus, in the panel's view, it is essential that the EQA criteria and all reports are published, since this forms two poles of the same coin. At the moment, the panel concludes that the criteria are not published for all EQA activities. The quality assurance for outcomes is clear in the procedure manual for EQA audit. The standards and the sub-criteria are clearly defined and ensure a consistent judgement of each standard. The manual also includes judgement criteria expressed on four levels as described above. Together with the QAC's scrutiny of the report, this contributes to well based recommendations and decisions and ensures consistency in the application of its criteria. However, this is not clear when regards to provider and programme accreditation. The agency needs to ensure clearly what standards shall apply for each accreditation activity and ensure consistency in all supporting documents such as guidelines and procedure manuals. Though the QAC as the decision-making body has an important role by reviewing the reports to ensure consistency, the panel is not confident how this is conducted. The agency should have clear guiding criteria of outcomes to ensure a consistent judgement for all types of provider and programme accreditation.

Panel recommendations:

1. For each accreditation procedure the criteria followed to reach the final decision should be clearly established.
2. Ensure the publication and communication of all EQA criteria of outcomes for each accreditation procedure to enhance transparency and ensure consistency in decision making.
3. Should extend the practice applied for consolidation of panel report for MQF level 8 to MQF levels 6 and 7.

Panel conclusion: partially compliant

ESG 2.6 REPORTING

Standard:

Full reports by the experts should be published, clear and accessible to the academic community, external partners and other interested individuals. If the agency takes any formal decision based on the reports, the decision should be published together with the report.

Evidence

The agency publishes all EQA audits reports together with the related decision and the follow-up report. If there are any appeals, this is also published together with the report and decision.

The EQA audit report has the following structure:

- a. an Executive Summary that includes the key findings, the judgement and the recommendations for each Standard;
- b. the names and affiliations of the members of the peer review panel;
- c. reference to the general terms of reference, aims and objectives of the audit
- d. any specific terms of reference, aims and objectives of the particular audit, as well as the research questions developed for this audit;
- e. findings, including highlighting good practice; the findings shall be for each Standard of the IQA, leading to one of four judgements for each Standard: - surpasses Standard - meets Standard - requires improvement to meet Standard - does not meet Standard;
- f. recommendations for improvements;
- g. any recommendations for conditions or formal outcomes in terms of the Sanctions Procedure of the Quality Assurance Committee; and
- h. response by the provider indicating how the recommendations will be addressed. This may include an action plan.

The panel confirms that the EQA audit reports are present on the agency's website. However, the panel notes that there is one list with the institutions in alphabetical order and another list that has a descending order with the most recent audit being first on the list. The lists do not differentiate higher education from non-higher education institutions. In the panel's view, this might confuse any user of the agency's website, and is as such not too user friendly. Secondly, the panel notes that the reports follow the structure the MFHEA has set for audits. Each standard is assessed with the main findings, analysis of progress since the previous audit, good practice identified, recommendations of improvement and a conclusion.

In contrast, the provider accreditation reports are not published. However, in the additional information that was provided to the panel during the site visit, the agency stated it will publish the reports from end 2023 on. In addition, even prior to publishing such reports online, the panel was provided during the site visit with a link to the provider report, which was an application from the International European University for a temporary licence to operate in Malta. In the flowchart on the website, the procedure shows that the reports are sent to the applicant who are given 20 working days to submit requested updates and provide clarifications before the decision is made. The report that was provided to the panel is brief and does not refer to the NQAF standards, but to Article 47 in the Subsidiary Legislation. See ESG 21 and 2.3.

Finally, the reports for programme accreditation are not published. As stated in the SAR these reports shall start being published from October 2024 on, following a consultation with all stakeholders. Upon

request the panel received examples of programme accreditation reports. Altogether the panel received three reports covering three cycles of evaluation. The provided reports have been very short in terms of provision of evidence and analysis on the evaluated standards, as well as the other comments and recommendations have been rather brief. The evaluated standards have not been numbered according to the NQAF standards, though many of the areas for evaluation may relate to the NQAF standards. Furthermore, the panel notes that the first cycle report contained recommendations, and according to the procedure this was then sent to the provider so they could revise the application before sending it back to the agency. This would then in accordance with the agency procedures on programme accreditation continue to the second cycle and so on until the last, third cycle. The cycle 2 and 3 reports that the panel received also contained the panel's comments. The panel was in addition also provided with one consolidated report on PhD in Management at European Institute of Management by the MFHEA officers. If there is more than one reviewer in the case of programme accreditation, each reviewer would send their report to the agency and the MFHEA officers would then put it all together into one consolidated report. The panel noted that the reviewer/s name/s is/are not included in the report. The decision on the programme accreditation is made by the QAC (see ESG 2.5). During the site visit it was explained to the panel that the QAC checks the report, and they can ask for clarification to ensure the basis for their decision.

Analysis

The panel found that all EQA audit reports are structured as indicated above with an assessment of each standard, following the information provided in the SAR and during the site visit. The reports include recommendations and conclusions for each standard. There is a presentation of the reviewers' profile and background within the report. The report also contains a summary of the audit process and the main conclusions. All EQA reports are published on the agency's website, and the decisions are published together with the report.

The panel also noticed that the follow-up document for EQA audits is published together with the review report and the cover letter. The panel finds this to be a good practice, but the follow-up document content could be further improved. The panel found that some follow-up reports are a systematic table scrutinising each standard and some are more a brief summary of the institution's future steps.

Regarding the provider and programme accreditation reports and the decisions, the panel confirms these have not been published until the end of the site visits. In addition, the panel acknowledged the agency's clarification that the reports for provider accreditation for university status will be published from this year.

As the reports for most provider accreditation of HEIs and programme accreditation currently are not published, the decisions are not published either with the report. The agency only updates the database of accredited providers and programmes, and they make an announcement that is published on the agency's website.

The panel acknowledged that the new manual for provider accreditation will ensure that the report will be published for all types of provider accreditation from next year. However, the agency should ensure the quality of all provider accreditation reports, and that the reports comply with the standards that are identified for provider accreditation. The same should also apply to programme accreditation when the new methodology is finalised and implemented. It is important for each accreditation procedure that the reports have a clear form, and the contents of the outcomes covers all standards and that the agency publishes all decisions together with the report.

The panel found that agency officers are directly involved in preparing the consolidated report for programme accreditation (if more than one reviewer is involved in its preparation). This practice is not in line with the principle of panel autonomy in conducting the review in all stages.

It was confirmed during the site visit and the additional documents that the QAC makes all accreditation decisions, and the Board provides the endorsement. The QACs decision is published in the Boards endorsement in the so-called “Cover Letters”. The panel believes the agency should look into this and find a better title to communicate where the decision is communicated to any interested party.

Up to date there is no clear evidence that there is follow-up or follow-up reports for programme and provider accreditation.

Panel recommendations:

1. Ensure that the outcomes for each EQA activity of the agency in the scope of the ESG are made public and that all the reports are published together with the decisions. All provider accreditation reports, not just those for university status, should be published.
2. Ensure that officers of the agency provide necessary guidance to the panel in preparation of the consolidated report but are not directly involved in its preparation.
3. Ensure that all decisions are published together with the reports.

Panel suggestions:

1. Published reports could contain only parts written by the panel. In this regard, the agency could consider clearly separating the action plans from the assessed HEI from the peer-review panel reports.
2. Re-evaluate the title of the Board's endorsement document for better communication of decisions (the so-called “Cover Letters”).

Panel conclusion: partially compliant

ESG 2.7 COMPLAINTS AND APPEALS

Standard:

Complaints and appeals processes should be clearly defined as part of the design of external quality assurance processes and communicated to the institutions.

Evidence

Complaints

In 2022, MFHEA developed a formalised procedure for complaints that is publicly accessible on its website, providing clients with the opportunity to formally register complaints pertaining to the quality of services rendered by the agency.

The Complaint Procedure serves as a mechanism designed to redress grievances pertaining to administrative services rendered by the agency and its staff. It affords providers and individuals in contact with the agency the opportunity to express dissatisfaction with the conduct of a process or those responsible for its execution. It is essential to note that a complaint is not a means to contest or review the outcomes of any EQA process as; such concerns are formally addressed through an Appeals Procedure. Typically, the resolution of complaints falls within the purview of the head of the relevant Unit or the Chief Executive Officer (CEO). The agency has until now not received any complaints.

Appeals

At the same time as with the complaints procedure, the agency has established a formal policy and procedural framework for appeals, which is available on its website. Further and higher education institutions are eligible to submit appeals in relation to any formal outcomes stemming from EQA processes. These appeals are directed to the Quality Assurance Committee (QAC) and may be predicated on the following grounds:

1. the MFHEA violated its own written procedures or there were procedural flaws, such as processes which were not consistently implemented;
2. the criteria have not been correctly applied;
3. there is a proven ethical concern, that is conflict of interest, referring to the panel members or members of QAC;
4. the decision or conclusion is inconsistent with the material and facts presented by the applicant before and during the evaluation visit;
5. the decision is not based on or supported by sound evidence and arguments as reflected in the audit report.

The agency has a pool of peer reviewers from which the QAC selects three members to sit on an ad hoc panel to analyse the appeal. The panel must consist of two members who have good knowledge of QA and a student. The list of all peer reviewers who have expressed their interest to be part of the Appeals Committee is being published on the agency's website (additional information). This was however not found on the website. The Chairperson of the panel will be selected from amongst the three members by the members themselves.

The Appeals Committee is tasked with scrutinising the evidence presented by the petitioner and subsequently determining whether to dismiss the appeal, endorse the appellants' arguments (potentially in part), or mandate a new evaluation, with the associated expenses borne by MFHEA.

To date, the agency has received a singular appeal, the details of which, along with the corresponding Appeal Committee's report, have been published on the agency's website subsequent to the conclusion of the appeal process.

Analysis

The appeals and complaints procedures are clearly delineated, with comprehensive information pertaining to appeals and complaints readily available and accessible on the MFHEA website. It was ascertained during the on-site visit that providers are duly apprised of their capacity to initiate complaints and appeals.

The panel was apprised of a singular appeal that had been received by the agency. The prescribed appeals procedure was adhered to, culminating in a resolution whose details were subsequently made public on the website. Nevertheless, the assertion that the list of peer reviewers interested in participating in the Appeals Committee is published on the agency's website does not align with the actual content available on the site. At the same time, the current arrangement, where the agency draws from a pool of peer reviewers, and the QAC selects three members to form an ad hoc panel for the analysis of appeals, may not be optimally effective, especially in instances where multiple appeals occur concurrently.

Suggestions:

- I. Ensure the accurate publication of the list of peer reviewers expressing interest in the Appeals Committee on its website to uphold transparency and fulfil the stated commitment.

Panel conclusion: compliant

ADDITIONAL OBSERVATIONS

DEVELOPMENT OF THE MFHEA AND THE EQA SYSTEM FOR HIGHER EDUCATION

The panel found it necessary to request the agency additional information, clarification, and explanation before and during the site visit in order to fully understand the MFHEA organisation, how it is governed and the different procedures and methods for EQA activities.

Though the panel did not always receive the clarification and the documentation that was needed, the agency was available at all times and submitted supplementary information well in time. The panel met experts for quality assurance, students, leaders, and staff from HEIs, Ministry representatives and other bodies, as well as committed staff of the MFHEA and their governing bodies, allowing to sufficiently engage and critically discuss the agency's role in the external QA in higher education in Malta. The structuring of the evidence in the SAR was a challenge as the information and the gathered evidence was not well structured but spread across many documents and emails in addition to the SAR. It was also a challenge that the legislation, organisation and procedures were under development, and were not yet in force. Some processes were newly implemented on the time of the site visit, such as the inclusion of students in the accreditation procedures. And some processes were still to be implemented in 2024. As such it is understandable that the presentation and the gathering of the evidence has been a challenge and needed rounds of clarification and explanation within a limited time frame, however the panel was able to gather a picture of the ongoing development.

SEPARATION OF HIGHER EDUCATION AND NON HIGHER EDUCATION PROVISION

Separate clearly HEI and HE provisions in MQF levels 5-8 so that QA in the remit of ESG is clearly identified and separated from those under MQF level 5.

Consider the creation of a Higher education quality assurance department by restructuring internally the MFHEA, thus consolidating relevant staff competencies in the area under common guidance and supervision.

FINANCIAL SUPPORT TO THE AGENCY

Ensure necessary level of financial support to the agency to enable it to fulfil its activities on required quality level and sustainable development.

VALIDATION OF PROGRAMME OFFER ACCREDITED BY FOREIGN AGENCY

Ensure that recognition of foreign programmes and qualifications which are pegged to the EQF follows independent evaluation and peer review in order to make sure that the programme satisfies national and international standards and is of the quality expected by stakeholders in Malta and internationally.

ESTABLISHMENT OF HIGHER EDUCATION NATIONAL FORUM

Facilitate establishment of Higher Education National Forum (Equivalent to National Rectors Conference or Council) to ensure mutual support and development of Higher Education Institutions

and to represent Malta Higher education sector at the European Higher education networks and relevant bodies.

CONCLUSION

SUMMARY OF COMMENDATIONS

ESG 3.5 RESOURCES

1. The panel commends the MFHEA for enlisting staff with exceptional motivation and high competence.

ESG 2.2 DESIGNING METHODOLOGIES FIT FOR PURPOSE

2. The panel commends the approach by the agency that all current processes were designed in consultation with EQA experts and stakeholders.

OVERVIEW OF JUDGEMENTS AND RECOMMENDATIONS

In light of the documentary and oral evidence considered by it, the review panel is satisfied that, in the performance of its functions, MFHEA is in compliance with the ESG.

ESG 3.1 ACTIVITIES, POLICIES AND PROCEDURES FOR QUALITY ASSURANCE

1. The panel urges the agency to reconsider and map all activities in a clear and comprehensive manner for better understanding of the landscape to any user of the agency's services.
2. Have a clear and accessible distinction of higher education and non-higher education activities to improve internal organisation and external communication.
3. Goals and objectives of the agency should be established explicitly and communicated clearly to assure guidance of the agency's daily work.
4. Reflect on the EQA system by reorganising the procedures thus decreasing its complexity and not to overburden the HEIs.

ESG 3.3 INDEPENDENCE

5. The role of the QAC and the Board should be further clarified and clearly communicated in all accreditation procedures and formal outcomes.
6. Ensure changes in composition of the Board by not including any members, including the Head of the QAC, to eliminate conflicts of interest.

ESG 3.4. THEMATIC ANALYSIS

7. Have a plan to ensure thematic analysis regularly and expand its thematic analysis activities with a specific focus on HE and HEIs.
8. Take a hands-on approach in thematic analysis, emphasising internal involvement over outsourcing to external evaluators, in order to foster a more nuanced and context-specific analysis.

ESG 3.5 RESOURCES

9. Map the ongoing procedures and relative workload taking into account the possible expansion of the higher education system in the short to medium term.
10. Prioritise and implement robust staff development opportunities, essential for both individual and organisational growth, ensuring the retention and continual enhancement of expertise within the agency.

ESG 3.6 INTERNAL QUALITY ASSURANCE AND PROFESSIONAL CONDUCT

11. Foster and promote the internal quality culture by making existing processes more visible within the QA system for enhanced clarity and shared understanding.
12. Assess its external feedback mechanisms, aiming to elaborate input from stakeholders that enhances continuous improvement.

ESG 2.1 CONSIDERATION OF INTERNAL QUALITY ASSURANCE

13. Consider clearly incorporating the standards referenced in the NQAF into documents pertaining to provider and program accreditation for improved transparency and alignment.
14. Enhance the depth of addressing IQA system efficiency and effectiveness within EQA activities to minimise ambiguity and ensure comprehensive coverage of necessary standards for safeguarding quality of higher education.
15. Ensure that in the application form for programme accreditation and in the new methodology for programme accreditation that all relevant standards of Part I of the ESG are clearly integrated.

According to the judgement of the panel, MFHEA is partially compliant with the ESG standards:

ESG 2.2 DESIGNING METHODOLOGIES FIT FOR PURPOSE

16. Distinctly separate accreditation for further education providers and higher education programmes and emphasise research in accreditation of HEIs.
17. The key elements of higher education as prescribed through the relevant standards should be evaluated consistently in the agency's EQA activities to safeguard and further support the Maltese higher education sector. This is particularly relevant for the agency's external quality assurance procedures on study programmes, where the coverage of all standards is not guaranteed, and of the provider accreditation of other HEIs with the lack of clarity of the academics being involved in the process.
18. A clearer line to be made on the provision of support versus an external evaluation in the agency's activities (particularly programme accreditation and the related cycles).

ESG 2.3 IMPLEMENTING PROCESSES

19. Ensure that processes for provider and programme accreditation and the information found in relation to these EQA activities are concise, consistent and easy to understand for relevant stakeholders and fit for purpose to safeguard quality.
20. Streamline and systematise processes, particularly those associated with the three main accreditation procedures, considering a simplification by grouping and integrating them more clearly into the agency's QA system for enhanced coherence and understanding.
21. Ensure the methodology for provider and programme accreditation including requirement for a SAR and the site visits for all HEIs is clear and consistently applied.
22. Follow-up to the agency EQA activities can be considered as such only after the agency's decision on these activities. Thus, the agency should develop follow-up processes for

programme accreditation and ensure that follow-up procedure is implemented for all provider accreditation.

23. Establish and communicate follow-up procedures after the finalisation of reports and decisions to ensure continuous improvement.
24. Introduce the policy and following processes to monitor accreditation periods of programmes accredited by other agencies.
25. Ensure consistency of information provided on the website and easily comprehended and followed, for each EQA process of the agency.

ESG 2.4 PEER REVIEW EXPERT

26. Ensure that there is student participation in all EQA processes related to higher education.
27. Deliver distinct training for students covering accreditation standards and their role in external evaluation, while revising guidelines for full student engagement.
28. Organise a structured and transparent recruiting system for peer experts especially for provider accreditation, in which the different profiles are clearly defined.
29. Selection criteria for being enrolled in the pool of experts for conducting EQA and programme reviews should be predefined, clearly communicated, and capable of ensuring peer review.
30. Include assessment by peer-review panels in case of provider accreditation.
31. For online providers and programmes, the assessment carried out by the digital reviewer should be integrated into an assessment of the pedagogical and methodological aspects required for distance teaching and learning.

ESG 2.5. CRITERIA FOR OUTCOMES

32. For each accreditation procedure the criteria followed to reach the final decision should be clearly established.
33. Ensure the publication and communication of all EQA criteria of outcomes for each accreditation procedure to enhance transparency and ensure consistency in decision making.
34. Should extend the practice applied for consolidation of panel report for MQF level 8 to MQF levels 6 and 7.

ESG 2.6 REPORTING

35. Ensure that the outcomes for each EQA activity of the agency in the scope of the ESG are made public and that all the reports are published together with the decisions. All provider accreditation reports, not just those for university status, should be published.
36. Ensure that officers of the agency provide necessary guidance to the panel in preparation of the consolidated report but are not directly involved in its preparation.

37. Ensure that all decisions are published together with the reports.

SUGGESTIONS FOR FURTHER IMPROVEMENT

ESG 3.1 ACTIVITIES, POLICIES AND PROCEDURES FOR QUALITY ASSURANCE

1. Review the use of terminology so that it is consistent in all its documents.

ESG 3.3 INDEPENDENCE

2. Ensure that the Advisory Committee is chaired by the chair elected among Advisory Committee members.

ESG 3.4. THEMATIC ANALYSIS

3. Learn from other QA agencies about diverse approaches for thematic analysis.
4. Feedback from external stakeholders could be taken into account in defining topics to analyse.

ESG 3.5 RESOURCES

5. Put strong efforts to ensure necessary level of financial provision for coming years to the agency to enable it to fulfil its activities on required quality level and sustainable development.
6. Consider sufficient human resources to meet future challenges.
7. Divisions and offices could be rethought accordingly to and related to HE-related activities; and the employees assigned on the basis of acquired skills and know-how.

ESG 3.6 INTERNAL QUALITY ASSURANCE AND PROFESSIONAL CONDUCT

8. Enhance the website's search and navigation features for easier accessibility to the agency's relevant documents (such as the internal quality assurance policy), ensuring transparent and effortless information retrieval.

ESG 2.2 DESIGNING METHODOLOGIES FIT FOR PURPOSE

9. MFHEA should actively engage a broader range of stakeholders, together with relevant staff, incorporating both a broader quality assurance perspective and a student viewpoint, in the design and enhancement of their accreditation methodologies.
10. In addition, the application form would be simplified, and the assessment report should be required in addition to get a deeper understanding of the institutional intention and resources.

ESG 2.6 REPORTING

11. Published reports could contain only parts written by the panel. In this regard, the agency could consider clearly separating the action plans from the assessed HEI from the peer-review panel reports.
12. Re-evaluate the title of the Board's endorsement document for better communication of decisions (the so-called "Cover Letters").

ESG 2.7 COMPLAINTS AND APPEALS

13. Ensure the accurate publication of the list of peer reviewers expressing interest in the Appeals Committee on its website to uphold transparency and fulfil the stated commitment.

ANNEXES

ANNEX I: PROGRAMME OF THE SITE VISIT

SESSION NO.	TIMING	TOPIC	PERSONS FOR INTERVIEW
03.10.2023 - Online meeting with the agency's resource person			
1	120 min	Review panel's kick-off meeting and preparations for site visit	
2	15.00 – 16.30 CET	An online clarification meeting with the agency's resource person regarding the specific national/legal context in which an agency operates, specific quality assurance system to which it belongs and key characteristics of the agency's external QA activities	<ol style="list-style-type: none"> 1. CEO 2. Head Accreditation, Quality Assurance and Validation 3. Senior Manager Corporate 4. Head Legal and Compliance 5. Head MQRIC 6. Manager Research Unit
10.10.2023 – Day 0 (pre-visit)			
3	60 min	Review panel's pre-visit meeting and preparations for day 1	

4	17.00- 18.00 Meeting at the hotel	A pre-visit meeting with the agency's resource person to clarify any remaining questions after the online clarifications meeting	CEO Head Accreditation, Quality Assurance and Validation
	08.30-09.00	Review panel's private meeting	
11.10.2023 – Day 1			
5	09.00-09.45	Meeting with the CEO and the Chair of the Board (or equivalent)	CEO Chairman MFHEA Board
	15 min	Review panel's private discussion	
6	10.00-10.45	Meeting with the team responsible for preparation of the self-assessment report	<ol style="list-style-type: none"> 1. QAC Member 2. Head Accreditation, Quality Assurance and Validation 3. Manager Research 4. Head Legal and compliance 5. Senior Manager Corporate Services
	15 min	Review panel's private discussion	

7	11.00-11.45	MFHEA Board members	Three members of the Board
	15 min	Review panel's private discussion	
8	12.00-12.45	Quality Assurance Committee and Advisory Committee (also student representative if available)	Four representatives from the QAC Three representatives from Advisory Committee
	12.45-13.45	Lunch (panel only)	
9	13.45-14.30	Meeting with representatives from the Senior Management Team	<ol style="list-style-type: none"> 1. Head Accreditation, QA and Validation 2. Head MRC and EU Affairs 3. Head MQRIC 4. Head Legal and compliance
	15 min	Review panel's private discussion	
10	14.45-15.30	Meeting with key staff of the agency/staff in charge of external QA activities	Manager QA Manager Accreditation
	15 min	Review panel's private discussion	

11	15.45-16.45	Meeting with department/key body of the agency 1	Seven accreditation and QA Officers
12	16.45-17.45	Wrap-up meeting among panel members and preparations for day 2	
12.10.2023 – Day 2			
	08.30-09.30	Review panel's private meeting	
13	09.30-10.00	Meeting with ministry representatives	Permanent Secretary
	15 min	Review panel's private discussion	
14	10.15-11.00	Meeting with heads of some reviewed HEIs/ HEI representatives	<ol style="list-style-type: none"> 1. Learning Works 2. American University of Malta 3. Institute for Tourism Studies 4. Global College (online) 5. London School of Commerce (Malta) 6. Pegaso International (online) 7. Central Mediterranean Business School
	15 min	Review panel's private discussion	

15	11.15-12.00	Meeting with quality assurance officers of HEIs	<ol style="list-style-type: none"> 1. Learning Works 2. AUM 3. Institute for Tourism Studies 4. Global College (online) 5. London School of Commerce (Malta) (online) 6. Central Mediterranean Business School 7. Pegaso International (online)
	12.00-13.00	Lunch (panel only)	

16	13.00-13.45	Meeting with representatives from the reviewers' pool	<ol style="list-style-type: none"> 1. Program Accreditation Evaluator and Peer Reviewer EQA audit, Works at Mater Dei Hospital 2. Peer Reviewer EQA audit, works at HSBC Malta 3. Peer Reviewer EQA, served as Appeal Committee Member, works at Directorate for Quality and Standards in Education (online) 4. Student Peer Reviewer EQA audit, student at the University of Malta (online) 5. Program Accreditation Evaluator, Senior Lecturer at the Malta College of Arts, Science and Technology 6. Peer Reviewer EQA audit, Senior Lecturer at the Institute of Tourism Studies (Malta) 7. Student Peer Reviewer EQA audit, Ph.d student at Delft University of Technology (online)
	15 min	Review panel's private discussion	

17	14.00-14.45	Meeting with reviewers from foreign universities attending online	<ol style="list-style-type: none"> 1. Peer Reviewer EQA audit (online) 2. Peer Reviewer EQA audit (online) Masaryk University 3. Program Accreditation Evaluator and Provider Accreditation - University Status (online)
	15 min	Review panel's private discussion	
18	15.00-16.00	Meeting with stakeholders, such as employers, students, local community	<ol style="list-style-type: none"> 1. Malta Union of Teachers 2. Chamber of SMEs 3. Kunsill Studenti Universitarji (KSU) 4. JobsPlus (online) 5. Directorate for Quality Assurance and Standards in Education 6. National Skills Council (online)
19	16.00-17.00	Wrap-up meeting among panel members: preparation for day 3 and provisional conclusions	
13.10.2023 – Day 3			
20	08.30-09.30	Meeting among panel members to agree on final issues to clarify	

21	09.30-10.30	Meeting with CEO to clarify any pending issues	CEO
22	10.30-12.00	Private meeting between panel members to agree on the main findings	
	12.00-13.00	Lunch (panel only)	
23	13.00-13.30	Final de-briefing meeting with staff and Board members of the agency to inform about preliminary findings	CEO Head Accreditation, Quality Assurance and Validation Chair of the Board 3 members of the Board

ANNEX 2: TERMS OF REFERENCE OF THE REVIEW

External review of Malta Further and Higher Education Authority (MFHEA) by ENQA

Annex I: TRIPARTITE TERMS OF REFERENCE BETWEEN MFHEA, ENQA AND EQAR March 2023

I. Background and context

The Malta Further and Higher Education Authority (MFHEA) was established in January 2021 with the coming into force of the Further and Higher Education Act (Cap 607), "to foster the development and achievement of excellence in further and higher education in Malta through research, effective licensing, accreditation, quality assurance and recognition of qualifications established under the Malta Qualifications Framework." (MFHEA Mission Statement).

The MFHEA traces its roots to 2005 when the Malta Qualifications Council (MQC) was established to oversee the development of the National Qualifications Framework in the context of lifelong learning. In 2006 the National Commission for Higher Education (NCHE) was set up as a consultative and advisory body to government on higher and further education. In 2012 the National Commission for Further and Higher Education was established by Article 64 of the Education Act (Cap327) to absorb the functions of the MQC and the NCHE and to furthermore promote the development of further and higher education in Malta by means of regulation and by the promotion of best practices. The NCFHE was re-established as the MFHEA in 2021. The MFHEA provides institutional, course and programme accreditation and quality assurance at further and higher education levels, recognition of qualifications, validation of informal and non-formal learning as well as research and policy recommendations on issues related to further and higher education.

The MFHEA is also responsible for conducting External Quality Assurance Audits (EQAA) of further and higher education institutions. This process ensures the development and accountability of institutions. The EQAA serves to establish and ensure that the internal quality management system of the provider is:

- fit for purpose according to the provider's courses and service users;
- compliant with standards and regulations and contributing to the development of a national quality culture;
- contributing to the fulfilment of the broad goals of Malta's Education Strategy 2014-2024;
- implemented with effectiveness, comprehensiveness, and sustainability.

Another important EQA responsibility of the MFHEA is the process to ensure the independence and competence of Evaluators and Reviewers engaged, as well as the initial training and continuous professional development of the same.

MFHEA has been an affiliate of the European Association for Quality Assurance in Higher Education (ENQA) since 2014 (its predecessor the National Commission for Further and Higher Education or NCFHE) and is applying for ENQA membership.

MFHEA is applying for inclusion on EQAR.

2. Purpose and scope of the review

This review will evaluate the extent to which MFHEA (the agency) complies with each of the standards of Parts 2 and 3 of the *Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG)* and support the agency in its efforts to continually review and enhance its work. Such an external review is a requirement for agencies wishing to apply for ENQA membership and/or for EQAR registration.

2.1 Activities of the agency within the scope of the ESG

To apply for ENQA membership and EQAR registration, this review will analyse all of the agency's activities that fall within the scope of the ESG, e.g., reviews, audits, evaluations or accreditations of higher education institutions or programmes that relate to teaching and learning (and their relevant links to research and innovation). All activities are reviewed irrespective of geographic scope (within or outside the EHEA) or whether they are obligatory or voluntary in nature.

The following activities of the agency must be addressed in the external review:

1. Licensing of further and higher education institutions in Malta;
2. Accreditation of home grown programmes offered by licensed institutions;
3. Recognition of foreign programmes and qualifications which are pegged to the European Qualifications Framework;
4. Guidance and review of institutional IQA procedures;
5. External quality assurance audits;

All these activities will be included on the agency's profile on the EQAR website and linked to DEQAR database. NB: The agency may not upload reports from other activities to DEQAR.

Considering the agency's role in the recognition of external QA decisions by other QA agencies, the external review is also expected to address how MFHEA ensures ESG compliance when considering the results of an external QA activity by a non-EQAR-registered quality assurance agency.

The activity *selection process to ensure the independence and competence of Evaluators and Reviewers as well as initial training and continuous professional development of the same* is not an external QA activity in itself but addresses aspects that are transversal to the agency's quality assurance activities (ESG 2.4) and are therefore considered as part of the agency's application for inclusion on EQAR.

2.2 Activities outside the scope of the ESG

The activity *Compliance and Legal Unit within the MFHEA* is a form of risk assessment investigation (see clarification of 27/04/2023) related to the licensing of further and higher education institutions. While the activity in itself is outside the scope of the ESG the external review of MFHEA should also address the way in which the agency prevents conflicts of interests in carrying out this activity (please see Annex 2 of the Policy on the Use and Interpretation of the ESG²⁰).

The following activities outside the scope of the ESG are not relevant for the application for inclusion on EQAR:

- Recognition of foreign programmes and qualifications which are pegged to the European Qualifications Framework
- Mutual recognition of professions and EU Affairs Office
- Research and Policy Unit
- Malta Qualifications Recognition Information Centre (MQRIC)
- Validation of non-formal and informal learning.

²⁰Available at: <https://www.eqar.eu/about/official-documents/#use-and-interpretation-of-the-esg>

3. The review process

The review will be conducted following the methodology of ENQA Agency Reviews. The process is designed in line with the *Guidelines for ENQA Agency Reviews* and the requirements of the *EQAR Procedures for Applications*.

The review procedure consists of the following steps:

- Formulation of, and agreement on the Terms of Reference for the review between MFHEA, ENQA and EQAR (including publishing of the Terms of Reference on ENQA's website²¹);
- Nomination and appointment of the review panel by ENQA;
- Notification of EQAR about the appointed panel;
- Self-assessment by the agency, including the preparation and publication of a self-assessment report;
- A site visit of the agency by the review panel;
- Preparation and completion of the final review report by the review panel;
- Scrutiny of the final review report by ENQA's Agency Review Committee;
- Publication of the final review report;
- A decision from the EQAR Register Committee on the agency's registration on EQAR;
- A decision from the ENQA Board on ENQA membership;
- Follow-up on the panel's recommendations to the agency, including a voluntary progress visit.

3.1 Nomination and appointment of the review panel

The review panel consists of four members: one or two quality assurance experts (at least one of which is currently employed by an ENQA member agency), an academic employed by a higher education institution, a student member, and potentially a labour market representative (if requested). One of the members serves as the chair of the review panel, and another member as a review secretary. For ENQA Agency Reviews at least one of the reviewers is an ENQA nominee (most often the QA professional[s]). At least one of the reviewers is appointed from the nominees of either the European University Association (EUA) or the European Association of Institutions in Higher Education (EURASHE), and the student member is always selected from among the ESU-nominated reviewers. If requested, the labour market representative may come from the Business Europe nominees or from ENQA. An additional panel member may be included in the panel at the request of the agency. In this case, an additional fee is charged to cover the reviewer's fee and travel expenses.

The panel will be supported by the ENQA Review Coordinator (an ENQA staff member) who will monitor the integrity of the process and ensure that ENQA's requirements are met throughout the process. The Review Coordinator will not be the secretary of the review and will not participate in the discussions during the site visit interviews.

Current members of the ENQA Board are not eligible to serve as reviewers.

ENQA will provide the agency with the proposed panel composition and the curricula vitae of the panel members to establish that there are no known conflicts of interest. The reviewers will have to agree to a non-conflict of interest statement that is incorporated in their contract for the review of this agency.

3.2 Self-assessment by the agency, including the preparation of a self-assessment report

The agency is responsible for the execution and organisation of its own self-assessment process and must adhere to the following guidance:

²¹ The agency is encouraged to publish the ToR on its website as well.

- Self-assessment is organised as a project with a clearly defined schedule and includes all relevant internal and external stakeholders;
- The self-assessment report is expected to contain:
 - a brief description of the HE and QA system;
 - the history, profile, and activities of the agency;
 - a presentation of how the agency addresses each individual standard of Parts 2 and 3 of the ESG for each of the agency's external QA activities, with a brief, critical reflection on the presented facts;
 - opinions of stakeholders;
 - the instances of partial compliance noted in the most recent EQAR Register Committee decision of inclusion/renewal and any other aspects that may have been raised by the EQAR Register Committee in subsequent change report decisions (if relevant);
 - reference to the recommendations provided in the previous review and actions taken to meet those recommendations;
 - a SWOT analysis;
 - reflections on the agency's key challenges and areas for future development.
- All the agency's external QA activities (as defined under section 2.1) are described and their compliance with the ESG is analysed in the SAR.
- The report is well-structured, concise, and comprehensive. It clearly demonstrates the extent to which the agency performs its tasks of external quality assurance and meets the ESG.

The self-assessment report is submitted to the ENQA Secretariat, which has two weeks to carry out a screening. The purpose of a screening is to ensure that the self-assessment report is satisfactory for the consideration of the panel. The Secretariat will not judge the content of information itself but rather whether or not the necessary information, as outlined in the *Guidelines for ENQA Agency Reviews*, is present. If the self-assessment report does not contain the necessary information and fails to respect the requested form and content, the ENQA Secretariat reserves the right to ask for a revised version within two weeks.

The final version of the agency's self-assessment report is then submitted to the review panel a minimum of eight weeks prior to the site visit. The agency publishes the completed SAR on its website and sends the link to ENQA. ENQA will publish this link on its website as well.

3.3 A site visit by the review panel

The review panel will draft a proposal of the site visit schedule which must be submitted to the agency at least six weeks before the planned dates of the visit. The schedule is to include an indicative timetable of the meetings and other exercises to be undertaken by the review panel during the site visit, the duration of which is usually 2,5 days. The approved schedule must be given to the agency at least one month before the site visit to properly organise the requested interviews.

In advance of the site visit (ideally at least two weeks before the site visit), the panel will organise an obligatory online meeting with the agency. This meeting is held to ensure that the panel reaches a sufficient understanding of:

- The specific national/legal context in which the agency operates;
- The specific quality assurance system to which the agency belongs;
- The key characteristics of the agency's external QA activities.

The review panel will be assisted by the ENQA Review Coordinator during the site visit. The review coordinator will act as the panel's chief liaison with the agency, monitor the integrity of the review process and its consistency, and ensure that ENQA's overall expectations of the review are considered and met.

The site visit will close with a final debriefing meeting in which the panel outlines its general impressions and provides an overview of the judgement on the agency's ESG compliance. The panel will not comment on whether or not the agency would be granted/reconfirmed membership with ENQA or registration on EQAR.

3.4 Preparation and completion of the final review report

Based on the review panel's findings, the review secretary will draft the report in consultation with the review panel. The report will follow the purpose and scope of the review as defined under sections 2 and 2.1. It will also provide a clear rationale for the panel's findings concerning each standard of Parts 2 and 3 of the ESG. When preparing the report, the review panel should also bear in mind EQAR's *Policy on Use and Interpretation of the ESG for the European Register of Quality Assurance Agencies*²² to ensure that the report contains sufficient information for the Register Committee to consider the agency's application for registration on EQAR.

A draft will first be submitted to the ENQA Review Coordinator who will check the report for consistency, clarity, and language, and it will then be submitted to the agency – usually within 10 weeks of the site visit – for comment on factual accuracy and grave misunderstandings only. The agency will be given two weeks to do this and should not submit any additional material or documentation at this stage. Thereafter, the review panel will take into account the agency's feedback on possible factual errors and finalise and submit the review report to ENQA.

The report should be finalised within three months of the site visit and will normally not exceed 40-50 pages in length.

3.5. Publication of the report and a follow-up process

The agency will receive the review panel's report and publish it on its website once the Agency Review Committee has validated the report. The report will also be published on the ENQA website together with the statement of the Agency Review Committee validating external review reports by assessing the integrity of the review process and checking the quality and consistency of the reports. Importantly, during this process, and prior to final validation of the report, the Agency Review Committee has the option to request additional (documentary) evidence or clarification from the review panel, review coordinator or the agency if needed. The review report will be published on ENQA website regardless of the review outcome.

As part of the review's follow-up activities, the agency commits to react on the review recommendations and submit a follow-up report to ENQA within two years of the validation of the final external review report. The follow-up report will be published on the ENQA website.

The follow-up report may be complemented by an optional progress visit to the agency performed by two members of the original panel (whenever possible). The visit, which normally takes place 2-3 years after the verification of the final external review report (and after submission of the follow-up report), aims to offer an enhancement-oriented and strategically driven dialogue that ordinarily might be difficult to truly integrate in the compliance-focused site visit. The progress visit thus does not have the objective of checking the agency's ESG compliance or how the agency has followed up on the recommendations, but rather provides an arena for strategic conversations that allow the agency to reflect on its key challenges, opportunities, and priorities. Should the agency not wish to take advantage of this opportunity, it may opt out by informing the ENQA Review Coordinator about this.

²² Available at: <https://www.eqar.eu/about/official-documents/#use-and-interpretation-of-the-esg>

4. Use of the report

ENQA will retain ownership of the report. The intellectual property of all works created by the review panel in connection with the review contract, including specifically any written reports, will be vested in ENQA.

The report is used as a basis for the Register Committee's decision on the agency's registration on EQAR. In the case of an unsuccessful application to EQAR, the report may also be used by the ENQA Board to reach a conclusion on whether the agency can be admitted/reconfirmed as a member of ENQA. The review process is thus designed to serve two purposes. In any case, the review report should only be considered final after validation by the Agency Review Committee. After submission to ENQA but before validation by the ARC, the report may not be used or relied upon by the agency, the panel, or any third party and may not be disclosed without ENQA's prior written consent. The approval of the report is independent of the decision on EQAR registration or ENQA membership.

For the purposes of EQAR registration, the agency will submit the review report (once validated by the Agency Review Committee) to EQAR via email. The agency should also include its self-assessment report (in a PDF format), a Declaration of Honour, and any other documents that may be relevant for the application (i.e., annexes, statement to the review report, updates). EQAR is expected to consider the review report and the agency's application at its Register Committee meeting as stipulated in the indicative review schedule below and before the decision on ENQA membership by the ENQA Board.

To apply for ENQA membership, the agency is also requested to provide a letter addressed to the ENQA Board outlining its motivation for applying for membership and the ways in which the agency expects to contribute to the work and objectives of ENQA during its membership. This letter will be considered by the Board together with the confirmation of EQAR listing when deciding on the agency's membership. Should the agency not be granted the registration in EQAR or the registration is not renewed, the decision on ENQA membership will be taken based on the final review report, the application letter, and the statement from the Agency Review Committee. The decision on membership will be published on ENQA's website.

5. Indicative schedule of the review

Agreement on Terms of Reference	February 2023
Appointment of review panel members	March 2023
Self-assessment completed	1 June 2023
Screening of SAR by ENQA Review Coordinator	Mid-June 2023
Preparation of the site visit schedule and indicative timetable	July 2023
Briefing of review panel members	August 2023
Review panel site visit	October 2023
Draft of review report and its submission to ENQA Review Coordinator for verification of its compliance with the Guidelines	Mid-December 2023
Draft of review report to be sent for a factual check to the agency	January 2024
Agency statement on the draft report to the review panel (if necessary)	End-January 2024
Submission of the final report to ENQA	February 2024
Validation of the review report by the Agency Review Committee	March 2024
Publication of report	March 2024
EQAR Register Committee meeting and initial consideration	Spring 2024
Decision on ENQA membership by the ENQA Board	Spring 2024

ANNEX 3: GLOSSARY

ECA	European Consortium for Accreditation
ECTS	European Credit Transfer System
ENQA	European Association for Quality Assurance in Higher Education
EQA	External Quality Assurance
EQAR	The European Quality Assurance Register for Higher Education
EQF	The European Qualifications Framework
ESG	<i>Standards and Guidelines for Quality Assurance in the European Higher Education Area, 2015</i>
HE	Higher education
HEI	Higher education institution
IQA	Internal Quality Assurance
MFHEA	The Malta Further and Higher Education Authority
MQF	The Malta Qualifications Framework
NCHE	The National Commission for Higher Education
NCFHE	The National Commission for Further and Higher Education
NQAF	The National Quality Assurance Framework
QA	Quality assurance
QAC	Quality Assurance Committee
SAR	Self-assessment report
SWOT	Strengths, Weaknesses, Opportunities and Threats
TOR	Terms of reference

ANNEX 4. DOCUMENTS TO SUPPORT THE REVIEW

DOCUMENTS PROVIDED BY MFHEA

- Self-assessment report (with links)
- Feedback on programme accreditation process
- Post audit provider's questionnaire (Part 1)
- Declaration of interest by evaluators of home-grown qualification to be referenced to the Malta Qualification Framework
- Declaration of interest by peer-reviewers for the evaluation of further and higher education institutions
- Declaration of interest by student review expert for the evaluation of further and higher educational institutions
- Provider Accreditation Application Form
- Application form Accreditation of Education Programmes
- Evaluation report: Home-grown Programme (template)

Other sources provided by the agency upon request by the panel:

- Additional information 27/09/2023 (with attachments)
- 1 Development plan - goals and objectives for development
- 2 Support and Network Functions (VET, Eurodesk Centre and SALTO Resource Centre)
- 3 Business and Financial Plan (including Income and expenditure for 2022-2026)
- 4 MFHEA Staff Development Policy
- 5 Staff perspective on Quality Assurance (a report for NCFHE Malta)
- 6 Internal Stakeholder Perspective on Quality Assurance – a report for the Malta Further & Higher Education Authority (March 2023)
- 7 MFHEA IQA Policy (2023)
- 8 Feedback on the programme accreditation process form
- 9 Audit Questionnaire part 1 and part 2 (for institutions)
- 10 Feedback on the Programme accreditation process (Results)
- 11 Post audit provider questionnaire part 1 and part 2 (or institutions) and response
- 12 Evaluation of MFHEA Accreditation Review Process 2023
- 13 Provider Accreditation Manual
- 14 Student contract EQA audit
- 15 Student Peer-reviewer contract Appeal Committee
- 16 Student evaluator agreement Programme accreditation
- 17 Student reviewer agreement Provider accreditation
- 18 6 evaluation reports programme accreditation (home-grown)
- 19 3 audit reports
- 20 Licensing report
- Additional information received during the site visit 11-13 October 2023
- data on universities and HEIs
- Definition of licences
- EQA audit experts
- Programme accreditation evaluators
- Legal requirement for Standards
- MFHEA Strategy Action Plan for 2023
- No of applications received MQA 5-8
- Information for further clarifications
- Status of audits

- EQA audits planned to start in 2023
- Student enrolment by citizenship

OTHER SOURCES USED BY THE REVIEW PANEL

MFHEA website

ENQA AGENCY REVIEW 2024

THIS REPORT presents findings of the ENQA Agency Review of the Malta Further and Higher Education Authority (MFHEA), undertaken in 2023.

enqa.

European Association for
Quality Assurance in Higher Education