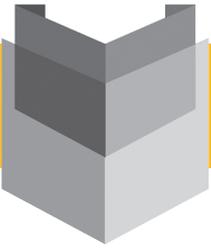




External Quality Assurance

Provider Audit Manual of Procedures





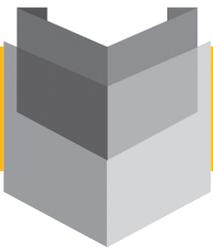
External Quality Assurance Provider Audit Manual of Procedures

Contents

Foreword	4
Abbreviations	5
Introduction	6
Chapter 1: Scope and Focus of the Audit	8
The Purpose of the Audit	8
The Focus of the Audit	8
Standards for Internal Quality Assurance	9
Chapter 2: Prior to the Audit	10
Application and Notification of Audit	10
Peer Review Panel	10
Role of NCFHE Panel Member	10
Institutional Facilitator	11
Data Sources and Documentation	11
Desk-Based Analysis	12
Pre-Audit Panel Meeting	12
Pre-Audit Provider Meeting (Scoping Visit)	12
Chapter 3: During the Audit	13
Facilities	13
Additional Data	13
Judgements	14
Chapter 4: After the Audit	15
Audit Report	15
Structure of the Audit Report	15
Follow-Up Activities and Consequences of the Audit	16

Chapter 5: Appeals	17
Chapter 6: Audit Timeline	18
Chapter 7: Potential Areas for Development of the Audit	22
Review of Smaller Education and Training Providers	22
Recognition of External Reviews	22
Transnational Education	22
The Role of Cross-Border Audits	23
Annex 1: Self-Assessment Report (SAR): Guidance	24
Objectives	24
Contents	24
Evidence	25
Annex 2: Students' Questionnaire	26
Annex 3: Guidance for Facilitators	32
Annex 4: Composition, Training and Management of the Peer Review Panel	33
Composition of the Peer Review Panel	33
Training and Management of the Peer Review Panel	34
Annex 5: Information Recording Template for the Peer Review Panel	35
Annex 6: Guidance for Determining Audit Visit Duration	52
Annex 7: Indicative Audit Visit Outline	53

Annex 8: Judgement Criteria	61
Guidance on Judgements	63
Annex 9: Guidance on Producing an Action Plan	64
Annex 10: Feedback Form	65



Foreword

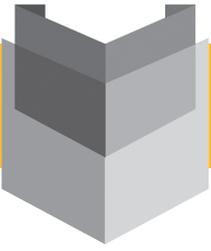
The NCFHE is conducting several QA audits of licensed providers in Malta. *The External Quality Audit Manual of Procedures* of 2015, that was a deliverable of the ESF project, 'Making Quality Visible', is therefore being used and tested and the experience we are gaining as well as the feedback from reviewers – including international QA experts that form part of review panels – and providers that we are receiving already enables the NCFHE to build on and further enhance the text. Through the Erasmus+ project 'International Cooperation for VET Providers', the NCFHE is thus presenting a slightly revised version of the *External Quality Audit Manual of Procedures* which is now titled *External Quality Assurance: Provider Audit Manual of Procedures* (the *Manual*). The main revisions include:

- the timeline for the audit process - the review panel now presents the draft audit report to the QAC before it is submitted to the provider;
- the description of the role of the NCFHE representative which has been expanded to better reflect the actual tasks of the NCFHE representative on review panels;
- the student questionnaire (Annex 2) which now includes questions specifically addressed to students attending courses in VET institutions.

This version of the *Manual* paves the way to a thorough update of the *National Quality Assurance Framework for Further and Higher Education* (the *Framework*) and of the *Manual* itself in the coming years. The *Framework* has just been updated with the publication of a revised version of the 11 Standards for QA; these have been revised to cater also for the quality assurance of online and blended learning. Given that the NCFHE has now started to accredit online and blended learning, and thus licensing providers offering online and blended learning, it shall soon be launching a series of consultation seminars with the involvement of international experts, stakeholders and the Net-QAPE to assess its QA processes and to update the main documents accordingly. These seminars are planned for 2017 and 2018. These seminars form part of the deliverables of an Erasmus+ Project titled 'Consolidating Quality Assurance in Higher Education in Malta' that the NCFHE is leading between 2016 and 2018 and whose other deliverables include the printing and launching of the updated versions of these documents. The launch is planned for the end of 2018.

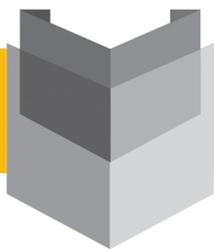
Dr Manuel Vella

Head, Quality Assurance



Abbreviations

CEO	Chief Executive Officer
ECTS	European Credit Transfer System
ECVET	European Credit System for Vocational Education and Training
EQAR	European Quality Assurance Register
EQAVET	European Quality Assurance Reference Framework for Vocation Education and Training
EQF	European Qualifications Framework
ESF	European Social Fund
IQA	Internal Quality Assurance
MQF	Malta Qualifications Framework
NCFHE	National Commission for Further and Higher Education
QA	Quality Assurance
QAC	Quality Assurance Committee
QMS	Quality Management System
SAR	Self-Assessment Report
ESG	The Standards and Guidelines for Quality Assurance in the European Higher Education Area
VET	Vocational Education and Training



Introduction

The *External Quality Audit Manual of Procedures* of 2015 was a key deliverable of ESF Project 1.227 'Making Quality Visible'. The partners of the project were:

- The National Commission for Further and Higher Education (NCFHE) (lead partner)
- The University of Malta
- The Malta College for Arts, Science and Technology (MCAST)
- The Institute for Tourism Studies (ITS)
- The Directorate for Lifelong Learning (DLLL)
- The Employment and Training Corporation (ETC)
- ACQUIN, the transnational partner of the project and an established cross-border Higher Education Quality Assurance Agency based in Germany.

Through the ESF project, the NCFHE has implemented its legal obligation to set up a national audit system that complements the IQA mechanisms of individual further and higher education entities. The first step therefore was the development of a *National Quality Assurance Framework for Further and Higher Education* that provides the conceptual context for this work and also situates it in the national commitment to foster and promote a quality culture in education.

The *Manual of Procedures* sets out step by step the procedures for the implementation of the QA audits from when an institution is informed of the upcoming audit to the final publication of the external audit report and its aftermath. The development of the *Manual of Procedures* was entrusted to the Quality Assurance Agency (QAA), UK, after a public call. It was first drafted for testing during the three pilot external audits at the University of Malta, MCAST and ITS that formed part of the ESF Project. It was then fine-tuned in the light of the experience gained in these first audits.

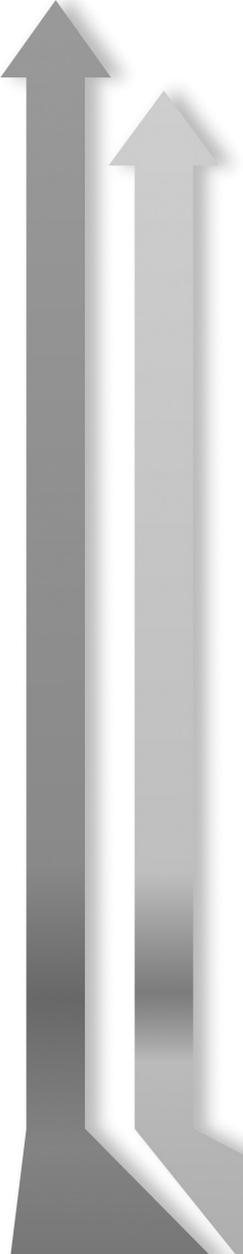
The revised version of the *Manual of Procedures*, which now bears the title *External Quality Assurance: Provider Audit Manual of Procedures* (the *Manual*), has retained the basic structure of the previous version but has been slightly amended following experience gained whilst conducting audits of licensed providers.

In accordance with the *Framework*, this *Manual* applies to all accredited further and higher education providers namely:

- self-accredited providers
- universities
- higher education providers
- further and higher education providers
- further education providers.

Quality assurance in Malta is underpinned by six principles that determine the remit and function of the *Framework* and the relationship between internal and external quality assurance to enhance learning outcomes.

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

- 
- ii. The *Framework* contributes to a National Culture of Quality, through:
 - increased agency, satisfaction and numbers of service users;
 - an enhanced international profile and credibility of providers in Malta;
 - the promotion of Malta as a regional provider of excellence in further and higher education.
 - iii. The Internal Quality Assurance (IQA) is fit for purpose.
 - iv. The QA audit is a tool for both development and accountability. The audit shall ensure that the internal quality management system of the provider is:
 - fit for purpose according to the provider's courses and service users;
 - compliant with standards and regulations and contributing to the development of a national quality culture;
 - contributing to the fulfilment of the broad goals of Malta's Education Strategy 2014-24;
 - implemented with effectiveness, comprehensiveness and sustainability.

In practice, this means that it is not enough that the entity has IQA systems on paper or simply statutorily set up; the audit checks that these systems are fit for purpose, are in fact functioning and are effective and sustainable.

- v. The Quality Improvement Cycle is at the heart of the *Framework*.
- vi. The integrity and independence of the audit process is guaranteed.

The method for the audit as presented in this *Manual* is based on QA Standards as specified in the *Framework*. The audit process involves three parts:

- examining the fitness for purpose and effectiveness of the internal quality assurance processes used by the provider;
- examining the regulatory compliance by providers;
- assessing appropriate investigatory mechanisms to ensure institutional and financial probity.

The audit has a professional system of peer review at its core, carried out by groups of experts (the panel) selected by the NCFHE and approved by the Quality Assurance Committee (QAC) in line with procedures set out in the *Framework*. In accordance with international best practices, where it deems it necessary, the NCFHE may select international experts for the audit.

Through both desk-based research and visits to the provider, the panel will look at and make judgements on IQA Standards 1 to 11, as detailed in the *Framework* and in Chapter 1 of this *Manual*.

In accordance with European Standards and Guidelines (ESG) 2.6, these judgements will be published in the report of the audit, which will include findings (both good practice and areas for improvement), recommendations and any decisions, conditions or other formal outcomes. Reports containing recommendations that require a subsequent action plan will determine a follow-up procedure which is to be implemented consistently within a defined timescale. Should a provider wish to appeal decisions made by the review panel on point of law and/or point of fact, appeals processes are outlined in Chapter 5 of this *Manual*.

The NCFHE shall confirm or revoke provider or programme accreditation status, as the case may be, on the basis of the audit report.

1. http://ncfhe.gov.mt/en/Pages/qa_framework.aspx

2. https://ncfhe.gov.mt/en/Pages/Projects/ESF%201.227%20Making%20Quality%20Visible/esf1227_making_quality_visible.aspx

3. www.ncfhe.gov.mt



1. Scope and Focus of the Audit

The Purpose of the Audit

QA audits provide public assurance about the standards of higher and VET qualifications and the quality of the students' learning experience. Audits present opportunities for licensed providers to demonstrate that they adhere to the expectations of stakeholders with regards to the programmes of study that they offer and the achievements and capabilities of their students. Audits also provide a focus for identifying good practices and for the implementation of institutional approaches aimed at the continuous improvement of quality in education provision.

Audits provide an opportunity to assess the standards and quality of higher and VET education in Malta against the expectations and practices of provision across the European Higher Education Area and internationally. The NCFHE is also responsible for ensuring that a comprehensive assessment is conducted of all licensed VET providers in Malta.

All audits involve the application of relevant European and international standards, guidelines and criteria for external quality assurance, specifically the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) 2015 which are being enriched here through EQAVET to apply also to VET.

The Focus of an Audit

An audit will examine how providers manage their own responsibilities to ensure the quality and standards of the education that they offer. In particular, the following issues are addressed:

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

The peer-review panel will essentially ask each provider the following question about their arrangements for quality management:

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

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

- What are we trying to do?
- Why are we trying to do it?
- How are we trying to do it?
- Why are we doing it that way?
- Is this the best way of doing it?
- How do we know it works?
- Could it be done better?

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

The audit is, for the provider, an opportunity to demonstrate and defend its accountability with respect to the quality of the education that it provides and, also, to show that it is committed to a process of enhancement. Thus, an audit does not simply check whether providers adhere to regulations; it examines how providers are developing their own systems to address the expectations of sound management of educational standards and the quality of their learning and teaching provision. It does not involve the routine identification and confirmation of criteria – a 'tick-box' approach – but a mature and reflective dialogue with providers about the ways in which they fulfil their obligations for quality and the identification of existing good practices.

Standards for Internal Quality Assurance (IQA)

The standards for quality assurance form the basis of the peer review process and incorporate the expectations of the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG). As already stated, the ESG have been enriched by EQAVET to take into account the circumstances of vocational education and training provision and the particular context of educational provision in Malta. The standards are outlined in the *National Quality Assurance Framework for Further and Higher Education*, they are fully compatible with Legal Notice 296 of 2012 as subsequently amended, and are the following:

1. Policy for quality assurance: entities shall have a policy for quality assurance that is made public and forms part of their strategic management.
2. Institutional probity: entities shall ensure that they have appropriate measures and procedures in place to ensure institutional and financial probity.
3. Design and approval of programmes: self-accrediting providers shall have appropriate processes for the design and approval of their programmes of study.
4. Student-centred learning, teaching and assessment: entities shall ensure that programmes are delivered in a way that encourages students to take an active role in the learning process.
5. Student admission, progression, recognition and certification: entities shall consistently apply pre-defined and published regulations covering all phases of the student 'life-cycle'.
6. Teaching staff: entities shall assure the competence and effectiveness of their teaching staff.
7. Learning resources and student support: entities shall have appropriate funding for their learning and teaching activities and sufficient learning resources to fully support the students' learning experiences.
8. Information management: entities shall ensure that they collect, analyse and use relevant information for the effective management of their programmes and other activities.
9. Public information: entities shall publish information about their activities which is clear, accurate, objective, up-to-date and readily accessible.
10. Ongoing monitoring and periodic review of programmes: entities shall implement the 'Quality Cycle' by monitoring and periodically reviewing their programmes to ensure their continuing fitness for purpose.
11. Cyclical external quality assurance: entities should undergo external quality assurance by, or with the approval of, the NCFHE on a cyclical basis.

The audit will review the provider's QA procedures against Standards 1 to 11 above.

Information about the standards for IQA is found in Annex 5 where the reader finds also an indication of the evidence that may be provided by institutions to demonstrate that they fulfil the expectations.



2. Prior to the Audit Visit

Application and Notification of Audit

In accordance with Legal Notice 296 of 2012, as subsequently amended, prior to the lapse of five years from the date of the provider obtaining their accreditation (and licence) or of a change or renewal of their licence, as the case may be, licensees must apply to NCFHE for a review of their accreditation through the audit process. In line with the same L.N., the NCFHE may, where it demonstrates a justified reason thereof, with respect to a particular provider or programme, prescribe shorter periods for such periodic audits.

Once the audit process commences, the NCFHE shall request additional information, such as the dates of the provider's academic year and major examination periods, to schedule the audit visit dates.

Notice of dates should be provided at least 30 weeks prior to the audit visit unless agreed otherwise with the provider.

Peer Review Panel

The exact composition of the peer review panel shall be selected by the Quality Assurance Committee (QAC), in accordance with the criteria in Annex 4. The size and complexity of the provider will also have an impact on the number of members composing the panel.

Every panel will include a Chair of the peer-review panel, between one and three reviewers, up to two student reviewers and one or two members of NCFHE staff. In the case of VET providers, the NCFHE may also select an additional panel member from the industry. This would typically be an employer or a professional from the sphere of provision of the provider. Panels may also include observers nominated by the NCFHE.

The NCFHE will then inform the provider of the size of the panel and also the proposed panel members 26 weeks before the audit. The provider shall be allowed to comment on the composition of the panel and the QAC shall consider such comments before a final decision on the panel membership is made. The provider should return their comments on panel membership to the NCFHE within two weeks of receiving the information.

Once comments have been received from the provider, membership of the panel will be finalised at least 22 weeks before the audit visit. All panel members shall be required to sign a Declaration of Interest Form prior to starting work on the audit.

Annex 4 provides further information on the composition, training and management of panel members.

Role of the NCFHE Panel Member

The NCFHE panel member/s or NCFHE representative/s on the panel shall have expertise in audit procedures and will act as the audit manager. Their primary function is to coordinate the audit activity and advise the panel and the provider on the audit procedures with the aim of facilitating communication between the provider and the panel whilst ensuring proper interpretation of the QA standards.

To ensure that the principles of peer review are preserved and that sufficient distance is maintained from the NCFHE, given the multiple roles the NCFHE has with respect to accredited entities, the NCFHE representative shall contribute freely to the interviews and discussions in relation to all of the Standards but shall not be empowered to participate in the decision-making process. This is with the exception of Standard 2 where, in line with article 39 of S.L 327.433, the NCFHE representative may seek expert advice to assess and judge the financial capacity of the provider. In the case of state entities, this Standard is interpreted in terms of the capacity and resources of the provider to implement effectively its internal quality assurance procedures to improve the learning experience.

The NCFHE representative/s will also be the secretary to the panel, will provide support to the panel in its functions, take notes in panel meetings and act as the main point of contact with the provider. The NCFHE representative/s will also coordinate the production of the audit report.

Institutional Facilitator

The provider shall confirm to the NCFHE the identity of the person responsible for quality assurance within the institution (the Facilitator). The Facilitator will help ensure that there are clear lines of communication between the NCFHE and the provider.

The Facilitator will carry out the following key roles:

- liaise with the NCFHE throughout the audit process to facilitate the organisation and smooth running of the audit
- prior to the audit visit, meet with the Chair of the panel and the Head of the institution to discuss the audit process
- during the audit visit, provide the panel with advice and guidance on the provider's structures, policies, priorities and procedures.

The Facilitator will not be present during the deliberations of the panel but may be called by the panel to answer any questions the panel may have. Further information about the role of the Institutional Facilitator can be found in Annex 3.

Data Sources and Documentation

Providers undertaking an audit are requested to make available to the NCFHE specific documentation before and during the audit, and shall provide access to its staff during the audit.

Providers undertaking an audit are requested to complete a self-critical and comprehensive self-assessment report (SAR) along with any supporting documentation; these will constitute a principal data source for the audit. The SAR is an integral part of the quality assurance process and will give the panel an overview of the provider. It will enable the provider to present a descriptive evaluation of their own IQA arrangements, together with an assessment of their own strengths and weaknesses.

The SAR and supporting documentation will be used by the NCFHE and the panel throughout the audit.

Education providers are requested to submit all documentation and the completed SAR in an electronic format. If this information is available on the provider's website, the provider shall submit the URL webpage links for each requested item of supporting documentation and must ensure that this information (via web link) is available throughout the audit process. The facilitator shall notify the NCFHE of any changes. If the information is restricted to an intranet system and only available to staff and students of the provider, members of the panel shall be given access to the intranet for the duration of the audit.

The provider must submit the SAR to the NCFHE 10 weeks before the audit. Guidance for the SAR and supporting documentation can be found in Annex 1.

The student body of the provider will be invited to complete a questionnaire about aspects that contribute to the quality of their education experience. Each member of the student body should be invited to answer the questionnaire individually. The template questionnaire can be found in Annex 2. The questions cover everything from academic and staffing issues to the quality of the social life, how well the provider communicates with students, the quality of on-campus services and the standard of facilities as well as any internship, work placements and practical etc. The student questionnaire answers will be sent directly to the NCFHE and will not contain information that can be used directly or indirectly to identify the student.

Twenty-three weeks before the audit visit, the NCFHE will issue the provider with a link to the questionnaire (which is to be completed online), which the provider is to forward to the entire student body within a week of receipt. The provider should also issue at least two reminders to the student body prior to the completion deadline.

As part of their due diligence, the NCFHE will also collate information from other sources directly available to them, such as media reports, stakeholder input and data from other agencies or NCFHE partners. The panel shall be provided with other audit reports which were issued by the NCFHE or other quality assurance entities, if applicable. Information provided to the panel shall also include any reports issued by any awarding bodies that have accredited or reviewed programmes which are being delivered in Malta. This additional documentation should help the panel develop the objective of the audit, the aim and their main lines of enquiry.

Desk-Based Analysis

Once the provider has submitted to the NCFHE the required documentation, this will be passed on to the review panel electronically. The panel will commence a period of desk-based analysis of this information and other information assembled by the NCFHE, which will enable them to identify any gaps in information and any areas where they wish to receive further information. An Information Recording Template for the panel to use throughout the audit is available in Annex 5.

The panel may request further information via the NCFHE representative who will liaise with the Facilitator at least 10 weeks prior to the audit visit.

The Facilitator should provide the NCFHE with any additional requested information at least seven weeks before the audit visit.

Any requests for additional information should include justification for the request.

Pre-Audit Panel Meeting

The Pre-Audit Panel Meeting will take place over one day and does not normally involve a visit to the provider. It is an opportunity for the panel to come together and to discuss the findings of their desk-based analysis. This meeting may be mediated via Skype or similar communication software.

The desk-based analysis carried out by the panel and the discussions at the Pre-Audit Panel Meeting shall be used to determine, where applicable, the specific terms of reference, aims and objectives, as well as the lines of enquiry and research questions of the particular audit visit.

In determining the specific terms of reference, aims, objectives, lines of enquiry and research questions, the panel shall take into consideration any progress made by the provider in terms of the recommendations made during previous accreditation and quality audit processes. These specific terms of reference, aims, objectives and research questions shall guide the audit visit and shall be included in the final report.

During the meeting, the panel will also agree on the duration of the audit visit as well as the people they wish to meet during this visit. Guidance for the panel can be found in Annex 6.

The NCFHE representative will inform the provider accordingly.

Pre-Audit Provider Meeting (the Scoping Visit)

Four weeks prior to the audit visit, the Chair of the review panel and the NCFHE representative shall meet with the Head in charge of the institution and with the Facilitator to discuss the process of the audit visit, the schedule of meetings throughout the audit visit/s and ensure that the provider has a correct understanding of the aims, objectives and procedures of the audit.

Specific areas to be covered in the meeting include:

- Structure and practical arrangements of the audit visit;
- The specific terms of reference, aims and objectives, as well as the research questions of the particular audit;
- The information that the NCFHE has assembled from other sources;
- Discussions on the provider's overall strategy, which will help set the audit in context;
- Any other questions or issues that remain;
- The individuals / roles that the panel will interview during the audit visit;
- Where a provider has significant formal arrangements for working with partners, delivery organisations or support providers, the panel shall request staff and students from one or more of these entities to be available for meetings during the audit visit. Requests for such meetings will be communicated during this meeting along with requests for specific evidence that the panel may wish to explore. Evidence may include: the most recently concluded formal agreements between the provider and the other organisation which may include agreements for work placements, practical, apprenticeships and internships;
- The report of the process through which the provider assured itself that the organisation was appropriate to deliver or support its awards, or the most recent renewal of that approval, if relevant.



3. During the Audit Visit

At the beginning of the audit visit, the panel will hold a meeting with the Head of institution and with the Facilitator. This meeting will serve as an introduction and an opportunity to confirm the arrangements for the visit. The panel will confirm the specific terms of reference, aims and objectives, as well as the lines of enquiry and research questions of the particular audit. Furthermore, they shall discuss any other issues that they or the provider deem necessary and that may have not been previously discussed in the Pre-Audit Meeting or covered in the SAR and supporting documentation. It will also provide an opportunity for the Head of institution to give an overview of the provider and its strategic priorities.

The format of the visit will be based on the audit visit outline in Annex 7. However, this template is only a guideline and will be adapted to suit the needs of the particular provider. Activities may include contact with staff, current and past students, recent graduates, external examiners and employers. This will also include meetings with staff and students from partners, delivery organisations or support providers when these would have been requested during the Pre-Audit Provider Meeting.

Following each meeting, the panel will discuss and establish what has been learned from the meeting and to inform the agenda for the next meeting and make requests for any documentation. The panel will also have regular contact with the Facilitator (although the Facilitator will not sit in during the private meetings) so that they can clarify any evidence or provide additional information as needed.

At the end of the audit visit the panel will have a final meeting with the senior staff of the provider (including the Facilitator). The objectives of this final meeting include:

- clarification and confirmation of issues identified during the audit, and
- identification of tentative key findings in terms of strengths and areas for improvement.

However, the key findings are not to be taken as conclusive or comprehensive. The definitive findings and judgements shall be presented in the audit report. This will be a final chance for the provider to offer any additional clarification or documentation that the panel may need to make their judgements.

Facilities

During the audit the provider shall make available the following facilities to the peer review panel:

- a secure office for its exclusive use during the audit, with a secure cupboard;
- telephone and internet connection;
- access to the provider's intranet (if applicable);
- tea/coffee facilities within the office;
- access to a printer;
- access to a photocopier.

Additional Data

During the audit, providers shall make available to the panel the following documentation:

- all relevant documentation pertaining to the last IQA submitted by the provider to the NCFHE, as requested;
- all relevant documentation pertaining to the last external review undertaken by the provider, where applicable and as requested;
- any other documentation that the panel may reasonably request as having a significant bearing on the management and effectiveness of the internal quality systems and the audit. Such a request shall exclude the personal data or files of students. Requests may include the personal data or files of staff employed or providing services to the provider, provided that the person involved is informed of this request and may choose to be present when such data or files are reviewed by the panel.

The panel may request to have access to:

- the members of the governing structures of the institution;
- any staff member or service provider of the institution, including but not limited to management, administration, quality assurance staff and academic staff to conduct confidential group or individual interviews;
- observe, if necessary, any aspect of the provider's operations and provision;
- students/service users to conduct confidential group or individual interviews;
- third parties interacting with the provider as well as past students, to conduct confidential group or individual interviews.

Judgements

Following the final meeting the panel will, in private, consider the evidence and information it has gathered to decide on the judgements for each of the 11 Standards, any features of good practice that it wishes to highlight, and agree on any recommendations for action by the provider (including those the provider may already have identified).

The audit will look at, and make judgements on, how the provider evaluates, ensures and enhances each of the eleven IQA Standards, as detailed in the *Framework*, and in Chapter 1 of this *Manual*. The standards are the following:

1. Policy for quality assurance.
2. Institutional probity.
3. Design and approval of programmes.
4. Student-centred learning, teaching and assessment.
5. Student admission, progression, recognition and certification.
6. Teaching staff.
7. Learning resources and student support.
8. Information management.
9. Public information.
10. Ongoing monitoring and periodic review of programmes.
11. Cyclical external quality assurance.

The judgements are made by the peer-review panel with reference to the Standards in the *Framework*. Judgements for each Standard will be expressed as one of the following:

- surpasses Standard;
- meets Standard;
- requires improvement to meet Standard;
- does not meet Standard.

The peer review panel team will also identify features of good practice, affirm developments or plans already in progress, make key recommendations or recommendations for improvements. Key recommendations will include the urgency with which the team considers each should be addressed and the panel may also make any specific recommendations which are to be included as conditional statements within the licence issued to the provider.

More information about judgements and reference points can be found in Annex 8. If deemed necessary the Chair of the panel may propose additional meetings or an extension of the audit visit to ensure that all aspects of the audit have been adequately covered, and that the panel has sufficient evidence to reach a judgement on each of the Standards. Extensions to the visit should be agreed with the provider and approved by the NCFHE. Any adjustments to the length of the audit visit may need to be reflected in the final fee due by the provider to the NCFHE.



4. After the Audit Visit

Audit Report

The NCFHE representative/s shall compile the report from the components written by the members of the panel. This draft report shall be vetted by the members and approved by the Chair of the panel. The report shall be drafted in accordance with the guidance provided hereunder. Within three weeks of the audit visit, the peer review panel shall submit their draft audit report to the QAC.

It must not be possible to identify students either directly or indirectly in the report. The information within the report should also not enable staff to be directly or indirectly identified. Where a staff member can be indirectly identified despite the best efforts made while drafting the report, for example in the case of a micro-provider, the provider is obliged to inform the staff member concerned and provide them with a copy of the relevant text. The staff member is then entitled to make a formal response to that text within the four-week feedback period, which the provider should include in their response on the report to the NCFHE.

The Chair of the panel will ensure that all findings (both good practice and areas for improvement), recommendations and any decisions, conditions or other formal outcomes are backed by adequate and identifiable evidence.

The NCFHE representative shall forward the draft report to the NCFHE Board and to the QAC for review. The QAC shall receive the NCFHE Board's feedback, review the draft report and discuss any feedback provided by the NCFHE Board and it may request that the panel revises certain aspects of the report, giving its reasons in writing. The QAC will make any requests within five weeks after receiving the draft report.

The provider shall then consider the draft report and shall be allowed four weeks to submit its comments on the factual accuracy of the report and any issues of misunderstanding by the panel.

Following the feedback, the panel will have two weeks to submit the revised report to the QAC. The QAC will then consider the report and, if approved, will forward it to the NCFHE Board recommending its endorsement.

Once the report is approved by the QAC for submission and submitted to the NCFHE Board, this version is also sent to the provider to indicate how they intend to respond to any the recommendations made in the report in the form of an action plan, i.e. how they intend to implement them. The provider shall have four weeks to submit this response. If this response by the provider does not include a detailed action plan, the final report will specify when they would be expected to provide this action plan. Guidance on designing an action plan can be found in Annex 9.

Structure of the Audit Report

The audit report shall have the following structure:

- an Executive Summary that includes the key findings, the judgement and the recommendations for each Standard;
- the names and affiliations of the members of the peer review panel;
- reference to the general terms of reference, aims and objectives of the audit (this will be standard text provided by the NCFHE);
- any specific terms of reference, aims and objectives of the particular audit, as well as the research questions developed for this audit;
- 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
- recommendations for improvements;
- any recommendations for conditions or formal outcomes in terms of the Sanctions Procedure of the Quality Assurance Committee within the NCFHE;
- response by the provider indicating how the recommendations will be addressed. This may include an action plan.

Follow-Up Activities and Consequences of Audit

As detailed above, where a report contains recommendations for a provider, the provider should address how they intend to implement the recommendations by compiling an action plan. The action plan can either be submitted prior to the report being published or by the deadline given in the published report if the former has not occurred. Action plans should determine follow-up procedures which should be implemented consistently by the provider to address the recommendations made by the panel. Annex 9 contains guidance on the action plan.

The NCFHE shall confirm or revoke provider or programme accreditation status and make recommendations and assign conditions, as the case may be, on the basis of the audit report, in accordance with Legal Notice 296 of 2012 as subsequently amended.

Additionally, the NCFHE may make recommendations and assign conditions to the provider in accordance with Legal Notice 296 of 2012 as subsequently amended. These conditions may include a shorter period for the next audit.

Where, in the course of an audit, a provider is found to have deficiencies that warrant immediate action, the NCFHE may grant provisional accreditation in accordance with regulation 34(2)(d) of the said Legal Notice, contingent upon conditions and recommendations on issues to be addressed and action to be taken by the provider.

Where, from the report of the audit, and after the provider has submitted its views in accordance with the procedure outlined above, the Commission finds fundamental defects concerning the provider, the provider shall be allowed a reasonable time period, as determined by the Commission, to undertake measures to rectify such defects. Any such action taken by the NCFHE shall have due regard for the interests of the students undertaking a programme with the provider, ensuring that solutions are found to guarantee that they are given the opportunity to complete the programme of study they had commenced.



5. Appeals

If a provider wishes to appeal the decisions made by the panel on point of law or point of fact, it should make an initial appeal to the QAC, which will consider the evidence and assess whether there is a case to examine. The deadline for such an initial appeal is two months after the final publication of the report.

If the provider is not satisfied with the outcome of the initial appeal, they may make recourse to the Court of Appeal in its inferior jurisdiction in the manner provided in article 49 of Legal Notice 296 of 2012, as subsequently amended, and within the relevant time period prescribed therein.

Appeals should be based on specific grounds arising from the judgements or decisions made by the panel and published in the audit report or from procedural irregularities. An appeal shall not concern the merits of a decision taken by the NCFHE under Legal Notice 296 of 2012, as subsequently amended, in relation to the granting or refusal of a licence or accreditation, the revocation or suspension thereof, or the imposition of restrictions or conditions on licences.

All appeals must be made in writing by the Head of institution and should set out the ways in which it considers the audit to be flawed based on the grounds of appeal. These may include evidence of material irregularity or perversity of judgement. In so doing, the provider should explicitly identify the alleged deficiencies that led to the judgement.

Appeals are to be sent to:

The Quality Assurance Committee (QAC)
National Commission for Further and Higher Education
Sir Temi Zammit Buildings
Malta Life Sciences Park
San Gwann SGN 3000
MALTA

Once an appeal has been received and logged by the QAC, the provider will receive written acknowledgement addressed to the Head of the institution.

On receipt of an appeal, after the QAC has logged and acknowledged it, the QAC will appoint an experienced external quality assurance expert to consider if there are sufficient grounds to grant the appeal.



6. Audit Timeline

Activity	Timeline
Prior to the on-site Visit	
Provider applies or is requested to undergo an audit by the NCFHE	Provider applies to the NCFHE for a provider audit prior to the lapse of their licence (five years from issue of licence or last audit, unless otherwise specified)
NCFHE informs provider of the date of commencement of the audit visit	30 weeks before audit visit
NCFHE informs provider of proposed peer review panel members	26 weeks before audit visit
Provider identifies the person in charge of quality assurance (the Facilitator)	24 weeks before audit visit
Provider to return comments on panel members	24 weeks before audit visit
NCFHE issues the provider with a link to a student questionnaire which the provider distributes to the student body within one week	23 weeks before audit visit
NCFHE finalises the peer review panel composition	22 weeks before audit visit
The panel receive induction and preparation	18 weeks before audit visit
The provider submits institutional SAR and additional documentation	14 weeks before audit visit
Members of the student body to complete the online questionnaire until the given deadline	14 weeks before audit visit
NCFHE requests the provider to submit additional information, if needed	10 weeks before audit visit
Provider submits additional information to the NCFHE, if requested	7 weeks before audit visit
Pre-Audit Panel Meeting: The panel meet to discuss desk-based analysis, including determination of specific terms of reference, aims, objectives and research questions of a particular audit, and the programme for the audit visit which include the duration of the audit visit	6 weeks before audit visit
Pre-Audit Provider meeting: Scoping Visit	4 weeks before audit visit

Audit Visit	Timeline
After the on-site visit	
The panel submits draft report to the QAC	3 weeks after the audit visit
QAC reviews the audit report	8 weeks after the audit visit
The audit report is submitted to the provider	10 weeks after the audit visit
The provider submits its views	14 weeks after the audit visit
The panel submits final report to QAC	Within 16 weeks of the audit report
The QAC approves the report and requests NCFHE Board endorsement	Next QAC meeting (typically within 6 weeks)
NCFHE Board endorses the report	Next NCFHE Board meeting (typically within 6 weeks)
Audit report is published on the NCFHE website	Within 1 week of NCFHE Board endorsement
Provider submits a detailed action plan	Within 4 weeks of the NCFHE Board endorsement or as detailed in the audit report
Follow-up activities	As detailed in the audit report



7. Potential Areas for Development of the Audit

Review of Smaller Education and Training Providers

The Standards outlined in Chapter 1 are relevant for all types of educational providers and the basic components of the audit process are relevant to different circumstances. Thus, all audits will involve an element of critical self-assessment (the SAR), evaluation of the evidence by peer reviewers, and the publication of a final audit report.

It is recognised that some aspects of the audit method may present difficulties for small providers with limited resources. In such cases, the NCFHE will discuss with the provider the most appropriate way of fulfilling the expectations of the audit.

As already stated, the NCFHE plans to continue developing this *Manual* through an Erasmus+ project entitled *Consolidating Quality Assurance in Higher Education in Malta*. This project will review the existing *Manual* so as to include:

- Procedures for Programme Audits
- Procedures for audits that involve joint programmes
- Procedures for audits involving online and blended learning
- Procedures for audits involving overseas provisions

These updates will ensure that the NCFHE continues to promote and enhance a culture of quality in the provision of Further and Higher Education in Malta.

Recognition of External Reviews

The results of external reviews that have a clear element of third-party independent audit that includes student evaluation may be taken into consideration in determining the scale and direction of inquiry of the audit. This is especially in the case of external reviews of local providers carried out by parent institutions of the qualifications provided in Malta. The NCFHE requires advance notice of such external reviews, and would welcome invitations to observe the external review or to constitute the third party element.

Transnational Education

The scope of the audit shall also include any programmes leading to the awarding of a Maltese qualification that are delivered in other jurisdictions, including partnership arrangements with other higher education providers, branch campuses, tutorial centres and distance learning provision. In addition, any arrangements for the recognition of academic credit or programmes for articulation to Maltese qualifications will also be included.

The arrangements for the audit of provision in other jurisdictions will be discussed at the Pre-Audit provider meeting. The awarding provider will be expected to provide all relevant documentation about its transnational operations and representatives of collaborative partners or branch campuses may be required to attend the audit visit at the awarding provider. Students may also be invited to meet with the audit panel.

If deemed necessary by the NCFHE, the Chair of the panel, one of the external experts or the NCFHE member may be requested to make arrangements to visit the transnational provision in the country. The purpose of the visit will be to seek assurance that the arrangements for the management and oversight of the academic programmes are being managed effectively and that the learning experience of students is in line with the standards for internal quality assurance. The awarding provider in Malta will be expected to cover the costs of arranging such visits.

Alternatively, the Chair of the panel and the NCFHE may consider it appropriate to conduct meetings with relevant staff and students through a video-conference link, or any other appropriate media.

The Role of Cross-Border Audits

Providers may request the NCFHE to fulfil their audit requirements through the services of a quality assurance agency that is on the European Quality Assurance Register for Higher Education (EQAR). Such an audit can be either at institutional level or at programme level. Each request will need to show that:

- the audit will fully satisfy the parameters of the *Framework* and for the undertaking of audits as defined from time to time by the NCFHE;
- the selected agency has sufficient experience and expertise in the specific field of operations of the provider and / or in the specific programme to be reviewed.

The NCFHE shall consider each request on a case by case basis. The NCFHE may accept such a request with specific conditions, for example, that the audit would include a person representing the NCFHE as observer or member of the peer review panel.

The quality assurance agency undertaking the audit shall present the report to the QAC for its approval. If the Committee has reservations with the conduct of the review and/or the main findings or recommendations of the report, it shall discuss the issues of concern with the quality assurance agency. Once the final version of the report is approved by the Committee, the report is forwarded to the NCFHE Board for endorsement.



Annex 1. Self-Assessment Report (SAR): Guidance

Audits are evidence-based processes involving the critical self-assessment of current institutional systems and procedures for assuring the quality and standards of academic programmes.

The peer review panel assesses the evidence submitted by providers and evaluates the extent to which it indicates that the Standards for internal quality assurance are being implemented. It is a shared endeavour with the provider having responsibility to conduct an open and reflective account of their progress to date and an assessment of how current practices could be further developed and enhanced. The panel considers the evidence objectively and determines the extent to which standards and expectations are being met.

The critical self-evaluation should involve academic staff, students, administrative staff, resource managers and all others involved in supporting the students' experience. It should be a collaborative activity intended to present an honest and self-critical view of how well the provider is managing its responsibilities. The SAR should be signed off by the Head of institution once complete.

Objectives

The critical self-evaluation is the starting point for the audit. It should address the following objectives:

- To provide an overview of the institution and an explanation of how it manages its core responsibilities for teaching, learning and assessment.
- To identify the strengths and weaknesses of current systems for assuring the standards of academic programmes and the quality of the learning experience of students.
- To propose developments and improvements in the current system to ensure that the provider fully meets the expectations of the Standards for internal quality assurance.
- To highlight examples of good practice for verification by the audit panel and that would be worthy of dissemination to other providers.

The self-evaluation should lead to the production of a report, the SAR, that summarises the outcomes of the evaluation.

Contents

The SAR should contain the following sections:

1. An introduction and overview of the provider including its mission statement, its primary areas of academic 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 (or other structures), learning resources and support arrangements (libraries, IT facilities, academic advice and guidance) as applicable.
3. A commentary on each of the 11 IQA Standards (see Annex 5). For each Standard there should be:
 - an account of what the provider is currently doing to meet the expectations, in terms of the existing systems and procedures for internal quality assurance;
 - an assessment of how effective these practices and procedures are in ensuring that the provider is fully compliant with the Standard;
 - an outline of proposals for further developments to address any perceived gaps in procedures and to enhance the quality and standards of academic provision and the student experience.

If the provider has undertaken a self-evaluation process in the scholastic/academic year prior to the planned audit that addresses all the characteristics of the SAR, this can be presented in lieu of the SAR. The provider would need to attach to its IQA policy document an Addendum with any relevant developments for each of the Standards.

Evidence

The information in the SAR must be cross-referenced to the supporting documentation submitted, and should both illustrate and substantiate statements made. Supporting evidence should be clearly labelled and numbered to enable the panel to navigate through it, and referenced in the SAR using the same labelling.

As well as ensuring that the supporting documentation evidences statements made in the SAR, the provider must ensure that it covers the following information:

- structure of the provider, namely:
 - management structure
 - list of faculties/departments/institutes/units
 - names, qualifications and emails of faculty/lecturing staff, both full-time and part-time
- the full report of the latest external review undertaken by the provider, where applicable
- documentation related to the internal Quality Management System (QMS) of the provider, namely:
 - the structure of the QMS and the person/s responsible
 - the QMS policies/Manual in place
 - evidence of implementation of QMS policies and monitoring thereof
- information on the programmes and courses provided:
 - the competences that the programmes/courses aim for
 - the number of students per programme/course during the last full academic year.



Annex 2. Students' Questionnaire

Dear Student

The education institution that you attend is currently undergoing a Quality Assurance (QA) audit conducted by the National Commission for Further and Higher Education (NCFHE). Through the audit, the NCFHE reviews the institution's internal processes and mechanisms in order to identify acts of good practices and areas which require improvement.

You are invited to contribute to this audit by filling in a questionnaire about aspects that contribute to the quality of your experience as a student in your educational institution. The questionnaire is completely anonymous and your response will be directly submitted to the NCFHE. This exercise should take about 20 minutes.

Thank you for your participation.

The National Commission for Further and Higher Education

Q1: Please indicate the name of the institution you attend, your nationality and the year of your birth (e.g. 1996).

Institution:			
Nationality:			
Year of birth:			
Gender (please select)	Female	Male	Other

Q2: The following questions are about the teaching provision of your course.

For each criterion, please select ONE response that best indicates your feelings overall.

		Definitely agree	Mostly agree	Neither agree nor disagree	Mostly disagree	Definitely disagree
A	Staff are good at explaining things					
B	Staff have made the subject interesting					
C	Staff are enthusiastic about what they are teaching					
D	The course is intellectually stimulating					
E	The course has encouraged me to apply what I have learned to practical problems or new situations					
F	The course has challenged me to achieve my best					

Q3: These questions are about the assessment and feedback you have received.

Please mark a suitable box for each question.

		Definitely agree	Mostly agree	Neither agree nor disagree	Mostly disagree	Definitely disagree
A	The criteria used in marking have been made clear in advance					
B	Assessment arrangements and marking have been fair					
C	Feedback on my work has been prompt					
D	I have received helpful comments on my work					
E	Feedback on my work has helped me clarify things I did not understand					

Q4: These questions are about the academic support you have received.

Please mark a suitable box for each question.

		Definitely agree	Mostly agree	Neither agree nor disagree	Mostly disagree	Definitely disagree
A	I have received sufficient advice and support with my studies					
B	I have been able to contact staff when I needed to					
C	Good advice was available when I needed to make study choices					

Q5: These questions are about the organisation and management of your course.

Please mark a suitable box for each question.

		Definitely agree	Mostly agree	Neither agree nor disagree	Mostly disagree	Definitely disagree
A	The timetable works efficiently as far as my courses are concerned					
B	The workload of the course adequately meets the learning outcomes					
C	Any changes in the course or teaching have been implemented effectively					
D	Any changes in the course or teaching have been communicated and dealt with in a timely manner					
E	The course is well organised and running smoothly					

Q6: These questions refer to the learning resources available to you.

Please mark a suitable box for each question.

		Definitely agree	Mostly agree	Neither agree nor disagree	Mostly disagree	Definitely disagree
A	The library resources are good enough for my needs					
B	The library services are good enough for my needs					
C	The library opening times are good enough for my needs					
D	I have been able to access general IT resources when I needed to					
E	I have been able to access specialised equipment, facilities or rooms when I needed to					

Q7: This question is about your personal development.

Please mark a suitable box for each question.

		Definitely agree	Mostly agree	Neither agree nor disagree	Mostly disagree	Definitely disagree	Not applicable
A	The course has helped me to present myself with confidence						
B	My communication skills have improved						
C	As a result of the course, I feel confident in tackling unfamiliar problems						

Q8A: Does your institution have a Students' Union/Association?

YES	NO	DON'T KNOW

Q8B: If yes, thinking of all the services, including support, activities and academic representation provided by the Students' Union/Association at your institution, how do you rate your experience?

Please mark the relevant box.

Excellent Good Average Bad

	YES	NO	DON'T KNOW
Q9: Are you aware of the admissions policy and procedure of your institution?			
Q10: Do students meet external examiners?			
Q11: Are you aware of the complaints process of your institution?			
Q12: Are you aware of the academic appeals process of your institution?			
Q13: Have you used your institution's complaints or appeals processes?			

Q14: These statements are about the quality and accuracy of the information made available to you before you commenced your studies.

Please mark a suitable box for each question.

		Definitely agree	Mostly agree	Neither agree nor disagree	Mostly disagree	Definitely disagree	Not Applicable
A	My institution has fulfilled what was advertised or promised to me before commencing my studies there						
B	The information on the course fees and payment options is sufficient						
C	The information on the refund policies if you stopped or discontinued your studies is sufficient						
D	Information on enrolment procedures and other necessary documentation is sufficient						

Q15: Does your course include any form of work placements, on-the job training, placements, practicals, apprenticeships or internships?

Yes	No	Other

Q16: These statements are about the quality of the training you have received during your training.

		Definitely agree	Mostly agree	Neither agree nor disagree	Mostly disagree	Definitely disagree	Not Applicable
A	During the induction process the staff were available						
B	The information provided was clear and relevant						
C	The time delay between your first contact with your educational institution and the proposal for your training was reasonable						

Q17: These statements are about the your expectation during your training.

		Definitely agree	Mostly agree	Neither agree nor disagree	Mostly disagree	Definitely disagree	Not Applicable
A	Your personal constraints were taken into consideration when designing your training plan						
B	The objectives and contents corresponded to your expectations						
C	You received all information and explanations necessary to start your training						

Q18: These statements are about your experience during your training.

		Definitely agree	Mostly agree	Neither agree nor disagree	Mostly disagree	Definitely disagree	Not Applicable
A	The premises were appropriate						
B	The material at your disposal was satisfactory						
C	The educational materials provided were clear and useful						
D	The guidance was dynamic and efficient						
E	The trainers' teaching methods were satisfactory						
F	The balance between theory and practice was satisfactory						
G	The trainers were competent in their professional sectors						
H	The trainers were available and receptive						
I	The training fostered development of your autonomy						
J	You could easily follow-up your progress						
K	Your training objectives were reached						
L	Recognition of your acquired competences increased the value of your training						

Q19: This question is about your overall satisfaction.

		Definitely agree	Mostly agree	Neither agree nor disagree	Mostly disagree	Definitely disagree	Not Applicable
A	Overall, I am satisfied with the quality of my experience						

Q20: Please add any further comments that you wish to make.



Annex 3: Guidance for Facilitators

The person in charge of quality assurance at the institution will act as the Facilitator during the audit. The Facilitator should ensure they have a good understanding of the audit process and the ability to communicate clearly on topics relevant to the audit, that they are able to provide objective advice and guidance to the panel.

The Facilitator will be the main point of contact for the NCFHE for the duration of the audit process, including during the audit visit. As such, the Facilitator will help ensure there are clear lines of communication between the NCFHE and the provider.

The Facilitator will not be part of the panel but will be obliged to observe the same rules on confidentiality as the panel (the Facilitator will be requested to sign a Confidentiality Agreement). Accordingly, written material produced by the panel must be kept confidential and no information gathered during the audit process should be used in a way that might allow individuals to be identified. Providing appropriate confidentiality is observed, the Facilitator is permitted to make their own notes on discussions and report these back to other staff at the institution, to ensure that the provider is aware of issues raised by the panel.

As the main contact, the Facilitator should be able to provide advice and guidance on the data sources and documentation that the provider is to make available to the NCFHE, including the SAR, to the peer review panel where needed. The Facilitator should seek to bring additional information to the panel, correct factual inaccuracy and assist the provider in understanding matters raised by the panel.

Prior to the audit visit, the Facilitator shall take part in a meeting with the Head of institution and the Chair of the panel to discuss the audit arrangements. The purpose of the meeting is to ensure that the provider has a correct understanding of the aims, objectives and procedures of the audit.

During the audit visit, the Facilitator should be available to meet with the panel to provide further information and clarification on matters related to the provider's internal quality assurance.

The Facilitator will not be present during the deliberations of the panel, however, the Facilitator may be called upon during the meeting to answer any questions the panel might have.

The panel has the right to ask the Facilitator to disengage from the audit process at any time, if it considers that there are conflicts of interests, or that the Facilitator's presence will hinder the process.



Annex 4: Composition, Training and Management of the Peer Review Panel

Composition of the Peer Review Panel

The audit shall be conducted by a peer review panel that shall be selected by the NCFHE. The composition of such panels shall be as follows:

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
NCFHE QA personnel	Up to two NCFHE staff personnel, with expertise in audit procedures
Student	Up to two students selected according to the criteria indicated below
Industry expert <i>vocational training providers only</i>	In the case of a VET provider, the NCFHE may include an additional panel member from the industry, typically an employer or a professional from the sphere of provision of the provider

The size of the panel will be determined in line with the scale and complexity of the provider's provision. This is because it will usually take longer for the panel to understand and audit institutions that are larger and offer more complex provision. In line with the above table, the panel will never include fewer than two experts, NCFHE staff and may include up to two students representatives.

The external experts including the Chair of the panel shall be selected according to detailed criteria developed from time to time by the NCFHE according to each category of provider, and shall include the following criteria:

- have received training by the NCFHE on the undertaking of quality audits, and/or have prior experience of such audits;
- have excellent English writing skills;
- preferably have significant experience in teaching at the level of provision of the provider to undertake the audit;
- have no conflict of interest in undertaking the audit of a specific provider.

As an example, for Higher Education Institution, the selection of panel experts shall follow the criteria below:

- have at least a full MQF/EQF Level 7 degree;
- have received training by the NCFHE on the undertaking of audits, and/or have prior experience of audits;
- have excellent English writing skills;
- preferably have significant experience in teaching at the level of provision of the provider to undertake the audit;
- have no conflict of interest in undertaking the audit of a specific provider.

In line with international best practice, the NCFHE may select international experts from the European Higher Education Area to form part of the audit panel.

Student panel members shall be selected according to the following minimum criteria:

- selection shall be through an open call issued by the NCFHE 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 NCFHE;
- 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.

Where conflicts of interest in the selection of local students are likely due to the nature and/or pre-eminence of the provider within the Maltese education system, the NCFHE may opt to select students from overseas, for example through arrangements with the European Students Union.

All panel members shall be required to sign a Declaration of Interest Form prior to starting work on the audit. Panel Members shall be remunerated at rates set from time to time by the NCFHE.

Training and Management of the Peer Review Panel

The selected panel members shall receive induction and preparation by the NCFHE to ensure appropriate and effective service throughout the audits. Induction and preparation will ensure that all panel members are fully up-to-date with the aims, objectives and methods of the audit process and that they understand their own roles and responsibilities as part of the panel.

Panel members will only be nominated from a pool of experts and students who have satisfactorily completed NCFHE training. From time to time the NCFHE shall also organise training courses aimed at a wider audience of prospective expert and student reviewers.

Training will be designed to build upon the skills and experience of those undergoing it. As part of the training, the NCFHE will provide:

- training on the NCFHE's work, obligations and standards;
- training on the *National Quality Assurance Framework for Further and Higher Education*;
- training on the audit methodology;
- training in specialist skills needed to carry out or facilitate audit work;
- training reference material to use after completion of training;
- documents that panel members need to conduct the audits to which they are assigned.

At the end of each audit the panel members shall be individually asked to give feedback on the audit, using the Feedback Form in Annex 10. This feedback focuses on their own performance and the performance of the other panel members. The NCFHE panel staff member/s will also provide feedback. Those who receive unsatisfactory feedback may be required to undergo additional training or be removed from the list of potential panel members for future audits. Panel members who receive positive feedback may be invited to participate in the training of other experts or students who wish to be part of a Peer Review panel.



Annex 5: Information Recording Template for the Peer Review Panel

Name of Panel Member:	
External Quality Audit of:	
Date:	DD/MM/YYYY

Please structure your analysis in the relevant tables below with reference to the audit the *Manual*.

In your analysis it is not necessary for you to include descriptions of the various policies and procedures, but it is essential that you provide references to where the relevant information may be found. Bullet point style is fine.

Please provide brief comments on how the institution has addressed the outcomes of its previous audit and/or other recent engagements with NCFHE (if applicable):

Brief comments on the institution
Has the institution addressed the recommendations made in the previous audit report?
What is your view of the effectiveness of the institution's response?
Could there be more evidence regarding, for example, peer observation and review?
How has the institution built on strengths identified?
Do certain areas require further attention by the institution?

You may wish to comment briefly on all Standards from your reading of the self-evaluation document and supporting documentation, but concentrate your more detailed comments on any standards you have been allocated by the Chair of the panel ahead of the review.

Standard 1

Policy for quality assurance

<p>Entities shall have a policy for quality assurance that is made public and forms part of their strategic management. Internal stakeholders shall develop and implement this policy through appropriate structures and processes, while involving external stakeholders. The policy should take into account various methods of monitoring processes and outcomes, including those generated by learning analytics software.</p>	<p>Such a policy should include:</p> <ol style="list-style-type: none"> a) the organisation of the quality assurance system; b) the responsibilities of departments, schools, faculties, institutes and/or other organisational units as well as those of institutional leadership individual staff members and students with respect to quality assurance; c) reference to the relationship between research and learning & teaching, where applicable; d) procedures for ensuring academic integrity and freedom, where applicable; e) procedures for ensuring against academic fraud; f) procedures for ensuring the integrity, reliability, suitability and continuous availability of the technological infrastructure (incl. hardware and software); g) procedures for verifying the identity of all enrolled students; h) procedures for ensuring against intolerance of any kind or discrimination against the students or staff; i) the involvement of external stakeholders in quality assurance; j) procedures for the quality assurance of any elements of an entity's activities that are subcontracted to or carried out by other parties; k) in the 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.
<p>Expectations</p>	<p>Policies should:</p> <ul style="list-style-type: none"> • make reference to the relationship between research and learning & teaching, where applicable; • provide information about the organisation of the quality assurance system; • cover the responsibilities of departments, schools, faculties, institutes and/or other organisational units as well as those on institutional leadership, individual staff members and students with respect to quality assurance; • include procedures for ensuring academic integrity and freedom, where applicable; • detail procedures for guarding against intolerance of any kind or discrimination against the students or staff; • cover the involvement of external stakeholders in quality assurance.
<p>Indicative Key Questions</p>	<ul style="list-style-type: none"> • What are the providers' key strategic priorities for the next five years? • What evidence is available to demonstrate the effectiveness of the quality assurance system? • What role do students play in the assurance of quality? • What plans are there to improve the quality of the learning experience of students across the institution? • How do you engage with stakeholders in strategic planning?

Initial comments following desk-based analysis

Issues, including features of good practice, for further exploration (with references to evidence):

Evidence:

Appraisal of the sufficiency of the evidence:

Further evidence to be requested:

Questions to be pursued during the audit visit from your reading of the evidence base supporting this area:

Categories of people to meet during the audit visit:

Standard 2

Institutional probity

<p>Entities shall ensure that they have appropriate measures and procedures in place to ensure financial probity.</p>	<p>Universities, self-accrediting institutions and other entities with a turnover of more than €50,000 per annum shall have yearly audited accounts and regular budget plans. Other accredited entities shall have yearly financial statements and regular budget plans. Entities shall ensure that the members of the body corporate, the legal representative and the persons occupying a headship position are fit and proper persons to deliver further and/or higher education programmes.</p> <p>The legal representative of the company running the institution must show effective residence in Malta.</p>
<p>Expectations</p>	<p>Policies should:</p> <ul style="list-style-type: none"> • Providers should keep comprehensive records of all financial transactions. • Providers should have sufficient financial reserves to maintain operations in the event of unpredicted circumstances. • Entities so indicated in the Standard should have their accounts audited annually by a certified auditor, and have regular budget plans. • Providers have procedures to ensure that its leaders are fit for purpose.
<p>Indicative Key Questions</p>	<ul style="list-style-type: none"> • How does the provider ensure that It has sufficient resources to deliver all its academic programmes? • How does the provider ensure that the members of its body corporate, the legal representative/s and staff occupying headship positions are fit for purpose?

Initial comments following desk-based analysis

Issues, including features of good practice, for further exploration (with references to evidence):

Evidence:

Appraisal of the sufficiency of the evidence:

Further evidence to be requested:

Questions to be pursued during the audit visit from your reading of the evidence base supporting this area:

Categories of people to meet during the audit visit:

Standard 3

Design and approval of programmes

Entities shall have processes for the design and approval of their programmes.

The processes for the design and approval of programmes shall have the following characteristics:

- a) they define the expected student workload in terms of ECTS or ECVET learning credits;
- b) they indicate the target audience, including any geographic/regional targeting, and the minimum eligibility and selection criteria, where applicable;
- c) they are learning outcome-based, distinguishing between knowledge, skills and competences;
- d) they indicate appropriate learning dynamics and a measure of tutor-learner and peer-learning interaction as is appropriate for the course level and content;
- e) they indicate appropriate resources and forms of assessment;
- f) they indicate the minimum requirements in terms of qualifications and competences for teaching staff;
- g) they indicate the person/s responsible for:
 - i. course design and content development;
 - ii. technical and media support;
 - iii. teaching course and interacting and supporting learners
- h) they are in line with the MQF and the Malta Referencing Report 2012 and subsequent updates;
- i) the process of the identification of training/ programme needs involves the participation of external stakeholders who are likely to benefit from the outcomes of such provision;
- j) programmes that are employment-oriented involve stakeholders from the world of work in their design and review;
- k) they involve students in their design and review;
- l) they are designed so that they enable smooth student progression;
- m) they are subject to a formal institutional approval process.

<p>Expectations</p>	<p>Policies should:</p> <ul style="list-style-type: none"> • define the expected student workload in terms of ECTS or ECVET learning credits • indicate the target audience and the minimum eligibility and selection criteria, where applicable • be learning outcome-based, distinguishing between knowledge, skills and competences • indicate appropriate learning dynamics and a measure of tutor-learner interaction as appropriate for the level and content of the programme • indicate appropriate resources and forms of assessment • indicate the minimum requirements in terms of qualifications and competences of teaching staff • be in line with the MQF and the Malta Referencing Report and subsequent updates • be in line with the institutional strategy • involve appropriate external stakeholders in the identification of programme content and/or training needs • involve employers and other stakeholders in the design and review of work-related programmes • involve students in the design and review of programmes • give due attention to supporting student progression • include well-structured placement opportunities, where possible • be subject to a formal institutional approval process.
<p>Indicative Key Questions</p>	<ul style="list-style-type: none"> • Could you give an example of a recently introduced academic programme and the stages followed in the design, approval and implementation of the programme? • Could you explain the relationship between the programme's learning outcomes and the assessment methods? • How are students involved in the design and review of programmes? • How does the provider assure itself that staff teaching on programmes have the appropriate skills and knowledge?

Initial comments following desk-based analysis

Issues, including features of good practice, for further exploration (with references to evidence):

Evidence:

Appraisal of the sufficiency of the evidence:

Further evidence to be requested:

Questions to be pursued during the audit visit from your reading of the evidence base supporting this area:

Categories of people to meet during the audit visit:

Standard 4

Student-centred learning, teaching and assessment

Entities shall ensure that the programmes are delivered in a way that encourages students to take an active role in creating the learning process, and that the assessment of students reflects this approach.

The implementation of student-centred learning and teaching shall:

- a) respect and attend to the diversity of students and their needs, enabling flexible learning paths;
- b) consider and use different modes of delivery, where appropriate;
- c) flexibly use a variety of pedagogical methods;
- d) regularly evaluate and adjust the modes of delivery and pedagogical methods;
- e) encourage a sense of autonomy in the learner, while ensuring adequate guidance and
- f) guarantee adequate support from the teacher/lecturer;
- g) promote mutual respect within the learner-teacher relationship.

Quality assurance processes for assessment shall take into account the following:

- a) The person/s managing and/or responsible for managing the assessment is/are familiar with existing testing and examination methods and receive/s support to further develop competences in the field;
- b) The criteria for and method of assessment as well as criteria for marking are published in advance;
- c) 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;
- d) Where possible and applicable, assessment is carried out by more than one examiner;
- e) The regulations for assessment take into account mitigating circumstances;
- f) Assessment is consistent, fairly applied to all students and carried out in accordance with the stated procedures;
- g) Procedures exist to verify the identity of all students carrying out the assessment and to protect against cheating;
- h) Records of the assessment process and grading are kept in Malta;
- i) A formal procedure for student complaints and appeals is in place.

<p>Expectations</p>	<p>Student-centred learning and teaching shall:</p> <ul style="list-style-type: none"> • respect and attend to the diversity of students and their needs, enabling flexible learning paths • consider and use different modes of delivery, where appropriate • make flexible use of a variety of pedagogical methods • regularly evaluate delivery and pedagogical methods and make adjustments as appropriate • encourage a sense of autonomy in the learner while ensuring adequate guidance and support from academic staff • promote mutual respect within the learner-teacher relationship. <p>Quality assurance processes should evaluate:</p> <ul style="list-style-type: none"> • assessors' familiarity with testing and examination methods and support for professional development • the criteria and methods for assessment and their publication • the extent to which intended learning outcomes are achieved • the feedback to students to support their learning development • arrangements for the moderation of assessment involving more than one assessor • arrangements for the consideration of mitigating circumstances, including temporary leave of absence and extension of studies • the consistency, oversight and fairness of assessment arrangements • the procedures for student complaints and appeals.
<p>Indicative Key Questions</p>	<ul style="list-style-type: none"> • How effective are the pedagogical methods in ensuring that students achieve the learning outcomes? • What measures are taken to encourage students to take an active role in the learning process? • What feedback is provided for students to assist the learning process? How long do students wait to receive the information? • How does the provider ensure that assessment arrangements are conducted fairly and consistently?

Initial comments following desk-based analysis

Issues, including features of good practice, for further exploration (with references to evidence):

Evidence:

Appraisal of the sufficiency of the evidence:

Further evidence to be requested:

Questions to be pursued during the audit visit from your reading of the evidence base supporting this area:

Categories of people to meet during the audit visit:

Standard 5

Student admission, progression, recognition and certification

<p>Entities shall consistently apply pre-defined and published regulations covering all phases of the student 'life-cycle'.</p>	<p>In particular</p> <ol style="list-style-type: none"> a) Admission processes and criteria are implemented consistently and in a transparent manner; b) Induction to the institution and the programme is provided; c) Both processes and tools are in place to collect, monitor, manage and store in Malta information on student progression; d) While accredited entities retain the right to determine their own selection criteria, they have mechanisms in place to take into consideration relevant qualifications that are accredited or recognised by the NCFHE, and relevant periods of study and prior learning, including the recognition of non-formal and informal learning; e) On successful course completion, students receive documentation explaining the context, MQF level, amount of learning credit, content and status of the qualification gained, in line with NCFHE regulations. By 2017, locally accredited full qualifications at both further and higher education levels shall reference achieved learning outcomes.
<p>Expectations</p>	<p>Published regulations should ensure that:</p> <ul style="list-style-type: none"> • admission processes and criteria are implemented consistently and transparently • students are supported in their induction to the provider and their chosen programme of study • processes and tools are in place to collect, monitor and manage information on student progression • appropriate mechanisms are established to recognise and accredit prior learning including the recognition of non-formal and informal learning • on successful programme completion, students should receive written confirmation of the level, amount of credit, content and status of qualifications achieved, in line with NCFHE regulations. [NB. qualifications should include reference to achieved learning outcomes from 2017 onwards].
<p>Indicative Key Questions</p>	<ul style="list-style-type: none"> • What provision is made for the induction of students in their first term/ semester? • What arrangements are in place to record student progression? • How are students kept informed about their progress on individual programmes? • What academic advice and guidance is available for students? • How does the provider ensure that credit awarded for prior learning is of an equivalent value and level to credit achieved from taught programmes?

Initial comments following desk-based analysis

Issues, including features of good practice, for further exploration (with references to evidence):

Evidence:

Appraisal of the sufficiency of the evidence:

Further evidence to be requested:

Questions to be pursued during the audit visit from your reading of the evidence base supporting this area:

Categories of people to meet during the audit visit:

Standard 6

Teaching staff

Entities shall assure the competence of their staff.	They shall apply clear, fair and transparent processes for the recruitment, conditions of employment and professional development of such staff. Entities shall promote innovation in teaching methods, and continuous professional development. Higher education institutions shall encourage scholarly activity to strengthen the link between education and research or practice, where applicable. In the case of part-time teaching staff providing limited and ad hoc services, entities shall ensure that such staff is constantly up-to-date with developments in their fields and with the methodological requirements of their programmes.
Expectations	<p>Entities shall:</p> <ul style="list-style-type: none"> • have systems and procedures in place to monitor the delivery of teaching and learning and to ensure that the standards required for individual programmes of study are being met • apply clear, fair and transparent processes for the recruitment and professional development of staff • provide appropriate conditions of employment for all staff • support staff in the development of teaching methods and the enhancement of the student learning experience • promote staff research and scholarly activity to inform teaching practice, as applicable • encourage innovation in teaching methods and the use of new technologies • make appropriate arrangements for part-time and sessional teaching staff.
Indicative Key Questions	<ul style="list-style-type: none"> • What arrangements are in place for the observation of teaching? How is feedback provided for staff? • Are there opportunities for students to evaluate their courses? What use is made of the information? • What support is provided for the professional development of staff and for research and scholarly activity, where applicable? • Are part-time staff effective members of the academic community? Are they adequately supported in their role?

Initial comments following desk-based analysis

Issues, including features of good practice, for further exploration (with references to evidence):

Evidence:

Appraisal of the sufficiency of the evidence:

Further evidence to be requested:

Questions to be pursued during the audit visit from your reading of the evidence base supporting this area:

Categories of people to meet during the audit visit:

Standard 7

Learning resources and student support

<p>Entities shall have appropriate funding for learning and teaching activities.</p>	<p>They should ensure that adequate and readily accessible learning resources are provided to assist student learning commensurate to the type and level of course/s. These 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.</p> <p>Institutions that offer digital education shall ensure that their digital infrastructure has:</p> <ol style="list-style-type: none"> a) Automated procedures to ensure continuity of service in case of failure of their equipment or software; b) Backup systems including: real-time mirroring of data, full/incremental backups on site and full/incremental backups offsite on physical data. <p>The needs of a diverse student population (such as mature, part-time, employed and international students as well as students with disabilities), and the shift towards student-centred learning should be taken into account when allocating, planning and providing the learning resources and student support.</p> <p>All resources and services should be fit for purpose and accessible, and students should be informed about the services available to them. In delivering support services the role of support and administrative staff is crucial and therefore they need to be qualified and have opportunities to develop their competences.</p>
<p>Expectations</p>	<p>Entities shall:</p> <ul style="list-style-type: none"> • ensure that all students have access to the necessary learning resources to fully engage with their programmes of study • have in place the necessary learning infrastructures, including Information and Communications technology, to support current and future developments in teaching and learning • ensure that all students have access to academic tutors and advisers to support their academic progress and to provide personal support as needed • take into consideration the needs of all types of students, (including mature, part-time, work-based and those with disabilities) • ensure that all administrative and support staff are appropriately qualified and have opportunities for continuous professional development.
<p>Indicative Key Questions</p>	<ul style="list-style-type: none"> • How does the provider make decisions about resource allocation between different academic departments and support services? • What measures are used to monitor the performance of academic support services? • How often do students meet with their academic tutors? • What arrangements are in place to support students who encounter difficulties in their studies?

Initial comments following desk-based analysis

Issues, including features of good practice, for further exploration (with references to evidence):

Evidence:

Appraisal of the sufficiency of the evidence:

Further evidence to be requested:

Questions to be pursued during the audit visit from your reading of the evidence base supporting this area:

Categories of people to meet during the audit visit:

Standard 8

Information management

<p>Entities shall ensure that they collect, analyse and use relevant information for the effective management of their programmes and other activities.</p>	<p>Entities shall provide a description of how they maintain, retain and archive student records in Malta. Archives must give adequate assurance that their contents will be available for 40 years.</p> <p>This information shall include:</p> <ol style="list-style-type: none"> a) Admission records, student details, proof of assessment; b) Profile of the student population, including prevalence of vulnerable groups; c) Course participation, retention and success rates; d) Students' satisfaction with their programmes; e) Employment rates and career paths when the course states an orientation towards employment. <p>Various methods of collecting information may be used. Sources of such information may include the NCFHE yearly statistics for further and higher education, which will be reformulated to provide this service. Students and staff should be involved in providing and analysing information and planning follow-up activities.</p>
<p>Expectations</p>	<p>Information should include:</p> <ul style="list-style-type: none"> • the profile of the student population, including details of vulnerable groups • course participation, retention and completion rates • students' satisfaction with their programmes • learning resources and student support available • the destination of students on completion of their studies including details of employment and career development. <p>The information collected should be analysed and periodically evaluated internally by the senior management committee.</p>
<p>Indicative Key Questions</p>	<ul style="list-style-type: none"> • Does the provider have appropriate arrangements in place for the systematic collection, analysis and evaluation of key information about its students and staff? • Is this information made widely available within the provider to inform management decision making? • Are arrangements in place for tracking student participation and progression?

Initial comments following desk-based analysis

Issues, including features of good practice, for further exploration (with references to evidence):

Evidence:

Appraisal of the sufficiency of the evidence:

Further evidence to be requested:

Questions to be pursued during the audit visit from your reading of the evidence base supporting this area:

Categories of people to meet during the audit visit:

Standard 9

Public information

Entities shall publish information about their activities, including courses/ programmes, which is clear, accurate, objective, up-to date and readily accessible.

The information should include:

- a) the selection criteria for the courses/ programmes;
- b) their intended learning outcomes;
- c) the qualifications they award, including information on the EQF/MQF level and ECTS/ECVET learning credits;
- d) the teaching, learning and assessment procedures used;
- e) the pass rates;
- f) and the further learning opportunities available to their students. information on possible career pathways available as a result of taking a course.

The information available shall be sufficient for prospective applicants to be able to make an informed choice in terms of the knowledge, skills and competences they are likely to acquire on successful completion of the programme.

Expectations

The information should include for each course or programme:

- the selection criteria for admission
- the intended learning outcomes
- the qualifications available - including level and learning credits
- indicative teaching, learning and assessment procedures
- details of student progression and achievement
- further learning opportunities available for students.

The information available should be sufficient for prospective applicants to be able to make an informed choice in terms of knowledge, skills and competences that they are likely to acquire on successful completion of the course/programme.

Indicative Key Questions

- How does the provider make information available about its courses/ programmes for prospective students and other stakeholders?
- What checks are in place to ensure that public information is accurate and up-to-date?
- Are students consulted about the usefulness of the information provided?
- What procedures are used to ensure that the level of qualifications is compliant with the Malta Qualifications Framework and the European Qualifications Framework?
- How are the level and value of learning credits defined and verified by the provider and/or awarding organisations?

Initial comments following desk-based analysis

Issues, including features of good practice, for further exploration (with references to evidence):

Evidence:

Appraisal of the sufficiency of the evidence:

Further evidence to be requested:

Questions to be pursued during the audit visit from your reading of the evidence base supporting this area:

Categories of people to meet during the audit visit:

Standard 10

Ongoing monitoring and periodic review of programmes

<p>Entities shall implement the Quality Cycle by monitoring and periodically reviewing their programmes in terms of their IQA policy and standards.</p>	<p>The objectives of this exercise shall be i) to ensure that they achieve the objectives set for them; ii) 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 iii) to respond to the changing needs of students and society.</p> <p>Such reviews shall include input from students and, where applicable, input from audit reports. They shall also include other stakeholders that are benefiting from the outcomes of the programme; in the case of employment-oriented programmes this includes stakeholders from the world of work. These reviews shall lead to continuous improvement of the programmes. Any action planned or taken as a result shall be communicated to all those concerned.</p>
<p>Expectations</p>	<p>Entities should:</p> <ul style="list-style-type: none"> • have in place appropriate arrangements for monitoring and periodically reviewing their academic programmes to ensure they are meeting the set objectives and expectations • ensure that the views of students, employers and other stakeholders are fully taken into consideration as part of this process • identify recommendations for improvement and further development of programmes. <p>Monitoring and review should consider input, process and outcome standards. Providers should be able to demonstrate that their programmes fully meet expectations or, where this is not the case, appropriate measures have been taken to revise or replace individual programmes.</p>
<p>Indicative Key Questions</p>	<ul style="list-style-type: none"> • What evidence does the provider have that programmes/courses are meeting the expectations of the employers? Do employers play a role in monitoring and reviewing programmes? • How are students' views taken into consideration as part of the review process? • Can the provider give an example of a programme that has recently been discontinued or revised as a result of monitoring or review? • Does the provider carry out any analysis of the relationship between the input and output standards? Is it possible to identify the 'value added' by completing individual programmes? • What external involvement is included in the monitoring and review process? How does the provider know that its programmes are of a comparable standard to similar courses offered by other providers (and in other jurisdictions)?

Initial comments following desk-based analysis

Issues, including features of good practice, for further exploration (with references to evidence):

Evidence:

Appraisal of the sufficiency of the evidence:

Further evidence to be requested:

Questions to be pursued during the audit visit from your reading of the evidence base supporting this area:

Categories of people to meet during the audit visit:



Annex 6: Guidance for Determining the Duration of the Audit Visit

During the Pre-Audit Panel Meeting the panel will agree on the duration of the audit visit. The decision on visit duration will be in accordance with what the desk-based analysis reveals both about the provider's track record in managing quality and standards and the extent to which it meets the standards for internal quality assurance. Additionally, the length of an audit visit is likely to depend on the size of the provider and the scale and complexity of the higher education on offer.

The duration of the audit visit should not be regarded as a judgement about the provider's higher education provision; the judgements are only agreed at the end of the audit process.

The criteria that the panel will use in deciding on the duration of the audit visit are set out below. The panel must make a decision by balancing their findings and mapping them against the closest category, as it is expected that the findings of the desk-based analysis will not be consistent with all the criteria listed within a particular category. For instance, a provider may have a weak track record, yet be able to present more recent evidence showing that it is now managing its responsibilities effectively. Therefore, not all criteria have to be met to justify an audit of a particular duration.

Where the panel's desk-based analysis finds a strong track record and evidence that all or nearly all Standards are met, the panel will not be likely to require a long visit to the provider to finish its work. However, where the panel's desk-based analysis does not suggest a strong track record and/or indicates that several Standards may not be met, or where the evidence provided is insufficient, the panel will likely need more time to talk to staff and students at the provider and analyse further evidence. Panels are allowed to specify a shorter visit than the guidance indicates. This may occur, for example, where the desk-based analysis finds only minor risks at a micro-provider and therefore limited scope for meetings.

1 to 3-day Audit visit	3 or 4-day Audit visit	4 or 5-day Audit visit
<p>The provider has a strong track record in managing quality and standards, as evidenced by the outcomes of previous external audit activities, and has responded to those activities fully and effectively.</p> <p>There is evidence that all or nearly all Standards are met.</p> <p>Standards that appear not to be met present low risks to the management of the education provision, in that they relate to:</p> <ul style="list-style-type: none"> • minor omissions or oversights; • a need to amend or update details in documentation, where the amendment will not require or result in major structural, operational or procedural change; • completion of activity that is already underway. <p>The need for any remedial action has been acknowledged by the provider and it has provided clear evidence of appropriate action being taken within a reasonable timescale.</p> <p><i>(It is envisaged that one-day visits will only be used for providers with fewer than 50 students.)</i></p>	<p>The size of the institution and the scale and complexity of its provision warrants a longer visit.</p> <p>The provider has a strong track record in managing quality and standards, as evidenced by the outcomes of previous external audit activities, but there is some evidence of it not responding to those activities fully and effectively.</p> <p>There is evidence that most Standards are met.</p> <p>Standards that appear not to be met do not present serious risks, but may raise moderate risks in that they relate to:</p> <ul style="list-style-type: none"> • weaknesses in the operation of part of the provider's governance structure (as it relates to quality assurance) or lack of clarity about responsibilities; • insufficient emphasis or priority given to assuring standards or quality in the provider's planning processes; • quality assurance procedures which, while broadly adequate, have some shortcomings in terms of the rigour with which they are applied. <p>Plans that the provider presents for addressing identified problems are under-developed or not fully embedded in its operational planning.</p>	<p>The size of the institution and the scale and complexity of its provision warrants a longer visit.</p> <p>The provider does not have a strong track record in managing quality and standards and/or has failed to take appropriate action in response to previous external audit activities.</p> <p>The evidence is either insufficient to indicate that most Standards are met or indicates that several Standards are not being met.</p> <p>In the case of the latter, the Standards not met present serious risks in that they relate to:</p> <ul style="list-style-type: none"> • ineffective operation of parts of the provider's governance structure (as it relates to quality assurance); • significant gaps in policy, structures or procedures relating to the provider's quality assurance; • serious breaches by the provider of its own quality assurance procedures. <p>Plans for addressing identified problems are not adequate to rectify the problems or there is very little or no evidence of progress.</p> <p>The provider has not recognised that it has major problems, or has not planned significant action to address the problems it has identified.</p>



Annex 7: Indicative Audit Visit Outline

The following audit visit schedules are to be used as templates for the panel to determine the format of their visit to the provider. The schedules are only a guideline and will be adapted to suit the needs of the particular provider.

Activities may include contact with staff, current students, recent graduates, external examiners and employers. This will also include meetings with staff and students from partners, delivery organisations or support providers, where this has been requested in the Pre-Audit Provider Meeting. The objectives of the final meeting shall include (i) clarification and confirmation of issues identified during the audit, and (ii) identification of tentative key findings in terms of strengths and areas for improvement. However, the key findings are not to be taken as conclusive or comprehensive. The definitive findings and judgements shall be presented in the audit report.

One-Day Audit Visit

Day 1	
08:30	Panel arrives at provider
09:00	Meeting 1 with Facilitator and the Head of the institution
09:30	Panel analysis of Meeting 1 and preparation (including agenda setting and document requests) for Meeting 2
10:00	Meeting 2 with senior staff to discuss self-evaluation and the lines of enquiry
10:30	Panel analysis of Meeting 2 and preparation (including agenda setting and document requests) for Meeting 3
11:00	Meeting 3 with students
11:30	
12:00	Panel analysis of Meeting 3 and preparation (including agenda setting and document requests) for Meeting 4
12:30	Meeting 4 with staff
13:00	
13:30	Working lunch - Panel analysis of Meeting 4 and preparation (including agenda setting and document requests) for Meeting 5
14:00	
14:30	Final meeting (Meeting 5) with Facilitator and other key staff
15:00	Panel analysis of Meeting 5
15:30	Judgements and conclusions
16:00	Formulate key findings including: <ul style="list-style-type: none"> • recommendations for improvement and any key recommendations (indicating degree of urgency) • affirmations of developments or plans already in progress • features of good practice • final judgement for each Standard
16:30	
17:00	
17:30	
17:30	
18:00	End of audit visit

Two-Day Audit Visit

	Day 1	Day 2
08:30	Panel arrives at provider	Panel arrives at provider
09:00	Meeting 1 with Facilitator and the Head of the institution	Meeting 6 with Facilitator
09:30	Agenda setting for Day 1 and	Issues from Day 1
10:00	Panel analysis of Meeting 1 and preparation (including agenda setting and document requests) for Meeting 2	Agenda setting for Day 2
10:30	Meeting 2 with senior staff to discuss self-evaluation and the lines of enquiry	Meeting 7 with employers (can be by telephone or video conference if necessary)
11:00		
11:30	Panel analysis of Meeting 2 and preparation (including agenda setting and document requests) for Meeting 3	Panel analysis of Meeting 7
12:00	Meeting 3 with students	Lunch
12:30		
13:00	Working lunch - Panel analysis of Meeting 3 and preparation (including agenda setting and document requests) for Meeting 4	Final meeting (Meeting 8) with Facilitator and other key staff
13:30		
14:00	Meeting 4 with staff	Panel analysis of Meeting 8
14:30		Judgements and conclusions
15:00		
15:30		
16:00	Meeting 5 with Facilitator	Formulate key findings including: <ul style="list-style-type: none"> • recommendations for improvement and any key recommendations (indicating degree of urgency) • affirmations of developments or plans already in progress • features of good practice • final judgement for each Standard
16:30	Panel analysis of Meeting 5	
17:00	Panel reviews Day 1 and highlights issues for next day	
17:30		
18:00	End of Day 1	

Three-Day Audit Visit

	Day 1	Day 2	Day 3
08:30	Panel arrives at provider	Panel arrives at provider	Panel arrives at provider
09:00	Meeting 1 with Facilitator and the Head of the institution	Meeting 7 with Facilitator	Final meeting (Meeting 11) with Facilitator and other key staff
09:30	Agenda setting for Day 1 and	Issues from Day 1	
10:00	Panel analysis of Meeting 1 and preparation (including agenda setting and document requests) for Meeting 2	Agenda setting for Day 2 and preparation for Meeting 8	Panel analysis of Meeting 11
10:30	Meeting 2 with senior staff to discuss self-evaluation and the lines of enquiry	Meeting 6 with employers (can be by telephone or video conference if necessary)	
11:00			
11:30	Panel analysis of Meeting 2 and preparation (including agenda setting and document requests) for Meeting 3	Panel analysis of Meeting 6	
12:00	Lunch	Working lunch - Meeting 8 with staff	Judgements and conclusions
12:30			Formulate key findings including: <ul style="list-style-type: none"> • recommendations for improvement and any key recommendations (indicating degree of urgency) • affirmations of developments or plans already in progress • features of good practice • final judgement for each Standard
13:00	Meeting 3 with students	Panel analysis of Meeting 8 and preparation (including agenda setting and document requests) for Meeting 9	
13:30			
14:00	Panel analysis of Meeting 3 and preparation (including agenda setting and document requests) for Meeting 4	Meeting 9 with staff	

14:30	Meeting 4 with students	Panel analysis of Meeting 9 and preparation (including agenda setting and document requests) for Meeting 10	
15:00		Meeting 10 with partners/delivery organisations/ support providers	
15:30	Panel analysis of Meeting 4 and preparation (including agenda setting and document requests) for Meeting 5		
16:00	Meeting 5 with Facilitator	Panel analysis of Meeting 10 and preparation (including agenda setting and document requests) for Meeting 11	
16:30	Panel analysis of Meeting 5 and preparation (including agenda setting and document requests) for Meeting 6	Panel reviews Day 2	
17:00	Panel reviews Day 1 and highlights issues for next day		
17:30			
18:00	End of Day 1	End of Day 2	End of audit visit

Four-Day Audit Visit

	Day 1	Day 2
08:30	Panel arrives at provider	Panel arrives at provider
09:00	Meeting 1 with Facilitator and the Head of the institution	Meeting 6 with Facilitator
09:30	Agenda setting for Day 1 and	Issues from Day 1
10:00	Panel analysis of Meeting 1 and preparation (including agenda setting and document requests) for Meeting 2	Agenda setting for Day 2 and preparation for Meeting 7
10:30	Meeting 2 with senior staff to discuss self-evaluation and the lines of enquiry	Meeting 7 with employers (can be by telephone or video conference if necessary)
11:00		
11:30	Panel analysis of Meeting 2 and preparation (including agenda setting and document requests) for Meeting 3	Panel analysis of Meeting 7 and preparation (including agenda setting and document requests) for Meeting 8
12:00		
12:30		
12:30	Meeting 3 with students	Meeting 8 with staff
13:00		
13:30	Working lunch - Panel analysis of Meeting 3 and preparation (including agenda setting and document requests) for Meeting 4	
14:00		Working lunch - Panel analysis of Meeting 8 and preparation (including agenda setting and document requests) for Meeting 9
14:30	Meeting 4 with students	
15:00		
15:30	Panel analysis of Meeting 4 and preparation (including agenda setting and document requests) for Meeting 5	Panel analysis of Meeting 9 and preparation (including agenda setting and document requests) for Meeting 10
16:00	Meeting 5 with Facilitator	Meeting 10 with Facilitator
16:30	Panel analysis of Meeting 5	Panel analysis of Meeting 10
17:00	Panel reviews Day 1 and highlights issues for next day	Panel reviews Day 2 and highlights issues for next day
17:30		
18:00	End of Day 1	End of Day 2

Four-Day Audit Visit (Continued)

	Day 3	Day 4	
08:30	Panel arrives at provider	Panel arrives at provider	
09:00	Meeting 11 with Facilitator	<p>Judgements and conclusions</p> <p>Formulate key findings including:</p> <ul style="list-style-type: none"> • recommendations for improvement and any key recommendations (indicating degree of urgency) • affirmations of developments or plans already in progress • features of good practice • final judgement for each Standard 	
09:30	Issues from Day 2		
10:00	Agenda setting for Day 3 and preparation for Meeting 12		
10:30	Meeting 12 with staff		
11:00			
11:30			
12:00	Working lunch - Panel analysis of Meeting 12 and preparation (including agenda setting and document requests) for Meeting 13		
12:30			
13:00			
13:30	Meeting 13 with partners/delivery organisations/ support providers		
14:00			
14:30	Panel analysis of Meeting 13 and preparation (including agenda setting and document requests) for Meeting 14		
15:00	Final meeting (Meeting 14) with Facilitator and other key staff		
15:30			
16:00	Panel analysis of Meeting 14		
16:30	Panel reviews Day 2		
17:00			
17:30			
18:00	End of Day 3		End of audit visit

Five-Day Audit Visit

	Day 1	Day 2
08:30	Panel arrives at provider	Panel arrives at provider
09:00	Meeting 1 with Facilitator and the Head of the institution	Meeting 6 with Facilitator
09:30	Agenda setting for Day 1 and	Issues from Day 1
10:00	Panel analysis of Meeting 1 and preparation (including agenda setting and document requests) for Meeting 2	Agenda setting for Day 2 and preparation for Meeting 7
10:30	Meeting 2 with senior staff to discuss self-evaluation and the lines of enquiry	Meeting 7 with employers (can be by telephone or video conference if necessary)
11:00		
11:30	Panel analysis of Meeting 2 and preparation (including agenda setting and document requests) for Meeting 3	Panel analysis of Meeting 7 and preparation (including agenda setting and document requests) for Meeting 8
12:00		
12:30	Meeting 3 with students	Lunch
13:00		
13:30	Working lunch - Panel analysis of Meeting 3 and preparation (including agenda setting and document requests) for Meeting 4	Meeting 8 with staff
14:00		
14:30		
15:00	Meeting 4 with students	Panel analysis of Meeting 8 and preparation (including agenda setting and document requests) for Meeting 9
15:30	Panel analysis of Meeting 4 and preparation (including agenda setting and document requests) for Meeting 5	
16:00	Meeting 5 with Facilitator	Meeting 9 with Facilitator
16:30	Panel analysis of Meeting 5	Panel analysis of Meeting 9
17:00	Panel reviews Day 1 and highlights issues for next day	Panel reviews Day 2 and highlights issues for next day
17:30		
18:00	End of Day 1	End of Day 2

Five-Day Audit Visit (Continued)

	Day 3	Day 4	Day 5
08:30	Panel arrives at provider	Panel arrives at provider	Panel arrives at provider
09:00	Meeting 10 with Facilitator	Meeting 14 with Facilitator	<p>Judgements and conclusions</p> <p>Formulate key findings including:</p> <ul style="list-style-type: none"> • recommendations for improvement and any key recommendations (indicating degree of urgency) • affirmations of developments or plans already in progress • features of good practice • final judgement for each Standard
09:30	Issues from Day 2	Issues from Day 3	
10:00	Agenda setting for Day 3 and preparation for Meeting 11	Agenda setting for Day 4 and preparation for Meeting 15	
10:30			
11:00	Meeting 11 with staff	Meeting 15 with staff	
11:30			
12:00	Working lunch - Panel analysis of Meeting 10 and preparation (including agenda setting and document requests) for Meeting 12	Panel analysis of Meeting 15	
12:30		Lunch	
13:00			
13:30	Meeting 12 with staff	Preparation for Meeting 16	
14:00			
14:30		Final meeting (Meeting 16) with Facilitator and other key staff	
15:00	Panel analysis of Meeting 12 and preparation (including agenda setting and document requests) for Meeting 13	Panel reviews Day 4	
15:30			
16:00	Meeting 13 with Facilitator		
16:30	Panel analysis of Meeting 13		
17:00	Panel reviews Day 3		
17:30			
18:00	End of Day 3	End of Day 4	End of audit visit



Annex 8: Judgement Criteria

The judgements made by the peer review panel are referenced to the IQA Standards set out in the *Framework*.

The judgement on each Standard will be expressed as one of the following levels:

- surpasses Standard;
- meets Standard;
- requires improvement to meet Standard;
- does not meet Standard.

The guiding criteria that the panel will use to determine the judgement for a Standard are detailed in the table at the end of this annex. These criteria are general and not Standard-specific.

Panels will consider the expectation guidance for each Standard, as detailed in Chapter 1 of this *Manual*, when determining the judgement for each Standard. The expectation guidance does not constitute a checklist for each Standard and panel members will take into account that all of the indicators contained in them may not apply to all providers, as the way each provider addresses the Standard will vary.

Surpasses Standard	All of the applicable expectation guidance for this Standard has been met.
	There are examples of good practice under this Standard and no key recommendations. Furthermore, the provider has plans to further enhance the area covered by the Standard.
Meets Standard	All, or nearly all, applicable expectation guidance for this Standard has been met.
	The applicable expectation guidance for this Standard that has not been met does not present a serious risk to the Standard.
	Any recommendations may relate, for example, to: <ul style="list-style-type: none"> • minor omissions or oversights; • a need to amend or update details in the documentation, where the amendment will not require or result in major structural, operational or procedural change; • completion of activity that is already underway in a small number of areas that will allow the provider to meet the expectations more fully.
	The need for action has been acknowledged by the provider in its audit documentation or during the audit, and it has provided clear evidence of appropriate action being taken within a reasonable timescale. There is evidence that the provider is fully aware of its responsibilities for assuring quality: previous responses to external review activities provide confidence that areas of weakness will be addressed promptly and professionally.
Requires improvement to meet Standard	Most applicable expectation guidance for this Standard has been met.
	The applicable expectation guidance for this Standard that has not been met does not present any serious risks. Some moderate risks may exist which, without action, could lead to serious problems over time with the management of this area.

	<p>Any recommendations may relate, for example, to:</p> <ul style="list-style-type: none"> • weakness in the operation of part of the provider's governance structure (as it relates to quality assurance) or lack of clarity about responsibilities; • insufficient emphasis or priority given to assuring standards or quality in the provider's planning processes; • quality assurance procedures which, while broadly adequate, have some shortcomings in terms of the rigour with which they are applied; • problems that are confined to a small part of the provision. <p>Plans that the provider presents for addressing identified problems before or at the audit are under-developed or not fully embedded in the provider's operational planning.</p> <p>The provider's priorities or recent actions suggest that it may not be fully aware of the significance of certain issues. However, previous responses to external review activities suggest that it will take the required actions and provide evidence of action, as requested.</p>
Does not meet Standard	<p>Much of the applicable expectation guidance has not been met or there are major gaps in one or more of the applicable areas.</p>
	<p>The applicable expectation guidance for this Standard that has not been met presents serious risk(s), individually or collectively, to the management of this area, and limited controls are in place to mitigate the risk. Consequences of inaction in some areas may be severe.</p> <p>Any recommendations may relate, for example, to:</p> <ul style="list-style-type: none"> • ineffective operation of parts of the provider's governance structure (as it relates to quality assurance); • significant gaps in policy, structures or procedures relating to the provider's quality assurance; • breaches by the provider of its own quality assurance management procedures. <p>Plans for addressing identified problems that the provider may present before or at the audit are not adequate to rectify the problems, or there is very little or no evidence of progress.</p> <p>The provider has not recognised that it has major problems, or has not planned significant action to address problems it has identified.</p> <p>The provider has limited understanding of the responsibilities associated with one or more key areas of the expectations, or may not be fully in control of all parts of the organisation.</p> <p>The provider has repeatedly or persistently failed to take appropriate action in response to external review activities.</p>

Guidance on Judgements

- i. The institutional audits in the Maltese system are not intended to judge, per se, the quality of the teaching, learning and outcomes of the institution. They are intended to ensure whether the internal quality management system of the provider is:
 - fit for purpose according to the provider's courses and service users;
 - compliant with standards and regulations and contributing to the development of a national quality culture;
 - contributing to the fulfilment of the broad goals of Malta's Education Strategy 2014-24;
 - implemented with effectiveness, comprehensiveness and sustainability.
- ii. In practice, this means that it is not enough that the entity has internal quality assurance systems on paper or simply statutorily set up. The audit needs to check that these systems are fit for purpose, in fact functioning and effective, and are sustainable.
- iii. In considering the judgement of each Standard, the panel should be guided by the full wording of the Standard. In case of doubt, the evaluators' interpretation of each Standard should be in conformity with the guidance in point ii above. One specific example is in Standard 4: Student-centred Learning, Teaching and Assessment, 'A formal procedure for student complaints and appeals is in place'. This may not be interpreted to mean that just having a complaints and appeals procedure and structure is satisfactory. The procedure and structure needs to be fit for purpose, effective and sustainable.
- iv. In considering the judgement of each Standard, the panel should be guided in equal measure by the full wording of the descriptors of each of the four judgements given as Annex 8 of the *Manual*.
- v. Thus, a 'Surpasses Standard' judgement may ONLY be given if all of the following conditions have been met:
 - ALL of the applicable elements for the Standard (as given in Annex 5 of the *Manual*) have been met, AND
 - there is at least one example of good practice under this Standard, AND
 - there are no key recommendations for improvement, AND
 - the provider has plans to further enhance the area covered by the Standard.
- vi. In the case of first cycle audits, care needs to be exercised in making a 'Does not Meet Standard' judgement. If there is justified room for considering that, during the time of the audit, proposed improvements were already being partly implemented, and if the panel considers these changes to be fit for purpose, even if the improvements had not yet started to be felt during the audit, the panel should consider giving a 'Requires Improvement' judgement tied to stringent conditions and clear timelines for improvement. However, the final decision on the judgement relies completely on the balance of evidence as discerned by the panel.
- vii. The panel should ensure that a clear range of evidence is utilised in deciding its judgements. It is especially important that no particular finding alone is used to decide on a 'Does not Meet Standard' judgement for more than one Standard. This is a crucial consideration because of possible legal challenges to judgements. This does not mean that the panel can only consider each finding in regards to one judgement, but that a range of findings should always be relied upon and referred to in the panel's judgement decisions.



Annex 9: Guidance on Producing an Action Plan

Where an audit report contains recommendations for a provider, the provider should address how they intend to implement the recommendations by compiling an action plan. The action plan can either be submitted during the four-week feedback period prior to the report being published, or by the deadline given in the published report if the former has not occurred. There is no template for the action plan, as it is expected that each provider will approach the task differently, but the information below should help to guide the provider.

Action plans should determine follow-up procedures which should be implemented consistently by the provider to address the recommendations made by the panel. In this way, the action plan will be in place to support the provider in the continuous development of its education provision.

Action plans should ensure that they separately and clearly address each of the recommendations made by the panel. Actions identified should be specific, proportionate, measurable and targeted at the specific recommendation being addressed.

Information that is likely to be provided in the action plan for each recommendation includes:

- action/actions to be taken by the provider to address the recommendation;
- date for completion of the action/actions;
- who is responsible for completing the action/actions;
- indicators of successful implementation of the recommendation.

The action plan should be signed off by the Head of institution and sent to the NCFHE, which will monitor its implementation. It is recommended that the action plan is published on the provider's website. By publishing the action plan, it becomes a public record of the provider's commitment to implement the recommendations from the audit.



Annex 10: Feedback Form

This Feedback Form is designed to enable panel members to give feedback on their own performance during the audit and the performance of the other panel members. Feedback will be used to monitor the performance of the panel members and by NCFHE to improve individual performance and the overall effectiveness of the panel. Any comments made in the Form will be fed back to the relevant panel members anonymously, and should focus on being constructive.

Panel Member Self-Evaluation

1. What have you done well during this audit? Please consider the whole process from start to finish.
2. Is there anything you do that could be adopted as good practice, or that you think would be helpful to others or the process as a whole?
3. What didn't you do so well and how would you do it differently next time?
4. What further support or training do you need to participate more effectively in the audit?

Overall Team Performance

1. How would you describe the way in which the team worked together?

Excellent Good Average Bad

2. Comments

Individual Performance of Other Panel Members

Please complete for each Panel member, and mark any of the remaining A to H as not applicable.

A Panel Member: (NAME) _____

1. How would you describe this team member's contribution to the audit?

Excellent Good Average Bad

2. What did you value most about his/her contribution to the audit?
3. What might he/she consider improving next time he/she undertakes an audit?

B Panel Member: (NAME) _____

4. How would you describe this team member's contribution to the audit?

Excellent Good Average Bad

5. What did you value most about his/her contribution to the audit?
6. What might he/she consider improving next time he/she undertakes an audit?

C Panel Member: (NAME) _____

7. How would you describe this team member's contribution to the audit?

Excellent Good Average Bad

8. What did you value most about his/her contribution to the audit?
9. What might he/she consider improving next time he/she undertakes an audit?

D Panel Member: (NAME) _____

10. How would you describe this team member's contribution to the audit?

Excellent Good Average Bad

11. What did you value most about his/her contribution to the audit?

12. What might he/she consider improving next time he/she undertakes an audit?

E Panel Member: (NAME) _____

13. How would you describe this team member's contribution to the audit?

Excellent Good Average Bad

14. What did you value most about his/her contribution to the audit?

15. What might he/she consider improving next time he/she undertakes an audit?

F Panel Member: (NAME) _____

16. How would you describe this team member's contribution to the audit?

Excellent Good Average Bad

17. What did you value most about his/her contribution to the audit?

18. What might he/she consider improving next time he/she undertakes an audit?

G Panel Member: (NAME) _____

19. How would you describe this team member's contribution to the audit?

Excellent Good Average Bad

20. What did you value most about his/her contribution to the audit?

21. What might he/she consider improving next time he/she undertakes an audit?

H Panel Member: (NAME) _____

22. How would you describe this team member's contribution to the audit?

Excellent Good Average Bad

23. What did you value most about his/her contribution to the audit?

24. What might he/she consider improving next time he/she undertakes an audit?

Looking Ahead

1. What further support or training would help to address any performance issues you have identified above?
2. Are there any issues arising from the audit that you would like to see addressed at the annual conference?

Performance of the NCFHE Panel Member (Audit Manager)

1. How would you describe the NCFHE Panel member's management of the audit?

Excellent Good Average Bad

2. What did you value most about his/her contribution to the audit?

3. What might he/she consider improving next time he/she undertakes an audit?



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