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MALTA QUALITY EDUCATION







UNDERSTANDING THE MFHEA CONSULTATION ON OUTCOMES 2026



Independent stakeholder guidance - MQE technical position question by question.

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UNDERSTANDING THE MFHEA CONSULTATION ON OUTCOMES 2026

Independent Stakeholder Guidance - MQE Technical Position Question by Question

Purpose of the guide. To support Higher Education providers and other stakeholders in the informed reading of the Feedback Form relating to the Criteria for Outcomes & Follow-up Procedure Framework. For each question, MQE sets out a direct and motivated technical position. The MQE position is not a suggested answer: each stakeholder remains free to agree, disagree or formulate their own assessment based on their own experience and regulatory situation.

Malta Quality Education

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1. Purpose and method of the guide

MFHEA has submitted for consultation the Higher Education Provider Accreditation - Criteria for Outcomes & Follow-up Procedures Framework, accompanied by a Feedback Form articulated for Table 1, Table 2, Table 3, Table 4 and for the additional expectations relating to University Status and Self-Accrediting Status. The consultation covers not only the clarity of the tables, but also the fairness of the thresholds, proportionality of the regulatory measures, follow-up, burden and Standard of Evidence.

This version of the guide takes a professional approach and has been prepared after several Maltese Providers have asked MQE for clarification. The guide has been designed as a support tool. For each question, the technical position of Malta Quality Education (MQE) is first indicated, followed by a brief justification and some elements that the provider can evaluate independently before formulating its answer. MQE does not propose texts to be copied and does not claim to represent the position of the sector.

The MQE position starts from a methodological principle: greater clarity of the regulatory consequences is positive, but it must be accompanied by sufficient transparency on the way in which the Panel forms the judgment that feeds those consequences. In particular, the relationship between Minimal/Performance Indicators, Standard rating, risk classification, regulatory measures and follow-up should be readable, proportionate and reviewable.

How to use the document

For each question, the provider can compare the MQE position with its own experience, EQA history and regulatory goals. The formula "Summary of MQE's position" expresses only the technical assessment of MQE. The section "Elements to be evaluated in your answer" serves to maintain the response of the autonomous and institution-specific institution.

Structure of the Feedback Form

Section	Questions	Focus
Table 1	Q4-Q11	Initial Provider Accreditation
Table 2	Q12-Q19	Provider Renewal of Accreditation (cyclical review) for Local and Overseas
Table 3	Q20-Q27	Initial Accreditation of University and Self-Accrediting Status
Table 4	Q28-Q35	Renewal of Accreditation of University and Self-accrediting status
University / Self-Accrediting	Q36-Q38	Additional expectations and Standard of Evidence

Cross-cutting reading principles

- Separate the clarity of the rating from the clarity of the methodology that generates the rating.
- Evaluate fairness of thresholds and proportionality of regulatory measures as two distinct issues.
- Consider not only the number of findings, but also materiality, severity, systemic impact, student impact, recurrence and remendability.
- Distinguish viable follow-up from proportionate follow-up: A measure may be feasible but excessively burdensome, or vice versa.
- Verify the effect of successful remediation on the licence, status and future regulatory progression.
- For University and Self-Accrediting Status, read the Framework along with applicable Regulations, eligibility policies, Standards of Evidence, and manuals.

2. Table 1 - Initial Provider Accreditation

This section concerns initial access to the regulated system. MQE welcomes the greater clarity of the consequences but believes that Table 1 should be supplemented with more explicit criteria on the formation of the judgement and the proportionality of the thresholds.

Q4

Is further clarification regarding Table 1 required? Please specify.

Summary of MQE's position

Yes - further clarification is needed.

MQE Comment

Table 1 makes the results of the initial accreditation more readable but does not yet sufficiently clarify how the Panel should translate findings on the Minimal Indicators into the overall rating of each Standard. This point is particularly relevant because the Manual describes the Minimal Indicators as mandatory and "must be met", while Table 1 admits Full and Substantial Compliance as positive outcomes. We therefore believe it is necessary to explain the judgement methodology that distinguishes Full, Substantial, Partial and Non-Compliance and the role of the materiality of the deficiencies.

Elements to consider in your answer

- How a single unmet Minimal Indicator should affect the rating of the Standard.
- Whether some indicators should be considered critical or have a greater weight.
- How the QAC verifies the sufficiency of the rating justification before the decision.

Q5

Does it provide a clear understanding of how accreditation decisions will be reached?

Summary of MQE's position

Partially - the final decision is clearer; the formation of the judgment is less so.

MQE Comment

Table 1 clarifies the downstream phase well: once the ratings have been assigned to the Standards, it is relatively easy to understand whether the outcome will be Low, Moderate or High and what decision will result. The upstream phase remains less transparent, i.e. how the evidence and deficiencies with respect to the Minimal Indicators produce the individual rating. For us, therefore, the Framework improves the predictability of the accreditation decision but does not yet offer an equally determined methodology for the formation of the judgement that generates it.

Elements to consider in your answer

- If from the Framework alone it would be possible to predict why a Standard is Substantial and not Partial.
- Whether the Panel's report should expressly justify any rating other than Full Compliance.
- Whether materiality, severity and student impact should appear in the judgement rubric.

Q6

Do you consider the proposed thresholds for each accreditation outcome to be fair and proportionate? If not, please explain which threshold(s) you believe should be revised.

Summary of MQE's position

Partially - the thresholds are clear but not fully proportionate without a qualitative assessment.

MQE Comment

Table 1 considers Moderate only if at least seven Standards are Fully Compliant and all the others are Substantially Compliant; all other combinations lead to High Risk and non-licensing. We believe that a strict threshold for initial access to the regulated market is understandable, but the rule appears too binary if it does not distinguish the nature of the deficiencies. A single circumscribed Partial Compliance can produce the same outcome as a much broader situation. The threshold should therefore be accompanied by materiality and criticality criteria.

Elements to consider in your answer

- Whether a single Partial Compliance should always prevent the initial release.
- Whether the severity and nature of the Standard concerned should affect the threshold.
- Whether a verifiable pre-operational remediation can be considered before the final rejection?

Q7

Do you consider the proposed regulatory measures to be proportionate to the identified level of institutional risk? If not, please explain which regulatory measures you believe should be revised.

Summary of MQE's position

Partially - the measure is understandable but should be more graduated with respect to the nature of the risk.

MQE Comment

For Initial Provider Accreditation, the High measure is the non-issuance of the license. In the presence of material failures, governance weaknesses or risks for students, this outcome is consistent with a gatekeeping function. However, if High Risk can also be generated by a single Partial Compliance of limited materiality, the consequence can be excessively rigid. We therefore believe that the proportionality of the regulatory measure and the proportionality of the threshold should be read together, introducing a distinction between remediable deficiencies before initiation and failures that justify refusal.

Elements to consider in your answer

- If the deficiency can be removed before the start of activities without exposing students to risk.
- Whether the measure is directly related to the Standard and the nature of the risk.
- Whether the framework should provide a limited remediation route before the final rejection.

Q8

Do you anticipate any practical challenges in the implementation of the follow-up procedure? Please explain.

Summary of MQE's position

Yes - several operational criticalities are foreseeable.

MQE Comment

The follow-up procedure for the Moderate outcome includes action plans and onsite follow-up visits, but leaves the Panel considerable discretion on timing and methods. We believe that the Framework should define at least common minimum parameters: maximum deadline for follow-up, expected evidence, entity responsible for verification, perimeter of the visit and methods of closing the conditions. For a new provider, uncertainty about timing can directly affect premises, staffing, marketing, enrolment planning and financial sustainability.

Elements to consider in your answer

- The compatibility of the follow-up times with the expected operational start-up.
- What activities can be carried out while the condition remains open.
- If the visit must be limited to the deficiencies that determined the outcome.

Q9

Are there any follow-up requirements that you consider unnecessarily burdensome? Please explain.

Summary of MQE's position

Potentially yes - the burden depends on the actual perimeter of the follow-up.

MQE Comment

An onsite follow-up may be proportionate when the deficiency requires operational verification, but it can become unnecessarily burdensome if applied even to documentary shortcomings or quickly verifiable remotely. We support a principle of targeted follow-up: evidence, visit, Panel involvement and timing should be calibrated to the nature of the residual risk. It should not be necessary to repeat parts of the EQA that did not produce findings.

Elements to consider in your answer

- Whether a document audit could offer assurance equivalent to an onsite visit.
- If evidence that has already been evaluated and not contested is requested again.
- Whether costs, time and composition of the follow-up are proportionate to the deficiency.

Q10

Are there any aspects which are missing from the table? Please specify what is missing.

Summary of MQE's position

Yes - some essential methodological elements are missing.

MQE Comment

We believe that Table 1 should be supplemented at least with a published judgement rubric, materiality/severity criteria, indications on any critical indicators, obligation to justify Partial and Non-Compliant ratings, moderation principles and a clear procedure for closing conditions. It is also useful to specify the effect of a successful remediation on the licence period and future compliance history. These elements would not make the Panel less autonomous but would make the professional judgement more structured and reviewable.

Elements to consider in your answer

- What criteria are missing to understand the indicators -> rating step.
- How a condition should be documented and formally closed.
- What effect should positive follow-up have on the provider's regulatory history.

Q11

Any additional comments?

Summary of MQE's position

MQE comment - Table 1 is a useful improvement, but it should be completed on a methodological level.

MQE Comment

We positively evaluate the objective of making accreditation outcomes more predictable. The point to be strengthened is the consistency between mandatory indicators and graduated judgements. If the consequences of Partial and Non-Compliance are very clear, the methodology that leads to those ratings must be equally transparent. Table 1 should therefore be read not only as a risk matrix, but as part of a decision-making framework that includes criteria of judgement, motivation and moderation.

Elements to consider in your answer

- Any initial accreditation experiences that show differences between findings of different severity.
- Interactions with programme accreditation, change of licence category or offshore activities.
- Need for greater predictability on timing, conditions and start of activities.

3. Table 2 - Provider Renewal of Accreditation (cyclical review) for Local and Overseas

Renewal involves already operational providers, students and a compliance history. For MQE, Table 2 is the most delicate part of the Framework because numerical thresholds and regulatory restrictions can directly affect the continuity of the licence. The MQE position therefore favours materiality, reasoned judgement and targeted follow-up.

Q12

Is further clarification regarding Table 2 required? Please specify.

Summary of MQE's position

Yes - Table 2 requires further clarification, especially on materiality, history and remediation.

MQE Comment

Renewal concerns providers that are already operational and therefore requires a more articulated discipline than Initial Accreditation. Table 2 clearly defines the numerical combinations that lead to Low, Moderate, High and Severe Risk, but does not clarify how the materiality of Partial Compliances, the repeated nature of findings, compliance history and remediation capacity should weigh. It is also necessary to clarify the effect of findings that have already been resolved and the relationship between follow-up outcomes and future renewal.

Elements to consider in your answer

- How are findings already successfully closed in follow-up?

- If repeated findings, they weigh more than new and circumscribed shortcomings.
- Whether the same methodology applies consistently to local and overseas providers.

Q13

Does it provide a clear understanding of how accreditation decisions will be reached?

Summary of MQE's position

Partially - the risk matrix is clear, but the judgement that feeds it remains insufficiently defined.

MQE Comment

Table 2 allows us to understand that 1-3 Partial Compliances without Non-Compliance lead to Moderate Risk, while one non-compliance or at least four Partial Compliances lead to High Risk. However, the provider does not yet have sufficiently defined public criteria to understand when a deficiency should be classified as Substantial, Partial or Non-Compliant. For us, this gap is particularly relevant in renewal because the rating can lead to restrictions, blocking of enrolments and, after follow-up, revocation.

Elements to consider in your answer

- If the report makes it possible to reconstruct the reason for the rating assigned to each Standard.
- If criteria are published to distinguish isolated shortcomings from systemic failures.
- Whether the QAC should be able to refer insufficiently reasoned judgements to the Panel.

Q14

Do you consider the proposed thresholds for each accreditation outcome to be fair and proportionate? If not, please explain which threshold(s) you believe should be revised.

Summary of MQE's position

No, not fully – the numerical threshold should be accompanied by materiality and severity.

MQE Comment

We do not consider it fully proportionate to automatically treat four Partial Compliances as High Risk without considering the nature of the findings. Four limited shortcomings may represent a lower risk than a single Partial Compliance on a critical element of governance, student protection or academic integrity. Similarly, a single non-compliance may have very different severity depending on the Standard and the impact. Numerical thresholds are useful for consistency but should operate as presumptive thresholds supplemented by public quality criteria.

Elements to consider in your answer

- If all Partial Compliances are really comparable in severity.
- Whether a single non-compliance and four Partial Compliances should always produce the same risk level.
- Whether criticality, student impact and recurrence should allow a justified adjustment of the risk level.

Q15

Do you consider the proposed regulatory measures to be proportionate to the identified level of institutional risk? If not, please explain which regulatory measures you believe should be revised.

Summary of MQE's position

Partially – High measures are justifiable but require a more precise link to the actual risk.

MQE Comment

No new enrolments, no programme expansion and no institutional expansion may be proportionate measures when there is a material risk to students or standards. However, Table 2 automatically links them to the High threshold without distinguishing the type of deficiency. We believe that such incisive restrictions should be justified in relation to the specific risk and, where possible, calibrated. The transition from unresolved focused standards to revocation also deserves more detailed criteria, especially when follow-up shows substantial improvement but not complete remediation.

Elements to consider in your answer

- The immediate impact of restrictions on students and on the sustainability of the provider.
- Whether each restriction is necessary with respect to the concrete finding.
- What criteria allow you to reduce or remove restrictions after remediation.

Q16

Do you anticipate any practical challenges in the implementation of the follow-up procedure? Please explain.

Summary of MQE's position

Yes - the implementation of follow-up presents significant practical challenges.

MQE Comment

In the Moderate and High-Risk section, Table 2 provides for time-bound action plans and onsite follow-up visits with timing decided by the Panel. For an operational provider, the simultaneous management of restrictions, students, staffing, programme delivery and remediation can be complex. We believe it is necessary to clarify maximum times, methods of student communication, treatment of ongoing enrolments, composition of the Panel follow-up and criteria to establish whether remediation is sufficient. Attention should be paid to the hypothesis in which significant progress is achieved but a Standard remains Partial.

Elements to consider in your answer

- Whether the remediation time is realistic with respect to the nature of the finding.
- How to manage students and programs during any restrictions.
- How is a substantial but not yet complete remediation treated.

Q17

Are there any follow-up requirements that you consider unnecessarily burdensome? Please explain.

Summary of MQE's position

Yes, in some configurations - follow-up risks becoming excessively burdensome if it is not targeted.

MQE Comment

The mandatory onsite visit for Moderate and High Risk may be justified for operational or systemic deficiencies, but it should not necessarily be the only mode of verification. We believe that a risk-based model that allows desk review, targeted interviews or specialist verification is preferable when they offer sufficient assurance. The obligation of an action plan should also focus on the relevant findings without turning into a repeat of the entire SAR or the entire audit.

Elements to consider in your answer

- If the follow-up replicates checks that have already been successfully concluded.
- If some deficiencies can be closed through documentary evidence.
- Whether the onsite visit is proportionate to the cost, risk and nature of the finding.

Q18

Are there any aspects which are missing from the table? Please specify what is missing.

Summary of MQE's position

Yes - there are no criteria on materiality, successful remediation and regulatory recovery.

MQE Comment

In addition to the judgement rubric, Table 2 should spell out the role of severity, student impact, recurrence and compliance history in risk classification. It should also clarify the formal effect of positive follow-up: when restrictions cease, how the five-year licence period is restored, and how the historical finding will be considered in subsequent renewals or pathways to Level 8, Self-Accrediting or University Status. For us, a remediation recognised as successful must have a comprehensible and unambiguous regulatory effect.

Elements to consider in your answer

- The exact moment when restrictions and conditions cease to have effect.
- If a remedied finding continues to penalize future eligibility or progression.
- How the closure of the follow-up is documented and communicated publicly.

Q19

Any additional comments?

Summary of MQE's position

MQE comment - Table 2 is the most sensitive part of the Framework and requires more safeguards.

MQE Comment

The renewal matrix makes very incisive consequences predictable, including revocation. Precisely for this reason, we believe it is essential to strengthen the upstream level: judgement, reasoned rating, moderation, materiality and proportionality criteria. The rule that follow-up must bring the focused standards to Full or Substantial to avoid revocation is understandable, but it should be accompanied by an assessment of the residual severity and demonstrated ability to remediation, especially in borderline cases.

Elements to consider in your answer

- The balance between student protection and business continuity.
- The management of cases where the residual risk is limited but not completely eliminated.
- The effect of successful follow-up on the regulatory history of the institution.

4. Table 3 - Initial Accreditation of University and Self-Accrediting Status

University and Self-Accrediting Status involve heightened scrutiny and greater institutional autonomy. We agree with the need for high standards but believe that Table 3 should better distinguish between deficiencies materially incompatible with the status and isolated and remediable shortcomings.

Q20

Is further clarification regarding Table 3 required? Please specify.

Summary of MQE's position

Yes - Table 3 requires substantial clarification.

MQE Comment

Table 3 concerns access to University Status, Self-Accrediting Status and Extension of Scope, therefore statuses that imply greater autonomy and heightened scrutiny. The Framework clarifies that Full Compliance on all Standards and on the Standard of Evidence produces Low Risk, while Full/Substantial produces Moderate and any Partial or Non-Compliance produces High and rejection. We believe it is necessary to clarify how the judgement on the Standard of Evidence is formed, how deficiencies of different materiality are treated and how this Table interacts with applicable Regulations and eligibility policies.

Elements to consider in your answer

- Which elements are eligibility gates and which are subject to EQA judgement.
- Like a deficiency in the Standard of Evidence, it is graded between Substantial, Partial and Non-Compliance.
- As Table 3, Regulations and eligibility policies should be read together.

Q21

Does it provide a clear understanding of how accreditation decisions will be reached?

Summary of MQE's position

Partially - the decision is predictable, but the methodology of the judgement remains too unexplicit.

MQE Comment

Once the ratings are known, Table 3 is simple: Full on everything leads to Low; Full/Substantial leads to Moderate; a single Partial or Non-Compliance leads to High and rejection. The real point of uncertainty is therefore the formation of the rating, especially since the Standard of Evidence introduces a heightened standard of scrutiny. We believe that the Framework should explain what evidence and which deficiencies determine the different levels of compliance and how the Panel should justify a decision that may block University or Self-Accrediting Status.

Elements to consider in your answer

- Whether the provider can predict the rating of the Standard of Evidence based on published criteria.
- If a single Partial Compliance must always lead to rejection, regardless of materiality.
- Whether the QAC should specifically verify the justification for the decisive ratings.

Q22

Do you consider the proposed thresholds for each accreditation outcome to be fair and proportionate? If not, please explain which threshold(s) you believe should be revised.

Summary of MQE's position

No, not fully – a single Partial Compliance such as automatic High Risk is excessively strict without materiality testing.

MQE Comment

For advanced statuses, it is reasonable to require a high level of compliance. However, Table 3 equates any individual Partial Compliance to a Non-Compliance for the purposes of High Risk and rejection. We believe that this equivalence may be disproportionate when the Partial concerns a limited, non-systemic and rapidly remediable deficiency. A heightened standard should not eliminate the distinction between different severities. The threshold may remain strict, but it should include a materiality test or a possibility of a motivated conditional outcome for non-critical deficiencies.

Elements to consider in your answer

- If an isolated Partial must have the same effect as a systemic non-compliance.
- Whether any Standards or components of the Standard of Evidence should be critical.

- Whether remediation and institutional maturity can be considered in a conditional outcome.

Q23

Do you consider the proposed regulatory measures to be proportionate to the identified level of institutional risk? If not, please explain which regulatory measures you believe should be revised.

Summary of MQE's position

Partial rejection may be proportionate for material failures, but should not automatically result from every partial.

MQE Comment

The rejection of University/Self-Accrediting Status protects the value of the status and the reliability of the system. We share the logic when the finding affects governance, academic standards, IQA capability, research capacity or other essential elements. However, if the High threshold can be activated by a Partial of limited materiality, the regulatory measure risks being more severe than the real risk. It would be preferable to distinguish deficiencies that prevent status from shortcomings that can be remedied through conditions before the final decision.

Elements to consider in your answer

- Whether the deficiency affects the core purpose of the requested status.
- If there is a credible remediation that can be verified in a defined period.
- Whether the rejection should result in a completely new application or a targeted re-evaluation.

Q24

Do you anticipate any practical challenges in the implementation of the follow-up procedure? Please explain.

Summary of MQE's position

Yes - the follow-up of advanced statuses presents operational and decision-making challenges.

MQE Comment

In the Moderate case, Table 3 provides for conditional status and onsite follow-up. The management of the conditional period needs to be clarified: what powers can be exercised, what programs can be approved, how the status must be publicly represented, and what limits apply to the Extension of Scope. We also consider it necessary to define the criteria for the successful closure of the follow-up and the role of the Panel/QAC in the final confirmation of the status.

Elements to consider in your answer

- What activities are allowed during conditional status.
- How the status should be communicated to students and the public.
- Whether the verification is limited to the Standards Substantial or can reopen other aspects.

Q25

Are there any follow-up requirements that you consider unnecessarily burdensome? Please explain.

Summary of MQE's position

Potentially yes - the burden must be proportionate to the deficiency and the scope required.

MQE Comment

For University and Self-Accrediting Status, an onsite follow-up may be appropriate, but the scope should remain targeted at the deficiencies that determined the condition. We do not consider it proportionate to require a substantially complete re-evaluation when the problem concerns circumscribed and verifiable aspects. Furthermore, for Extension of Scope, follow-up should be calibrated on the new scope and not duplicate already validated institutional evidence unless there are reasons of risk.

Elements to consider in your answer

- If the follow-up is really limited to the aspects that determined the condition.
- If Extension of Scope requires evidence already validated in previous evaluations.
- Whether a desk-based verification can replace some parts of the onsite visit.

Q26

Are there any aspects which are missing from the table? Please specify what is missing.

Summary of MQE's position

Yes - there is a lack of explicit connections with eligibility, Regulations and Standards of Evidence.

MQE Comment

We believe that Table 3 should distinguish four levels more clearly: preliminary eligibility, required evidence, EQA judgement and final regulatory decision. For Self-Accrediting Status, the relationship with Article 46 must be made transparent, including the track record and the exceptional route provided for by the Regulations; for University Status, the relationship with Article 47; for Extension of Scope, the perimeter of the evidence already acquired. It is also necessary to clarify the applicability of Standard 10 in situations of progression to Level 8.

Elements to consider in your answer

- Which requirements are conditions for access to the procedure and which are assessed by the Panel.
- How exceptional routes or evidence from other jurisdictions are treated.
- How Standard 10 applies when the institution does not yet provide Level 8.

Q27

Any additional comments?

Summary of MQE's position

MQE comment - Table 3 must be integrated into a coherent regulatory architecture.

MQE Comment

For us, the main criticality is not the demand for high standards, but the need for Frameworks, S.L. 607.03, Provider/Programme Manuals, Standards of Evidence and new eligibility policies to be perfectly aligned. If an advanced status can be denied for only one Partial Compliance, the provider must know in advance which requirements are mandatory, which elements are material and which evidence demonstrates institutional maturity. Any circular requirements or discrepancies between policies and Regulations should be eliminated or formally clarified.

Elements to consider in your answer

- Possible overlaps or divergences between Regulations and applicable policies.
- Clarity of the sequence eligibility -> evaluation -> decision.
- Proportionality of the treatment of isolated deficiencies with respect to systemic failures.

5. Table 4 - Renewal of Accreditation of University and Self-accrediting status

In the renewal of University and Self-Accrediting Status, the consequences can affect already exercised powers, programs and students. We believe that Table 4 is particularly rigorous and that it needs greater proportionality, a more precise judgement rubric and a clear recovery pathway.

Q28

Is further clarification regarding Table 4 required? Please specify.

Summary of MQE's position

Yes - Table 4 requires important clarification on the loss or retention of status.

MQE Comment

The renewal of University or Self-Accrediting Status concerns institutions that already exercise advanced autonomy. Table 4 provides Low for Full Compliance, Moderate for Full/Substantial and High with rejection of status for any Partial or Non-Compliance. In Moderate, moreover, follow-up requires that the Substantial Standards become Fully Compliant; if this does not happen, the status is rejected. We believe it is necessary to clarify temporal effects, powers exercisable during the condition, treatment of students/programs and methods of restoration or reapplication.

Elements to consider in your answer

- What powers remain exercisable during the renewal with condition?
- How programs and students already falling into the status are treated.

- Which path allows you to regain status in the event of a rejection.

Q29

Does it provide a clear understanding of how accreditation decisions will be reached?

Summary of MQE's position

Partially - the consequences are clear, but decision-making remains too dependent on insufficiently structured ratings.

MQE Comment

Table 4 is very clear downstream: a single Partial or Non-Compliant results in rejection of status; Full/Substantial leads to renewal with condition. However, precisely because the effect of a single rating is so relevant, the methodology for distinguishing Substantial from Partial must be particularly robust and public. For us, the clarity of decision cannot be considered complete until the process of judgement formation and the motivation for the decisive rating are equally clear.

Elements to consider in your answer

- Whether the provider can understand why a deficiency is Partial instead of Substantial.
- Whether the Panel should justify the impact of the deficiency on advanced status.
- Whether an adequate level of moderation is provided before the loss of status.

Q30

Do you consider the proposed thresholds for each accreditation outcome to be fair and proportionate? If not, please explain which threshold(s) you believe should be revised.

Summary of MQE's position

No, not fully - Table 4 is overly rigid for a single Partial Compliance.

MQE Comment

We agree with the need for high standards in the renewal of University and Self-Accrediting Status, but we do not consider a rule in which any single Partial Compliance automatically produces High Risk and rejection to be fully proportionate. An isolated and remediable deficiency is not necessarily equivalent to a systemic non-compliance. Moderate follow-up also appears strict: Substantial Standards must become Fully Compliant, while in other contexts Substantial is considered a positive outcome. This asymmetry requires explicit justification.

Elements to consider in your answer

- Whether Partial and Non-Compliance should automatically have the same effect.
- Because Full and not Full/Substantial is required in the Moderate follow-up.
- Whether history, severity and remediability should affect the renewal threshold.

Q31

Do you consider the proposed regulatory measures to be proportionate to the identified level of institutional risk? If not, please explain which regulatory measures you believe should be revised.

Summary of MQE's position

Partially - the measures are understandable for serious failures, but not sufficiently graduated.

MQE Comment

The loss of University or Self-Accrediting Status may be proportionate when the deficiency calls into question institutional maturity, governance, IQA capability or academic standards. However, automatically linking the same consequence to any Partial may have excessive effects. We believe it is necessary to provide criteria to distinguish suspension/condition, targeted restriction and rejection, as well as clear rules for already approved programs and for students. The measure should reflect the concrete nature of the risk, not just the numerical category of the rating.

Elements to consider in your answer

- What specific functions or powers are really compromised by deficiency.
- How to protect students and programs without applying broader restrictions than necessary.
- What conditions and times allow restoration of status.

Q32

Do you anticipate any practical challenges in the implementation of the follow-up procedure? Please explain.

Summary of MQE's position

Yes - follow-up presents significant practical difficulties.

MQE Comment

Table 4 requires onsite follow-up for Moderate and states that, if not all affected Standards become Fully Compliant, the status is rejected. This setting can create difficulties for structural deficiencies that require time to produce evidence of effectiveness. We believe it is appropriate to distinguish between implemented remediation and fully matured remediation, define realistic timelines and clarify the treatment of activities, students, programmes and public information during the condition.

Elements to consider in your answer

- If the period granted allows to demonstrate effectiveness and not just formal adoption of the measures.
- If the handling of new approvals during the condition is defined.
- How a substantial improvement that does not yet reach Full Compliance is assessed.

Q33

Are there any follow-up requirements that you consider unnecessarily burdensome? Please explain.

Summary of MQE's position

Yes, in some situations – follow-up can be disproportionate if it necessarily requires an onsite visit and Full Compliance.

MQE Comment

For advanced statuses, follow-up must be rigorous, but this does not imply that every deficiency requires the same type of verification. We believe that the Panel should be able to choose, according to public criteria, between document review, targeted interviews, specialist verification and onsite visit. Furthermore, the goal of follow-up should be the removal of material risk, not necessarily the automatic transformation of each Substantial into Full when Substantial already indicates a high level of alignment.

Elements to consider in your answer

- If an onsite visit is essential for the specific deficiency.
- If Full Compliance is always a necessary threshold to close the follow-up.
- If less expensive verification methods can offer equivalent assurance.

Q34

Are there any aspects which are missing from the table? Please specify what is missing.

Summary of MQE's position

Yes - no clear recovery pathway after condition or rejection.

MQE Comment

Table 4 describes the negative outcome but does not sufficiently develop the next path. We believe it is necessary to clarify the restoration mechanism, reapplication, possible waiting period, treatment of programs and students, public information obligations and recognition of successful remediation. It is also important to specify whether an institution that loses Self-Accrediting Status automatically returns to the ordinary program accreditation regime and how programs already approved during the self-accreditation period are treated.

Elements to consider in your answer

- How and when status can be regained.
- Which regime applies to existing programmes after the loss of status.
- Whether positive remediation reduces or eliminates future consequences on eligibility.

Q35

Any additional comments?

Summary of MQE's position

MQE comment - Table 4 needs greater proportionality and a clearer discipline of recovery.

MQE Comment

We consider the expectation of a high institutional maturity for University and Self-Accrediting Status to be correct but believe that the renewal matrix is currently too binary. The transition from Substantial to Partial can lead to the loss of status, while in Moderate follow-up even Substantial must become Full. Such a structure makes a very precise judgement rubric and materiality test essential. Transition, restoration and treatment of rights already exercised should also be clarified.

Elements to consider in your answer

- The consistency between high standards and proportionality of consequences.
- The role of compliance history and successful remediation.
- The predictability of restoration, reapplication and transitional arrangements.

6. University and Self-Accrediting status (only)

The last questions concern the overall architecture of the University and Self-Accrediting Status. We believe it is necessary to verify not only the textual clarity, but above all the consistency between Regulations, eligibility policies, Standards of Evidence, Provider/Programme Manuals and Outcomes Framework.

Q36

Are the additional expectations relating to University Status and Self-Accrediting Status sufficiently clear? Please explain.

Summary of MQE's position

No, not fully – additional expectations require a better connection between Regulations, policies and Frameworks.

MQE Comment

The additional expectations are clearer than in the past, we still note some points that require confirmation. For Self-Accrediting Status, the relationship between Article 46, track record, consecutive quality audits and the requirements introduced by the most recent eligibility policies should be explicit, including the exceptional route provided for by the Regulations. For University Status, the substantive requirements of Article 47 must remain clearly distinct from the procedural eligibility gates. The applicability of Standard 10 in the progression path to Level 8 also needs a non-circular reading.

Elements to consider in your answer

- If policies and regulations use equivalent or more restrictive requirements.
- If exceptional routes provided for by the legislation remain effectively accessible.

- If Standard 10 and Level 8 are coordinated without circular eligibility requirements.

Q37

Do you consider the Standard of Evidence to provide sufficient clarity regarding the evidence expected from applicants? Please explain.

Summary of MQE's position

Partially – the Standard of Evidence clarifies the areas to be demonstrated, but not enough the sufficiency of the evidence.

MQE Comment

The Standard of Evidence is useful because it shifts the focus from the simple existence of policies to their effective and consistent implementation. However, for us it does not yet define with sufficient precision what quantity, depth and historical period of evidence are necessary to demonstrate institutional maturity, governance effectiveness, research capacity or IQA capability. There is also a lack of more explicit criteria on the weight of the different evidence, on the treatment of foreign evidence and, for Self-Accrediting Status, on the evaluation of the exceptional route.

Elements to consider in your answer

- Which historical period of evidence is considered sufficient.
- How evidence of effective implementation is evaluated compared to formal documents.
- How is foreign, comparative or exceptional route evidence treated?

Q38

Any additional comments?

Summary of MQE's position

MQE comment - the Framework represents a step forward, but it should be completed before the final integration into the manuals.

MQE Comment

We recognize the value of a methodology that makes outcomes, risk levels and follow-ups more predictable. However, the priority remains to ensure consistency throughout the decision-making chain: mandatory indicators -> evidence -> Standard judgement -> institutional risk -> regulatory measure -> follow-up -> future regulatory position. Before final adoption, it would be appropriate to strengthen the judgement rubric, materiality/severity, moderation, distinction between compliance and enhancement recommendations, successful remediation, appeal/reviewability and transitional arrangements. These elements would increase consistency without replacing the professional judgement of the Panel.

Elements to consider in your answer

- If the Framework is also complete from the point of view of the judgement formation process.
- Whether follow-up and future eligibility are coordinated consistently.
- If transitional provisions are required for applications or progression pathways that have already started.

7. Cross-cutting issues to be considered in the consultation

Some topics recur in several Tables and should not be analyzed only question by question. Their relevance depends on the situation of the individual stakeholder, but they can affect the overall coherence of the Framework.

Mandatory indicators and graded judgments

The MFHEA manuals describe Minimal Indicators and, in subsequent cycles, Performance Indicators as mandatory levels to be met. However, the system uses four graded judgments. It is therefore important that it is sufficiently clear how unmet mandatory indicators can be compatible with Substantial Compliance and which circumstances determine Partial or Non-Compliance.

Structured professional judgement

Peer review requires professional judgement. The question is not to eliminate it, but to structure it through public criteria on materiality, severity, systemic impact, student impact, recurrence and remediability, with a motivation capable of linking evidence, findings and ratings.

Numerical thresholds and materiality

Numerical thresholds increase predictability, but they do not always represent risk on their own. The consultation provides stakeholders with the opportunity to assess whether thresholds should be accompanied by qualitative factors and, if so, how to avoid unstructured discretion.

Moderation and reasoned decision-making

When a rating produces significant regulatory consequences, a moderation mechanism may be appropriate to verify the sufficiency of the motivation before the application of the risk matrix. This does not require that the QAC replace the Panel, but that contradictions or insufficient justification be resolved before the decision.

Recommendations and severe violations

If unfulfilled recommendations can produce significant escalation, it is important to distinguish those related to compliance failures from recommendations that are primarily oriented towards enhancement. The terminology should allow the provider to know the regulatory value of each request.

Successful follow-up and regulatory progression

Remediation should have a comprehensible regulatory effect. Stakeholders with Level 8, Self-Accrediting or University Status objectives should consider how the Framework interacts with policies that value renewal outcomes and, in some cases, do not recognise follow-up outcome as equivalent to renewal outcomes.

Standard 10 and Level 8

Where progression policies require evidence against Standard 10 before access to Level 8, while other tools link the applicability of Standard 10 to the provision of Level 8, a question of sequencing may emerge that deserves clarity.

Appeal and reviewability

An appeal right is concretely usable when the provider can identify which criteria have been applied and why. The more automatic the consequences of Partial or Non-Compliance are, the greater the importance of public judgement criteria and a sufficiently detailed justification.

8. How to prepare an institution-specific response

The MQE position indicated in this guide does not replace the assessment of the individual stakeholder. An effective submission should indicate precisely which Table or requirement is commented on, explain the concrete impact on your institution or students, justify your position with relevant experience or evidence and, where useful, propose a clarification. It is not necessary to reproduce the MQE position: the value of the consultation depends on the plurality of autonomous and institution-specific contributions.

Step	Guiding question
1. Identify the point	Which Table, threshold, regulatory measure or follow-up requirement are we commenting on?
2. Explain the impact	Why is this point relevant to our institution, to students, or to the consistency of the EQA process?
3. Motivate	Does our observation come from EQA experience, proportionality, clarity, ESG principles, regulatory coherence or a practical implementation problem?
4. Formulate the request	What clarification, distinction, safeguard or modification would make the Framework clearer or more proportionate?

Checklist before sending

Verification	✓
Have we precisely identified the question and the part of the Framework we are referring to?	☐
Does our observation reflect the real situation of the institution and not a generic position?	☐
Have we distinguished the fairness of the threshold from the proportionality of the regulatory measure?	☐

Verification	✓
Have we explained materiality, student impact or practical consequences when relevant?	☐
Have we avoided statements that we cannot support with evidence or experience?	☐
Have we formulated any proposals for clarification in a constructive and technically comprehensible way?	☐
Have we verified consistency with Regulations, manuals and policies applicable to our situation?	☐
Does the final answer actually represent the institution's position and has it been approved internally?	☐

9. Resources and Further Insights

In this final version intended for publication, MQE has maintained direct links to official MFHEA resources and has clearly distinguished those sources from its own editorial analysis. The consultation is public and stakeholders are encouraged to read the original Framework before responding.

MFHEA Official Feedback Form: Open the Official Feedback Form

MQE - MFHEA consultation on outcomes 2026: Read the first MQE in-depth study

MQE - EQA Rating: What Malta can learn from Europe: Read the European MQE comparison

Regulatory documents to be kept in mind

- Higher Education Provider Accreditation - Criteria for Outcomes & Follow-up Procedures Framework, August 2026.
- MFHEA Provider Accreditation Manual for Higher Education Institutions.
- MFHEA Programme Accreditation Standards and Procedures.
- National Quality Assurance Framework for Further and Higher Education.
- Further and Higher Education (Licensing, Accreditation and Quality Assurance) Regulations, S.L. 607.03.
- MFHEA policies published in August 2026 on Progressive Delivery to MQF Level 8, eligibility for Self-Accrediting Status, and eligibility for University Status.
- Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG 2015).
- ENQA Agency Review of MFHEA (2024) and relevant EQAR decision (2024).

10. Editorial notice and disclaimer

This guide is prepared by ARP Group Ltd through the Malta Quality Education (MQE) brand as an information and regulatory analysis tool to support informed participation in the MFHEA consultation. It does not constitute legal advice, does not represent the position of MFHEA and does not replace the verification of applicable official documents.

"MQE Positions" represent independent technical assessments formulated on the basis of the Framework, the MFHEA manuals and the broader EQA context considered in this analysis. They are not suggested answers or templates to copy. Each institution should formulate its own submission, taking into account its own regulatory situation, EQA experience and institutional objectives.

This guide has been written with the help of artificial intelligence tools as part of the MQE research and writing process; all content is subject to human review, verification and editorial approval by MQE's professional staff, who take full editorial responsibility for its publication.

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