Academic Governance and Quality Assurance Policy

A17

GC Academy Limited

Academic oversight programme review and quality improvement

Revision date 9 September 2026

Institutional approval pending

This policy defines how GC Academy governs academic quality, reviews its online programme and turns evidence into approved improvements. It assigns responsibility to the Academy's academic bodies, staff and external contributors and connects their work to the existing quality assurance cycle.

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Purpose mission and policy status

GC Academy retains full academic oversight and quality assurance responsibility for its educational provision, including work performed by external educators and academic or technical partners. This policy sets the decision and review arrangements through which that responsibility is exercised.

It applies during programme preparation and, after the required authorisations, to teaching, assessment, student services and institutional operations. The proposed BA in Media and Communication has not commenced. The programme application dated 18 June 2026 describes an English-language, fully online MQF Level 6 programme of 180 ECTS over three years and six semesters.

Institutional mission

To deliver world-class, online-based higher education that empowers learners worldwide to acquire applied knowledge and practical skills in communication, media, and business, through an inclusive, learner-centred, and innovation-driven platform.

Quality principles

The policy supports alignment with applicable MFHEA requirements and the European Standards and Guidelines for Quality Assurance in Higher Education (ESG). Academic decisions protect learner-centred education, fairness, academic freedom and integrity. Programme and module outcomes, teaching activities, assessment and feedback are considered together against the intended qualification level. External academic comparison and the views of students, staff, employers and other relevant stakeholders inform that judgement.

Reviews use traceable evidence, explain limitations and result in recorded decisions. A quality issue remains open until the required correction and its effect have been checked. The scope and frequency of review reflect risk and activity while retaining the required academic controls.

Status and authority

This revision is prepared for institutional approval. Its detailed governance and operating rules take effect through the recorded approval process; policy wording does not establish that appointments, reviews or programme activity have already occurred. Preparation records are distinguished from the academic evidence generated by actual delivery.

Control	Requirement
Policy owner	Head of Quality Assurance Office
Academic oversight	Head of Institution; Academic Board
Review and approval	QA and Curriculum Committee reviews; Academic Board approves academic provisions. Corporate and resource decisions follow A16.
Review cycle	Every two years, or earlier following regulatory, organisational or material academic change.
Related controls	A16 defines institutional authority; the QA Manual defines the institutional quality framework; the Annual QA Calendar schedules the work.

Academic oversight and responsibilities

The Head of Institution leads academic quality. The Head of Quality Assurance Office coordinates the quality cycle and checks the evidence and follow-up. Review, approval and implementation have distinct responsibilities even where the same person holds more than one institutional role.

Role or body	Responsibility and reporting
Academic Board	Approves academic policy, programme design and material change; considers semester and annual programme review; confirms award eligibility on validated evidence. Reports material academic risks and resource needs to the Board of Directors.
Head of Institution	Coordinates curriculum, tutors, teaching, assessment, moderation and programme review. Confirms routine delivery details within approved specifications and submits material decisions to the Academic Board.
Head of Quality Assurance Office	Maintains the Calendar, evidence controls and Quality Enhancement Log; coordinates surveys, reviews, action verification and escalation. This is the designated internal QA function; external advice does not replace it.
QA and Curriculum Committee	Reviews evidence, curriculum and assessment quality, policy proposals and corrective actions. Examines quality trends, representation and the effectiveness and capacity of QA.
Board of Examiners	Validates assessment results, progression and completion using marking and moderation evidence. Refers misconduct through A4 and applies authorised outcomes.
Academic staff and tutors	Prepare and deliver approved learning and assessment activities, retain work and feedback records, reflect on module performance and carry out authorised improvements.
Student Management and Administration	Maintain accurate admissions, induction, progression and support records; coordinate student communications, governance administration and evidence access.
Director of Operations and Board of Directors	The CEO implements authorised resource and operational decisions. The Board of Directors provides corporate and strategic oversight and authorises commencement within the A16 framework.

Consistent role names

Academic Board replaces Academic Council, and Head of Institution carries the academic leadership functions previously described as Rector or Director of Academic Affairs. Quality Assurance Committee and QAC refer to the QA and Curriculum Committee in this policy. QA Officers or QA Manager refer to the Quality Assurance Office functions. The current organigram and A16 govern actual role allocation.

Programme-level delivery and feedback duties previously assigned to Programme Boards are carried out through a Head of Institution-led programme review involving allocated academics, QA and relevant stakeholders. If a separate Programme Board is constituted, its membership and delegated remit require Academic Board approval under A16. A legacy title does not establish a separate staffed post or active committee.

Membership eligibility and appointment

Each academic or QA body has an approved constitution and a current membership record before exercising its powers. The constitution identifies its remit, membership categories, chair, voting rights, appointment route, term, quorum and reporting responsibilities. The A16 constitution and appointment formats support these records.

Body	Membership and appointing authority
Academic Board	Chaired by the Head of Institution. Academic members cover programme design, teaching and assessment, with QA and appropriate staff, external and student participation. The Board of Directors approves the constitution and appointments on a documented academic recommendation. Students elect their representatives.
QA and Curriculum Committee	Chaired by the Head of Quality Assurance Office, with the Head of Institution and relevant academic, administrative, student and external participation. The Academic Board approves the constitution and nominations; the CEO confirms operational participation and resources.
Board of Examiners	Senior academic chair and qualified members able to evaluate assessment, moderation, progression and completion. The Head of Institution proposes appointments for Academic Board approval. Include external expertise where required for independence or the assessment arrangements.
Academic Integrity Panel	Three independent academic voters, including a senior academic chair, appointed for the case by unconflicted Academic Board members. QA provides non-voting procedural support.
Appeals Panel	Three independent voters, including a senior academic chair and sufficient academic expertise, appointed through unconflicted Academic Board members. Student participation is included only where appropriate and compatible with competence, confidentiality and independence.

Selection and suitability

The relevant chair identifies the expertise, perspective and time commitment required and invites nominations or expressions of interest. Academic members demonstrate appropriate disciplinary or higher education experience for the decisions they take; QA members demonstrate evaluative and evidence-handling competence. Employer, professional and community participants demonstrate experience relevant to the requested contribution.

Nominees provide qualifications or relevant experience, availability and conflict declarations. The recommending body assesses these against the stated criteria and records its recommendation. The appointing authority records the decision, reasons, start date, term and delegated powers. A7 governs recruitment to staff positions; A16 governs leadership and governance appointments. Membership alone does not authorise teaching, marking or supervision.

Term renewal and ending

The A16 rules apply: ex officio membership lasts while the qualifying role is held; nominated institutional members serve two years, renewable after review; elected students serve one academic year, renewable while enrolled and re-elected. Case-panel membership lasts through the assigned case and its records. These are provisions of the revised governance framework, subject to institutional approval.

Renewal reviews contribution, attendance, competence, independence and capacity. Resignation, loss of eligibility or a substantiated performance or conduct concern is handled by the appointing authority, with reasons, an opportunity to respond and a recorded handover. Company offices and employment rights remain governed by their own instruments.

Student representation and committee meetings

Election and participation

Student seats on the Academic Board and QA and Curriculum Committee become active after the first intake. During induction, Student Management and QA publish the seats, remit, eligibility, nomination route, voting method, count and tie procedure, term, confidentiality duties and dates. The timetable provides for election and induction before the first scheduled quarterly QA meeting following intake.

Eligible enrolled students nominate or stand for election and vote through an accessible confidential process. The published rules apply consistently to contested and uncontested seats. Administration records nominations, participation, the verified outcome and any vacancy. A prospective or mock learner cannot be described as an elected representative of the programme.

Representatives receive guidance on reading evidence, gathering views, conflicts, confidentiality and reporting back to peers before their first meeting. They can raise agenda items and obtain appropriate papers and accessible participation arrangements. Individual misconduct, appeal or sensitive personnel files are restricted to those authorised for the particular process.

A resignation, interruption of study or loss of eligibility triggers a replacement election under the published rules. The chair records any delay and interim feedback arrangements. The membership record distinguishes elected representatives, vacancies and any temporary consultation arrangements. QA reviews participation and barriers after the first cycle and at annual governance review.

Meetings and voting

The QA and Curriculum Committee meets quarterly, with additional meetings for urgent quality issues. Academic Board meetings are scheduled in the Annual QA Calendar to consider programme readiness, semester reporting, annual review and material decisions. The Board of Examiners meets at the relevant results, progression and completion points. Case panels convene when a case requires a decision.

For institutional academic and QA bodies, A16 requires more than half of appointed voting members and at least three unconflicted voters, including the chair or authorised deputy. Academic approval requires at least two suitably qualified academic voters. Vacant student seats before enrolment are excluded from the denominator. Observers and advisers do not vote or count towards quorum.

Appointed voters, including elected students, have equal votes within their remit. Decisions seek consensus; otherwise a simple majority applies. A tie produces no approval and is deferred or referred through the appropriate authority. Written or online decisions follow the same evidence, quorum and conflict rules. Case panels require all three voters; corporate Board meetings follow the company’s own rules.

Decision records

Papers identify the evidence, proposed decision and required authority. The chair records attendance, role capacity, declarations, recusals, decision, reasons, dissent, action owner, deadline and follow-up. Urgent matters are escalated immediately rather than held until the next routine meeting. A delegation records its scope, recipient, limits, duration and reporting; it cannot transfer a power the body does not hold.

Programme decisions and student progression

The following allocation applies to the proposed BA and aligns with A16. Administrative processing, external contribution and access to the LMS do not confer academic approval powers. Each decision retains its evidence, responsible authority, date and communication record under A25.

Matter	Preparation and review	Authority and record
Programme selection and design	Head of Institution coordinates needs analysis, benchmarking and stakeholder input; QA and Curriculum Committee reviews design evidence.	Academic Board approves academic design and material change; executive review confirms resources and required authorisation.
Modules and teaching	Allocated academics prepare outcomes, activities, materials, interaction and support; Head of Institution checks coherence and feasibility.	Head of Institution approves routine details within the approved programme; material academic changes go to Academic Board. Retain approved versions.
Tutors and academic allocation	Qualifications, relevant experience, availability, workload and induction are verified under A7, A8 and A21.	Head of Institution confirms academic suitability and allocation. Employment or service appointment follows A16 and A7 authority.
Admissions and recognition	Student Management verifies applications and preliminary partner screening; academic eligibility and recognition questions go to the Head of Institution.	Head of Institution holds final academic admissions and recognition authority. Student Management applies approved criteria within recorded delegation.
Assessment and results	Assessors prepare and mark; qualified moderation examines consistency, standards and feedback.	Board of Examiners validates results and records required corrections. Head of Institution confirms assessment readiness under A18.
Progression and reassessment	Student Management compiles results, attempts, mitigating circumstances and continuation requirements; academics review the evidence.	Board of Examiners records the academic decision; Administration communicates and implements it.
Completion and award	Credits, validated results and unresolved matters are reconciled; Board of Examiners validates completion.	Academic Board confirms award eligibility; authorised officers issue certification under A25.
Readiness and intake	Academic, QA, student-support, technical and financial leads review provision and all concurrent commitments.	Academic Board confirms academic readiness; CEO confirms operational readiness; Board of Directors authorises commencement. Subsequent intake decisions follow A15 capacity controls.

The agreed programme clarification provides three opportunities per assessment. The 12-month completion rule concerns an individual module and does not cause expiry of the whole three-year BA. An interruption is managed through a documented continuation plan and scheduling that supports return in the next semester.

A grade change requires a recorded academic decision and supporting evidence. Misconduct findings and formal appeals belong to the independent panels; the Board of Examiners applies their authorised outcomes without substituting its own finding.

Academic partners and retained responsibility

GC Academy finalises and approves the academic partnership arrangements before programme commencement. The agreement identifies the actual parties and accepted duties. Academic staff supplied by a partner work to the same approved programme specifications, assessment rules and QA requirements as staff engaged directly by the Academy.

Required academic arrangements

- Specify the programme and modules covered and who prepares materials, teaches synchronous sessions, provides asynchronous activities and tutor support, and supervises the Final Project.
- Allocate assessment preparation, marking, moderation, feedback and academic reporting. Define qualifications, appointment checks, workload, induction and the Academy's right to approve and supervise contributors.
- Retain GC Academy's authority over programme and curriculum approval, academic policy, standards, results validation, progression, misconduct, appeals and awards. A partner's internal process does not replace the required institutional decision.
- Provide secure access to teaching materials, assessment briefs, student work, marking, moderation, feedback and relevant participation records. Identify reporting periods, evidence owners and the rights needed for institutional and external review.
- Define review meetings, corrective action, deadlines, escalation, change control, limits on further subcontracting, student communication, records custody and continuity if delivery is interrupted or the relationship ends.

Approval and review

The Partnership Manager coordinates the agreement and communications. The Head of Institution verifies academic scope and suitability; QA examines evidence and review arrangements; the Legal Representative and Accountant advise on contractual and resource commitments. The Academic Board approves the academic allocation and the authorised corporate signatory executes the agreement within delegated powers.

The programme readiness review checks consistency between the agreement, A16, this policy, A18, the programme application, tutor allocations and QA Calendar. A material gap in authority, staff suitability or access to academic evidence prevents the affected activity from starting. The record identifies the gap, owner, due date and decision.

During delivery, partner modules enter the same module, semester and annual review as the rest of the programme. The Head of Institution reviews academic reports; QA tracks corrections; Academic Board approves material academic action. Resource and contractual barriers are escalated to the CEO. The Academy verifies the effect of the action before closing the issue.

Different external functions

VTL Design provides technical services; its contract does not establish an academic partnership. B2B recruitment partners support outreach and preliminary eligibility screening within the agreed scope. They do not determine admissions, assessment or awards. An affiliated academy's demonstration can evidence technical capability, while the proposed BA requires its own readiness checks and delivery records.

Readiness for online programme delivery

The Head of Institution leads academic readiness review before commencement, supported by QA, Student Management, Administration and the CTO. Use the existing Programme Readiness Checklist and link outstanding work to the Quality Enhancement Log. The review examines the actual BA configuration, materials and responsibilities.

Review area	Evidence required before the relevant activity
Programme and module design	Current specifications; MQF Level 6 outcomes; credits and workload; mapping between outcomes, teaching, assessment and grading criteria.
Online pedagogy	Planned synchronous and asynchronous activities; preparatory materials; tutor guidance; opportunities for active, constructive and cooperative learning. Confirm actual partner delivery allocations.
Assessment and interaction	Tasks that assess the intended analytical and applied outcomes; rubrics, moderation and feedback arrangements; group contribution evidence; clear assessment-specific AI and integrity instructions.
Staff readiness	Verified academic suitability, named allocation, full workload, availability, cover and A21 induction; practical preparation for online teaching and assessment.
Access and learner support	Usable orientation, support contacts, individual-adjustment procedure, core reading access and an appropriate means of raising access or support concerns.
Technical and administrative readiness	BA access and identity controls, proctoring arrangements where used, support and escalation, records permissions, backups and continuity evidence; institutionally reviewed service arrangements.
Authority and resources	Effective authorisations, approved academic responsibilities, finalised partner arrangements, confirmed capacity and resources, and decisions on outstanding risks.

Instructional design review

Academic reviewers inspect a module’s learning sequence and how students use the digital environment. They check the relationship between preparation, discussion, individual practice, group work, assessment and feedback. A forum or webinar tool contributes to pedagogy only when its purpose, participation expectations and tutor role are clear in the module.

Group assessment explains the shared task and how individual learning and contribution are judged. Online presentations, analytical writing, projects and other direct assessment are selected according to the approved outcomes. Any change to assessment methods, weightings or required activities follows the academic change route before use.

Readiness decision

Each check records the evidence version, reviewer, result and any required correction. Academic Board confirms academic readiness; the CEO confirms operational readiness and resources; the Board of Directors authorises commencement under A16. Essential unresolved controls are completed before the affected intake or delivery activity proceeds. A template, demonstration or promised change is not evidence that the BA check has passed.

Monitoring schedule and evidence inputs

The Annual QA Calendar remains the single scheduling instrument. Its September-to-August cycle is aligned to actual teaching weeks when a cohort starts at another time. Overlapping monthly intakes receive cohort-specific checks while institutional capacity and service reviews consider all active cohorts together.

Timing	Inputs and activity	Owner and review route
Before each intake and commencement	Programme and service readiness; tutor allocation; workload; support coverage; QA capacity; academic and technical partner responsibilities.	Head of Institution and QA coordinate; CEO reviews resources; academic and commencement decisions follow A16.
Monthly	LMS access and participation, support cases and response times, teaching concerns, incidents and technical performance. Staff development and peer-sharing evidence where scheduled.	Student Management and academics review learner concerns; CTO reports technical evidence. Head of Institution and CEO act within their remits; QA tracks issues.
Mid-semester	Student pulse survey, tutor reflection, workload and access issues, participation patterns and targeted module review.	QA coordinates feedback; Head of Institution interprets academic implications; QA and Curriculum Committee reviews material proposals.
End of each module	Module evaluation, student feedback, assessed work, outcome attainment, marking, moderation, feedback quality and tutor reflection.	Academic staff supply evidence; Head of Institution prepares module findings; QA verifies completeness; Board of Examiners validates results.
End of each semester	Progression, retention, completion, assessment, support, complaints, appeals, integrity trends and proposed changes.	Head of Institution with QA and Student Management produces the programme performance report for Academic Board.
Quarterly	Quality actions and closure, governance decisions, QA workload and independence, institutional KPIs, budget and risk.	QA and Curriculum Committee reviews quality; CEO and relevant corporate bodies address operational resources and risk.
Annually	Annual Programme Review, staff appraisal and CPD, digital and records review, public information, governance effectiveness, SWOT, strategy and QA summary.	Functional owners report; QA coordinates; Academic Board decides academic matters; Board of Directors reviews strategy and resources.
Every three years or earlier if needed	Periodic programme review with independent academic and relevant stakeholder input; review follows actual authorisation conditions and material change.	Head of Institution leads with QA and Partnership Manager; Academic Board decides outcomes and required regulatory action.

Reports identify the cohort, module, period, evidence sources and limits. Urgent academic, integrity, safety, access or service failures are escalated when identified. The Calendar does not postpone action on an immediate concern until the next scheduled meeting.

Before delivery, monitoring uses genuine readiness, planning, technical and governance evidence. Student surveys, marked work, moderation results, progression and graduate evidence become available only after the triggering activity and are tracked through the existing activation register.

Learning outcomes and assessment quality

Evidence of learning

The Head of Institution ensures that programme and module outcomes are mapped to teaching activities, assessment tasks and marking criteria under A18 and the approved programme specifications. Reviews examine whether students demonstrate the intended knowledge, analytical skills, critical thinking, problem-solving and application of theory at MQF Level 6.

Direct evidence includes assessed essays, analyses, projects, presentations, practical outputs and the Final Project where these form part of the approved module assessment. Reviewers examine the work and the criteria used, rather than treating a pass rate alone as proof of outcome attainment. Multiple-choice tests can contribute to appropriate outcomes, but cannot by themselves establish all analytical, applied and independent competencies.

Indirect evidence includes student self-reflection, feedback on learning, tutor observations, employer input and graduate feedback when available. Participation data, attendance, logins and task completion support interpretation and early intervention. They are not substitutes for assessment of the intended outcomes. Conflicting evidence is investigated and recorded rather than averaged into an unsupported claim of success.

Assessment design and moderation

Before assessment, the responsible academic checks validity, reliability, fairness, transparency, authenticity, workload and feedback arrangements. Students receive understandable instructions, criteria and any rubric in advance, including permitted, restricted or prohibited AI use. Another qualified member reviews task design where practicable; marking and moderation follow the approved programme requirements.

Review covers the suitability of methods, grade patterns, consistency between assessors, rubric application, feedback quality and timeliness, and mitigating circumstances. Moderation and any required second marking use appropriate academic expertise and retained work. The Board of Examiners validates results after identified concerns have been addressed through the authorised route.

For assessed group work, the brief identifies the common output and the evidence used to judge individual contribution and learning. Peer feedback can inform the judgement but does not replace the assessor’s responsibility. Students receive preparation for collaboration, communication expectations and a means of raising unequal participation or access concerns.

Final Project and external review

The Head of Institution confirms qualified supervision, assessment and moderation, consultation expectations and transparent project and presentation criteria. External academic or professional contributions have a recorded purpose, competence and independence check. External reviewers are prepared from the second delivery year as specified in A15 AP04 and before their first required duty; this does not postpone pre-commencement external input into programme design.

The programme review considers external examiner or reviewer findings, the institution’s response and evidence that the response improved assessment. It records whether weaknesses concern an individual task, module or programme outcome and assigns an appropriate remedy. Actual methods, weightings and criteria remain in A18 and the controlled programme and module documents.

Student feedback support and access

Student voice

QA coordinates mid-semester pulse surveys and end-of-semester feedback through the Calendar. Module evaluations, elected representatives, discussions and support requests provide complementary evidence. Questions address teaching, interaction, assessment clarity, feedback, workload, resources, access and academic or administrative support.

Reports state who was invited, how many responded, the period covered and any limits to interpretation. Low response, a small cohort or uneven participation requires proportionate follow-up; a silent group is not presumed satisfied. QA protects confidentiality and avoids reporting small subgroups or quotations in ways that identify an individual unnecessarily.

The Head of Institution considers academic themes with tutors and the QA and Curriculum Committee. Student Management examines service themes with relevant staff. Students receive an accessible account of the matters raised, the action or reason for retaining an arrangement, and the timing of any follow-up. Personal cases remain within their confidential procedures.

Support and study continuity

Student Management combines engagement alerts with assessment deadlines, tutor contact and support records to identify learners who may need assistance. The record identifies the concern, contact attempts, student response, agreed support, responsible role, next review and outcome. Academic concerns go to the Head of Institution; technical issues follow the service route. Urgent cases are not held for a routine quality meeting.

The 24-hour support response target is assessed during business hours, using the documented service basis. Receipt, first response and resolution are recorded as different events. Before each intake and quarterly, the Academy reviews caseload, coverage, assessment peaks and all overlapping cohorts through A15 SS01 and SS03. Repeated delays trigger a resourced correction or a restriction on further intake commitments.

A student returning after an interruption receives a continuation plan and scheduling support for rejoining in the next semester. Quality review examines whether the arrangements minimise avoidable delay while maintaining the approved learning outcomes and academic requirements. Decisions and interventions form part of the student’s central academic record under A25.

Accessibility and appropriate provision

The platform’s existing accessibility-supporting functions are considered alongside individual needs. Students can request adjustments; academic, support and technical staff agree the response, responsible person, implementation and review with the learner. QA checks whether the adjustment works in practice and whether recurring requests call for a wider improvement.

Review verifies access to core literature and the usability of learning activities and support channels. Existing library search or a technical feature does not establish access to every required publication or full accessibility-standard compliance. Information about wellbeing and professional psychological support reflects the arrangements actually available, distinguishing administrative assistance, academic guidance, information and external referrals.

External input and Maltese societal needs

Participation before and during delivery

Programme development and review draw on academic staff, administrative and support staff and QA, together with external academic peers, employers and professionals with relevant communication and media expertise. Prospective learners can inform preparation. The programme's own students and graduates participate once those communities exist; external academic and employer consultation begins before commencement.

The Head of Institution identifies the academic questions and interprets the evidence. The Partnership Manager supports employer, professional and community engagement, including contributions beyond the existing partner network. QA checks the records and follows up decisions. A member of the Academy's teaching team is not an independent external reviewer solely because they also work at another institution.

Each invitation states whether the person provides consultation, a commissioned review or committee participation. Formal membership follows A16 and this policy, with a defined remit, appointment, term and conflict declaration. Consultation does not itself confer approval authority. The Labour Market Advisory Board remains a planned arrangement until formally constituted and supported by actual appointments.

From consultation to academic decision

Use existing programme-design and review records to identify participants and affiliations, date, purpose, substantive feedback and the affected programme element. The Head of Institution records the academic analysis; the QA and Curriculum Committee reviews the proposal; Academic Board decides material academic matters. Record whether a suggestion is accepted, adapted or declined, with reasons, owner and follow-up.

The response to contributors explains how their input informed curriculum, learning outcomes, assessment, delivery feasibility, resources or learner support. Benchmarking uses relevant comparable programmes and current primary programme information under A18. Record the comparison, limitations and rationale for retaining or changing the Academy's design. Sector affiliation alone is not evidence of the proposed BA's labour-market relevance.

Maltese engagement and international learning

GC Academy contacts Maltese chambers of commerce and relevant professional and community representatives, including bodies supporting cooperation across borders, under A15 IP02. These contacts are planned outreach and are recorded as partnerships or committee appointments only when the corresponding arrangements exist.

Consultation identifies Maltese needs for communication skills, continuing professional development and access to international networks. It informs feasible opportunities for Maltese students and communication professionals to learn and collaborate with international participants, including learners in Asia, without relocating abroad. Themes and intended beneficiaries are agreed with relevant contributors.

QA review considers participation, barriers to access, stakeholder feedback, the usefulness of collaborative outputs and continuing professional connections. Curriculum changes require academic approval; resources and delivery commitments follow A20 and A15. Alumni networking and continued library access provide a platform for engagement after graduation, while BA graduate outcomes are evaluated only when actual evidence becomes available.

Programme review and approval of changes

Module and annual review

The Head of Institution brings module findings into semester reporting and the Annual Programme Review. The review covers outcome attainment, assessment and moderation, teaching and interaction, student progression, workload, support, access to resources, staff development and relevant external feedback. Partner-delivered activity is included on the same basis.

The report explains what the evidence means for this programme. It identifies strengths to retain, weaknesses, recurrent issues and the results of earlier actions. Staff and student input, external academic review and relevant employer evidence inform the analysis. Missing or inconsistent evidence is recorded with a plan to resolve it.

The QA and Curriculum Committee reviews the findings and proposals. Academic Board approves the annual review outcome and material academic changes; the CEO and Board of Directors address resources within their authority. Approved actions enter the existing Quality Enhancement Log, with owners, deadlines, evidence and an effectiveness review.

Periodic programme review

Formal periodic programme review takes place every three years, aligned with the current QA Calendar and revised A20, or earlier following a material change or significant quality concern. Any applicable authorisation condition takes precedence where it requires earlier or additional review. The review includes independent academic expertise and relevant employer, professional, student and graduate input when available.

The review considers continuing societal and professional relevance, benchmarking, programme structure, outcome and assessment coherence, online pedagogy, staffing and resources, and the cumulative effect of quality actions. It recommends continuation, modification or other authorised action. Academic Board records its decision and required follow-up.

This three-year cycle is the basis for aligning the older five-year wording in A18 and the QA Manual during their controlled revision. Approval of this policy does not amend those files automatically. The policy owner records the common review schedule and resolves the documentary inconsistency before the affected procedures are used.

Change control

The proposer identifies the reason, supporting evidence, affected modules and cohorts, outcome and assessment implications, resources, risks and transition arrangements. The Head of Institution determines whether the proposal stays within approved delivery details or requires a material academic decision. QA checks completeness and the effect on related documents.

Routine changes within approved specifications follow the Head of Institution’s recorded authority. Material changes go through the QA and Curriculum Committee to Academic Board and obtain any required external approval or notification before implementation. Resource and contractual commitments require the relevant corporate decision.

The owner updates the authorised programme or policy version and communicates the change to affected students, staff and partners. The record states the effective cohort or date and how current students are protected from unclear or retrospective assessment requirements. Review after implementation tests whether the change achieved its intended effect.

Academic integrity and independent appeals

Referral and first instance

A tutor, assessor or authorised staff member can identify suspected misconduct. A software result is an indicator and does not establish a breach. The tutor or assessor conducts preliminary academic review and makes a documented referral where a reasonable concern remains. The referring person does not decide responsibility or sanction.

The Head of Quality Assurance Office registers the case, checks completeness and conflicts, sets the procedural timetable and sends the student the allegation and supporting evidence. The student can respond, submit evidence and request a meeting. QA acts as a non-voting procedural coordinator and adviser.

Unconflicted Academic Board members appoint three independent academic voters, including a senior academic chair, to the Academic Integrity Panel. Members have not taught or assessed the work, made the referral, advised on the merits or otherwise compromised their impartiality. External academics are used where internal independence or expertise is insufficient.

All three voters participate; the Panel decides by majority, applying A4. It records the evidence, findings, reasons and any proportionate sanction authorised by the policy. The chair sends the written decision, reasons, appeal route and deadline to the student. The Head of Institution implements the decision and oversees the procedure without deciding student responsibility alone or substituting a personal finding.

Independent appeal

An academic-misconduct appeal is submitted within ten working days of notification and goes directly to the formal Appeals Panel under A1. It is not sent back to the original tutor for informal resolution. General complaints remain under A2; other academic appeals follow the applicable A1 stages.

Unconflicted Academic Board members appoint three independent voters, including a senior academic chair and sufficient academic expertise. No original assessor, referrer, first-instance panel member or participant in the first-instance decision or its implementation can decide the appeal. A student representative participates only where appropriate, competent and compatible with confidentiality; an appeal is not withheld because no student representative is available.

The Panel considers the permitted grounds, including procedural irregularity, bias or conflict, relevant new evidence that could not reasonably have been provided earlier, an unsupported finding or a materially disproportionate sanction. With all three voters participating, it decides by majority to uphold, vary within the policy, set aside or remit the matter to a differently constituted Panel. The written decision gives reasons and required action within fifteen working days of receipt. Exceptional delay is explained with a revised expected date.

Governance safeguards and learning

A conflicted coordinator or institutional implementer is replaced. The Board of Examiners validates results and applies authorised outcomes; it does not replace either Panel. Academic Board and the QA and Curriculum Committee receive anonymised trends, procedural concerns and preventive recommendations, without reopening individual cases outside the appeal route.

A1 and A4 carry the detailed procedures and sanctions and are aligned with A16 and this policy before assessment begins. The existing AI and Generative AI Guidance is completed and was submitted; its procedural alignment and publication are separate controlled actions. Automated plagiarism or AI scores never determine a misconduct finding by themselves.

QA capacity independence and external services

Internal responsibility and workload

The Head of Quality Assurance Office is the designated internal role accountable for coordinating QA. External advisers provide expertise within a recorded remit and do not replace institutional responsibility. Adequate time, administrative support, access to evidence and independent review are confirmed before the related work proceeds.

Under A15 SS07, the Head reports the planned and actual volume of reviews, teaching and assessment evidence, support issues, complaints and appeals, incidents, reporting deadlines and open quality actions. The assessment includes time available, competing roles, peak periods, overdue work and the effect of all proposed intakes.

The initial review uses preparation duties and forecast workload. Capacity is checked before every intake and quarterly thereafter, with immediate escalation of material gaps. The QA and Curriculum Committee reviews the evidence through unconflicted members; the Head does not chair or solely approve the evaluation of their own effectiveness or capacity. An unconflicted chair or independent reviewer is designated for that item.

The CEO approves resources within delegated authority and refers larger commitments to the Board of Directors. The decision records sufficient capacity or a funded correction, responsible person and deadline. The dependent activity or intake is restricted where a material gap remains. A14 provides temporary cover and handover; incompatible decision and review roles are not combined to solve a staffing shortage.

Conflicts and impartial review

Members declare interests on appointment, annually and when a relevant agenda item arises. A declaration records the interest and the response: restriction, recusal, replacement or independent review. The chair confirms that remaining voters meet the required quorum and competence. A person cannot approve their own unresolved conflict.

Where a concern affects the normal reporting line, QA can escalate to the unconflicted higher institutional authority. Reviews of QA performance examine completeness, timeliness, independence, action effectiveness and the adequacy of support. External input is commissioned where the institution cannot secure sufficient internal independence or expertise.

Outsourced digital and other services

The CTO coordinates technical development and reports service evidence. Where the CTO is employed by the technology partner, that role is declared and the CEO arranges institutional review and acceptance independently of the supplier’s delivery role. The Head of Institution confirms academic suitability; QA checks follow-up and evidence.

Service arrangements identify scope, responsibilities, performance measures, reporting, escalation, change control, access, maintenance, support and continuity. Actual contractual targets and test results provide the basis for acceptance. Monthly technical monitoring and material incidents feed the QA Calendar and A14; recruitment and other outsourced services receive oversight appropriate to their role.

GC Academy’s ownership of the LMS source code supports institutional control. Access, documentation, continuity and the effectiveness of service arrangements are still reviewed. Technical performance alone does not establish the quality of online teaching, assessment or student support.

Evidence decisions and verified improvement

Use of existing records

The QA Evidence Register identifies each evidence stream, owner, trigger, review body, status and master location. The Document Control Register identifies the current version, approval and effective date of controlled documents. The Master Audit Evidence Index links to the authoritative files; cross-references avoid competing operational copies.

The Programme Readiness Checklist records the actual requirement, supporting evidence, reviewer and outstanding work. The Not Yet Applicable and Activation Register identifies records that depend on future activity, the trigger, owner and first expected evidence date. These instruments support the same institutional process and are not replaced by a separate A17 register.

A document date, submission date, approval date and implementation date represent different events. Records identify their actual basis. A status label in a checklist or register is checked against the underlying evidence before it supports a quality decision. Historical versions and evidence are preserved with their original dates.

Action and closure

For each issue, the responsible lead records the source, affected programme or service, supporting evidence, significance and intended improvement in the Quality Enhancement Log. The action identifies an owner, deadline, required resources and the result that will demonstrate success. The relevant academic or operational authority approves the response within its remit.

The owner implements the correction and provides completion evidence. QA verifies that the evidence addresses the recorded issue; an appropriate academic or operational reviewer checks the result. An action requiring independent scrutiny is not closed solely by its implementer. Overdue, ineffective or systemic issues go to the QA and Curriculum Committee, Academic Board or CEO according to their significance.

Completion and effectiveness are separate checks. A revised rubric, for example, demonstrates a document change; the later moderation of actual work tests whether it improved judgement. The review records the intended result, evidence source and date or activity for evaluating the effect. An implemented action awaiting that evaluation retains an open effectiveness follow-up and is not reported as fully verified.

If the correction does not work, the reviewer records the remaining problem and revised action. The closure decision includes the verified evidence, outcome, reviewing authority and date. Linked actions in the A15 plan and risk records use the same evidence references so that completion is not counted twice or reported inconsistently.

Access confidentiality and communication

Evidence is accurate, traceable and limited to what the review needs. Student academic records follow A25 and data handling follows A5. Case, personnel, identity and sensitive financial material is restricted to authorised roles; governance reporting uses anonymised or aggregated information wherever individual detail is unnecessary.

Owners record the applicable retention requirement and access permissions with the master location. Sensitive information is not placed in public minutes or consultation summaries. Relevant quality decisions and resulting improvements are communicated to students, staff and external contributors through appropriate channels without disclosing private records.

Strategic reporting and policy review

Academic and institutional reporting

The Head of Institution provides semester programme performance reports and the Annual Programme Review to Academic Board. QA coordinates the Annual QA Summary Report, which brings together programme, student, staff, digital, governance and operational evidence, action status and unresolved risks. It fulfils the annual quality-report function described in the earlier A17.

The QA and Curriculum Committee examines the analysis and follow-up. Academic Board considers academic standards and programme decisions; the CEO and Board of Directors consider institutional performance, sustainability, capacity and resources. The report distinguishes preparation activity from first-cohort and graduate outcomes and explains missing evidence or limits.

The report includes the effectiveness of teaching and assessment review, student participation, external examiner input, audits and staff development. It also covers non-academic services, records, digital provision, partner performance, public information and the Academy’s intended societal contribution. Standard 10 remains not applicable to the proposed provision.

Connection to strategy and resources

Quarterly reporting links quality findings to A15 actions and the A20 strategic objectives. Annual review informs the SWOT analysis, risk register, next-year priorities and resource decisions. The Accountant supplies current financial evidence; academic and operational leads explain the cost and capacity implications of the proposed response.

An improvement proposal identifies the staff time, technology, external expertise or other resources required and the consequence of deferral. The competent authority records the allocation or alternative response. Planned provision is distinguished from an approved amount and actual expenditure; a quality recommendation does not create funding.

Staff-performance review and CPD planning use teaching, moderation, student feedback, role performance and self-reflection under A8 and A21. Reviews identify specific development needs and later examine whether the learning has improved practice. The QA Calendar schedules induction, recurring development, appraisal and annual CPD evaluation; completion records arise from actual participation.

Policy review and publication

The Head of Quality Assurance Office coordinates review of A17 every two years, or earlier following regulatory change, material academic or organisational change, audit findings or repeated quality failures. The QA and Curriculum Committee reviews proposals and Academic Board approves academic provisions; corporate responsibilities and resource decisions follow A16.

Approval records identify the version, authority and effective date. Administration communicates the controlled version and archives the superseded copy. Public access is provided through the institutional website and relevant LMS or induction materials, with Marketing coordinating publication and academic and QA review of accuracy.

This revision is not evidence that publication or institutional approval has occurred. The public version gives clear responsibility and procedure information; confidential membership assessments, personal cases and restricted evidence remain separately controlled. Actual implementation and effectiveness are examined through the annual governance and QA review.

Implementation and document alignment

The policy owner coordinates approval and implementation with the Head of Institution and CEO. The revised A16 supplies the common governance rules. This A17 applies those rules to academic quality, programme review and the existing reporting cycle; actual membership, delegated authority and resources are confirmed before use.

Stage	Required action and evidence	Responsibility
Before approval	Confirm academic and QA constitutions, eligibility, membership route, terms, quorum and independence; reconcile related policy provisions.	Head of Institution and QA; Academic Board, with Board of Directors for matters reserved under A16.
Before commencement	Confirm programme-specific academic authority, partner agreement, instructional design, assessment, tutor readiness, learning resources, support and technical readiness.	Academic and operational leads; academic, operational and commencement decisions follow A16.
Before assessment	Align A1 and A4; confirm independent decision-makers, case administration, student information and assessment-specific integrity instructions.	Head of Institution and QA; competent approving bodies.
During first intake	Publish the student election timetable during induction; complete election and induction before the first scheduled quarterly QA meeting following intake.	Student Management and QA; relevant committee chair and Administration.
During delivery	Activate real module, semester and annual evidence; review all concurrent cohorts, quality actions, partner performance and QA capacity.	Functional owners, QA and relevant academic or corporate review bodies.
At periodic review	Apply the three-year programme review cycle and the two-year A17 policy review, with earlier review where required. Record decisions and changes.	Head of Institution and QA; Academic Board and relevant corporate authority.

Related controlled revisions

A7 carries staff and leadership recruitment; A1 and A4 carry detailed independent appeal and misconduct procedures. The separate A18 and programme application revisions record design, assessment, delivery allocations and the harmonised periodic review cycle, retaining the A16 decision responsibilities and the rules in this policy.

The policy owner coordinates the separate revisions of the QA Manual and Annual QA Calendar to cover programme-specific online review, student representation, QA capacity and action follow-up. The SAR owner updates Standards 2, 3, 4, 6, 7 and 11 to describe the resulting arrangements and their actual evidence status. Related document owners address digital provision, staff, student support and records within their own scope.

The relevant A15 actions include AP01–AP05, SS01, SS03, SS06, SS07, DI01, IP02–IP04 and BC04. The A15 approval-based preparation timetable is retained; approval of A17 does not restart it. Maltese outreach, student elections, signed agreements and evidence from programme delivery are recorded only when they occur.

The Document Control Register and evidence index receive the actual revised version and approval details through the controlled update process. Existing readiness, evidence, activation and enhancement records are aligned in their separate work items. Completion of this policy does not certify completion of those revisions or the operational activities they describe.