Annual Quality Assurance Calendar

September to August cycle

GC Academy Limited

Institutional and programme review schedule

Revision date 10 September 2026

This calendar assigns the timing, responsibilities, evidence and decision points for GC Academy's quality assurance work. It connects preparation for the proposed BA in Media and Communication with the recurring reviews required during delivery and institutional development.

The annual cycle retains the existing September-to-August structure. Programme and intake checks follow the actual approved teaching timetable. Monthly and quarterly oversight brings together academic quality, staffing, student services, digital provision, resources and the effect of improvement actions.

The proposed BA has not commenced. Preparation and institutional monitoring continue within their actual scope; student, assessment and graduate evidence becomes available only when the corresponding activity occurs.

Institutional approval pending. Record approval, the effective date and actual schedule before controlled issue. The revision date and the earlier 2026/2027 planning label do not establish programme commencement, completed reviews or submission to MFHEA.

Contents

The annual overview is followed by the checks needed at each trigger or review period. Each schedule identifies the responsible role, the review or decision route and the evidence to retain. Annex A provides a blank record for assigning actual dates and following an event through to its result.

Use this calendar with the QA Manual, A15, A17 and the relevant detailed policy. The calendar schedules those requirements; individual case decisions, contract terms and programme specifications remain governed by their applicable documents.

1 Purpose control and timing

Scope and approval

The Head of Quality Assurance Office owns this calendar. The Head of Institution provides academic oversight and the Director of Operations provides operational oversight. The QA and Curriculum Committee reviews the schedule; Academic Board approves academic provisions and the competent Executive Team or Board of Directors approves resources and reserved matters under A16 and A17.

Approval references and effective date: _____

Academic cycle first teaching date and timetable reference: _____

Calendar version owner and next annual review: _____

The calendar covers institutional governance, programme design and delivery, staff, administration, students, GC Engine, external services and service to society. The immediate programme scope is the proposed Level 6 BA. References to other future provision require its own approval and readiness.

Annual dates and programme triggers

The September-to-August cycle is the planning framework. Before each year, QA assigns actual dates, meeting deadlines and evidence cut-offs with the responsible owners. Semester events follow the approved programme timetable, including Section C5 of the programme application. For other intake dates, move academic events to the corresponding teaching stage and retain their sequence.

P is the approval date of the A15 revision; L is the point when the provider licence, programme accreditation and relevant commencement conditions are effective; C is the approved first teaching date. Y1 to Y3 run from C. A15 P plus 30, 60 and 90 calendar-day milestones remain tied to P. Approval of this calendar does not restart them. Earlier intake or teaching requirements take precedence.

Record each cohort’s induction, module releases, assessment and reassessment dates, semester reviews, interruptions, returns and completion stage. Maintain one institutional monthly and quarterly schedule across all cohorts. A proposed monthly intake is subject to a dated capacity decision before recruitment or enrolment commitments.

Operating principles

Use current traceable evidence; evaluate quality and outcomes; assign actions and verify their effect; scale review to risk without omitting required controls; consider academic and operational evidence together; communicate relevant decisions to those affected. Record planned, approved, completed and verified activity separately. Missing pre-commencement evidence is an open readiness item, not automatically “not yet applicable”.

2 Roles and independent decisions

Role names follow A16, A17 and the revised organigram. Record the actual approved version, appointments, delegated powers and substitutes before use. The table assigns responsibility without certifying that every post or committee seat is filled.

Role or body	Calendar responsibility
Head of Quality Assurance Office	Owns the schedule, coordinates evidence and audits, follows actions and reports. Supplies QA workload evidence without solely approving review of that function.
Head of Institution	Leads programme and assessment review, academic workload, educator readiness, external academic input and academic corrective action.
Director of Operations and Executive Team	Confirms operational readiness, funded capacity, risk responses and supplier acceptance within authority; escalates reserved matters to the Board of Directors.
Head of Administration Office	Coordinates staff and administrative records, dated cohort schedules, meeting administration, policy distribution and retained decisions.
Team Leader of Student Management	Coordinates admissions administration, induction, student communications, engagement, support and protected student records.
CTO as subcontractor	Provides technical monitoring, service, security, access, recovery and training evidence. Institutional acceptance is independently exercised within GC Academy.
Marketing Director and Partnership Manager	Marketing checks public information; Partnership coordinates academic and business partner contacts, external consultation and societal activity evidence.
Accountant and Legal Representative	Accountant checks budget, cash and resource evidence; Legal Representative advises on contracts, privacy, compliance and regulatory or case risks.
Academic staff and tutors	Prepare and deliver approved learning and assessment; retain evidence, give feedback, undertake development and submit module reflections.
QA and Curriculum Committee	Reviews quality, curriculum and policy findings quarterly; provides unconflicted scrutiny of QA capacity and follows action effectiveness.
Academic Board and Board of Examiners	Academic Board approves academic decisions. Board of Examiners validates results, progression and completion under approved rules.
Board of Directors and case panels	Board of Directors decides reserved governance and resources. Academic Integrity and Appeals Panels decide cases independently under A4 and A1.

Director of Operations is also identified as CEO; QAC denotes the QA and Curriculum Committee. Student representatives join the relevant academic and QA bodies after election. A supplier-related or personal interest requires declaration and an authorised unconflicted reviewer; technical delivery, QA checking and final acceptance remain distinct.

3 Annual cycle at a glance

This overview sets out the annual sequence. The detailed schedules on the following pages specify evidence and decision routes. QA records the actual date for each event; a month label is not a completion record.

Period	Principal checkpoints	Pages
August and before the year	Annual QA priorities, governance dates, CPD plan and resources; academic, staff, records and digital readiness.	6 to 8 and 13
September or actual intake	Orientation and policy access; activate relevant feedback and engagement processes; student election before the first quarterly QA meeting after intake.	8 and 10
Every month	Technical and supplier review; support, engagement, workload, CPD, cash and overdue actions.	9
Every quarter	A15, risk, budget, governance actions, partnerships and independently reviewed QA capacity.	10
Teaching stages	Mid-semester pulse; each assessment and module; semester reports, surveys, resources and workload review; first-cycle support evaluation.	11 and 12
January or actual mid-year	Capacity and staff progress; assessment, integrity, complaints, appeals and regulatory risks.	10 and 13
March to April	Staff evidence and self-reflection; PDP and CPD review preparation.	13
May to June	Annual appraisal and development decisions; CPD verification with a stated evidence cut-off.	13
June to July	Annual programme and policy reviews; student records, digital provision, public information, accessibility and societal benefit.	14 to 16
July to August and cycle close	Governance, SWOT, annual QA summary and next-year improvement/resources; supplement later evidence and CPD.	13 and 17
Two and three year points	Policy-specific two-year reviews; three-year strategy and programme reviews.	17
Events and urgent concerns	Material change, incidents, individual cases, new duties, resource gaps and required regulatory action.	6 to 8 and 16 to 18

All reviews feed the Quality Enhancement Log. Record the action deadline and a separate date or trigger for checking its effect. Urgent intervention and required approvals take place when needed; they do not wait for the next monthly, quarterly or annual meeting.

4 Preparation and annual setup

Timing and activity	Responsibility and decision	Evidence and follow up
P plus 30 calendar days Confirm owners, evidence gaps, policy priorities, staffing and budget inputs, supplier scope and Maltese stakeholder contact list.	CEO coordinates; QA checks the baseline; HOI reviews academic requirements.	A15 baseline, source and gap references, original deadlines, named assignees and resource needs.
P plus 60 calendar days Submit consolidated programme and policy work, AP05 onboarding pathway, AP06 annual CPD plan, AP07 workload basis and SS01 capacity method.	HOI leads academic preparation; QA coordinates; CEO submits funded proposals through the relevant authority.	A15 AP05/AP06/AP07 and associated action records; proposed versus approved versions and unresolved dependencies.
P plus 90 calendar days First quarterly implementation review; decide outstanding academic, service, funding and readiness issues.	Academic Board and Executive Team within their remits; QAC reviews quality.	Progress against original deadlines; decisions, reasons, revised dates where authorised and follow-up in the Quality Enhancement Log.
August or before the actual year Approve QA priorities, calendar events, governance dates, report deadlines, evidence owners and annual CPD resources.	QA consolidates; HOI confirms academic dates; CEO confirms resources; QAC and relevant approving bodies review.	Approved dated schedule and A21 plan; meeting calendar, budget references, duty allocations and communicated version.

Dates and earlier obligations

The A15 milestones are preparation targets tied to its approval. Work already authorised, including the website update, continues. Readiness due before enrolment, teaching or a specific duty cannot be postponed to a later milestone. A delay retains the original due date, reason, authority, revised date and effect on students or launch.

The HOI is the Head of Institution and QA is the Head of Quality Assurance Office. These abbreviations are used in the schedules. A role owner may allocate work to a competent person but retains accountability. Each event receives a named assignee and authorised reviewer in the dated schedule.

Prepare survey instruments, reporting methods and records before use. Keep completed readiness evidence in its relevant master location. Do not populate future student surveys, marked work or graduate reports with invented data.

5 Checks before enrolment and commencement

Timing and activity	Responsibility and decision	Evidence and follow up
Before programme commencement Consolidate needs, labour-market and demographic evidence, benchmarking and stakeholder input; approve programme outcomes, teaching, assessment and review arrangements.	HOI leads; QA checks evidence; QAC reviews and Academic Board approves academic decisions.	A18 design records, source limitations and decisions; 30-module D10 mapping and active collaborative learning; agreed academic partnership and access to evidence.
Before enrolment commitments Verify admissions, fees, agreements, policy access, professional support and funded service capacity.	Administration and Student Management coordinate; academic, financial, QA and CEO checks within authority.	Published information and functioning links; consistent A12/A10/Student Agreement terms; actual referral access under R25; support coverage and authorised intake.
Before C Complete programme-specific GC Engine, resource, assessment, records, privacy, accessibility and recovery checks.	CTO supplies tests; HOI accepts academic readiness; QA checks evidence; CEO independently accepts operational readiness.	BA configuration and test results; lawful full access to every core reading; proctoring and webinar trials; records/export/recovery evidence and open gaps.
Before C and each affected duty Complete academic and staff induction, allocate qualified educators and assessors, and verify applicable guidance.	HOI gives teaching clearance after practical checks; Administration retains records; QA verifies completion.	A7 eligibility, A21 Annex D practical LMS and assessment calibration, A8 allocation, acknowledgements and named cover; required supervision guidance.
Before the launch decision Confirm authorisations, funding, partner responsibilities and resolution of essential readiness conditions.	HOI confirms academic readiness; CEO confirms operational resources; Board of Directors acts on reserved commencement matters.	L and C records, signed arrangements where required, readiness review and conditions. Approval of a policy does not close an untested service requirement.

The existing demo and affiliated-academy experience support preparation. Programme-specific acceptance records identify what was tested, where, by whom, with what result and which limitations remain. A draft SLA supplement requires the parties' agreement; this calendar sets no unagreed vendor targets.

6 Every intake assignment and return

Timing and activity	Responsibility and decision	Evidence and follow up
Before each recruitment or intake commitment Review new entrants, continuing cohorts, returners, reassessment and all overlapping demands.	HOI, Head of Administration, Student Management and QA supply their respective checks; CEO authorises funded capacity, with reserved approvals.	Scalability Annex A Capacity Review and Intake Approval Record; A8 allocations, actual available hours, assessment peaks, all-cohort services, finance and independent QA-capacity finding.
Before a semester or new assignment Approve the full workload and verify qualifications, availability, development, supervision and cover.	HOI approves academic allocation; functional leads and CEO address other staffing; QA checks.	A8 Annex C planned hours and approval; A7 and Qualification Requirements; actual A21 induction/refreshers and teaching clearance for new or substitute educators.
Before each student begins classes Complete online orientation and check actual access to materials, policies, support and assessments.	Student Management coordinates; HOI checks academic readiness; Administration retains evidence.	Student onboarding tasks, contact and password/access checks, current A3 acknowledgement, agreements and version-linked policy receipt; accessible alternative where needed.
Before return in the following semester Review outstanding modules, remaining attempts, support and the continuation plan against the cohort timetable.	HOI makes academic decisions with Student Management; CEO confirms resource changes where required.	Approved return and contact record, remaining assessments and capacity. Review 90-calendar-day inactivity cases under the relevant procedure, separately from module completion limits.
Before the affected learning activity Agree, implement and test reasonable adjustments, with review dates and a responsible contact.	Student Management coordinates; HOI confirms academic suitability; QA follows effectiveness; CEO authorises resources.	Protected ILSP or adjustment record, student communication and tested access; unresolved barriers and escalation. Individual adjustments follow a consistent process.

The initial 50 and later 150/400 figures remain conditional planning scenarios. They are not monthly targets or authorised intake limits. Where staffing, support, funding or QA independence is insufficient, resolve the gap, reduce the intake or defer the dependent commitment.

7 Monthly monitoring and service review

Timing and activity	Responsibility and decision	Evidence and follow up
Technical performance and supplier work Review availability, maintenance, security, incidents, changes, tickets and recovery issues.	CTO supplies the monthly technical report; CEO or an authorised unconflicted reviewer accepts supplier performance; HOI reviews academic effects; QA follows actions.	Logs, ticket timestamps, incidents, test results and SLA Annex 1 review record. Enter the reporting deadline and accepted targets from Schedule A once agreed.
Support and engagement across all cohorts Review enquiries, first responses, resolution, open-case age, contact attempts, risk alerts and coverage.	Student Management leads with Administration and HOI; QA checks trends; CEO resolves resource gaps.	Volumes by cohort and case type; receipt/first staff-response/resolution timestamps; exceptions, cover and central student case records, including unsuccessful contacts.
Workload and assessment queues Review actual allocations, marking, feedback, supervision, administrative capacity and staff availability.	HOI reviews academic work; Administration and service leads review their functions; CEO confirms changes.	A8 Annex C monthly exceptions, all-cohort scalability monitoring and funded actions; material changes are reviewed immediately.
CPD and peer learning Follow needs, planned activities, monthly micro-sessions or peer sharing and individual logs.	QA coordinates with HOI and functional leads; CEO confirms resource decisions where needed.	A21 plan and logs, participation, actual learning/application, gaps, refreshers and outstanding readiness conditions.
Resources and overdue actions Review cash timing and unresolved quality commitments; update action status and imminent risks.	Accountant validates financial inputs; CEO reviews commitments; QA follows quality actions with owners.	Actual cash and forecast basis, resource decisions, overdue-action report and next verification date. A proposed allocation is not available funding.

Service measures and immediate action

The student-support target is a first staff response within 24 hours during business hours. Use the communicated business-hours calendar. Automated acknowledgement, substantive first response and resolution are separate events. Student satisfaction is another evidence source, not a substitute for timestamps. Do not convert the target into a 24-hour vendor repair promise.

Staff act on urgent alerts, access failures and individual cases when they arise. Record intervention and escalation promptly; monthly governance review examines the pattern and adequacy of the response. Recheck capacity before every intake using the latest results.

8 Quarterly and mid year review

Timing and activity	Responsibility and decision	Evidence and follow up
Each quarter and before every intake Evaluate QA workload, staffing, time, administrative support and impartiality.	QA provides the evidence; unconflicted QAC members review it. CEO and the relevant authority decide resources; QA does not solely approve its own review.	Reviews, cases, incidents, reporting deadlines, overdue actions and preparation load versus capacity; independence/cover assessment, decision and follow-up under A15 SS07.
Each quarter Review A15 actions, strategy, budget-linked quality commitments, risk and partnerships.	CEO, QA and Accountant prepare evidence; Academic Board and Executive Team review their remits; Board of Directors considers reserved matters.	KPI, budget and risk report; actual market/partner input, original deadlines and progress; updated Quality Enhancement Log.
Each quarterly governance checkpoint Review decisions, attendance, conflicts, outstanding actions, verified closure and effectiveness.	QA and Administration coordinate; QAC and the relevant governing body review.	Minutes, quorum and decision references; action tracker, overdue and recurrent issues, verified results and communication.
After first enrolment and before the first quarterly QA meeting following intake Complete student nominations, election, result verification and induction.	Student Management and QA administer the A17 process; the relevant committee records membership.	Accessible notices, eligibility, confidential ballot/count, term and induction; replacement route. An unfilled pre-enrolment seat is recorded accurately.
January or actual mid-year Review capacity and staff progress, assessment schedules, integrity, appeals, complaints and regulatory risks.	HOI, Student Management and CTO supply evidence; QA and Legal Representative review risks; CEO/Academic Board/QAC decide within remit.	Mid-year capacity and compliance reports, A8 progress/PDP review, anonymised case trends and preventive actions. Individual case decisions remain under their policies.

QA-capacity review initially uses actual preparatory workload and evidenced forecasts. BA data is added once available. Material gaps require immediate escalation and corrective decisions; the quarterly meeting is not the first opportunity to act.

Governance decisions follow the current A16/A17 quorum, voting and conflict rules. Where the responsible reviewer is conflicted, record the authorised independent substitute and the scope of the decision.

9 Teaching assessment and module checkpoints

Timing and activity	Responsibility and decision	Evidence and follow up
Before module or assessment release Check the approved task, outcome mapping, current rubric, component weights, AI conditions, mitigation, feedback and appeal information.	HOI coordinates approval under A18; qualified academic reviewers check tasks and criteria; QA verifies traceability.	Approved descriptor/brief/rubric versions and D10 learning activities; advance student publication; current staff, resource, access and proctoring checks.
During assessment and before results are validated Monitor timely feedback, qualified second marking, moderation and resolution of differing judgements.	Educators and assessors perform duties; HOI arranges cover; Board of Examiners validates results.	Feedback within 10 working days under the rubric arrangements; marked work, moderation and calibration records; evidence of corrections and validation.
Mid-semester Issue a proportionate pulse survey and conduct targeted teaching/module review.	QA schedules collection; HOI interprets academic findings with tutors; QAC reviews material implications.	Selected survey questions, invitation window, population and response analysis; tutor reflection, interaction and assessed-work evidence; prompt corrective action.
At module completion Collect module feedback, tutor reflection, assessment and completion data; evaluate marking consistency and outcome achievement.	HOI leads academic review; QA checks evidence and the action record; QAC reviews programme implications.	Module Evaluation Report; assessed work/criteria and moderation as direct evidence, survey views as indirect evidence, LMS engagement as context; actions and later effect checks.

Final Project timing

The Final Project is normally in semester 6. Before its duties begin, the HOI verifies supervision guidance, the supervisor and second qualified assessor, at least three scheduled consultations, presentation arrangements and the approved integrated assessment brief and rubric. Confirm points, criteria, duration and evidence retention before publication.

Plan external reviewer appointments in Year 2 and complete appointment, independence checks and preparation before the relevant review duties. External design review precedes use of the task; a preparatory contributor appointed earlier has a separately recorded remit. The Board of Examiners retains result validation and GC Academy retains academic authority.

For annual external work moderation, include near-fail cases, work relevant to appeals and a random 10% of Final Projects assessed that year, rounded upward with at least one where projects exist. Academic Board defines the near-fail range before the cycle. Record population, selection, overlaps and actual review; small cohorts may exceed 10%. If no projects exist, the work-sample review is not yet applicable. Follow external recommendations through implementation and later effect.

10 Semester and first cycle evaluation

Timing and activity	Responsibility and decision	Evidence and follow up
End of each semester Collect student satisfaction and support feedback; evaluate learning, progression, completion, retention, reassessment, complaints, appeals and engagement.	QA and Student Management coordinate data; HOI prepares the Semester Programme Performance Report; Academic Board reviews.	Actual module/assessment records and survey analysis, populations and limitations, support and partner evidence; academic decisions and actions.
End of each semester Review actual workload against plan, staffing/service capacity, learning resources, online delivery and recording access.	HOI leads academic review; Administration, Student Management and CTO supply evidence; CEO and QA review their remits.	A8 Annex C plan/actual review, scalability ratios and service results, core-resource rechecks, cohort access and LMS-removal record under A24.
End of each semester Review strategic indicators and the Quality Enhancement Log.	CEO and QA prepare evidence; Executive Team reviews strategy, QAC reviews actions and Academic Board considers academic effects.	Semester Strategic Monitoring Report; owners, due dates, implementation evidence, verified results and the next effectiveness check.
After the first delivery cycle Evaluate online support, orientation and adjustments using actual service and student-experience evidence.	QA coordinates; Student Management, HOI and service owners analyse; Academic Board and CEO decide academic or operational improvements.	First-cycle evaluation of response/resolution/open-case age, satisfaction, engagement, access barriers and intervention outcomes; capacity and next-cycle actions.

Define the evaluation population and period

Before delivery, identify the first-cycle evaluation point in the approved timetable and record what period it covers. Complete module and semester reviews when due; they are not delayed until the full three-year programme ends. After later completion and graduation, add the outcomes that only then become available.

Use the six existing feedback templates selectively: module, programme, tutor, GC Engine technical, student support and open feedback. Mid-semester questions may use a selected set; module and tutor forms follow delivery; programme feedback informs the annual or first-cycle review. Support feedback follows an actual request, including unresolved cases; technical and open feedback remain available when needed. Retain the source calendar’s semester satisfaction/support checkpoint without duplicating invitations.

Each collection has an owner, eligible population, opening and closing dates, deployed version, return route and privacy notice. Report response counts, denominator and limitations; exclude blank or not-applicable answers from numeric ratings. Analyse findings, communicate relevant actions to students and schedule a later check of their effect. Urgent support is handled through the service channel.

11 Staff appraisal and development cycle

Timing and activity	Responsibility and decision	Evidence and follow up
Before the academic year Assess needs and approve the A21 Annual CPD Implementation Plan and resources.	QA consolidates; HOI and functional leads review needs; CEO confirms resources through the relevant authority.	Role/programme needs, A8 PDPs and prior QA findings; actual activities, time, costs, owners and evaluation measures in A21 Annex A.
January or actual mid-year Review staff progress, capacity, support and open development objectives.	HOI or relevant operational reviewer, with Administration and QA; resource changes follow CEO authority.	A8 mid-year review and PDP outcomes: completed, continued or revised; revised allocations and support where needed.
March to April Prepare annual performance evidence, self-reflection, workload comparisons and CPD records.	Administration coordinates with staff, responsible reviewers and QA.	Role KPIs, work quality, response/feedback evidence, student views where available, QA participation, previous PDP progress and stated evidence cut-off.
May to June Conduct annual performance reviews and development meetings; verify CPD completion.	CEO and HOI or authorised reviewers decide within remit; QA checks CPD with functional leads; Administration retains records.	A8 appraisal and PDP; A21 logs and annual summary; at least 10 CPD hours per academic year and one online-pedagogy or assessment activity for academic tutors, with documented part-year basis.
At cycle close and on material change Add later evidence and CPD; evaluate application and carry forward unresolved objectives.	Responsible reviewer and staff member provide updates; QA evaluates patterns; relevant authority confirms changes.	Dated supplements preserving prior decisions; demonstrated application, completion/effectiveness findings and next-year actions.

The May-to-June check is not a claim that the September-to-August year has already ended. State the cut-off and supplement material later activity at cycle close. Monthly CPD monitoring, semester workload review and preparation before each new or substitute educator’s duties continue throughout the year.

A21 governs mandatory induction, refreshers, the four embedded records and actual teaching clearance; annual CPD totals do not replace these checks. A8 governs staff appraisal and its separate appeal route. Student A1 appeal deadlines are not applied to staff reviews. Review recruitment practice and qualification requirements annually with A7, including fairness, actual competence, cover and administrative/support staff.

12 Annual programme and societal review

Timing and activity	Responsibility and decision	Evidence and follow up
June to July or actual programme year end Conduct the Annual Programme Review and assess the next cycle's design.	HOI leads with QA and academic staff; QAC reviews; Academic Board approves academic outcomes and changes.	Module and semester reports, direct assessment/moderation, student/tutor views, progression/completion where available, partner performance and action effects; revised specifications, outcomes, mapping, readings and digital methods.
Before commencement and through annual review Refresh needs analysis, benchmarking and structured employer/external academic input.	HOI defines academic questions; Partnership Manager and Marketing support collection; QA checks limitations; Academic Board decides implications.	Dated labour-market, demographic and comparator sources; employer focus group or equivalent consultation, student feedback when available, analysis and reasoned curriculum or assessment decisions.
June to July annual societal evaluation Review approved initiatives against Maltese needs and the intended local benefit.	Partnership Manager supplies records; HOI evaluates learning; QA coordinates; CEO and relevant academic/corporate bodies decide resources and changes.	Actual Maltese participant and local stakeholder feedback; usefulness of learning and project outputs, value of professional connections, local application, barriers and community contribution.
Each initiative and subsequent annual review Approve purpose, beneficiaries, academic relevance, partners, resources, dates and evaluation before delivery; review results afterwards.	Partnership Manager coordinates; HOI confirms academic suitability; CEO confirms resources; reserved matters follow A16.	Initiative brief linked to A20/A15 and the budget; actual participation, completed outputs, agreed partner roles, feedback, continued relationships and recorded improvements.

Malta international learning and alumni

Use Maltese needs and feedback to assess whether learning with international participants, including Asian learners, builds useful communication skills and professional connections. Participation counts alone do not demonstrate societal benefit. Set relevant measures in each approved brief without inventing numerical targets or claiming economic impact from enrolment alone.

Contact with Maltese chambers and relevant professional or community organisations remains an action to carry out. The Partnership Manager records actual outreach and replies; quarterly review follows progress. Prepare the BA alumni configuration during Year 2 and before first graduation, then activate graduate participation when graduates exist. The demonstrated IJF alumni functions and continued library access support the design; they are not BA graduate outcomes. Add actual alumni and employer evidence to annual review when available.

13 Annual digital resources and records checks

Timing and activity	Responsibility and decision	Evidence and follow up
June to July and material changes Audit student records, permissions, retention, archive integrity and data-handling controls.	Student Management coordinates with QA, CTO and Legal Representative; CEO reviews operational findings.	A25 student-record audit, role/access review, modification history, retention and holds, backup/export/retrieval checks, archive custody evidence and corrective actions.
June to July and after significant change or incident Review GC Engine delivery, service performance, recording, privacy and security.	CTO supplies evidence; QA and HOI review quality/academic impact; CEO independently reviews service performance.	Digital Provision and Conduct Review, actual uptime/incident evidence, proctoring outcomes, A24 recording register, permissions and removal checks; agreed service targets and gaps.
At least annually and before affected release Review accessibility and learning-resource effectiveness.	Student Management and HOI review user needs; CTO tests functions; QA evaluates findings; CEO confirms resources.	Actual caption/playback/text-size and device/access tests, protected adjustment outcomes and learner/tutor feedback; lawful full access to required reading editions, link and entitlement rechecks.
At least annually and after material change or incident Exercise continuity and verify recovery arrangements; complete required readiness before C.	CEO coordinates A14 with technical and academic owners; QA retains findings; HOI confirms safe academic resumption.	Scenario, participants, restore/export/records access and recovery results, limitations, actions and retest. Supplier recovery-test frequency is recorded from the agreed SLA Schedule A.

The digital library has operated since 2019 and the Panel could try it through the GC Academy demo. The review verifies access to each core resource, not merely the availability of a search result. Existing accessibility features are tested in their actual scope; a feature list does not establish platform-wide WCAG compliance.

A25’s 40-year provision concerns essential academic records available in Malta. Verify the actual custody, export and retrieval arrangement. It does not mean that every raw proctoring image, support message or recording is retained for 40 years. Apply the appropriate category and policy, including protected case information.

Review rented-premises use and related evidence when the lease, recording activity or premises changes, and within annual resource/continuity review. Online teaching does not establish ownership of premises. Retain the actual lease and evidence relevant to the activity carried out.

14 Ethics information and event driven review

Timing and activity	Responsibility and decision	Evidence and follow up
June to July annual review and earlier relevant changes Review Code of Ethics, Staff Charter and annually reviewed policies, AI guidance and acknowledgement requirements.	QA coordinates with Administration, HOI and Legal Representative; Academic Board or corporate authority approves within remit.	A23/A22 and policy-review records, interests/declarations, A3 version-linked acknowledgement, clarification patterns, staff/student preparation and actual communication of approved changes.
Before assessment and on changes Verify integrity, AI, appeal and proctoring guidance; maintain fair case readiness.	HOI and QA check procedures and prepared independent decision-makers; A4/A1 panels exercise their own authority.	Published current guidance and task-specific AI conditions, actual accessible routes, staff preparation, assessment configuration and trial records.
June to July and before enrolment or revised publication Check website, programme, fee, admission, policy and partner information.	Marketing Director leads with Partnership Manager, HOI and QA; CEO confirms operational publication.	Working website/policy links, consistency review and corrections, approved programme content and fees; actual publication date. No unconfirmed scholarship or service claim.
At occurrence and following significant change Handle complaints, appeals, misconduct, privacy or technical incidents and critical risks promptly.	Relevant policy owner or independent panel acts; QA coordinates procedural monitoring; Legal Representative advises where needed.	Protected case file, notices, response, reasoned outcome, remedy and communication; incident response, corrective action and actual timestamps.
Before a material institutional or programme change Obtain required internal approval and any applicable MFHEA approval or notification.	CEO and HOI with QA coordinate; competent bodies decide within their remit.	Change assessment, approval/submission records and updated controlled documents. Scheduled review does not authorise an unapproved change.

A1 is reviewed annually and after a material change. Monitor anonymised appeal grounds, outcomes, timeliness, consistency and remedies, including its 10-working-day submission and 15-working-day outcome periods as defined in the procedure. A4 case review considers fairness and sanction consistency. Governance review learns from cases without reopening an individual decision outside the proper route.

The AI guidance already exists and has been submitted. Schedule its annual review, tool-guidance updates and earlier review when necessary, alongside actual preparation and publication. Test the A24 webinar process before first use; semester access/removal checks continue under page 12. Correct urgent misinformation or access barriers when identified.

15 Annual reporting and longer review cycles

Timing and activity	Responsibility and decision	Evidence and follow up
July Review governance effectiveness, committee performance, attendance, conflicts, action closure and representation.	QA and Administration prepare evidence; Academic Board and Board of Directors review relevant remits.	Governance Effectiveness Review, actual membership and meeting records, independent scrutiny, stakeholder input and improvement actions.
July and cycle close Update SWOT, risk, strategic priorities, Annual QA Summary Report and institutional self-assessment.	CEO, QA and Accountant consolidate; QAC, Academic Board and Executive Team review; reserved matters go to the Board of Directors.	Programme, student, staff, digital, societal, financial and policy findings; actual scope and limitations, completed/outstanding/recurring actions and verified effects.
July to August Approve the next-year Quality Improvement Plan and resource requirements.	CEO with QA and HOI prepares proposals; Academic Board and Board of Directors approve within remit.	Specific measurable actions, owners, resources, deadlines and later effect checks; budget decisions and updated A15/A20 links.
Every two years where prescribed Complete the A17, A21 and A8 framework/policy reviews and other reviews due under their controlled schedules.	QA coordinates with the policy owner; relevant academic and corporate bodies approve.	Policy review, consultation, actual approval/effective dates and revision register. Annual implementation review and earlier material-change review still apply.
Every three years or earlier where required Conduct formal mission/strategy review and periodic programme review with external academic and stakeholder input.	CEO leads strategy; HOI leads programme review; QA and Partnership support. Academic Board and Board of Directors decide within remit.	Mission/strategy and Periodic Programme Review reports, comparator/needs evidence, staff/student/employer input, external review and action plan; required external authorisation separately.

Assign the next two- or three-year review from the applicable approved policy, strategy or programme-review baseline. Record that baseline and the due date. A new file revision does not silently restart a cycle, and a three-year programme review does not wait for three graduating cohorts.

The annual policy review checks which documents are due; it does not replace every policy’s specific frequency with a single two-year interval. QA Manual and A18 annual reviews, A1/AI guidance requirements and the calendar’s own pre-year review remain scheduled. Where the academic year has not yet closed, supplement the July summary with material later evidence.

16 Findings decisions and effectiveness

One traceable action chain

The responsible owner submits each review with the programme or service, period, evidence sources, population, limitations and conclusion. QA checks completeness and connects the finding to the relevant Academic Board, QAC, CEO or other competent decision route. The Quality Enhancement Log retains the decision and reasons, including a reasoned decision to retain the current approach.

Each action records an identifier, responsible owner, resources, original due date, authorised changes, expected evidence, communication and the intended improvement. Link the related module, cohort, policy or supplier record. Where several reports concern one issue, reference the same action rather than creating competing versions.

Implementation and later effect

The owner provides completion evidence. QA verifies implementation, then the appropriate academic or operational reviewer tests whether the original problem has improved. The effectiveness check has its own date or trigger, such as the next relevant module, semester, service review or annual cycle, and uses evidence suited to the intended result.

A revised task may require later criterion and moderation evidence; a support change may require response records, unresolved-case patterns and student feedback; an accessibility adjustment requires a student-informed access check. A document approval, training attendance record or closed supplier ticket alone does not demonstrate the intended effect.

Record implementation complete but effectiveness pending where later evidence is not yet available. State the next event and evidence needed. Close the action only after the required verification, or record the reason and authorised further action if it remains ineffective. QA Manual Annex B and the existing Quality Enhancement Log provide the detailed action record; this calendar does not require a separate parallel log.

Escalation and communication

Owners escalate high-severity, systemic or urgent findings promptly to the HOI, CEO and relevant governing body. Assess whether student protection, workload, intake restriction, service contingency, incident action or regulatory notification is needed. Give a responsible owner, resources and a clear follow-up date. Overdue items remain visible at the next governance checkpoint until verified resolution.

Communicate appropriate findings and actions to staff, students, partners or contributors, while protecting case and personal information. Formal academic, personnel and appeal decisions retain their independent authority. Use anonymised trends for institutional learning and identify any limitation caused by small cohorts or missing evidence.

Maintaining this calendar

QA reviews the calendar before every academic year and following changed delivery dates, policy or regulatory requirements, audit findings, organisational change or a significant incident. Retain the original schedule, record the reason and approval for amendments, and notify affected roles. Confirm receipt where a changed date affects a duty or student entitlement.

17 Evidence locations and document control

QA maintains the QA Evidence Register and the Master Audit Evidence Index. The index remains the navigation record at the root of the ten-folder audit package. Each controlled item has one master location, with cross-references from other relevant areas. Preserve superseded versions as history; do not maintain competing live copies.

Master folder	Evidence and storage rule
1.Application and SAR	Provider application, SAR, evaluator responses and pre-operational statements. Link claims to their actual evidence and version.
2.Governance and Legal	Company and governance records, organigram, contracts, appointments, minutes and decisions outside the controlled policy suite.
3.Policies A1-A25	Policy masters, QA Manual, A14, A15 and A20. Cross-reference these from programme, student, digital and financial areas.
4.QA Operational Evidence	QA and document-control registers, Quality Enhancement Log, readiness checks, rubrics, risk register and this operational calendar's designated master.
5.BA Programme Readiness	Programme documentation, evaluator replies, approved specification and programme/public-information readiness evidence.
6.Staff and Tutor Evidence	Restricted qualifications, identity, contracts, role allocations, availability, induction, CPD and performance evidence.
7.VLE and Digital Provision	GC Engine description, service agreements, technical tests, service reports and digital operational controls. Policy masters remain in Folder 3.
8.Student Lifecycle Readiness	Admissions, orientation, support, complaints, appeals, recognition and academic-record procedures; actual protected records when activated.
9.Finance and Sustainability	Budget, financial statements, resource and sustainability evidence; access restrictions where needed and links to policy masters.
10.Not Yet Applicable Evidence Register	Future student, assessment and graduate evidence streams: record owner, trigger and intended master location. Activate only on the real event.

The index records the actual master path, owner, version, approval and access status. Register this revision before controlled use; do not move or delete historical submitted files merely to satisfy the target structure. Maintain the revised deliverable location until the controlled master is formally designated.

An item needed before commencement remains an open readiness requirement if missing. Post-launch evidence is stored in its proper master folder when created and linked from the activation register. Preparation tests and IJF demonstrations identify their actual provider and scope. Protect personnel, identity, student and financial information under A5 and A25; governance reports contain only the detail required.

Annex A Dated calendar event record

Blank record for one scheduled event or a group sharing the same period, owner and decision route. Use the actual approved timetable and link existing detailed forms. It is not a completed review or approval.

Event identifier calendar version and related policy: _____

Programme service cohort and review period: _____

Trigger or baseline P L C semester or policy review date: _____

Original due date and evidence cut off: _____

Actual meeting collection or review date: _____

Data collection opening and closing dates where relevant: _____

Named owner contributors and independent reviewer: _____

Decision authority meeting and submission deadline: _____

Population data sources template versions and evidence links: _____

Resources and dependencies with approval references: _____

Status planned approved completed verified or not yet applicable: _____

Reason activation trigger and next check if not yet applicable: _____

Findings evidence limitations and decision reference: _____

Linked Quality Enhancement Log actions and responsible owners: _____

Implementation deadline evidence and verifier: _____

Effectiveness check date or trigger method and reviewer: _____

Observed result closure or further action reference: _____

Communication recipients date and record reference: _____

Revised date reason and approval if a change is required: _____

Master record location access control and index reference: _____

Use a dated continuation where more detail is needed. Keep the event identifier and link any existing survey, capacity, workload, CPD, readiness, technical or action record. Completion and later effectiveness remain separate entries.