Quality Assurance Manual

Standards 1 to 11

GC Academy Limited

Institutional and programme quality assurance

Revision date 10 September 2026

This manual connects the Academy's mission, governance, teaching, assessment and student services with the decisions and evidence required to assure their quality. It sets responsibilities for preparation and, after the required authorisations, for delivery of the proposed BA in Media and Communication.

The manual builds on the August 2025 document and the policies revised in response to the MFHEA audit. It explains how institutional monitoring produces programme-specific decisions, corrective action and checks of the resulting improvement. The detailed procedures remain in the related controlled policies.

The proposed programme has not commenced. Existing GC Engine capability and previous operating experience provide a foundation for preparation. Actual appointments, approvals, agreements, resources, training and programme tests are evidenced separately before the relevant activity begins.

Institutional approval pending. This revision is prepared for institutional review and controlled issue. The revision date does not establish approval, implementation or submission to MFHEA.

Contents

The numbered subsections retain the original manual's subject structure where applicable. Added subsections provide the procedures required by the audit response. These are internal manual locators; they do not necessarily match the individual indicator numbers in the Panel report.

Annex A identifies readiness and review records. Annex B provides a blank quality action and effectiveness record. Annex C identifies the related documents and their control responsibilities.

Document control and application

Ownership approval and review

The Head of Quality Assurance Office coordinates this manual with the Head of Institution and the Director of Operations. The QA and Curriculum Committee reviews changes; Academic Board approves academic provisions. The competent corporate authority approves governance, resources and operational commitments under A16. Record the respective decisions and the effective date before controlled issue.

Approval references and dates: _____

Effective date and next annual review: _____

Controlled version and authorised publisher: _____

Review the manual annually and after a material regulatory, programme, organisational or service change. A scheduled review does not postpone correction of a known inconsistency. QA records the changed text, reason, affected documents, responsible owners and communication to users. Retain superseded versions and the basis of decisions made under them.

Rules evidence and operating status

Procedural statements in this manual specify what the Academy requires. They do not certify that the described activity has already occurred. Preparation records identify approved, proposed, completed, tested and outstanding items separately. A blank form, demonstration, policy upload or forecast is not a completed operational record. Evidence from the affiliated academy is labelled by provider, programme, period and relevance.

The programme baseline is the application dated 18 June 2026 and its controlled revision: an English-language, fully online BA in Media and Communication at MQF Level 6, comprising 180 ECTS over three years and six semesters. It contains 30 compulsory modules, including a 12 ECTS Final Project. Approval of this manual does not itself approve or amend the programme specification.

Using related policies

Apply the approved version of the relevant detailed policy and programme brief with this manual. If two documents conflict, the responsible academic or corporate authority resolves the issue, records the controlling decision and aligns the affected texts before their next use. Staff do not choose a convenient rule or retrospectively alter a signed agreement. Annex C identifies the principal document families.

Student-facing publication, adoption by an external partner and execution of a contract require their own records. Outstanding refund terms, professional support arrangements and supplier service schedules remain explicit readiness matters until resolved. The Annual QA Calendar, SAR and evidence registers receive their corresponding controlled updates; this manual does not certify that those separate revisions are complete.

Standard 1 Mission and strategy

1.1 Mission and vision

GC Academy's mission is: "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."

The vision is to develop a trusted Malta-based online higher education provider whose graduates analyse communication, work responsibly across cultures and apply their learning in professional and community settings. The Academy connects Maltese and international learners, including learners in Asia, through relevant shared learning and professional exchange. Its wider contribution is assessed through actual participation, learning and community benefit.

Use the same mission in A20, A15, the SAR, this manual and approved public information. The Head of Institution checks that programme outcomes and teaching reflect it; the Director of Operations checks that plans and resources support the intended provision. Any change follows the appropriate academic and corporate approval and document-control process.

1.2 Strategic planning

A20 Business and Strategic Plan provides the three-year strategic framework. A15 Operational Plan translates objectives into actions, named responsibilities, resources, dependencies, evidence and deadlines. Quarterly progress review examines delivery and barriers; the annual strategy and budget review assesses continued relevance and affordability. The comprehensive strategic review follows the three-year cycle, with earlier review where material change requires it.

Planning distinguishes preparation after institutional approval, the licensing milestone, programme commencement and subsequent delivery years. Use the A15 milestone definitions and record actual dates when established. A later document revision does not restart the original preparation timetable. Retain the original deadline, reason, authority and revised date for any approved change.

Initial delivery focuses on the proposed Level 6 BA. New qualification levels, additional programmes, microcredentials or wider recruitment require separate evidence of need, staff, funding and the necessary authorisations. Previous licensed experience informs planning but does not establish current permission to offer the proposed programme.

Accountability for delivery

Each strategic objective has an owner, measurable indicator, evidence source and review date. The Executive Team reports operational progress and resource issues; Academic Board considers academic effects; the Board of Directors reviews strategy and reserved resource decisions. QA links findings to the Quality Enhancement Log and checks that a reported improvement is supported by evidence.

Standard 1 Resources risk and continuity

1.3 Resource planning and sustainability

A20, A15 and the Projected Student Intake and Revenue Assumptions Summary provide the planning basis. The initial 50 and subsequent 150 and 400 learner scenarios are conditional planning assumptions, not achieved enrolments or automatic monthly intake commitments. Revenue calculations distinguish assumptions from approved fees, actual receipts and available cash.

Before authorising an intake or expansion, the Director of Operations and Accountant check the phased budget, committed and variable costs, cash timing, cover for disruption and the funding of required academic and support work. A20 expenditure headings and the budget records retain their traceable calculations. Unconfirmed fees, allocations or reserves remain identified as unconfirmed. No expenditure is treated as funded solely because it appears in a plan.

The Head of Institution confirms sufficient teaching, assessment, moderation, supervision and academic oversight. Administration checks concurrent support demand; QA checks its own review capacity through an independent route. The decision links to the A15 and scalability records. An essential unfunded or understaffed requirement is corrected before the dependent commitment proceeds.

1.4 Risk management and SWOT

The Head of Quality Assurance Office maintains the existing institutional risk register, whose baseline contains twenty risks, under A14. Each risk identifies the activity, likelihood and impact on the 1 to 5 scales, inherent and residual exposure, controls, detection, owner, response, review date and evidence. Apply the existing green, orange and red escalation categories consistently; a proposed control does not reduce residual exposure until its operation is supported.

Owners review material risks quarterly and following incidents or significant change. Annual SWOT review in the fourth quarter uses actual performance, market and stakeholder evidence, with limitations recorded. Link strategic, financial, academic, digital, staffing and student-protection risks to their actions and resource decisions. Escalate critical exposure promptly rather than waiting for a scheduled meeting.

1.5 Monitoring and business continuity

A14 governs interruption, loss of staff or supplier service, data incidents and institutional default. Identify decision authority, alternate contacts, student communication, protected records, available alternatives and recovery acceptance. Plans distinguish tested arrangements from proposed alternatives and unconfirmed funding.

Review continuity at least annually and after material change or an incident. Record exercises, actual participants, scenarios, results, deficiencies and corrective action. Technical restoration and authorisation to resume teaching are separate checks. QA retains quarterly progress and annual review evidence when produced; historical monitoring reports are cited only when the actual records can be located and verified.

Standard 2 Governance responsibilities

2.1 Institutional autonomy and accountability

A16 Institutional Governance and Statute Manual, A17 Academic Governance and Quality Assurance Policy and the revised organigram define the institutional structure. GC Academy retains academic and quality responsibility where services or teaching are delivered by a partner. Recruitment agencies, technology suppliers and external advisers do not acquire institutional decision powers through an operational arrangement.

Corporate offices and reserved powers follow the company's governing arrangements. This manual does not amend them or certify a person's appointment. Keep an actual appointment and delegation record, identifying the role, authority, start and end dates, competence, interests and alternate cover. A role shown on the organigram is not evidence that its post is filled.

2.2 Structure and allocation of authority

Role or body	Principal responsibility
Board of Directors	Corporate governance, strategy, reserved resources and authorisation of programme commencement.
Director of Operations and Executive Team	Executive delivery, approved resources, operational readiness and independent acceptance of supplier work.
Head of Institution and Academic Board	Academic standards, programme decisions, academic readiness and oversight of educators and partners.
Head of Quality Assurance Office	Internal QA coordination, evidence, procedural checks, reporting and follow-up.
QA and Curriculum Committee	Quality and curriculum review, recommendations, action monitoring and unconflicted review of QA capacity.
Board of Examiners	Validation of results, progression and completion under approved rules.
Academic Integrity Panel and Appeals Panel	Separate independent case decisions under A4 and A1.
Administration and Student Management	Admissions administration, student records, support coordination and documented case follow-up.

The Director of Operations is also identified as CEO. The Head of Administration Office and Team Leader of Student Management lead administrative and student work. The Partnership Manager, Marketing Director, CTO as subcontractor, Accountant and Legal Representative act within their assigned remits. The programme leader is a function allocated under the Head of Institution. A legacy Programme Board reference denotes the authorised programme review route unless separately constituted. QAC or Quality Assurance Committee denotes the QA and Curriculum Committee, not another body.

Standard 2 Participation and decisions

2.3 Administration and committee operation

A16 and A17 govern appointment, membership, terms, quorum and decision records. Nominated committee members normally serve renewable two-year terms; ex officio membership follows the office held. Student representatives serve for one academic year while eligible and can seek re-election. Case panels are appointed for the relevant case. Record actual membership and replacements.

For governance committees, quorum is more than half of appointed voting members and at least three unconflicted voters, including the chair or authorised deputy. Academic approvals require at least two suitably qualified academic voters. Decisions use a simple majority; a tied vote does not approve a proposal and there is no casting vote. Observers do not vote. Apply the separate three-member case-panel rules under A4 and A1.

The chair confirms conflicts, quorum and competence before each item. Minutes identify evidence considered, participants, abstentions or recusals, decision, reasons, action owner, resources and due date. The QA and Curriculum Committee meets quarterly. Academic Board and the Board of Examiners follow the readiness, semester, annual and results timetable established under A17 and the Annual QA Calendar.

2.4 Student and stakeholder participation

Student seats on Academic Board and the QA and Curriculum Committee are activated after enrolment. Student Management and QA arrange accessible nominations, eligibility checks, confidential voting, verified counts and induction before the first quarterly QA meeting following the intake. Publish the process, term, tie procedure, responsibilities and route for replacing a vacancy.

A pre-enrolment student vacancy is identified and excluded from the appointed-members denominator. Prospective-learner consultation is useful preparation but is not elected student representation. Representatives receive support to raise collective concerns and report back without access to unrelated confidential cases. Student participation complements surveys, individual support and complaints; it does not replace them.

Employer, professional and independent academic contributions follow the programme-development process in Standard 6. Committee membership requires an actual appointment and terms of reference. Planned advisory bodies and alumni participation are described according to their actual status.

2.5 Communication and transparency

Administration publishes the approved role and contact information in the appropriate staff and student channels. QA makes relevant decisions and resulting improvements understandable to their users while protecting confidential material. Record dissemination, acknowledgements where required, unresolved questions and the version communicated. Governance effectiveness and participation are reviewed annually and after a significant concern.

Standard 3 Quality assurance system

3.1 Quality management framework

The quality system connects institutional objectives with programme delivery through planning, implementation, evidence review, authorised decisions and evaluation of improvement. A17 defines governance; this manual links the subject areas; A18 governs programme design and assessment. The Annual QA Calendar coordinates recurring work and activation after authorisation. A15 records operational actions and dependencies.

Use programme and module identifiers throughout the evidence trail. For the online BA, review approved learning activities, delivery, assessment, student access, academic partnership performance and support. An institutional KPI or supplier report is interpreted for the actual programme before a programme action is decided.

3.2 Internal QA responsibility and capacity

The Head of Quality Assurance Office coordinates internal QA. External advisers provide defined expertise and do not replace the Academy's accountable role. Before each intake and quarterly during delivery, assess planned and actual reviews, assessment evidence, support issues, complaints, appeals, incidents, reporting deadlines and outstanding quality actions against the time and support available.

The QA and Curriculum Committee reviews capacity and effectiveness through unconflicted members. The QA lead does not chair or solely approve evaluation of their own work; an unconflicted chair or independent reviewer is assigned. The Director of Operations approves resources within delegated authority and refers reserved commitments to the Board of Directors. Record sufficient capacity or a funded correction, owner and deadline. Restrict the dependent activity where a material gap remains.

3.3 Internal review and audit

QA schedules risk-based internal checks across the eleven standards, retaining the planned scope, period, criteria, reviewer, sample or population, source records and reporting date. Reviewers are competent and sufficiently independent of the work checked. Preparation checks examine readiness evidence; operational audits use real records after activity starts.

Report the finding and its basis, the effect on students or standards, the required correction and the responsible decision route. Owners can correct factual errors without removing an evidenced finding. Material academic concerns go to the Head of Institution and Academic Board; resource or operational issues go to the Director of Operations and, where reserved, the Board of Directors.

Maintain evidence references, minutes and the Quality Enhancement Log. A completed audit report is not proof that every action is closed. QA verifies completion separately and schedules an effectiveness check proportionate to the issue. Annex B supplies the minimum linked action record.

Standard 3 Evidence and improvement

3.4 Stakeholder feedback

Use the six revised Student Survey and Feedback Templates at their relevant stages, alongside tutor reflection, student representatives, complaints and external input. The record identifies the instrument version, programme, population, reporting period, responses, response rate and limitations. Confirm whether a survey is actually anonymous or confidential and restrict identifiable material accordingly.

Student and tutor perceptions provide indirect evidence. Marked work and observed assessed performance provide direct evidence of learning; LMS activity supplies context. Analyse these sources together without presenting satisfaction, participation or self-reported confidence as proof of outcome achievement. Give students a clear account of changes arising from their feedback.

3.5 Indicators and programme action

Monthly monitoring covers engagement, support demand and response, incidents and technical service performance. Mid-semester review uses the student pulse survey, tutor reflection and access or workload concerns. Module and semester review examines assessment, moderation, outcomes, progression and mitigation. Quarterly review covers quality actions, governance, capacity, budget and risk. Annual review combines programme performance and institutional effectiveness.

For every indicator, record its definition, denominator, period, source, owner and interpretation. Separate forecasts from measured results and distinguish cohorts. Before BA delivery, do not populate operational indicators with invented learner data or unlabelled affiliated-academy results. Small populations and non-response are recorded when drawing conclusions.

3.6 Benchmarking and external review

The Head of Institution coordinates relevant academic comparisons under A18, with QA checking traceability. Record why programmes are comparable, the current source and date, material similarities and differences, analysis and the design or review decision. Independent academic input and employer evidence supplement desk research. A new comparison is not described as evidence of an earlier consultation.

3.7 Closing the improvement cycle

Translate findings into a documented decision: implement a change, investigate further or retain the current approach with reasons. Record the owner, resources, due date, approval and communication. QA checks the completion evidence; the subsequent review tests whether the intended effect occurred. Reopen ineffective or incomplete action and escalate overdue or material issues.

Publish an appropriate summary of confirmed improvements and annual quality findings while protecting personal and commercially confidential information. Keep the full evidence and decision trail internally. Annex B links the finding, decision, implementation and later effect; one linked record can serve several standards without duplicating the same action.

Standard 4 Ethics and academic integrity

4.1 Ethical principles and professional conduct

A23 Code of Ethics and Professional Conduct governs honesty, fairness, respect, academic freedom, responsible professional conduct and ethical research. Staff and students receive the applicable policies and accessible guidance before the relevant activity. Retain the actual version and acknowledgement; an acknowledgement is not a waiver of rights or proof of training competence.

4.2 Accountability and interests

Declare interests on appointment, annually and when a relevant decision arises. Record the interest, its effect and the restriction, recusal, replacement or independent review. A person does not approve their own unresolved conflict. This includes a technical lead employed by the supplier: their experience supports informed development, while an unconflicted institutional officer accepts performance and expenditure.

The A23 reporting route provides confidential handling and an alternative where the usual officer is involved. A senior office-holder cannot direct the investigation or review of their own conduct. Protect good-faith reporting and participation from retaliation. Separate student misconduct, staff conduct, service complaints and academic appeals according to their procedures.

4.8 Suspected academic misconduct

A4 covers plagiarism, collusion, contract cheating, fabrication, impersonation and unauthorised assistance. A tutor reviews the actual work, instructions, source evidence and context. Similarity and AI scores or proctoring alerts are indicators for human review; no threshold automatically determines misconduct or changes a grade. A3 records the student’s academic-integrity acknowledgement without adding separate sanctions.

QA registers a documented concern, checks completeness and conflicts, and communicates the allegation, rule and relevant evidence. The student receives a fair opportunity to respond, supply evidence and request an accessible meeting. Material new evidence is disclosed for response. A technical fault, approved adjustment or silence is not treated as an admission.

Under A4, three suitably qualified independent academic voters consider the case; all participate and decide by majority. They exclude the original assessor, referrer and anyone who advised on the merits. QA is a non-voting procedural adviser. The Academy substantiates a breach through considered evidence and records reasons, uncertainty and the student’s explanation.

Authorised A4 consequences include a written warning and academic guidance, a reasoned grade reduction or resubmission, or module failure or programme removal for serious or repeated substantiated breaches. No automatic percentage penalty or extra assessment attempt is created. The written outcome states the sanction, implementation and direct A1 appeal route. The Head of Institution ensures authorised implementation; anonymised trends inform annual prevention and review.

Standard 4 Information and records

4.3 Management information

GC Academy uses the LMS and linked institutional records to support administration, teaching, assessment, student support and quality review. The Head of Administration Office coordinates the central student record; academic owners confirm assessment and progression decisions; QA uses appropriate evidence for monitoring. CTO and supplier access is limited to assigned technical duties.

4.4 Data quality and access

A25 Student Records Management Policy requires accurate identifiers, dates, versions, sources and authorised changes. Reconcile enrolment, module registrations, submissions, attempts, marks, moderation, progression and award records. Preserve the previous value, reason, authority and date of a correction. An LMS status change does not substitute for an academic decision.

Use role-based access and only the information needed for the task. Link sensitive ILSP evidence, integrity cases, appeals, financial records and consent records through restricted locations. Routine dashboards and committee reports do not expose unnecessary personal or health information. Record actual storage, access groups, custodians and retrieval arrangements.

4.6 Academic and financial records

Retain the admission basis, signed agreement and policy versions, academic-integrity acknowledgement, module and assessment records, feedback, moderation, authorised decisions, status changes and certification. Record support actions and unsuccessful contacts in the central academic record with secure links to restricted attachments. Financial staff retain the separate payment, refund calculation, decision and transaction trail.

A25 provides for essential academic records to remain readily available in Malta for 40 years. Its design identifies primary hosting in Hungary and archival provision in Malta; verify actual operators, custody, exports and retrieval evidence before relying on the arrangement. This provision does not require every raw proctoring image, support message or supplier service to be retained for 40 years.

Apply a category-specific retention entry identifying purpose, trigger, period or criterion, custodian, access, authorised disposal and any case hold. Distinguish active-system removal, working copies, archives and backup expiry. A processor acts on the Academy’s authorised instructions; a policy does not itself prove that deletion or transfer has occurred.

4.7 Monitoring information controls

QA coordinates an annual records review with Administration, academic owners and technical staff. Check completeness, authorised mark changes, access, retention, export, retrieval and continuity evidence. Record actual samples and results, correct deficiencies and verify the subsequent effect. Data incidents follow A14, A25 and the agreed supplier arrangements, with appropriate urgent escalation.

Standard 4 Publication and artificial intelligence

4.5 Accurate public information

The educational website is a demonstration environment during preparation. GC Academy is updating it to make the relevant policies and documents previously supplied to MFHEA and the Panel accessible. The publication record identifies what is actually available, its version, link, date and approver; this manual does not certify that publication is complete.

Before enrolment, check accurate programme details, admissions, actual tuition and administrative fees, student terms, services, Code of Ethics and relevant policies. Clearly state the programme's authorisation and operating status. Public descriptions do not imply current teaching or approved provision where it has not started. Scholarship or assistance information is published only for a real approved arrangement; no scheme is created by a transparency statement.

The Marketing Director coordinates publication with academic, administrative and QA checks. GC Academy remains responsible where a B2B partner supports recruitment or communication. Partners receive approved current information and corrections. Retain the version supplied, publication checks and action on inaccurate or obsolete content.

4.9 Artificial intelligence guidance

The AI and Generative AI Guidance for Staff and Students already exists and was submitted; it is not described as still being drafted. Its revised text is aligned with A4, A1, A3, A18, A23 and A24. Institutional approval, accessible publication and staff and student preparation are recorded separately from completion of the document.

Each assessment brief states the applicable AI-use category and its limits before work begins: Level 0 permits no AI; Level 1 permits study support only; Level 2 permits language and presentation support; Level 3 permits brainstorming or planning; Level 4 permits declared AI-assisted work within the brief. These are task categories, not qualification levels or automatic cumulative permissions.

Students verify outputs and sources, retain responsibility for their own competence and make the required declaration of tool, purpose, extent and affected work. Disclosure does not legitimise prohibited assistance. Staff retain responsibility for teaching, marking and feedback and do not transfer confidential information to external tools without the appropriate authorisation.

QA and the Head of Institution check the brief, rubric, guidance, training and actual communication. Suspected misuse follows human review and the A4 procedure, with independent appeal under A1. Review the guidance annually and after a material technological, assessment or regulatory change; use anonymised case patterns and feedback to improve clarity and preparation.

Standard 4 Digital conduct and recording

4.10 Responsible use of digital services

A24 Digital Conduct and Use Policy governs the LMS, communication, learning resources and authorised recording. A reference to the Digital Learning Code of Conduct denotes A24, not a separate additional policy. Users protect credentials, respect others and intellectual property, use authorised channels and report concerns through the applicable institutional route.

The Academy explains purpose, access, permitted use and retention before recording or collecting assessment evidence. A general acceptance of terms or A3 acknowledgement does not replace any separate voluntary consent required for identifiable participation. Academic access and support remain available through an appropriate alternative.

Category	Required treatment under A24
Prepared lectures	Continuing learning resources, reviewed for accuracy, permissions and accessibility.
Semester webinars	Relevant cohort access and permitted permanent personal-study download; remove from the LMS at semester end before a later cohort receives access.
Other teaching	No routine recording. Any specific recording requires its own authorised purpose and arrangements.
Meetings and interviews	Define purpose, participants, notice, consent where required, access and retention for the actual event.
Assessment evidence	Apply the identity and proctoring procedure, approved brief and A25 category-specific controls. Webinar download and deletion rules do not apply automatically.

Practical checks and records

For webinars, provide and test the route for cameras and microphones to remain off and for participation without identifiable recording. Record any separate voluntary consent and restrictions. Explain how accidental capture is reported and corrected. Educators receive practical guidance before conducting the activity.

Maintain the actual recording or webinar register: activity, version, cohort, purpose, notice, permissions, access, download setting, retention instruction, planned and actual removal, responsible person and test evidence. Record backup expiry and justified case holds separately. A planned removal date or supplier assertion does not establish completed removal.

QA checks a relevant sample of actual sessions and records through digital and programme review. Technical failures go to the supplier through the institutional route; conduct concerns follow A23 and A4 as applicable, with A1 for academic appeals. Correct access or recording problems and verify the result without prejudging an individual misconduct case.

Standard 5 Staffing and appointment

5.1 Professional standards and qualifications

A7 Staff Recruitment and Appointment Policy and the revised Qualification Requirements for Educators and Administrators govern appointments. Educators normally hold a relevant qualification at MQF Level 7 or above for the proposed Level 6 provision, together with suitable subject and teaching competence. Any professional-experience exception requires a documented assessment of relevance, evidence, limitations and approval through the defined academic route; it is not an automatic waiver.

Role requirements include online pedagogy, assessment literacy, digital competence, communication, integrity and appropriate support for diverse learners. Administrative and support appointments use relevant role-specific qualifications and experience. Selection and development are fair and inclusive across all categories of staff, including contracted and partner educators.

5.2 Recruitment selection and appointment

The responsible manager documents the need, duties, competence, workload, funding and reporting line before recruitment. A7 provides the vacancy, application, shortlisting, interview, checks, recommendation and appointment record. Verify qualifications, experience, references and interests against actual evidence rather than assuming that a partner’s nomination establishes suitability.

Leadership selection uses a panel of at least two appropriate persons, including relevant QA, administrative or academic input. The normal recruitment process allows four to six weeks; an expedited appointment records its reason, authority and checks. Corporate appointments follow the governing arrangements. Academic appointments require the Head of Institution’s academic confirmation and the applicable institutional authorisation.

Retain the approved role description, selection criteria, candidate evidence, assessment, decision, contract or engagement terms, assigned modules, reporting and alternate cover. The appointment identifies which duties are authorised and any conditions still to be completed. Recruitment, appointment and clearance to teach are separate records.

Capacity before duties begin

Check the complete work allocation across teaching, preparation, feedback, second marking, moderation, supervision, student support, meetings, CPD and quality responsibilities. Account for other commitments, overlapping cohorts and absence cover. The Head of Institution confirms competence and allocation; the Director of Operations confirms resources; QA checks the readiness record. An unfilled post or uncompleted induction is not represented as operational capacity.

The revised organigram and staff records use the A16 and A17 role names. A7, the qualification requirements, A21 and A8 form the connected staffing framework. QA reviews actual recruitment and clearance evidence annually and after a material staffing concern, recording corrective action and its effect.

Standard 5 Induction and development

5.3 Institutional preparation

All educators, including experienced partner staff, complete GC Academy's role-specific induction before the relevant duties begin. Administrative and support staff receive preparation for their own systems, procedures and escalation responsibilities. Prior experience informs the plan but does not replace institution-specific clearance.

A21 CPD Framework is the unified framework for development and teaching readiness. Induction covers programme outcomes and modules, learner-centred online methods, approved assessment and rubrics, second marking and moderation, feedback, integrity and AI, support and accessibility, records and privacy, appeals, academic governance and contingency arrangements.

The educator completes practical LMS tasks: accessing and organising materials, supporting interaction, setting or receiving the approved assessment, applying the rubric, recording feedback and using support routes. Calibration examines actual example work and the interpretation of criteria. Clearly label demonstration and calibration materials; they are not BA learner results.

QA checks the preparation evidence, completed tasks, attendance, calibration and remaining gaps. The Head of Institution records clearance for the assigned duties or the conditions requiring correction. Technical training attendance alone does not establish pedagogical or assessment readiness.

5.4 Continuing professional development

A21 connects annual needs assessment and an individual development plan with institutional priorities, A8 appraisal, student and peer feedback, changes in pedagogy or technology and quality findings. The plan records the objective, activity, expected benefit, resources, owner, completion evidence and review date. The Director of Operations approves resources through the relevant authority.

A21 contains four embedded records: Annex A Annual CPD Implementation Plan, Annex B Individual CPD Log, Annex C CPD Access Form and Annex D Onboarding scope and completion, with practical verification and clearance. Use them for actual events and outcomes; blank templates are not completed evidence. Monthly monitoring follows planned activity and peer sharing, with prompt action on missing readiness requirements.

Annual evaluation examines whether development changed teaching, assessment, support or other relevant practice. Link examples of changed work, observed competence and subsequent feedback to the original need. Attendance totals alone do not prove improvement. A21 receives a comprehensive framework review every two years, with earlier changes where evidence requires them.

Follow-up and evidence

Managers review unfinished activities and application of learning with staff. The Head of Institution addresses academic gaps and suitable support; QA follows systemic issues in the Quality Enhancement Log. Maintain confidential individual records and use appropriate aggregated evidence in institutional reports. Staff are told the expectations and receive the guidance and time needed to meet them.

Standard 5 Performance and workforce planning

5.5 Performance evaluation and feedback

A8 Performance Evaluation and Feedback Policy provides mid-year and year-end review using the role's agreed responsibilities and evidence. Academic review considers teaching preparation, learning activities, assessment and feedback, student support, professional conduct, collaboration and CPD. Administrative and support review applies the relevant service and role criteria.

Use the four A8 ratings: Exceeds expectations, Meets expectations, Needs improvement and Unsatisfactory. Explain judgements through actual role and workload evidence, staff reflection and relevant feedback. A satisfaction score or activity count alone does not determine a rating. The staff member can respond; a Personal Development Plan records support, objectives, deadlines and follow-up.

A8 staff appeals use the Head of Institution, QA lead and independent staff representative, with competent substitutes for conflicted participants and Board of Directors involvement where senior leadership or QA is concerned. Exclude contributors to the disputed rating. Retain notice, response, reasoned outcome and implementation. Apply the communicated staff timetable; student A1 deadlines and A4 sanctions do not govern personnel review.

5.6 Workforce and scalability

Before each intake, use A15, the revised Planned Lecturer to Student Ratio Assumptions and A8 Annex C to assess the complete workload. Include all active cohorts, returners, group numbers, module overlaps, preparation, live teaching, marking, second marking, moderation, Final Project supervision, support, CPD, committee work and absence cover.

The planning limit of 50 learners per teaching group is not an institutional lecturer-to-student ratio and does not by itself demonstrate adequate staffing. Different tasks require different allocations; individual feedback and supervision remain necessary when a group is within its size limit. Technical scalability also does not establish academic or administrative capacity.

Record actual staff availability, competence, hours or evidenced capacity assumptions, other commitments, allocation, peaks and cover. Where an estimate is used, state the basis and confirm it against real delivery evidence when available. Do not create new ratios or treat the 50, 150 and 400 planning scenarios as automatically approved intake volumes.

The Head of Institution confirms academic capacity; Administration and QA confirm their workloads through the applicable independent review; the Director of Operations confirms resources. The authorised decision records proceed, proceed with verified conditions, or defer/restrict the intake. Funded recruitment, group division or redistribution must resolve essential gaps before the dependent commitment.

Review and continuity

Monitor workload and cover during delivery and after changes in demand. Appraisal and CPD address individual development; capacity decisions address the available staffing and resources. A14 records handover and temporary cover. QA checks that repeated service or assessment delays produce an institutional response rather than being attributed solely to individual performance.

Standard 6 Programme design

6.1 Programme policy and academic responsibility

A18 Programme Design, Monitoring and Assessment Policy governs the programme lifecycle. GC Academy retains responsibility for programme selection, outcomes, curriculum, teaching, assessment, review and award decisions. Previous provision and the existing digital platform inform preparation without establishing that the proposed BA has already operated or been approved.

The controlled application defines the programme title, level, volume, duration, language, delivery and admissions. The proposed BA has 180 ECTS, with 25 hours of total learner workload per ECTS, over three years and six semesters. Its 30 modules are compulsory and include the 12 ECTS Final Project in semester six. There is no mandatory internship component or elective pathway in this specification.

6.2 Design and approval process

The Head of Institution coordinates a documented proposal supported by evidence of societal and professional need, appropriate comparators and relevant stakeholder input. The design identifies programme and module outcomes at MQF Level 6, content, sequence, prerequisites, learner workload, online activities, assessment, resources, staffing and support. QA checks the complete evidence and decision trail.

For every module, the D10 design record maps the intended outcomes to learning activities, interaction, assessment tasks, criteria and direct evidence of individual achievement. Use a programme-level matrix to establish where outcomes are introduced, developed and assessed. Identify gaps or excessive duplication and record the design response.

The design explains how synchronous and asynchronous work supports the stated workload and learning outcomes. Normally provide at least one live session per active teaching week in each module. Media Writing includes workshop activity; Social Media Management and Media Production include supervised technical or practical work and feedback. Record the actual timetable, activity and educator responsibility before release.

The proposal includes access to core literature, assessment and integrity arrangements, student support, staff preparation, platform suitability and the academic partner’s allocated duties. The programme cannot rely on a proposed partnership or technical capability without the required agreement and actual readiness evidence.

Academic decision and controlled specification

Academic Board considers the complete proposal, independent academic advice and relevant stakeholder evidence. Its decision records approval, required amendments or refusal, with reasons and conditions. The Director of Operations confirms operational resources and reserved decisions follow A16. Obtain the applicable external authorisations before activities that depend on them. Retain the exact approved specification and communicate changes through controlled versions.

Standard 6 Needs and benchmarking

Evidence of societal and professional need

Programme selection uses documented labour-market, stakeholder, demographic and benchmarking evidence under A18. Desk research identifies the source, date, population, geographical scope, method and limitations. Analyse relevant employment and skills needs, professional practice, potential learner profiles, access barriers and the suitability of online study. Quantitative research and qualitative in-depth interviews are distinguished; a questionnaire survey is not assumed to have been conducted.

For Maltese learners and communication professionals, examine needs for international learning, professional connections and cross-border project experience, including collaboration with peers in Asia. Consult intended users and local organisations about useful skills, project themes and barriers. Record how this evidence affects the curriculum, resources, support or decision to offer the programme. Aspirations are not presented as measured demand.

Structured stakeholder involvement

The Partnership Manager and Head of Institution identify the contribution required from employers, professional representatives, independent academics, administrative staff and prospective learners. After enrolment, add students and their representatives; after graduation, add the programme's alumni. Record invitations, participants, role and independence, questions, findings and decisions. Existing syllabus consultations provide a starting point without establishing a formal advisory board.

Use at least annual employer or professional focus-group input, or a documented equivalent, alongside design and review consultation. Independent academic reviewers have appropriate expertise and no compromising role in the proposal. Employment at another institution alone does not make a GC Academy educator independent. Planned employer or alumni panels become operational only when their remit, membership and actual participation are recorded.

Systematic benchmarking

Select comparable programmes on a stated basis, including level, subject, volume, delivery and intended learners. Use current authoritative programme information and identify the comparison date. Compare curriculum, learning outcomes, workload, assessment, practical and collaborative learning, resources and student support. Explain material differences rather than copying a curriculum.

The benchmarking record contains the comparator, source, relevant finding, implication for GC Academy, proposed change and academic decision. It demonstrates how evidence informs design, outcomes and assessment. Retain an evidenced decision to make no change where appropriate. Distinguish a newly completed comparison from consultation or analysis undertaken for an earlier submission.

QA checks source traceability, limitations and the link to programme decisions. The Head of Institution incorporates relevant findings into the specification and review report. Revisit comparators during the three-year programme review and earlier when significant professional, technological or educational change affects the programme.

Standard 6 Monitoring and programme review

6.3 Monitoring delivery and learning

Module and semester review combines marked work, criterion-level results, second marking, moderation, educator reflection, student feedback, access and support issues, engagement patterns and partner reports. The Head of Institution interprets academic significance; QA checks evidence and action tracking. The report identifies the cohort, module, period, actual population and data limitations.

The annual programme review assesses outcomes, progression and completion where available, assessment validity, student experience, staffing, resources, support, external input and previous actions. Before sufficient delivery data exists, record the available preparation or partial-cycle evidence and its limits. Do not infer learning achievement from LMS participation or a forecast.

6.4 Periodic programme review

Conduct comprehensive programme review every three years from commencement, or earlier where authorisation conditions, material change or evidence of risk require it. The former five-year interval is replaced. The review is not postponed until three full graduating cohorts exist. The Head of Institution leads with QA, relevant external academics, employers and available students and alumni.

Review continuing need, programme outcomes, curriculum, teaching, assessment, academic standards, accessibility, partner delivery, staffing, learning resources, student services and actual improvement. Update market and benchmarking evidence. Academic Board records the decision, conditions, changes and any required external approval. Preserve the specification and evidence on which the decision rests.

6.5 Innovation in pedagogy

Evaluate proposed digital, collaborative and authentic learning methods for their contribution to the intended outcomes and individual assessment. Define the activity, resources, staff preparation, access and evaluation before use. Pilots and simulations are labelled by their actual status. Innovation does not authorise unapproved assessment changes, new credentials or claims that a proposed activity is already embedded.

6.6 Integration with institutional QA

For each programme finding, record the decision, responsible owner, resources, deadline, communication and completion evidence in the Quality Enhancement Log. The later review tests the intended effect on learning or provision. Academic Board owns academic decisions; the Director of Operations addresses operational resources; QA follows completion and unresolved issues through the committee structure.

6.7 External standards and approval

The Head of Institution checks the programme against the applicable MQF level, accreditation conditions and approved specification. The responsible owner tracks changes to external requirements and refers necessary amendments through the academic and regulatory route. Alignment claims identify the supporting mapping and actual evidence. Approval of internal documents does not replace the competent authority’s programme or provider authorisation.

Standard 6 Partners and commencement

6.8 Programme-specific academic arrangements

Before programme commencement, finalise the academic partnership agreement and its programme schedule. Identify the parties, scope, named responsibilities, academic reporting, teaching allocation, assessment and moderation, staff suitability, records access, resources, quality review, escalation, corrective action and continuity or exit arrangements. Record approval, signature and effective date for the actual version.

GC Academy retains approval of the programme and assessment requirements, oversight of teaching and support, validation of results, misconduct and appeal arrangements, progression and awards. Partner staff apply the Academy's approved procedures and receive institution-specific preparation. The technology agreement with VTL is not the academic partnership agreement.

The Head of Institution confirms the partner's academic responsibilities and suitability of assigned educators. The Director of Operations confirms contractual and operational commitments within delegated authority. QA checks that the agreement, specification, timetable, staff records and student information agree. An unsigned draft or intention to cooperate is not recorded as a completed arrangement.

Integrated online readiness

Use A15, A18 and Digital Learning Provision to verify the actual BA configuration and delivery plan. Check all module activities and assessments, resources, access, individual support routes, staff preparation, academic and technical partner duties, records, integrity procedures and continuity. Record environment, version, task, tester, date, result, evidence and unresolved limitations.

The Head of Institution confirms academic readiness; the Director of Operations confirms operational readiness and resources; QA checks the evidence trail. Academic Board records the academic decision and the Board of Directors authorises commencement under A16. Identify the provider and programme authorisations on which enrolment and delivery depend and verify that their conditions have been satisfied.

Release and subsequent intakes

An essential unresolved barrier is corrected or met by an authorised workable alternative before the affected activity. A policy, platform demonstration, contract signature or completed checklist without evidence does not establish full readiness. Preserve the actual decisions and supporting records rather than declaring all conditions complete in advance.

Before each later intake, reconsider concurrent cohorts, returning students, educator and support workload, partner performance, resource access, technical demand and open quality actions. Apply the approved capacity decision and communicate any conditions to the responsible staff. Monthly and semester review then tests whether the assumptions remain valid.

Annex A provides a common readiness and review record structure. Existing detailed registers and checklists remain in their respective documents; linked evidence can be used without duplicating the same completed record.

Standard 7 Student centred learning

7.1 Learning model and flexible participation

The online learning model supports learner autonomy, preparation, motivation, reflection and contact with educators and peers. Students receive preparatory resources before live sessions and use asynchronous work to develop understanding at a manageable pace. The programme combines guided study with scheduled interaction and opportunities for feedback.

Flexibility is delivered within the approved compulsory module sequence. Downloadable resources, supported study planning, appropriate adjustments and return-to-study arrangements help students continue their learning. Flexibility does not create unapproved electives, waive outcomes or automatically guarantee an unchanged graduation date after interruption.

7.2 Active constructive and cooperative methods

Each D10 module record specifies the activity, intended outcome, preparation, tutor role, student interaction and evidence of learning. Discussion forums, individual and group chat, messaging, webinars and learning resources support these activities. Technical availability of a tool is verified separately from its systematic use in a module.

Use case analysis, guided discussion, peer feedback, practical or project work, reflection and relevant professional scenarios as stated in the approved design. Normally provide at least one live session per active teaching week in each module. Workshops and supervised practical activity in Media Writing, Social Media Management and Media Production receive their own allocation and feedback arrangements.

For collaboration, state the task, group process, roles, milestones, tutor facilitation and expected contribution. Where an approved group assessment is used, retain attributable individual evidence such as contribution records, individual analysis or reflection and oral explanation. A shared output, peer rating or attendance record alone does not establish each student’s achievement.

The programme team agrees synchronous delivery and educator duties with the academic partner before release. Educators are prepared to moderate interaction, support less active participants and respond constructively to learning needs. Module review examines actual activity, student work and feedback, and changes ineffective arrangements through the academic approval route.

7.3 Inclusion in teaching and assessment

Plan accessible instructions, resources and communication and respond to individual needs through the ILSP process in Standards 8 and 9. Explain relevant study demands early, provide a confidential request route and implement approved adjustments consistently. Keep the intended learning outcomes and valid individual assessment while removing avoidable barriers.

The Head of Institution coordinates academic suitability; QA coordinates the accessibility process and checks follow-up. Educators receive only the support information needed to implement agreed arrangements. Neither a blanket compliance statement nor informal case-by-case improvisation replaces an identified request, decision, practical check and review.

Standard 7 Assessment design and rules

7.4 Valid and transparent assessment

A18, the programme application and the approved module briefs define the assessment system. The revised design identifies 21 modules with non-examination assessment and nine using mixed multiple-choice and short-answer examinations. These are module counts, not percentages of marks or credits. Each examination-based task also requires evidence appropriate to the intended analytical and applied outcomes.

Use assignments, analytical essays, case studies, presentations, practical projects and other approved direct assessment to evaluate knowledge, analysis, critical thinking, problem-solving and application. Assessments and criteria map to the intended MQF Level 6 outcomes. Multiple-choice tests can contribute where suitable but do not alone establish higher-order competence.

Before work starts, students receive the task, outcomes, assessment and marking criteria, rubric, component weights, format, deadlines, pass requirement, AI conditions, relevant adjustments and mitigation, feedback arrangements and appeal route. Tutors apply the approved brief; changes follow the academic approval and fair-notice process.

Rule	BA requirement
Pass threshold	At least 51% in each assessment component. No automatic compensation across components.
Formal opportunities	Three total opportunities per assessment: the initial attempt and up to two resits or resubmissions.
Formative practice	Unlimited formative practice is separate from the formal attempt count.
Module completion	The 12-month period runs from registration for the individual module, not registration for the whole BA.
Return to study	Record the remaining attempts and module position. Return does not reset attempts or erase other completed credits.

No unapproved mark cap, extra attempt or automatic programme restart is introduced. Record mitigation, extensions and reassessment through the authorised academic route. Technical interruption is considered on evidence before deciding its academic consequence. Administration records the authorised outcome and retains its basis.

The Assignment, Case Study, Presentation and combined Assessment Rubrics provide consistent criteria and marking guidance. Case criteria address understanding, theory, critical analysis, justified recommendations, evidence and written communication. Rubric criterion weights are distinct from module component weights; 51% applies to each component, not every criterion. A generic rubric does not independently change an approved task or Final Project design.

Standard 7 Feedback and learning evidence

7.5 Feedback marking and moderation

Provide constructive feedback within ten working days of submission, linked to the published criteria and explaining strengths, limitations and how to improve. Identify provisional marks clearly until the applicable moderation and validation are complete. Record any justified delay, the revised date and communication without silently resetting the original deadline.

Final summative assessments are second marked and moderated by suitably qualified staff separate from the first marker. Retain the first and second judgements, criterion-level evidence, differences, resolution and authority for the final mark. Calibration supports consistent interpretation before use; it does not replace moderation of actual assessed work.

The Head of Institution arranges competent markers and independent review. The Board of Examiners validates results and progression within the approved framework. Mark changes retain the previous value, reason, authorisation and communication under A25. An administrative group decision or technical adjustment is not a substitute for the authorised academic process.

7.6 Evaluating achieved learning outcomes

The programme and module mapping identifies which assessment and criteria demonstrate each intended outcome. Review students' actual work and observed performance against those criteria, including analysis, evidence use, practical application and individual contribution. Preserve meaningful examples and moderation findings through controlled records.

Evidence	Use and limitation
Direct	Marked assignments, cases, projects, presentations, examination answers and Final Project work demonstrate assessed achievement.
Indirect	Student surveys, reflection and tutor feedback explain perceptions and experience. They supplement, rather than replace, assessed evidence.
Engagement context	LMS access, participation and task activity identify support needs and help interpret experience. They do not prove outcome achievement.

At module, semester and annual review, the Head of Institution analyses achieved outcomes against intended outcomes, with QA checking the evidence. Examine failure patterns, assessment validity, moderation differences, feedback timeliness and barriers to participation. Identify cohort and task effects and limitations from small numbers or incomplete data.

Academic Board decides material changes to outcomes, assessment or delivery. Record the decision, action, owner, resources and deadline, then verify implementation and later effect. Student feedback closes the communication loop; subsequent assessed work establishes whether an intervention improved learning. The Quality Enhancement Log links these stages.

Standard 7 Final Project supervision and assessment

7.7 Capstone preparation and supervision

The Final Project is the 12 ECTS capstone in semester six. The programme descriptor states “Case study with presentation: 100%”. Treat this as an integrated assessment. No unapproved split such as 70/30 or 60/40, generic presentation duration or new component is imposed by this manual.

Before the module is released, the Head of Institution confirms the approved brief, written, research or creative output, presentation and questioning arrangements, criteria, any component weights, deadlines, recording rules and assessors. The assessment demonstrates Level 6 research or professional enquiry, analysis, application, independent judgement and the ability to explain and defend the work.

Appoint a suitably qualified supervisor and a separate qualified second assessor. The supervisor supports scope, planning, research ethics, progress and formative feedback without producing the student’s work. Provide at least three scheduled consultations, agreed contact and feedback arrangements, and a documented route for non-engagement, difficulty or escalation.

The intended Thesis Supervision Guide must be completed, approved and supplied before supervisors rely on it. Verify the actual guide, version and issue record; a statement that supervisors receive a guide does not establish that the file exists or has been distributed. Consultation requirements do not replace normal module teaching and support.

Transparent evaluation and external input

Criteria address depth of enquiry or creative development, methodological reasoning, evidence and theory, originality, structure, critical reflection, professional judgement and presentation or defence. The generic case and presentation rubrics inform design only within the approved integrated capstone framework. Students receive all requirements before assessed work begins.

Record the presentation arrangements, individual questions and responses, assessors’ judgements, moderation and any authorised recording or written observation. Apply the component threshold, feedback and attempt rules consistently. The supervisor does not solely validate their own student’s final result.

A18 retains the planned appointment of external academic reviewers from the second year, with the relevant appointment and work completed before semester-six results require their contribution. Obtain independent input to assessment design before use where required; this is distinct from later external moderation. Record competence, independence, remit and actual participation.

External Final Project moderation covers near-fail cases, appeals and an annual random 10% sample. Round the sample up to at least one project where the population is non-zero and record overlaps among categories. Complete the relevant review before affected result validation. The Board of Examiners records final validation; an intended reviewer appointment is not evidence of completed moderation.

Standard 7 Appeals and online assessment integrity

7.8 Independent academic appeals

A1 defines grounds, submission, decision criteria and remedies. A student submits an academic appeal within ten working days of the official grade or decision. A misconduct appeal goes directly to the formal independent route; the student is not required to return to the original tutor or Panel. Any appropriate informal clarification must not remove the formal deadline or access to appeal.

Grounds include procedural irregularity, bias or conflict, relevant new evidence previously unavailable, material mitigation not considered, an unsupported finding or disproportionate sanction. QA records receipt, completeness, conflicts, evidence, notice and timetable. The student can respond and receive appropriate support. Service or financial complaints follow A2 separately.

The Appeals Panel has three independent voting members. Exclude the first-instance decision-makers, assessor, moderator, referrer and anyone whose prior participation compromises impartiality. QA is a non-voting procedural adviser; appoint external members where needed. All three voters participate and decide by majority, with reasons and the remedy recorded.

A1 provides a formal outcome within fifteen working days of receipt. Explain a justified delay and revised date without silently restarting the clock. The outcome may uphold, set aside, remit for independent reconsideration, require remarking or reassessment, or vary an authorised sanction within the Panel's powers. The Head of Institution ensures authorised implementation; Administration preserves the complete audit trail and communicates the result.

7.9 Identity verification and proctoring

The Online Identity Verification and Examination Proctoring Procedure governs each online assessment. Before use, confirm the approved identity check, permitted resources, camera or random-image settings where applicable, environment requirements, student notice, adjustment, staff responsibilities and evidence retention. Test the actual BA configuration, device route, access and reporting; record versions, results and corrections.

Existing GC Engine functionality and the affiliated IJF Academy demonstration provide evidence of technical capability. They do not replace programme-specific configuration, student preparation or a completed readiness test. Provide guidance and an appropriate trial or support route before the assessment.

During an incident, preserve the submission and relevant technical evidence, provide timely support and refer mitigation or attempt consequences to the authorised academic decision-maker. Proctoring flags, connectivity failures or camera interruptions do not automatically establish misconduct. Suspected breaches follow A4; academic appeals follow A1. Keep assessment evidence under its own A25 access and retention controls, separate from teaching webinar recordings.

Standard 8 Administration and support

8.1 Student services and access

Student services distinguish administrative assistance, academic guidance, career information, general wellbeing information and professional psychological support. Administration coordinates enquiries and records; educators provide subject and academic-writing guidance; the Head of Institution oversees academic support. The specific wellbeing and referral requirements are in section 8.3.

Provide clear support contacts and alternatives in the institutional website, relevant module information and LMS. The Student Handbook and onboarding guidance explain access, password recovery, resources, communication, requests, complaints and appeals. Check the actual published contact, responsible person, coverage and route before use rather than relying on a blank field or a demonstration.

The service target is a first staff response within 24 hours during business hours. An automated receipt is not the substantive response, and first response is not resolution. Publish and apply the business-hours calendar, coverage and alternate contact consistently. Record receipt, first staff response, owner, next step and resolution separately. Supplier repair targets follow the agreed service terms.

8.2 Admissions and student administration

Publish the approved entry requirements and application process for the actual programme. B2B agencies can undertake preliminary document checks; GC Academy verifies the admission basis and retains the decision. Student Management and the Head of Institution assess eligibility, with the Head of Institution making the final academic admission decision under the approved requirements.

The record includes the application, verified qualifications and relevant evidence, language or other approved entry checks, decision, conditions and communication. Apply authorised recognition and mobility procedures to actual cases, preserving evidence and decisions. Do not promise credit transfer, recognition or an alternative entry route absent the necessary academic approval.

Administration maintains enrolment, registration, progression, approved interruption, withdrawal or termination, recognition, completion and award records under A25. Students receive clear information about rights, responsibilities, fees, assessment, conduct, support and review routes before commitments. Decisions and status changes remain attributable to their proper academic or corporate authority.

Orientation before study

Mandatory LMS orientation covers access, resources and library use, communication, learning and assessment requirements, AI and integrity, identity or proctoring guidance, digital conduct and recording, support and accessibility, complaints and appeals. Practical checks and guided use supplement acknowledgements. Retain the actual completion and support record and address barriers before the relevant task begins.

Standard 8 Student agreements and financial terms

8.7 Agreement and informed commitment

A12 Student Learning Agreement, the Student Agreement Template and A10 Tuition and Refund Policy govern the student's contractual and financial information. Provide the completed programme-specific agreement, approved fees, payment schedule, relevant policy versions, rights, responsibilities and annexes before signature. Both required signatures are obtained before payment and commencement.

The Head of Institution checks academic details, Administration checks the individual record and supplied documents, the Accountant and authorised financial officer check fees and calculations, and QA checks consistency and procedural completeness. Record the actual checks and authority. A policy acknowledgement or registration screen does not substitute for the completed signed agreement.

Outstanding refund consistency

The source A12 and Student Agreement Template describe a tuition refund before the agreed starting day and no ordinary contractual tuition refund for voluntary withdrawal from that day. The source A10 instead describes a 100% refund within 14 calendar days from the course start and a 50% refund within the first 25% of the course duration. The revised documents identify this unresolved choice.

The competent institutional authority selects and approves one clear commercial rule, including scope, timing, calculation and fee treatment, and aligns A10, A12, the agreement and public information before issue. This manual does not select between them or present both as simultaneously applicable. Record the decision and exact replacement wording.

Voluntary-withdrawal terms are distinct from exceptional review, cancellation, substantial programme change and institutional default. Apply the protections in the relevant approved agreement and A10 without using an ordinary no-refund term to remove them. Financial treatment of an approved interruption is recorded separately from the academic return decision. A new policy version does not silently rewrite an existing signed contract.

Requests decisions and payment evidence

Administration records a refund request on its actual receipt date and routes it to the authorised financial decision-maker. A10 provides a written decision within ten working days of receipt and processing of an approved refund within thirty working days of the decision. Track missing information, reasons, calculations, justified delay and communication separately; do not reset the original receipt date.

Retain the request, agreement and policy version, payment ledger, eligibility basis, calculation, decision, notification and payment reference. Fee and refund complaints follow A2; an academic issue follows A1 where applicable. Financial and sensitive supporting records receive restricted access under A25. Actual response and payment times inform annual QA review and corrective action.

Standard 8 Wellbeing and individual support

8.3 Personal wellbeing and professional support

Administrative assistance helps students access services and manage study processes. Academic guidance addresses learning, writing, progression and educational decisions. Career information supports professional development and access to relevant opportunities. General wellbeing information and supportive signposting are distinct from professional psychological assessment or counselling.

The earlier unqualified reference to remote counselling is replaced by an accurate external-referral approach. SAR section 8.11 already describes referral to certified online mental-health providers, but that description alone does not establish an available operational service. The Head of Administration's account of the actual provision must agree with the manual and student information.

Before programme commencement, the Director of Operations and Administration establish and verify appropriate access to professional support. Record the qualified provider or service, actual availability, geographical and language coverage, contact and access process, any student cost, confidentiality, referral responsibilities and arrangements for urgent concerns. The Head of Institution confirms the interaction with academic support; QA checks evidence and the accuracy of claims.

Until verified, do not claim in-house counselling, an established remote-counselling service, crisis intervention or fast-track access. Staff explain the support actually available and use accurate information for referral. Administrative and academic staff do not present themselves as psychological professionals unless appropriately qualified and appointed. Essential support arrangements are resolved before commencement.

8.4 Individual Learning Support Plans

Students can raise a support or accessibility need through the published confidential route during admission, orientation or study. The QA accessibility contact coordinates the request with Administration, the student and relevant academic or technical staff. Seek only information necessary to understand the barrier and arrange support; an unnecessary diagnostic disclosure is not required for routine guidance.

The Head of Institution approves academic adjustments; the Director of Operations approves resources within delegated authority. The ILSP identifies the barrier, agreed adjustment, responsible implementer, start and review dates, communication and method for checking effectiveness. Specialist evidence is used where relevant and appropriate, with restricted access.

Implement and test the adjustment for the actual resource, device, activity or assessment, with student input where practicable. Provide an approved alternative if the planned arrangement does not work. Monitor and revise the plan when needs, tasks or circumstances change. Standard 9 supplies the technical accessibility framework. Keep sensitive attachments restricted while linking the authorised support action to the student record.

Standard 8 Engagement and timely intervention

8.5 Monitoring student progress

The Student Engagement Monitoring Procedure uses LMS access, task activity, attendance where applicable, submissions, assessed progress and direct communication to identify possible support needs. The demonstrated system can generate reminders and flag deviation from expected progress. A flag initiates human review rather than automatically establishing disengagement, failure or misconduct.

Student Management checks the source, period, expected task and available academic context. Consider connectivity, approved adjustments, mitigation, schedule changes and relevant student communication. Refer academic concerns to the educator or Head of Institution and technical barriers through the support route. Do not infer lack of learning solely from time online.

Documented intervention and escalation

Assign a responsible person, contact the student through the appropriate channel and record the reason, date, message and response. Record unsuccessful attempts as well as successful contacts. Agree the support, next step and review date where possible. The central student record links the alert, contact history, academic information and restricted support evidence.

Escalate non-response, unresolved barriers, repeated difficulty or material academic risk to the Head of Administration and the Head of Institution within their respective remits. The record states the reason, recipient, required decision, owner, deadline and student notification. A supplier ticket does not replace the institutional support case or its academic follow-up.

Close an intervention only after checking the action and the student’s position. Record the outcome, continuing support, remaining risk and any authorised academic effect. Verify whether participation or progress improved at the follow-up date. Unresolved or overdue cases remain visible and are escalated; they are not closed simply because a reminder was sent.

8.6 Participation and service evaluation

Students contribute through representatives, surveys, focus groups and direct feedback. Use the revised survey templates to examine orientation, access, teaching and assessment information, feedback, support and ILSP experience. Protect confidentiality and record population, response rate and limitations. Perceived response time is analysed separately from measured case timestamps.

Monthly review examines cases, response times, ageing, escalation and recurring barriers across all cohorts. Following the first cycle of programme delivery, evaluate actual response performance, student satisfaction and engagement patterns together. The Head of Institution and responsible service owners propose changes; QA records the decision, implementation and later effectiveness. BA results are recorded only once that evidence exists.

Standard 8 Continuity and intake capacity

8.8 Inactivity interruption and return

For the BA, 90 calendar days of inactivity triggers review of enrolment status after the required contacts and warning. It is not an automatic expulsion deadline. The Head of Institution and Administration consider the individual record, support attempts, circumstances and any approved interruption before an authorised decision. The inconsistent nine-week wording is not used as an equivalent period.

The separate 12-month rule concerns completion of an individual module from that module's registration. It does not impose a 12-month duration on the three-year BA or automatically invalidate all previous credits. Three total formal assessment opportunities remain separate from the inactivity and module-duration rules.

A student who cannot continue can rejoin in the next semester through an agreed return plan. Administration and the Head of Institution record the return point, completed credit, remaining modules and attempts, prerequisites, available teaching or reassessment, support, timetable and any authorised deadline. Resolve access and scheduling before return so that continuation is workable.

Return does not require a full programme restart merely because study was interrupted, nor does it reset assessment attempts. Where sequencing affects the planned completion date, explain the actual effect and record the support and approved route to minimise delay. Financial consequences are confirmed separately under the agreement; an unconditional original graduation date is not promised.

Sustainable support across overlapping intakes

Before each rolling intake, assess all active cohorts and expected new students, orientation demand, returners, open and complex cases, ILSP implementation, assessment peaks and absence cover. Use A15 and the scalability Annex A with actual staff availability and defensible workload assumptions. The Projected Intake and Revenue Summary provides scenarios, not proof of support capacity.

Administration confirms coverage for the 24-hour first staff response target during business hours and the continuing work needed to resolve cases. The Head of Institution confirms academic support; QA checks its review capacity independently; the Director of Operations approves resources. Separate the first response, subsequent update and final resolution measures.

Record sufficient capacity or the funded correction, responsible person and deadline. Where a material gap remains, reduce or defer the intake or provide verified additional cover before commitment. Monthly monitoring tests volume, missed response targets, unresolved cases and workload against the plan. Changes receive a later effectiveness check, including the review following the first delivery cycle.

Standard 9 Learning resources and library access

9.1 Resources for the online programme

Students and staff access learning materials, recorded resources, communication and administration remotely through GC Engine. The platform supports commonly available desktops, laptops, tablets and smartphones; downloadable resources support study where connectivity is intermittent. Check the actual programme tasks and published device or software requirements, including assessment, rather than assuming that every specialist activity works on every device.

The Head of Institution and educators identify the resources required for each module and their relationship to outcomes and assessment. Confirm versions, access permissions, languages, student costs where applicable, accessibility and continued availability. Students receive guidance on obtaining and using the material through orientation and module information. Technical and academic support routes remain available.

9.6 Digital library and core literature

The LMS digital library has operated since 2019. Its single search interface gives access to open-access sources including the University of North Texas Digital Library, arXiv, the Directory of Open Access Journals and the Directory of Open Access Books. The Panel could try the library through the demonstration environment available at globalconnect.academy. This existing service is not described as a wholly prospective library development.

The digital service supports access beyond normal class time. Search capability and an open-access catalogue do not establish that every required book, article or exact edition in the BA specification is available in full. Access to open collections is also distinct from a proposed arrangement for copyright-protected publications with restricted downloading.

Before programme commencement, check every core resource against the programme application and module syllabi. The resource record identifies the module, title, author, edition or date, language, required use, lawful full-text route, access or licence terms, responsible owner, cost or budget where relevant, accessibility and verification date. Test access using the intended student permissions.

Where an item is missing or unsuitable, obtain lawful access or secure academic approval of an appropriate substitute and update the affected syllabus before use. A search result, metadata entry, preview or general database link is not accepted as proof of full required access. Do not claim institutional access to a university’s entire library where only its open collection is available.

9.5 Monitoring resources and access

Educators and Administration record broken links, access problems, outdated material, device barriers and student feedback. Review core-resource availability before delivery and at module or semester review; include resource quality in annual programme review. Assign correction, resources and a due date, verify student access and record the effect. The Academy retains responsibility where a third party hosts the resource.

Standard 9 Digital infrastructure and oversight

9.2 Technical services and institutional control

GC Engine supplies the existing technical foundation for online learning. The live affiliated-academy demonstration and the GC Academy demo provide evidence of capability. Before BA use, verify the actual programme configuration, access groups, modules, resources, communication, submissions, assessment reports, records and support routes. Clearly label environment, version, date and limits of each demonstration or test.

GC Academy owns the LMS source code. The IT lead's long-standing direction of development and improvements arising from student feedback supports informed technical solutions. Ownership and expertise improve flexibility but do not establish complete independence from hosting, documentation, credentials, technical knowledge or other dependencies.

Outsourced services and independent acceptance

VTL Design supplies the technical services agreed in the executed contract and authorised work orders. The revised SLA supplement defines the additional governance, service schedules, reporting, escalation and records requirements proposed for agreement. It remains a draft until the parties complete and execute it. Institutional policy changes do not unilaterally alter contractual terms.

Before relying on the added arrangements, resolve actual scope, support coverage, priority and service targets, included hours and charges, technical allocation, processing responsibilities, contacts, alternate cover and acceptance. The existing contract's inconsistent hours and unconfirmed current commercial position require explicit agreement. Do not invent an uptime, recovery or repair guarantee.

The CTO and VTL supply technical evidence and recommendations. Where the technical lead is employed by the supplier, record interests under A23 and use an unconflicted Director of Operations or authorised substitute for institutional acceptance and expenditure. The Head of Institution confirms educational suitability. A supplier employee does not solely approve their own supplier's performance.

Monthly reporting and controlled changes

Require the agreed monthly technical report covering measured availability, incidents, response and restoration, work and hours, capacity, changes, security, backup and recovery, access and retention, readiness and corrective actions. Identify sources, periods, targets, exclusions and missing data. QA links programme impact and decisions to quality and risk records.

Each change records the need, scope, cost, authority, acceptance criteria, testing, release and recovery route. Test affected permissions, assessments, access and records before use. The Academy records acceptance or required correction, with an owner and deadline. A closed supplier ticket does not itself close the related student or academic issue; later review confirms the correction's effect.

Standard 9 Accessibility and reasonable adjustments

9.4 Institutional accessibility framework

GC Academy provides individual accessibility adaptations where a student's needs require them, using a consistent request, decision, implementation and review process. Existing platform features include multilingual automatic video captions on request, slower playback and text enlargement. These functions provide a basis for support; their availability does not certify platform-wide WCAG 2.1 Level AA compliance.

The QA accessibility contact coordinates requests and maintains the process with Administration, the Head of Institution and technical staff. Publish an accurate accessibility statement describing the features available, tested scope, known limitations, support contact and adjustment route. Replace an unsupported general compliance claim with the actual evidence and planned correction.

Stage	Responsibility and required record
Request and identify	Student or staff member reports the barrier through an accessible confidential route. QA records the task and support needed.
Assess and agree	Consult the student and relevant educators or technical staff. Identify reasonable options, requirements, limitations and any relevant specialist evidence.
Approve and resource	Head of Institution approves academic suitability; Director of Operations approves resources within authority. Record the ILSP and decision.
Implement and test	Named educator, administrator or supplier implements the adjustment. Test the actual task, content, device and permissions; record the result.
Review and improve	QA and responsible staff check effectiveness with the student where practicable. Correct barriers, provide an approved alternative and update the plan.

Review automatic captions for the relevant language and learning purpose; correct material errors or provide a suitable alternative. Check the actual learning resources and assessment, rather than only the platform interface. Additional transcript, navigation, screen-reader or other accessibility claims identify what was implemented and tested; they are not assumed from the original manual.

Students receive the decision, practical arrangements and review contact. Staff receive only information needed to implement support. Restrict diagnostic or other sensitive evidence under A25. A rejected or ineffective adjustment has a reason, escalation route and timely review; students can use the applicable complaint or academic appeal process.

Before programme commencement, verify the framework, contacts, staff preparation and essential access routes. Monitor actual requests and barriers through module and service review, and evaluate recurring needs annually. A newly drafted statement or blank ILSP is not evidence of a completed technical assessment or adjustment.

Standard 9 Continuity premises and technical support

Service continuity and recovery

A14 and the agreed supplier arrangements define monitoring, incident handling, backup, replication and recovery. Record actual backup types and frequency, full and incremental copies, mirroring where implemented, live and offsite locations, access protection, retention and the responsible operator. A general claim of backups does not establish a successful restoration.

Confirm service-specific recovery objectives and tolerable data loss in the executed arrangements. Log backup failures, corrective work and restoration exercises. Test readable records, identifiers, submissions, mark history, permissions and case links. The Head of Institution checks academic impact and the authorised institutional officer accepts restoration before resumption.

Review continuity at least annually and after relevant incidents or material changes. Preserve current source code access, version history, deployment guidance, configuration, secure credentials, data exports and dependency or licence information. Verify that an authorised institutional person can retrieve usable material and arrange continuity beyond a single supplier employee.

9.3 Equipment and premises

GC Academy’s educational model is online, with remote working and no student-facing classroom provision in the proposed programme. The Academy does not own real estate; it rents premises and can use the rented rooms to record educational content. Programme teaching is not delivered to students at those premises.

Keep evidence of the actual lease or lawful use, location, permitted purpose and responsibility for the premises used by the Academy. A Panel visit to another organisation’s site or an address in domain or supplier records does not by itself establish GC Academy’s possession or operational use. Confirm the applicable physical safety, access and maintenance requirements for the actual activity; online delivery does not constitute evidence of premises compliance.

Staff receive appropriate authorised equipment and software access for their assigned work. Publish practical requirements for learners and test ordinary devices, downloadable resources and reasonable alternatives. Do not require an undisclosed expensive tool or high-end device simply because it is convenient for the provider.

Technical support and training

Administration receives technical enquiries through the confirmed LMS, email or alternative route and refers supplier work to VTL as necessary. Retain impact, contact, ticket reference, owner, update and closure evidence in the institutional support record. Escalate material access or assessment disruption without waiting for a routine review.

Students complete orientation and receive platform guidance. Educators and relevant staff receive practical role-specific preparation under A21 before duties begin, with supplier training where agreed. Record actual completion and competence checks. The institutional first-response target and the supplier’s separately agreed service objectives are monitored distinctly.

Standard 10 Research and ethical enquiry

10.1 Scope and applicability

The original manual records Standard 10 as not applicable to the proposed provision. This revision retains that audit scope and does not claim a separate institutional research programme, doctoral provision, research infrastructure or completed research outputs. A future extension requires evidence, resources and the appropriate institutional and external decisions.

The BA nevertheless includes enquiry, analysis and a Final Project as part of learning and assessment. Their quality and ethical conduct remain governed by A18, A23, A4 and the approved programme requirements. A not-applicable audit standard does not remove responsibility for the methods, participants, data and integrity of work undertaken within the programme.

Approval before research activity

Before student or staff work involving participants, personal information or other material ethical issues begins, the supervisor or responsible academic identifies the purpose, methods, information needed, risks and necessary permissions under A23. The competent academic review route checks the proposal and records approval, required changes or refusal. Do not describe an unconstituted research ethics committee as an existing body.

The approved plan identifies the scope of contact or data collection, participant information and consent where applicable, confidentiality, access, retention, permission to use third-party material and supervision. Only the approved activity proceeds. Material changes return for review, and any incident or concern follows the appropriate institutional route.

Supervision evidence and reporting

The supervisor monitors compliance with the approved plan and records substantive guidance. Students retain responsibility for accurate sources, methods, attribution and their own work. AI assistance follows the task-specific guidance and declaration; fabricated data or references and misrepresented authorship follow A4 where a concern remains after review.

Final Project assessment considers the quality and limitations of enquiry and the student's ability to explain the work. Ethics approval does not establish the quality of the research result, and an assessment mark does not retrospectively approve unauthorised data collection. Retain the separate proposal, decision, supervision, assessment and any case records securely.

Academic Board and QA consider anonymised issues arising from enquiry and supervision through programme review. Proposed dissemination or community use of work requires the relevant permission and confidentiality checks. Completed outputs and external activities are recorded only when they occur; aspirations for future research remain identified as plans.

Standard 11 Service to society and Maltese needs

11.1 Purpose and external engagement

GC Academy's Maltese identity and international online model provide a basis for service to society. The intended contribution is to help Maltese learners and communication professionals gain relevant skills, learn in an international setting and build professional connections without requiring relocation. Shared learning with international peers, including peers in Asia, can support cross-border understanding and cooperation.

This contribution can strengthen Malta's international educational presence and support professional and economic relationships. These are intended benefits to be examined through actual initiatives and feedback, not a claim that the Academy has already produced national economic or diplomatic outcomes.

A20 and A15 connect community engagement to strategy, responsibilities and resources. The Partnership Manager and Head of Institution identify local needs and possible contributions with relevant external participants. GC Academy has not yet contacted the professional organisations and Maltese business chambers described in its planned outreach. Those relationships are not presented as completed partnerships.

11.2 Structured community initiatives

The Academy plans contact with Maltese business chambers and relevant organisations supporting cross-border cooperation. The consultation identifies who could benefit, the communication or skills need, barriers, useful project themes and the form of participation sought. Record actual contact, response, consent to further cooperation and findings. A proposed list of organisations is not a record of engagement.

Develop suitable initiatives from confirmed needs and available resources. Examples for consideration include supervised Maltese and international student projects on communication challenges, exchange with local practitioners, or educational activities that make relevant knowledge accessible. An initiative becomes an approved commitment only after its purpose, participants, resource requirements and responsibilities are settled.

Each initiative brief identifies beneficiaries, expected benefit, external contribution, learning or community activity, owner, partners' agreed roles, budget or resources, timetable, outputs, access and evaluation. The Head of Institution confirms academic suitability where teaching or assessment is involved; the Director of Operations confirms resources; reserved decisions follow A16. A15 actions IP02 to IP04 and A20's societal contribution objective provide the operational link.

Evaluating benefit

Record actual participation, completed outputs, beneficiary and partner feedback, barriers and continuation of useful relationships. Distinguish student learning from external community benefit. QA and the responsible academic and operational bodies review results annually, decide improvements and verify follow-up. Do not treat a signed agreement or publicity item alone as evidence that societal needs have been met.

Standard 11 Professional and alumni connections

11.3 Professional development and employer involvement

Build on the syllabus consultations acknowledged by the Panel through structured involvement of local employers and professional representatives in programme design and review. A18 identifies the contribution, consultation evidence and link to curriculum, outcomes and assessment; A17 governs any actual committee membership. A Labour Market Advisory Board is not recorded as established without its approved remit and appointments.

Professional learning opportunities and relevant educational exchange can contribute to local needs when supported by actual demand, resources and the necessary approval. Do not claim delivered short courses, microcredentials, annual free webinars or a separate CPD strategy without the corresponding records. A21 governs staff development; it is not evidence of an operational public short-course portfolio.

11.4 International cooperation and alumni

Use online collaboration to connect Maltese and international learners and practitioners through relevant academic and community work. Record the actual scope and outcomes of each relationship. Planned memoranda, international projects or external funding are not described as concluded, funded or delivered without evidence.

The LMS supports alumni communities and continuing services. During the Panel interviews, this functionality was demonstrated through the IJF Academy example. It enables graduates to remain in contact, share employment opportunities and exchange professional materials. Educators and graduates can share relevant learning content, articles and continuing-development information, with digital library access supporting continued learning.

The proposed BA has no graduates yet. Activate its alumni community after graduation with accurate access terms, contact preferences, privacy, conduct and intellectual-property arrangements. The available platform function does not establish an existing BA alumni association, employer panel, tracer study or graduate-outcomes record.

After graduates become available, use appropriately informed alumni and employer feedback to understand learning relevance, professional connections and outcomes. Record the population, period, method, participation and limitations. Employment outcomes are not inferred from job advertisements or platform access. Feed relevant findings into programme review and societal initiatives.

11.5 Citizenship inclusion and accountability

Design activities that respect cultural diversity, ethical communication, accessible participation and responsible professional practice. Consider how Maltese participants and local organisations benefit, alongside the international learner experience. Approved collaborative work retains each student’s contribution and relevant community permissions.

The Partnership Manager maintains the contact and activity record; the Head of Institution confirms learning and curriculum implications; the Director of Operations confirms resources; QA links evidence, decisions and improvement. Annual review distinguishes planned, agreed, active and completed initiatives. Update A20, A15, A18, A17 and SAR section 11.3 through their controlled revisions as the arrangements develop.

Annex A Readiness and review records

This matrix identifies the principal evidence and decision routes. Use the relevant existing detailed record and link it here; a completed title or tick without supporting evidence does not verify readiness. Enter actual dates, people, versions and decisions.

Control and timing	Required evidence	Decision or review
Before commencement	Provider and programme authorisations; conditions; approved specification; signed academic arrangements.	Head of Institution and Academic Board; corporate authorisation under A16.
Before programme or intake commitment	Budget and cash; full staff, administration and QA capacity; cover; concurrent cohorts and returners.	Director of Operations and relevant reserved authority; academic and independent QA confirmation.
Before teaching and assessment	All module D10 records; approved briefs and rubrics; core-resource access; staff clearance; actual LMS and proctoring checks.	Head of Institution; QA evidence check; authorised operational acceptance.
Before student commitments	Consistent admissions, fees, refund choice, agreement and policy versions; actual support and professional-referral access; public information.	Academic, administrative and financial owners; QA consistency check.
Before affected activity	Individual adjustments; resource and device checks; recording notice, consent where required, permissions and staff preparation.	Academic and resource approval; QA coordination; actual implementation evidence.
Monthly during delivery	Engagement and cases; measured response and resolution; incidents; VTL report; workload and CPD follow-up.	Service and academic owners; independent supplier acceptance; QA action tracking.
Module semester and quarterly	Assessed outcomes and moderation; feedback; partner delivery; risk; actions; independent QA capacity review.	Head of Institution, Academic Board, QA and Curriculum Committee and operational authorities.
Annual and periodic	Programme review; strategy, budget, SWOT, records, accessibility, continuity, public information and societal benefit; three-year programme review.	Academic and corporate bodies within their remits; QA verifies follow-up and effect.

Each record identifies the source or test, scope, environment or cohort, date, result, limitations, owner, authority, conditions, evidence location and next check. Preserve the original A15 due dates and reasons for any authorised change. Scheduled activity is recorded as completed only when it occurs.

Annex B Quality action and effectiveness record

Blank record for an actual quality finding and its follow-up. Use secure links to evidence and restricted case records. One action can reference several standards or documents; avoid duplicate records that obscure responsibility.

Action identifier and related standard or module: _____

Finding source date period and evidence location: _____

Finding and effect on students learning or provision

_____

_____

Evidence limitations and further information needed: _____

Decision action or reason for retaining the current approach

_____

_____

Decision authority reference and date: _____

Responsible owner and supporting roles: _____

Resources approved and dependencies: _____

Original due date and authorised change with reason: _____

Required completion evidence and intended benefit: _____

Affected policies modules records or public information: _____

Implementation date evidence and verifier: _____

Communication to staff students or partners: _____

Effectiveness check date method and responsible reviewer: _____

Observed effect evidence and remaining limitations

_____

_____

Closure or reopening decision authority and date: _____

Escalation next action and next review: _____

Completion and effectiveness are separate judgements. Do not close an action solely because a policy was drafted, a message sent, a supplier ticket closed or a meeting held. Record what changed and whether the intended improvement occurred.

Annex C Related controlled documents

Use the approved current version applicable to the activity. The September 2026 revisions provide the alignment basis for this manual; drafting does not establish approval or operation. QA records exact filenames, versions, approval, issue and replacement through the Document Control Register and evidence index.

Document family	Documents and responsibility
Strategy and governance	A20, A15, A14, A16, A17 and GCA Organigram. Corporate, operational, academic and QA owners act within the defined remits.
Staffing and development	A7, Qualification Requirements, A21, A8 and Planned Lecturer to Student Ratio Assumptions. Include full workload, competence, clearance and cover.
Programme and assessment	A18, programme application dated 18 June 2026, Assignment, Case Study, Presentation and combined Assessment Rubrics. Head of Institution coordinates academic alignment.
Ethics and integrity	A23, A4, A1, A3, AI and Generative AI Guidance and A24. Separate fair case decisions, independent appeal, publication and preparation.
Student administration	A12, Student Agreement Template, A10, A25, Student Engagement Monitoring, Student LMS Onboarding and Student Handbook; A2 for complaints and A5 for privacy.
Resources and digital delivery	Projected Intake and Revenue Assumptions, Student Survey and Feedback Templates, Online Identity and Proctoring Procedure, Digital Learning Provision and the VTL agreement and proposed SLA supplement.
Institutional evidence	Annual QA Calendar, SAR, financial and risk records, readiness and evidence registers, Document Control Register and evidence index. Their owners maintain actual status and links.

Controlled follow-through

The Annual QA Calendar receives the agreed timing, responsible roles, independent capacity checks and verification of effectiveness. The SAR describes the resulting arrangements and actual evidence, including corrections on wellbeing and accessibility. Financial, risk and readiness records show unresolved requirements and their resolution rather than assuming completion from the text of this manual.

The document owner retains the revision record mapping the original subjects, audit observations and recorded alignment requirements. New evidence is added with its actual date and source. This revision does not retrospectively change a submission date, reuse a signature, certify a partnership or mark a planned BA activity as completed.