

APPEAL

GLOBAL MANAGEMENT BUSINESS SCHOOL (GMBS)

against the decision of the Malta Further and Higher Education Authority dated 10 August 2026 refusing Initial Provider Accreditation

Item	Details
Appellant	Global Management Business School (GMBS)
Decision under appeal	MFHEA Decision of 10 August 2026
Addressee	Quality Assurance Committee (QAC), Malta Further and Higher Education Authority
Grounds relied upon	Grounds 1, 2, 4 and 5 under MFHEA Policy and Procedure for Appeals
Date and time of notification	10 August 2026 at 09:04:13 Malta time (07:04:13 UTC), by email
Date of submission	27 August 2026
Signatory	Lukas Kopac, Chairman of the Board of Directors

SUMMARY OF THE APPEAL

1. GMBS challenges the MFHEA decision of 10 August 2026 in its entirety. The substantive core of the appeal concerns Standards 6 and 11 - the only two Standards rated Partially Compliant. The practical minimum objective of the appeal is to have them reclassified at least as Substantially Compliant; GMBS maintains its request for a Compliant rating wherever the complete original record permits a reliable conclusion that the contested Minimal Indicators were met.
2. Standard 6 constitutes the strongest factual and methodological part of the appeal. The [Final Accreditation Report](#) itself acknowledges formalised programme-design policies, governance arrangements, stakeholder consultations, an external student representative, an appropriate programme structure, comparative analysis, and an online programme-design and review framework. The negative assessment is therefore concentrated principally on 6.2, 6.3(m), and 6.6, rather than on any absence of a programme-design system as a whole.
3. GMBS regards 6.3(m) as the clearest individual point. In one place, the [Final Accreditation Report](#) acknowledges an external student representative, while under 6.6 it simultaneously states that there was "no confirmed student participation". According to the [GMBS MBA Programme Approval Process Documentation](#), the original record documents the following chain: student representative -> formal participation -> substantive assessment-related input -> governance decision -> follow-up action. The Panel's inability sufficiently to verify a particular fact through the selected interview sample does not automatically constitute affirmative evidence that the documented process did not occur.
4. In relation to 6.2, GMBS objects to the shift from the published test of mission, labour-market needs, and current sectoral knowledge to a separate threshold of direct and systematic employer engagement, particularly in the Maltese context. In relation to 6.6, GMBS points to a specific audit trail: stakeholder -> input -> governance consideration -> programme change -> approval. Where the complete record permits a reliable conclusion, GMBS seeks a finding of Met; where the Committee considers further verification necessary, GMBS seeks only a focused reassessment identifying the specific missing or unreliable link.

5. Standard 11 constitutes the second principal substantive core of the appeal. Indicators 11.1 and 11.2 were accepted, and the dispute centres on 11.3. GMBS distinguishes between actual Malta-based professional engagement, supported by [Technical Report PROT2025-0257](#), and the narrower formal-invitation element, "are invited to join". If the formal invitation is established by the original record, GMBS seeks 11.3 = Met and Standard 11 = Compliant. If it is not, the matter amounts to a narrow pre-intake formalisation gap, and Standard 11 should be rated at least Substantially Compliant.

6. Standards 1, 2, and 4 are maintained as secondary supporting lines of argument. Particular weight attaches to 2.11 because its wording concerns the allocation of sufficient resources, whereas the report confirmed allocated resources, technical partnerships, continuity arrangements, and training, and linked the negative conclusion principally to incomplete operational deployment. In relation to Standard 4, GMBS does not contend that tuition fees cannot be relevant to more than one indicator; it objects to a single underlying transparency defect being automatically transformed into several independent systemic failures.

7. GMBS expressly accepts two undisputed residual factual cores: unpublished tuition fees and a proctoring/identity-verification framework that had not been finalised. The [Final Accreditation Report](#) also contains a separate reservation concerning the complete configuration of live interaction; GMBS does not dispute this as a historical readiness issue, but submits that it should not, without more, be counted as a third independent systemic failure. All these pre-operational matters are objectively verifiable before the relevant activity is activated. The appellate question is therefore not whether they existed, but whether their true nature and non-duplicative severity justified refusal of Initial Provider Accreditation as a whole rather than non-activation conditions, conditional accreditation, shorter validity, or focused verification.

8. The procedural and legal objections under regulations 40(1)(b), 40(1)(d), and 40(2) are maintained, as is the requirement for an identifiable whole-system opinion and a reasoned bridge. The comparators are used hierarchically: the [Yhank Institute Initial Provider Accreditation Report](#) as the principal initial-provider comparator; the [London School of Commerce Malta \(LSCM\) EQA Audit Report](#) selectively in relation to 6.3(m) and 6.6; and the [MED.E.A Appeals Board Panel Report](#) together with the [Signum Magnum College EQA Audit Report](#) principally in relation to the availability of alternative remedial outcomes.

9. GMBS accordingly seeks direct correction wherever the original record permits a reliable conclusion; at least a Substantially Compliant rating for Standards 6 and 11 as the practical minimum outcome; a Compliant rating wherever the contested indicators are established as Met; and, subsidiarily, conditional Initial Provider Accreditation with precise pre-recruitment, pre-teaching, and pre-assessment gates. A new focused assessment is sought only as a further alternative for questions that cannot safely be resolved on the basis of the original record.

KEY EVIDENCE MATRIX (NAVIGATIONAL AID, NOT NEW EVIDENCE)

This matrix merely makes the evidence and submissions already contained in the original accreditation record – or identified in the [GMBS Response](#) as a contemporaneous index – more accessible and easier to navigate. It does not introduce any new post-visit evidence of compliance and does not replace the detailed reasoning in the following sections of the appeal.

Finding	Decisive evidence in the original record	Evidential significance	Appellate relief sought
6.2	Evidence of Labour Market Needs Analysis in Designing Programmes (MBA) ; Business Plan/PEST and the Maltese context; GMBS MBA Programme Approval Process Documentation (Industry Stakeholder Focus Group; Section 6 – Curriculum Change Log). The documents relating to 6.2, 6.3 and 6.6 were submitted on 12 January 2026; the MFHEA confirmed receipt on 16 January 2026.	Alignment with the mission, labour-market needs, sectoral know-how, and direct employer input resulting in specific programme changes.	Primarily: Met; alternatively: a focused reassessment strictly against the wording of 6.2.
6.3(m)	Section 3 – Minutes of Curriculum Council Meeting (01 Mar 2025) ; Section 4 – Minutes of Accreditation Council Meeting & Resolution (10 Apr 2025) ; Jan Michalec’s input and the ensuing assessment/feedback follow-up; the pre-visit offer of written or virtual corroboration.	An identified student representative, formal participation, substantive input and documented follow-up; an interview was not a published requirement of the indicator.	Direct correction to Met; focused corroboration only in the alternative.
6.6	Section 1 – Stakeholder Register ; Industry Stakeholder Focus Group; Academic & E-Learning Stakeholder Meeting; Curriculum Council; Accreditation Council; Section 5 – Consultation Outcomes Report ; Section 6 – Curriculum Change Log .	All stakeholder categories and an auditable chain: stakeholder → input → decision → programme modification → approval.	Met, if the record permits a safe conclusion; otherwise, set aside the Not Met finding and conduct a focused reassessment identifying the specific missing link.
11.3	Technical Report PROT2025-0257 – Totara LMS Platform Verification (8 Aug 2025); Malta Quality Education / ARP Group Ltd; Edu Alliance; the GMBS Response as a contemporaneous index to pre-existing Malta-based engagement.	Rebuts the broad premise that local professional engagement remained merely planned; the precise formal-invitation element must be assessed separately.	Set aside the broader finding; reassess against “are invited to join”; if the formal element was not proven, impose only a narrow pre-intake formalisation condition.
2.11 / 7.15	The Final Accreditation Report ’s own findings: allocation of resources, hosting, continuity, partners and training were confirmed; live delivery and proctoring had not yet been fully finalised.	Proctoring is a discrete 7.15 assessment-integrity gap; the live-delivery issue must be assessed separately; these are not two independent systemic failures.	Non-duplicative weighting; pre-teaching and pre-assessment verification gates.
4.3 / 8.1	The Final Accreditation Report and GMBS’s admission that the tuition fee had historically not been published.	One transparency-related factual defect relevant to two indicators, not two independent provider-wide failures.	A single whole-system severity assessment; no recruitment or enrolment pending verification of C1.

TWO DECISIVE ANALYTICAL DISTINCTIONS

First, a failure to meet a minimum regulatory requirement must be distinguished from an area in which the underlying system exists but requires further maturity, formalisation, or future improvement. In Initial Provider Accreditation, credible readiness cannot, without a clear normative basis, be equated with an operational history that can arise only after the commencement of operations.

Second, an inability to verify sufficiently is not the same as affirmative evidence of non-occurrence. If the Panel was unable sufficiently to confirm a particular fact through the selected interview sample, it must identify specific contrary evidence or a specific deficiency in the documentary record; the verification limitation alone does not automatically establish that the documented process did not exist.

1. FORMAL INTRODUCTION AND ADMISSIBILITY OF THE APPEAL

11. This submission constitutes a formal appeal against the [MFHEA Decision of 10 August 2026](#). The appeal is brought under the [MFHEA Policy and Procedure for Appeals](#) and relies on Grounds 1, 2, 4 and 5. Although GMBS challenges the refusal as a whole and also identifies other erroneous or disproportionately weighted findings, its principal substantive grounds concern Standards 6 and 11, which were the only Standards rated Partially Compliant.

12. Ground 1 is relied upon in respect of breaches or inconsistent implementation of written procedures, particularly as regards the time limits for making representations, the factual-accuracy review, the handling of the [GMBS Response](#), the use of available verification during the site visit, and the transparency of the decision-making record.

13. Ground 2 is relied upon where the Peer Review Panel applied a criterion that differed from, or was stricter than, the published wording of the indicator, particularly under 2.11, 6.2, 6.3(m) and 11.3.

14. Ground 4 is relied upon where a conclusion does not correspond to the documents and facts submitted before or during the site visit, particularly in relation to Standard 1 and findings 6.2, 6.3(m), 6.6 and 11.3.

15. Ground 5 is relied upon where the decision or a specific finding lacks sufficient evidentiary and reasoned support in the [Final Accreditation Report](#), including unexplained cumulative weighting of the same facts and the absence of a whole-system decisional bridge.

16. GMBS does not rely on Ground 3 concerning conflict of interest. Ground 3 is therefore not part of this appeal and is not separately developed below. The appeal contains no allegation of bad faith, deliberate manipulation, or ethical misconduct.

17. The historical state of compliance is established solely by the original record. The [GMBS Response](#) is not relied upon as new evidence of compliance, but as a contemporaneous index to documents that already existed and as evidence that the MFHEA was alerted, before its final decision, to specific inconsistencies and overlooked evidence.

2. FACTUAL AND PROCEDURAL HISTORY

18. In all citations, a strict distinction must be drawn between the [QAC-Reviewed Report](#) and the [Final Accreditation Report](#). The former records the original Met/Not Met statuses; the latter is the source of the Panel's final reasoning, Standard-level judgements, and recommendations.

19. The final profile rated Standards 3, 5 and 9 as Compliant; Standards 1, 2, 4, 7 and 8 as Substantially Compliant; Standards 6 and 11 as Partially Compliant; Standard 10 as not applicable; and no Standard as Non-Compliant. The timeline below sets out the procedural facts relevant to the statutory time limits, the admissibility of evidence, and the reviewability of the decision.

Date / time	Action	Legal and evidential significance
12 January 2026	Submission of the documents Evidence of Labour Market Needs Analysis in Designing Programmes (MBA) and GMBS MBA Programme Approval Process Documentation ; receipt was confirmed by the MFHEA on 16 January 2026.	Key evidence relating to 6.2, 6.3 and 6.6 was on the record before the site visit.
5–6 March 2026	GMBS site visit.	The critical date for the historical evidentiary state of compliance.
7 May 2026	The QAC-Reviewed Report version.	Contains explicit Met/Not Met statuses.
12 May 2026, 14:49:13 Malta time	The MFHEA sent the QAC-Reviewed Report and set a deadline of 22 May; comments were limited to factual accuracy and misunderstandings.	Ten days rather than the two weeks provided for in the Provider Accreditation Manual ; this was not the six-week period for submitting views under regulation 40(1)(d).
13 May 2026, 22:14:42 Malta time	GMBS submitted the GMBS Response .	A contemporaneous index to evidence already contained in the original record.
26 May 2026	The Panel responded to GMBS's comments.	Relevant to the comparison between the original and revised reasoning.
18 June 2026	The QAC considered the Final Accreditation Report and recommended refusal.	The QAC acted before the expiry of six weeks from 12 May 2026.
10 August 2026, 09:04:13 Malta time	The MFHEA notified GMBS by email of the MFHEA Decision of 10 August 2026 .	The 20-running-day appeal period commenced on 11 August 2026.

3. APPLICABLE LEGAL AND METHODOLOGICAL FRAMEWORK

3.1 [S.L. 607.03](#) – decision-making framework for Initial Provider Accreditation

Regulation 37(1)(a) expressly includes a provider quality audit for the purposes of initial accreditation, and regulation 37(3) provides that the audit report forms the basis of the decision to grant or refuse accreditation. The decision must therefore be traceable to the report and to the complete original record.

Regulation 34(2)(f), (g) and (j) require rigorous, fair, consistent and transparent decision-making and the consistent application of published criteria and procedures. This duty concerns not only the ultimate outcome, but also the interpretation of indicators, the evidential threshold, the weight assigned to comparable findings, and the selection of the remedial consequence.

Regulation 39 requires pre-established procedures and standards, consideration of the written submissions, and discussion with the provider. Regulation 42(4) also expressly permits conditional provider accreditation and a shorter validity period. The legal framework is therefore not binary and provides tools by which objectively remediable pre-intake risks may be made subject to conditions and subsequently verified.

Regulation 40(1)(b) imposes on the experts a duty to state whether “the system as a whole [is] satisfactory”. This is a distinct statutory element of the audit report, the absence of which is addressed in Section 6.

3.2 Regulation 40(1)(d) – the distinct statutory right to a six-week provider-views stage

Regulation 40(1)(d) provides that the report is to be sent to the provider and that the provider is to be allowed six weeks to submit its views. GMBS interprets this provision as creating a distinct statutory procedural entitlement of the provider, consisting of a genuine six-week opportunity to respond to the report. By contrast, the [External Quality Assurance Provider Accreditation Manual](#) (hereinafter the "[Provider Accreditation Manual](#)") provides for a narrower factual-accuracy phase with a two-week period. The different purpose, scope and duration of the two mechanisms support GMBS's position that the factual-accuracy phase cannot, without more, be treated as satisfying the statutory provider-views requirement under regulation 40(1)(d).

MFHEA sent the [QAC-Reviewed Report](#) to GMBS on 12 May 2026 and set a deadline of 22 May 2026. If MFHEA considers that communication to have satisfied regulation 40(1)(d), GMBS submits that the statutory requirement was not met: only ten days were afforded instead of six weeks, and the scope of the response was expressly limited to factual accuracy and misunderstandings. If MFHEA considers the communication of 12 May merely to have constituted the factual-accuracy phase under the Provider Accreditation Manual, the complete administrative record must identify **when and by what procedural step** GMBS was subsequently afforded the statutory six-week provider-views opportunity required by regulation 40(1)(d). The available record does not demonstrate such a step.

In the [Malta Leadership Institute Appeals Committee Report](#), the Appeals Committee directly supports this interpretation: it treated the absence of the final report and of a six-week opportunity to submit views as a material procedural defect, upheld Claim 5, and ordered that the final draft be sent with the full statutory period.

3.3 Regulation 40(2) - remedial stage where fundamental defects are identified

Where fundamental defects are identified, [S.L. 607.03](#) uses the wording "the provider shall be allowed a reasonable time period ... to undertake measures to rectify such defects". GMBS does not derive from this provision an automatic right to accreditation or a general right subsequently to remedy every Not Met finding. It does contend, however, that if the Authority classified the deficiencies as fundamental, it must be explained whether and how the remedial step envisaged by law was applied.

The [Malta ICOM Appeals Committee Decision](#) arose in the different context of a periodic audit and revocation under regulation 38(2). GMBS therefore submits that this decision does not, of itself, create a general exception for Initial Provider Accreditation under regulation 37(1)(a). This is also a legal question that must be assessed within the precise systematic relationship between regulations 37, 38, 40, and 42.

The subsidiary logic remains straightforward: if the deficiencies were not fundamental, their lower degree of seriousness increases the need to explain why conditional accreditation, shorter validity, or targeted verification would not have sufficed. If they were fundamental, the MFHEA must explain why a reasonable rectification period was not provided. In either alternative, the central issues are the reviewability and proportionality of the outcome selected.

3.4 [Yhank Institute Appeals Committee Decision](#) – standard of appellate review

The [Yhank Institute Appeals Committee Decision](#) characterises an appeal as appellate and supervisory review. The Committee is not automatically required to conduct a new de novo accreditation, but it may intervene in cases of procedural irregularity, manifest inconsistency, insufficient reasoning, disproportionality, or material error in the application of the accreditation framework. The decision also rejects a rigid numerical formula: the number of Not Met findings does not, by itself, determine refusal without consideration of context, seriousness, and systemic nature.

The [Yhank Institute Initial Provider Accreditation Report](#) is the principal comparator because it concerns the same Initial Provider Accreditation procedure. The [London School of Commerce Malta \(LSCM\) EQA Audit Report](#) is used selectively in relation to the same Minimal Indicators 6.3(m) and 6.6. The [MED.E.A Appeals Board Panel Report](#) and the [Signum Magnum College EQA Audit Report](#) are used principally to demonstrate

that the MFHEA regulatory framework and practice recognise material correction of a licensing outcome, conditions, follow-up, and monitoring visits. The remaining decision-making practice is summarised in Annex A.

GMBS does not present these decisions as mechanical *stare decisis*. Their function is to test the consistency of the threshold applied, the proportionality of the rating, and the actual availability of less restrictive remedies. If the MFHEA applied a substantially stricter threshold to a materially comparable Minimal Indicator, it must identify the specific factual or normative distinction.

3.5 Scope of appellate powers

The [MFHEA Policy and Procedure for Appeals](#) permits an appeal to be dismissed, the appellant's arguments to be upheld in whole or in part, or a new assessment to be ordered at the MFHEA's expense. Published practice further demonstrates that materially upholding an appeal may include correction of factual findings, a change in rating, or - in an appropriate case - a change in the licensing outcome.

GMBS therefore seeks direct correction only where the original record permits a reliable conclusion. For matters requiring further expert verification, it seeks a focused reassessment, not the wholesale reopening of areas that the Panel determined positively.

3.6 Hierarchy of comparators

- Yhank Institute - the principal Initial Provider Accreditation comparator and the source of the supervisory standard of review.
- LSCM - a selective indicator-level comparator for 6.3(m) and 6.6; its different periodic-audit context is expressly taken into account.
- MED.E.A and Signum Magnum - remedy-calibration comparators for material correction, conditional/follow-up architecture, and non-binary regulatory outcomes.

4. HOLISTIC ASSESSMENT AND THE LIMITS OF THE MFHEA'S DISCRETION

GMBS accepts that Initial Provider Accreditation is not assessed by mechanically adding up indicators and that the Panel may assess the provider's readiness as a whole. A holistic judgement is, however, a method for integrating legally and methodologically sound findings; it is not an exception to the precise wording of the indicators, the duty to consider the complete record, or the prohibition on duplicate weighting.

The [Yhank Institute Appeals Committee Decision](#) confirms both aspects of the test. Minimal Indicators are mandatory, and a serious systemic failure may justify refusal. The [Provider Accreditation Manual](#), however, contains no rigid numerical formula, and refusal cannot be the automatic consequence of an isolated finding without an assessment of context, seriousness, proportionality, and systemic nature.

The final GMBS profile contained no Non-Compliant Standard. Standards 3, 5 and 9 were Compliant; Standards 1, 2, 4, 7 and 8 were Substantially Compliant; and Standards 6 and 11 were Partially Compliant. This profile does not in itself confer an entitlement to a licence, but it is an inseparable part of the overall factual picture and requires a reviewable explanation of why the remaining deficiencies amounted to overall unpreparedness.

The positive findings concerned the principal institutional pillars: a coherent IQA system, a clear governance structure, qualified leadership and academic staff, a realistic organisational framework, programme-design architecture, student-centred learning, student administration, and digital infrastructure. Standard 9—critical to a fully online model—was Compliant without a recommendation, and the Panel identified no major concerns in relation to continuity and technical safeguards.

A holistic assessment should therefore encompass both positive and negative evidence. In GMBS's submission, a holistic assessment must take account not only of negative reservations and Not Met findings, but also of positive systemic findings and their relative weight. The decision-making record should therefore make it possible to identify which independent risks prevailed, what weight they were given, and why a condition, a shorter validity period, or targeted verification was not regarded as proportionate.

Where the same factual circumstance is relevant to several indicators, any multiple negative weighting of that circumstance in the overall assessment of seriousness should, in GMBS's submission, be supported by distinct normative and evaluative reasoning.

Unpublished tuition fees constitute one factual core under 4.3 and 8.1; unfinished proctoring constitutes one core under 2.11 and 7.15; and stakeholder participation constitutes one overlapping core under 6.2, 6.3(m), 6.6 and, in part, 11.3. Thematic relevance to several indicators does not mean that the same defect may, without explanation, be multiplied into several independent systemic failures.

The same factual circumstance may legitimately be relevant to more than one Minimal Indicator where the indicators protect different regulatory interests. That multiple normative relevance does not, however, automatically mean that there are several independent systemic failures. In the overall decision on Initial Provider Accreditation, the MFHEA must distinguish between the number of indicators affected and the number of genuinely independent risks, and explain the separate seriousness it attributes to each. This approach follows from the requirements of rigorous, fair and consistent decision-making under regulation 34(2)(f), the consistent application of published criteria under regulation 34(2)(j), and the test of context, seriousness and proportionality confirmed in the [Yhank Institute Appeals Committee Decision](#).

Once the criterion shift, factual errors, and duplication are corrected, what remains consists principally of precisely bounded and objectively verifiable pre-intake gaps: publication of tuition fees and finalisation of identity verification/proctoring. The [Final Accreditation Report](#) itself ties them to a point before recruitment, enrolment, or assessment. Their nature therefore supports conditional accreditation and a verifiable prohibition on activating the relevant activity until rectification, rather than automatic refusal.

It should ultimately be possible to verify from the contemporaneous decision-making record that the entire chain of decision-making was based on the findings stated in the [Final Accreditation Report](#) and the original record. Original reasons may be clarified on appeal and supported by contemporaneous notes; GMBS nevertheless objects to the creation of a new determinative ground that appeared neither in the report nor in the historical decision-making record. The [Yhank Institute Appeals Committee Decision](#) expressly confirms this limit: it permits contemporaneous notes and explanatory evidence only to clarify matters already arising from the original audit process, while also stating that an appeal must not be used to reconstruct an entirely new evidential basis or create new grounds for refusal, and that an inadequately reasoned decision cannot automatically be cured by wholly new reasoning first formulated during the appeal.

4.1 Conceded and precisely ring-fenced deficiencies

GMBS expressly accepts that, as at the date of the historical assessment, the tuition fees had not been published and the online proctoring solution had not yet been fully finalised and tested. The [Final Accreditation Report](#) also contains a reservation that the live-interaction arrangements had not been fully configured at the time of the visit. This appeal does not retrospectively remove those historical facts by means of new evidence.

GMBS does, however, challenge their cumulative regulatory weight. In terms of the explicit residual factual cores, two undisputed pre-operational deficiencies remain: public-information transparency concerning tuition fees and online-assessment integrity concerning finalisation of proctoring. Live-interaction configuration remains a separate readiness reservation that can be objectively verified before teaching, but it should not, without specific reasoning, be converted into a third independent whole-provider failure. The risks can be isolated from operations through non-activation safeguards: no recruitment or enrolment before verification of the public information; no commencement of the relevant online teaching activity before verification of live interaction; and no online

summative assessment before verification of the identity-verification/proctoring framework. This acknowledgement is not a concession in relation to the contested findings 6.2, 6.3(m), 6.6, or 11.3.

4.2 Materiality and prejudice – the identified errors are not harmless

The identified errors of criterion, evidence, reasoning, and weighting are not merely academic. Standards 6 and 11 were the only Standards rated Partially Compliant. Standard 6 materially rested on findings 6.2, 6.3, and 6.6; Standard 11 rested on the sole Not Met finding under 11.3. Direct correction of 6.3(m), the setting aside or material revision of 6.2 and 6.6, and the confinement of 11.3 to its precise published wording therefore alter the very core of the adverse profile on which the refusal may have depended. After those corrections, what remains consists principally of the objectively verifiable and ring-fenced pre-operational gaps identified above.

These deficiencies in the assessment and decision-making process cannot be regarded as harmless, since they may have materially affected the Standard-level judgements, the whole-system assessment, and the choice of outright refusal rather than a conditional or targeted remedy.

4.3 Positive whole-system findings that must form part of the holistic picture

The positive factual picture does not derive from GMBS's self-assessment, but from the Panel's own findings. The Panel confirmed a clear mission and strategic framework, coherent and realistic governance, a comprehensive IQAS, qualified leadership and staff, structured staff development, a comprehensive programme-design framework, student-centred learning, student-administration safeguards, and extensive digital infrastructure. Standards 3, 5, and 9 were Compliant; no Standard was Non-Compliant.

Standard 9 is particularly significant. The [Final Accreditation Report](#) confirmed technical support, continuity procedures, real-time mirroring, backups, external technical partnerships, hosting safeguards, and scalability, and stated: "No major concern emerged, though operational maturity will need to be demonstrated in practice." GMBS does not use Standard 9 as mechanical proof that all other online indicators must be Met. It uses it as an internal calibration of the principle that a future need for operational verification is not automatically equivalent to present non-compliance.

The same distinction is important in relation to Standards 6 and 11. Where the underlying architecture exists and the disputed reservation concerns the breadth of participation, formalisation, or maturity, it must be explained why this amounts to failure to meet a mandatory minimum rather than an area for further development, a condition, or follow-up. A holistic assessment must integrate both positive and negative findings and distinguish the number of affected indicators from the number of genuinely independent risks.

With a profile of three Compliant, five Substantially Compliant, and two Partially Compliant Standards, the decision record must therefore make it possible to review which remaining independent deficiencies were determinative, what degree of seriousness the QAC attributed to them, and why they could not safely have been managed through conditional accreditation, shorter validity, or non-activation gates.

5. GROUND OF APPEAL 1—BREACH AND INCONSISTENT IMPLEMENTATION OF PROCEDURAL RULES

5.1 Curtailment of the two-week period under the [Provider Accreditation Manual](#)

On 12 May 2026, the MFHEA sent GMBS the [QAC-Reviewed Report](#) and invited comments by 22 May 2026. The email expressly confined comments to factual accuracy and possible misunderstandings and stated that the Panel would not be asked to provide specific reasons for its findings and recommendations.

The MFHEA afforded ten calendar days, although the [Provider Accreditation Manual](#) provides two weeks from receipt of the [QAC-Reviewed Report](#) for the factual-accuracy review. This is a prima facie departure from the MFHEA's own written procedure.

At the report-drafting and approval stage, the [Provider Accreditation Manual](#) provides a two-week period for the provider to make representations. GMBS received the [QAC-Reviewed Report](#) on 12 May 2026 with a deadline of 22 May 2026, amounting to ten calendar days. GMBS submitted its representations before that deadline expired, but this must be considered in the context of the expressly restricted scope of the comments. The MFHEA stated that comments could concern only factual accuracy and possible misunderstandings and that the Panel would not be asked to provide specific reasons for its findings and recommendations. The early submission of the [GMBS Response](#) therefore cannot be treated as evidence that the shortened period or restricted procedural opportunity was immaterial; GMBS used the available mechanism to the extent permitted by the MFHEA. What remains procedurally material is both the departure from the two-week period specified in the [Provider Accreditation Manual](#) and the fact that the provider had no opportunity at that stage to require full reasons for the disputed evaluative conclusions.

5.2 The unaccounted-for six-week period under regulation 40(1)(d)

The available correspondence records a ten-day factual-accuracy stage. Subsequent MFHEA communication states that the Panel responded to GMBS's comments on 26 May 2026. The MFHEA Decision of 10 August 2026 then confirms that the QAC considered the [Final Accreditation Report](#) on 18 June 2026, concluded that GMBS had not demonstrated the compliance required for Initial Provider Accreditation, and recommended refusal, which recommendation was subsequently approved by the MFHEA Board. The available record does not establish that GMBS was afforded the statutory six-week period in which to submit its views under regulation 40(1)(d).

If MFHEA considers the email of 12 May 2026 to have satisfied regulation 40(1)(d), the statutory six-week period would have expired approximately on 23 June 2026, whereas the QAC considered the [Final Accreditation Report](#) as early as 18 June. Moreover, GMBS was afforded only ten days and the scope of its response was expressly limited to factual accuracy and misunderstandings. On the basis of that record, the communication of 12 May therefore satisfied neither the temporal nor the substantive parameter of the statutory six-week provider-views opportunity under regulation 40(1)(d).

If MFHEA considers the email of 12 May merely to have constituted the factual-accuracy phase under the Provider Accreditation Manual, the complete administrative record must identify when and by what procedural step GMBS was afforded the statutory six-week opportunity to submit its views. The Appeals Committee should therefore obtain the complete record concerning compliance with regulation 40(1)(d). If MFHEA fails to demonstrate that GMBS was in fact afforded that statutory opportunity, the Committee should find a breach of the statutory procedural requirement and set aside the decision-making process to the extent necessary to remedy that breach.

5.2.1 Specific procedural prejudice

The procedural prejudice does not lie solely in the difference between ten days and two weeks. The email of 12 May 2026 expressly confined GMBS to factual accuracy and misunderstandings. Before the QAC's final recommendation, GMBS therefore had no statutory procedural opportunity to respond to the materially altered reasoning in the [Final Accreditation Report](#), the legal characterisation and cumulative weight of the findings, the absence of a whole-system opinion, the proportionality of outright refusal, the MFHEA's published calibration practice, or the availability of conditional and targeted remedial measures. GMBS's early submission of the [GMBS Response](#) within the scope allowed by the MFHEA did not constitute a waiver of the separate right to submit views under regulation 40(1)(d).

5.3 Treatment of the [GMBS Response](#) and report versioning

The [GMBS Response](#) is one of the key documents in the accreditation process and the ensuing decision-making process. It did not submit new facts arising only after the site visit, nor did it retrospectively manufacture evidence in order to cure deficiencies in the original accreditation record. During the procedural stage designated for the factual-accuracy review, GMBS responded directly to specific disputed statements in the [QAC-Reviewed Report](#) and identified pre-existing evidence that had been available to the Panel in the original accreditation proceedings.

This included, in particular, the [GMBS MBA Programme Approval Process Documentation](#), the [Section 1 – Stakeholder Register](#) and the [Section 2 – Stakeholder Consultation Records](#); the documentation of the *Industry Stakeholder Focus Group*; the [Section 3 – Minutes of Curriculum Council Meeting \(01 Mar 2025\)](#) and the [Section 4 – Minutes of Accreditation Council Meeting & Resolution \(10 Apr 2025\)](#); the [Section 5 – Consultation Outcomes Report](#); the [Section 6 – MBA Programme Development – Curriculum Change Log](#); evidence of the participation of Jan Michalec as the External Student Representative; and documentation of the involvement of employers, external experts, and a Maltese professional partner in online education and quality assurance. This evidence and its significance are analysed in detail in the sections of the appeal concerning indicators 6.2, 6.3—especially 6.3(m)—6.6 and 11.3.

The first and more significant change concerned indicator 6.3(m). The [QAC-Reviewed Report](#) stated categorically that no verifiable evidence of student involvement in the design of study programmes had been submitted and that claims of such involvement were unsupported by documentation or examples of impact on the curriculum. Following submission of the [GMBS Response](#), the [Final Accreditation Report](#) no longer retained that original formulation. In the [Final Accreditation Report](#), the Panel expressly acknowledged that the submitted documentation contained records of stakeholder consultations, discussions within governance bodies, and the involvement of an external student representative from a partner institution. The Panel also acknowledged the specific participation of an external student, although it then characterised that participation as insufficient to demonstrate systematic student involvement.

This change is significant because it supports a material factual objection raised by GMBS: the original absolute statement that no verifiable evidence existed did not correspond to the full contents of the accreditation record. Despite that acknowledgment, however, the Panel did not change the outcome of the assessment, but replaced the original reason with a new and stricter test of "systematic" participation, sufficient depth, practical implementation, and demonstrable influence on curriculum design. A detailed analysis of this shift in the assessment criterion appears in the section of the appeal concerning indicator 6.3(m).

The second, narrower substantive change occurred under indicator 6.6. In the [Final Accreditation Report](#), the original statement “no direct employer engagement in Malta” was replaced with a formulation asserting insufficient evidence of the direct and systematic involvement of stakeholders from the world of work in programme design and review beyond participation in a consultative capacity. This amendment likewise did not result in any change to the negative conclusion. A substantial part of the original finding remained, and the evidence identified by GMBS was neither individually identified nor assessed in the [Final Accreditation Report](#).

Of particular significance is that, under indicator 6.6, the [Final Accreditation Report](#) continued to retain the categorical statement "no confirmed student participation". That statement is in direct internal conflict with the revised text of the [Final Accreditation Report](#) under indicator 6.3(m), in which the Panel expressly acknowledged documentation concerning the involvement of an external student representative and the participation of a specific external doctoral student. Thus, in one part of the [Final Accreditation Report](#), the Panel acknowledged the existence of student participation, while elsewhere in the same document it continued to state that no confirmed student participation existed.

Apart from the changes described under 6.3(m) and 6.6, the Panel's other substantive findings remained without material amendment. Nor did the overall rating of any assessed Standard change. The [GMBS Response](#) therefore did not lead to a transparent reconsideration of the challenged conclusions; it led only to a narrow acknowledgment of part of the evidence under 6.3(m) and a partial reformulation of one reservation under 6.6, while all resulting negative conclusions and overall ratings remained unchanged.

The procedural problem is therefore not that the Panel wholly ignored the [GMBS Response](#) on every individual point. It is that, notwithstanding the precise identification of several bodies of evidence, the Panel made only two limited textual amendments, failed to address most of the identified evidential inconsistencies, and did not explain why that evidence did not lead to a change in the corresponding negative conclusions. In relation to the other challenged findings, the original reasoning was carried forward without a substantive response to the [GMBS Response](#).

In GMBS's submission, merely retaining the original conclusion does not in itself demonstrate that a specific evidential objection was substantively assessed. Likewise, the silence of the [Final Accreditation Report](#) does not provide a clear basis for concluding that the identified evidence was substantively assessed and rejected. If the Panel reviewed that evidence and considered it insufficient, the [Final Accreditation Report](#) should have stated what evidence it assessed, what significance it attributed to it, and for what specific reason it did not alter the outcome of the assessment. No such reasoning appears in the [Final Accreditation Report](#).

The [GMBS Response](#) therefore establishes that material factual and evidential inconsistencies were brought to the Panel's attention promptly and specifically, before the site visit and completion of the [Final Accreditation Report](#). Apart from two limited textual amendments, however, the [Final Accreditation Report](#) did not resolve those inconsistencies, left all resulting ratings unchanged, and additionally created an internal inconsistency between acknowledging student participation under 6.3(m) and categorically denying it under 6.6. GMBS submits that the missing reasoning must not subsequently be supplied by new determinative grounds created only during the appeal proceedings.

GMBS does not thereby allege bad faith, deliberate manipulation, or ethical misconduct by members of the Panel. It does, however, challenge a material deficiency in the decision-making process: specific evidence identified promptly and precisely remained, for the most part, without a substantive response, while the negative conclusions called into question by that evidence were carried into the [Final Accreditation Report](#), save for two limited amendments, without material change.

Student participation

Under indicator 6.3(m), the [QAC-Reviewed Report](#) proceeded from the categorical premise that no verifiable evidence of student involvement in programme design had been submitted and that the claimed student participation was supported neither by documentation nor by any specific example of its impact on the curriculum.

In the [GMBS Response](#), GMBS identified pre-existing documentation concerning a specific student, his involvement, and his specific input into the programme-design process. The [Final Accreditation Report](#) then abandoned the original factual premise: it acknowledged the existence of an external student representative and the inclusion of the student perspective. The negative outcome was nevertheless retained on a different basis—namely, that one person was insufficient to demonstrate systematic participation and that the Panel had been unable to meet that representative.

GMBS submits that this was not merely a supplementation or refinement of the original reasoning. Following submission of the [GMBS Response](#), the original factual premise was effectively abandoned, yet the Not Met status was retained on a different evaluative ground.

It is particularly significant that the inability to interview the student was not stated as a reason for the negative assessment in the [QAC-Reviewed Report](#), although the Panel already knew of that circumstance when the report was prepared. It appeared as an express adverse factor only after GMBS had identified documentary evidence of student participation.

This chronology therefore raises not only the question of the substantive correctness of the assessment under 6.3(m), but also whether the [GMBS Response](#) was genuinely used to reassess the original finding or merely to reformulate a reason that allowed the already adopted negative outcome to be preserved.

Involvement of employers and other stakeholders

The same procedural problem arises in relation to evidence of the involvement of employers and other stakeholders.

In the [GMBS Response](#), GMBS expressly referred to the [Section 1 – Stakeholder Register](#), the [Section 2 – Stakeholder Consultation Records](#), the [Section 5 – Consultation Outcomes Report](#), the [Section 6 – MBA Programme Development – Curriculum Change Log](#), the [Section 3 – Minutes of Curriculum Council Meeting \(01 Mar 2025\)](#) and the [Section 4 – Minutes of Accreditation Council Meeting & Resolution \(10 Apr 2025\)](#); to direct consultations with Enitech, Al Wazzan GmbH and BECO Group; and to specific programme amendments resulting from those inputs.

This evidence was not a general assertion of future cooperation. The original record documented specific employers, their participation in consultations, the subsequent representation of industry representatives on the Curriculum Council and the Accreditation Council, and specific programme changes adopted on the basis of stakeholder input.

Nevertheless, the final negative finding under 6.6 continued to rest on insufficiently systematic stakeholder involvement, insufficient direct involvement of the world of work, and limited traceability of stakeholder inputs. The [Final Accreditation Report](#) does not explain why the specific body of evidence to which GMBS expressly referred in the [GMBS Response](#), and which had demonstrably been available to the Panel before the assessment, was insufficient to demonstrate the required stakeholder involvement. Where GMBS identified specific employers, specific consultations, their representation in the relevant bodies, and specific programme changes prompted by their inputs, the Appeals Committee should examine what element of the original negative finding remained factually unproven after that evidence was taken into account and on what basis the same negative outcome was nevertheless retained.

The procedural problem is therefore not merely that GMBS disagreed with the assessment. In the [GMBS Response](#), GMBS specifically identified evidence that directly challenged the factual conclusions under 6.6. The [Final Accreditation Report](#), however, contains no intelligible answer as to why that evidence failed to cure the originally alleged deficiencies of direct involvement, systematicity, and traceability. The Appeals Committee should therefore examine whether the [GMBS Response](#) was genuinely assessed on its merits under 6.6 or whether the original negative conclusion was retained without demonstrable consideration of evidence that directly called it into question.

GMBS proceeds on the basis that appeal proceedings may clarify existing reasons, but should not create a new determinative ground that was not identifiable from the [Final Accreditation Report](#) or the original decision-making record. Such an approach would also be inconsistent with the approach expressed in the [Yhank Institute Appeals Committee Decision](#), under which original reasons may be clarified and explained, but a new decisive basis on which the original decision did not rest may not first be created during the appeal proceedings. The object of review should therefore remain the [Final Accreditation Report](#) as adopted, including whether it contains an identifiable and persuasive treatment of the specific objections and evidence identified by GMBS before the report was finalised. If such treatment is absent from the report, GMBS objects to its ex post replacement by reasoning that the Panel did not use when adopting the challenged conclusion.

Procedural consequence

The treatment of the [GMBS Response](#) cannot be assessed merely by asking whether the Panel changed certain formulations in the [Final Accreditation Report](#). The material question is whether, after specific inconsistencies with the original record had been identified, the negative conclusions were genuinely reassessed.

In relation to student participation, the [Final Accreditation Report](#) abandoned the original premise that evidence was absent, but retained Not Met on a new basis. In relation to employer and other stakeholder involvement, GMBS identified specific evidence of their direct participation and traceable influence on study-programme design. The [Final Accreditation Report](#), however, does not explain how the Panel assessed that evidence or on what factual and evaluative basis it left the original negative findings unchanged notwithstanding the existence of that evidence.

The Appeals Committee should therefore examine specifically whether the [GMBS Response](#) was assessed on its merits and reflected in the final assessment, or whether the [Final Accreditation Report](#) merely preserved the original outcome in relation to the disputed findings through revised or insufficiently explained reasoning. The substantive correctness of the individual findings under 6.2, 6.3(m) and 6.6 is then considered separately in the section concerning Standard 6.

5.4 Limits of subsequent explanation and the impermissibility of creating new grounds

The [Yhank Institute Appeals Committee Decision](#) does not permit the MFHEA subsequently to supplement a missing factual or decisional basis for the decision under appeal. The appeal proceedings are not an opportunity to reconstruct reasons that were not identifiable in the [Final Accreditation Report](#), the decision, or another part of the original accreditation record.

A later explanation may, at most, clarify a reason or factual circumstance that already formed part of the original assessment process and whose significance to the decision is traceable from the original record. It cannot replace missing reasoning, add a material factual circumstance, or retrospectively create a new decisive ground for refusal.

This boundary is also confirmed by the [Yhank Institute Appeals Committee Decision](#): an assertion of a ratio of one tutor to 150 students could not be treated as central or decisive because it had not been satisfactorily recorded in the [Yhank Institute Initial Provider Accreditation Report](#) and its attribution remained unclear. Likewise, in these proceedings the decision under appeal cannot be sustained on the basis of facts or reasons that first appear only during the appeal and cannot reliably be traced to the original decision-making record.

6. GROUND OF APPEAL 2—APPLICATION OF A CRITERION DIFFERENT FROM OR STRICTER THAN THE PUBLISHED CRITERION

Ground 2 applies where, in assessing compliance with a Minimal Indicator, the Panel did not confine itself to the published wording of the indicator, but created or in substance applied an additional or different threshold that the [Provider Accreditation Manual](#) does not formulate as a condition of compliance. GMBS does not challenge the Panel's expert judgement or its right to test the credibility and implementability of the submitted mechanisms. It does, however, challenge the substitution of a different test for the published criterion without a transparent normative basis.

Ground 2 is relied upon in particular under indicator 2.11, where the published test requires sufficient allocation of resources, whereas the negative outcome was based on incomplete operational implementation of specific tools; under 4.3, where the absence of tuition fees, expressly governed by 8.1, constituted the only specific deficiency; under 6.2, where labour-market evidence was expanded into a separate threshold of direct and systematic employer engagement and a distinct Maltese-employer element; under 6.3(m), where, after existing student participation had been acknowledged, requirements of systematicity, scale, and interview were added even though the text of the indicator does not prescribe them; and under 11.3, where the requirement of invitation/joining was shifted to a test of meaningful, active and outcome-producing participation.

A detailed factual and evidential assessment of each of these instances is set out under the relevant Standards. This section establishes their common legal basis: expert judgement may assess the quality of evidence, but it cannot, without support in the published criterion, create a new compliance threshold and then base a Not Met finding or a Standard-level downgrade on failure to satisfy it.

7. GROUND OF APPEAL 4—CONCLUSIONS INCONSISTENT WITH THE EVIDENCE AND FACTS IN THE ORIGINAL ACCREDITATION RECORD

Ground 4 applies where the Panel’s factual conclusion does not correspond to the documents and facts submitted to the MFHEA before the site visit or during the assessment. Under this Ground, GMBS does not rely on compliance evidence created subsequently. The [GMBS Response](#) is used only as a contemporaneous index to documents that already formed part of the original record and as evidence that the MFHEA was alerted to a specific inconsistency before the report was finalised.

Ground 4 is particularly significant under Standard 1, where the [Financial Plan](#) contained realistic and pessimistic scenarios, the [Business Plan](#) contained a phased Go To Market Strategy, and teaching costs were modelled as a variable direct cost; under 6.2, where the original record contained labour-market analysis, PEST analysis, and direct employer consultations linked to specific programme changes; under 6.3(m), where the [GMBS MBA Programme Approval Process Documentation](#) identified the student, his participation in the Curriculum Council and the Accreditation Council, a specific input, and a follow-up action; under 6.6, where the [Section 1 – Stakeholder Register](#), consultations, Councils, the [Section 5 – Consultation Outcomes Report](#) and the [Section 6 – MBA Programme Development – Curriculum Change Log](#) documented multi-stage participation and traceability; and under 11.3, where specific Malta-based professional engagement, including the [Technical Report PROT2025-0257 – Totara LMS Platform Verification](#), existed before the report was finalised.

Where a negative finding conflicts with such an original record, it cannot be preserved on appeal merely by shifting to a new factual or evaluative ground. The MFHEA may explain an existing reason and contemporaneous notes, but once the original factual premise has been disproved it may not create a new determinative basis that was not identifiable from the [Final Accreditation Report](#) and the decision-making record.

8. GROUND OF APPEAL 5—INSUFFICIENT EVIDENTIAL AND REASONED SUPPORT FOR THE DECISION AND ABSENCE OF AN OVERALL OPINION ON THE GMBS SYSTEM

Ground 5 applies where a final finding or refusal lacks sufficient evidential and reasoned support in the report and record. It encompasses, in particular, the unexplained progression from individual findings to outright refusal, the absence of the Panel opinion required by regulation 40(1)(b), internal inconsistencies between findings, failure to address directly relevant evidence, and unexplained cumulative or duplicate weighting of the same factual cores. This ground does not challenge the existence of expert judgement, but its reviewability and evidential basis.

GMBS does not contend that regulation 40(1)(b) prescribes a particular verbal formula or a single “magic sentence”. It contends that the [Final Accreditation Report](#) contains no identifiable and reasoned expert opinion resolving whether the system as a whole was satisfactory, which discrete deficiencies were determinative, what individual and cumulative weight was attributed to them, and why their systemic seriousness outweighed the Panel’s extensive positive findings.

Regulation 40(1)(b) requires the experts to state in the audit report whether “the system as a whole [is] satisfactory”. This is an express statutory duty of the Panel. The [Final Accreditation Report](#) contains no such opinion.

The [Final Accreditation Report](#) contains individual Standard ratings, findings, and recommendations. It nowhere expresses an expert conclusion as to whether the GMBS system as a whole is satisfactory or unsatisfactory, nor does it explain how a combination of three Compliant, five Substantially Compliant, and two Partially Compliant Standards led to a conclusion of overall unpreparedness.

In GMBS's submission, an implicit inference from the Standard ratings may not suffice as a substitute for an identifiable whole-system opinion. The aggregate of Standard ratings is material for a whole-system opinion, not its legal equivalent. Nor can the MFHEA Decision of 10 August 2026 create that opinion retrospectively: the outcome of the decision cannot replace the statutory expert foundation that should have preceded it.

The QAC and the MFHEA Board have their own decision-making roles, but regulation 37(3) ties their decision to the audit report, while regulation 40(1)(b) specifies what that report must contain. If the Panel did not express a whole-system opinion, a later body cannot claim to have discharged that specific duty on the Panel's behalf.

8.1 Missing decisional bridge

The MFHEA Decision of 10 August 2026 states that the QAC considered the [Final Accreditation Report](#) on 18 June 2026, concluded that GMBS had not demonstrated the required compliance, recommended refusal, and that the Board approved that recommendation. It does not, however, identify which findings were determinative, how they were weighted, how duplicate weighting was avoided, what positive weight was assigned to the Compliant Standards, or why conditional accreditation was insufficient.

If the QAC formulated its own whole-system judgement, the MFHEA must identify the specific contemporaneous document, meeting, reasons, and vote in which that judgement was formulated. If no such document exists, it cannot be reconstructed only during the appeal proceedings. An appeal may clarify an existing reason; it cannot create a new historical link in the decision-making chain. It must also be clarified how, and indeed whether, the QAC could have reached an overall assessment when that statutorily required assessment does not form part of the [Final Accreditation Report](#).

8.2 Documents relevant to a full appellate review

- the complete recommendation or opinion submitted by the QAC to the MFHEA Board, including all annexes, accompanying documents, assessment matrices, scoring sheets and decision papers, together with the precise version of the [Final Accreditation Report](#) on which the QAC relied. Those documents must make it possible to determine:
 - a) the provision, methodology, or decision rule on the basis of which the QAC reached an overall whole-system assessment of the provider;
 - b) how the QAC moved from the ratings of individual indicators and Standards to its overall recommendation on accreditation;
 - c) which specific findings, indicators, or Standards the QAC regarded as decisive and what individual or cumulative weight it assigned to them;
 - d) why, in the QAC's view, the findings stated in the [Final Accreditation Report](#) justified refusal of accreditation, particularly where the report itself contained no explanation of that whole-system conclusion;
 - e) how the QAC took account of indicators rated Met, the Panel's positive findings, and the [GMBS Response](#);

f) whether the QAC relied on any fact, criterion, or reason not stated in the [Final Accreditation Report](#).

If no such reasoned document or decision-making record existed at the time of the QAC meeting, GMBS requests express confirmation of that fact;

- the minutes and voting record of the QAC meeting of 18 June 2026 and all matrices or scoring/decision papers on which the QAC relied;
- the complete set of materials submitted to the MFHEA Board and the minutes or decision record of the Board;
- the roles of the persons who participated in the consideration and decision-making, and the extent of their participation;
- every contemporaneous note or witness explanation that the MFHEA intends to use in the appeal, identifying the author, date, person, statement, and original finding that it is intended merely to clarify.

Every item of material so added must be disclosed to GMBS with a reasonable opportunity to respond. The [Yhank Institute Appeals Committee Decision](#) permits oral evidence, contemporaneous documentation, and explanatory submissions, but at the same time preserves the boundary between clarification of the original record and the opening of a new evidential or decision-making stage.

8.3 Legal consequence

If regulation 40(1)(b) requires an identifiable whole-system opinion in the audit report itself, its absence would constitute a relevant defect in the statutory foundation of the decision. If the MFHEA does not establish that the whole-system judgement existed in the audit report as required by law, the refusal cannot be sustained solely on the basis of a later reconstruction.

The Appeals Committee should therefore review and correct the individual challenged findings, examine their non-duplicative weight, and then determine the legal consequence for the Standard ratings and the licensing outcome. The published [MCAST Appeals Committee Report](#), [Pegaso International Appeals Board Report](#), [The Playhouse Appeals Board Report](#) and [MED.E.A Appeals Board Panel Report](#) confirm that the Committee may make such a correction directly, including changing Standard ratings and concluding that the negative licensing decision was untenable.

9. REVIEW OF THE ASSESSMENT OF THE INDIVIDUAL STANDARDS

9.1 Review methodology

In this appeal, GMBS distinguishes between two successive versions of the accreditation report and uses each for a different purpose. The [QAC-Reviewed Report](#) was the first version of the report sent to GMBS for comment. For the individual Minimal Indicators, that version expressly stated the classifications Met or Not Met and contained the Panel's original factual and evaluative reasons. GMBS responded to that specific version by means of the [GMBS Response](#), in which it identified particular factual inconsistencies and pointed to evidence already existing in the accreditation file. Following consideration of that response, the [Final Accreditation Report](#) was prepared. GMBS had no further opportunity to comment on that document.

Comparison of the two versions, with separate account taken of the textual changes made after submission of the [GMBS Response](#), makes it possible, for each Minimal Indicator, to match the original Met/Not Met status precisely to the corresponding final finding, Standard-level judgement, and recommendation. It is thereby possible to reconstruct how the indicator-level classifications recorded in the [QAC-Reviewed Report](#) were reflected in the structure and outcomes of the [Final Accreditation Report](#). The removal of the labels themselves from the final version does not eliminate their existence or their significance for reviewing the development of the assessment. That comparison does not, however, by itself disclose what individual or cumulative weight the QAC assigned to the findings in its overall whole-system assessment; that decision-making reasoning must be traceable from the contemporaneous QAC decision record.

GMBS does not retrospectively assign Met/Not Met statuses to the [Final Accreditation Report](#) or use them as its own scoring system. They are classifications recorded directly in the [QAC-Reviewed Report](#). GMBS uses them to examine whether the Standard-level judgement corresponds to the original indicator findings, whether reservations under Met indicators carried unexplained implicit negative weight despite their formal Met rating, and whether the same factual circumstance was counted negatively more than once. This review is particularly significant in relation to Standards in which all Minimal Indicators were classified as Met, yet the final Standard-level judgement was only Substantially Compliant, without clear identification of the finding and methodology said to justify that lower rating.

A uniform test is applied to each challenged point: the precise wording of the indicator; the Panel's finding; the evidence existing before or during the site visit; the identified criterion, evidence, or weighting error; the consequence for the indicator and Standard judgement; and the appellate correction sought.

GMBS seeks direct correction where the original record permits a reliable conclusion. The published [MCAST Appeals Committee Report](#), [Pegaso International Appeals Board Report](#) and [The Playhouse Appeals Board Report](#) confirm the Committee's power to change ratings. A new assessment is requested only in the alternative, where a determinative issue cannot be resolved from the original record.

9.2 Hierarchy of substantive review

Standards 6 and 11 are treated as the primary substantive core. Standards 1, 2, and 4 have a secondary supporting function; Standards 7 and 8 contain acknowledged pre-operational gaps; and Standard 9 serves only as an internal calibration. This hierarchy is intended to prevent the strongest evidential issues from being lost in the overall length of the submission.

10. STANDARD 6 - THE LABOUR MARKET, STUDENT PARTICIPATION, AND TRACEABILITY OF STAKEHOLDER INPUT

Grounds relied upon: Ground 1, Ground 2, Ground 4 and Ground 5.

Standard 6—Design, monitoring and review of programmes

Standard 6 was ultimately classified as Partially Compliant. In assessing the reasons for that outcome, however, it is necessary at the outset to distinguish precisely between the part of Standard 6 accepted by the Panel and the three specific Minimal Indicators on which the negative assessment was concentrated.

The [QAC-Reviewed Report](#) expressly rated 6.1, 6.4 and 6.5 as Met, while 6.2, 6.3 and 6.6 were rated Not Met. The Panel expressly reserved Performance Indicators 6.7 to 6.12 for the period after the licence had been granted and the institution had commenced operations. The additional online indicators 6.13 and 6.14 were likewise rated Met, although the Panel expressed certain reservations and recommendations concerning terminological consistency in the delivery model and further development of online-specific quality review.

The positive part of the assessment of Standard 6 was substantively significant. Under 6.1, the Panel confirmed that GMBS has policies and procedures for programme design in place and that interviews demonstrated staff awareness of, and application of, those rules in programme development. The only reservation was that academic staff had not been involved in the very initial stage of design because they joined the institution later; the indicator was nevertheless rated Met.

Under 6.4, the Panel expressly confirmed the logical sequencing of programme components, an appropriate balance between theory and practice, and sufficient opportunities to achieve the learning outcomes within a reasonable timeframe. The final conclusion was also supported by interview evidence.

Under 6.5, the Panel likewise accepted the comparative analysis of similar programmes. It stated that GMBS had cooperation agreements with other higher education providers that were used for programme comparison, and that interviews confirmed staff awareness of those agreements and their use in programme comparison.

The online dimension of programme design was also assessed positively.

Under 6.13, the Digital Peer confirmed that programme design and delivery are governed by the Internal Quality Assurance system, with due account taken of online pedagogies, assessment methods, and interaction in digital environments. The reservation concerned the allegedly inconsistent use of the terms synchronous, asynchronous, and hybrid delivery, not the absence of an online programme-design framework. Despite that reservation, the indicator was rated Met. GMBS also challenges the factual basis of that reservation. The [Final Accreditation Report](#) does not identify any specific document, provision, or statement by GMBS in which its delivery model was described as hybrid. On the contrary, GMBS consistently presented the model in its accreditation documents as online delivery, and the Panel itself expressly confirmed under Standard 1 that the GMBS documentation was aligned with the provider's intention to operate as a "fully online higher education institution".

Under 6.14, the Panel likewise accepted the existence of established institutional mechanisms for reviewing online programmes. The reservation was that online review still reflected face-to-face QA practice more than a mature online-specific review model, and the Panel recommended further adaptation of quality-assurance methods to online pedagogy, digital engagement, online assessment, and the virtual learner experience. That reservation likewise did not result in Not Met; 6.14 was rated Met.

The negative assessment of Standard 6 was therefore not directed at the programme-design system as a whole. The Panel accepted formal programme-design policies, their practical use, programme structure and sequencing, the balance between theory and practice, comparative benchmarking, and the basic online programme-design and review framework. Three Minimal Indicators remained in dispute:

- 6.2: The Panel based the negative finding principally on an alleged lack of direct and systematic employer engagement, particularly in the Maltese context, and on reliance on intermediary consultancy input.
- 6.3: The Panel acknowledged a comprehensive programme-design framework, stakeholder consultations, governance discussions, and an external student representative, but questioned the consistency, depth, and practical implementation of that involvement.
- 6.6: The Panel stated that there was no confirmed student participation, insufficient involvement of the world of work, and limited traceability of stakeholder input into programme outcomes.

This distinction is fundamental to the appeal. Standard 6 was not rated Partially Compliant because the Panel identified a general or comprehensive failure of the programme-design, monitoring, and review architecture. On the contrary, it expressly accepted a significant part of that architecture. The negative assessment was concentrated on three specific findings: 6.2, 6.3 and 6.6.

Nor are these three wholly independent factual problems. Ultimately, all three negative findings overlap significantly in a single factual core—labour-market/stakeholder participation, employer involvement, student involvement, and traceability of stakeholder input into programme design. Under 6.2, the Panel itself even concluded the finding by reference to “*stakeholder-driven programme design*”; under 6.3, it addressed the consistency, depth, and meaningful influence of stakeholder/student participation; and under 6.6, systematic and documented stakeholder involvement and traceability.

GMBS therefore challenges each of the three Not Met findings separately in the following sections by reference to the precise wording of the relevant Minimal Indicator, while also drawing attention to their factual overlap. Under 6.2, the decisive questions will be whether the Panel applied a test corresponding to the published wording of the indicator and whether it properly assessed the labour-market and sectoral evidence. Under 6.3, the specific stakeholder and student participation must be reviewed, particularly the disputed elements of 6.3(j), 6.3(k) and 6.3(m), including the change in reasoning in the [Final Accreditation Report](#). Under 6.6, the review will concern the specific documentary chain of stakeholder participation and the traceability between stakeholder input and programme outcomes.

Only after individual review of 6.2, 6.3, and 6.6 can it be transparently assessed whether a sufficient basis remains for retaining Standard 6 as Partially Compliant. The mere existence of three Not Met labels cannot replace examination of whether each was based on the correct normative test, a correctly established factual position, and a separate material deficiency, particularly where all three rely to a significant extent on the same stakeholder-related evidential basis.

6.2—the published criterion and the criterion shift

Indicator 6.2—incorrect application of the normative test

Minimal Indicator 6.2 provides:

In designing its study programmes, the institution is guided by its mission and the needs of the labour market. The selection of study programmes is based on current knowledge of the relevant sector, including, but not limited to, market analysis, political, economic, social, and technological analysis (PEST), and demographic research.

The wording of indicator 6.2 therefore requires examination of three interrelated questions: whether programme design was guided by the GMBS mission; whether it responded to the needs of the labour market; and whether the choice and design of programmes were based on up-to-date sectoral know-how. The indicator itself expressly identifies market analysis, PEST analysis, and demographic research as typical, though non-exhaustive, sources of such knowledge.

The Panel nevertheless rated indicator 6.2 Not Met for the following reasons:

“Although programme design is presented as being informed by labour market needs, the panel did not obtain sufficient evidence of direct and systematic engagement with employers or employer organisations, particularly within the Maltese context. Evidence presented during interviews indicated reliance on intermediary consultancy input rather than direct labour market consultation. This does not fully satisfy the requirement for stakeholder-driven programme design.”

GMBS submits that the Panel thereby did not assess non-compliance with any specific requirement contained in 6.2, but applied a **materially different assessment test**. The [Final Accreditation Report](#) does not identify that programme design was not aligned with the institutional mission; it does not identify a failure to take labour-market needs into account; it does not identify the absence of market analysis or PEST analysis; nor does it explain how the submitted sectoral know-how was not current, relevant, or sufficient. Instead, it shifts the decisive focus to direct and systematic employer engagement, direct labour-market consultation, the Maltese-employer context, and stakeholder-driven programme design.

Those requirements are not, however, the normative core of 6.2. Where the [Provider Accreditation Manual](#) requires participation of external stakeholders in identifying training-programme needs, it does so separately under 6.3(j); involvement of stakeholders from the world of work in programme design is governed by 6.3(k); close engagement with internal and external stakeholders, including students and employers, is governed by 6.6; and a local-employer element is expressly used in 11.3. Under 6.2, the Panel therefore imported requirements that the [Provider Accreditation Manual](#) normatively places in other indicators and then reached Not Met by reference to them.

GMBS does not dispute the Panel's authority to assess Standard 6 holistically. A holistic Standard-level judgement can, however, follow only after each Minimal Indicator has been properly assessed according to its own published wording. Holistic assessment cannot retrospectively alter the normative content of 6.2, transfer into it the requirements of other indicators, or replace identification of the specific requirement of 6.2 said not to have been met.

That deficiency is all the more significant because the original accreditation record **contained precisely the type of evidence contemplated by the wording** of 6.2 itself. It included the [Evidence of Labour Market Needs Analysis in Designing Programmes \(MBA\)](#), labour-market evidence, CEDEFOP forecasts, Eurostat labour indicators, World Economic Forum analysis, labour-market mapping, module-to-competency mapping, and the PEST analysis and Maltese higher-education competitor analysis contained in the [Business Plan](#). Those materials provided a direct evidential basis for assessing mission alignment, labour-market needs, and up-to-date sectoral know-how.

In particular, the [Evidence of Labour Market Needs Analysis in Designing Programmes \(MBA\)](#) expressly states that its purpose is to demonstrate that the design of the GMBS MBA Programme is informed by the institution's mission and by labour-market needs and that programme selection and curriculum design are grounded in up-to-date sectoral insights. The document expressly uses labour-market and market analysis, PEST-type considerations, and demographic or segment-related evidence, and maps external labour-market evidence to specific programme-design decisions.

Its methodology uses three complementary layers of evidence. The EU macro layer draws on the European Commission, Eurostat, and CEDEFOP; the skills/competence layer draws on the WEF and CEDEFOP; and the institutional layer connects those external insights to the GMBS mission, market positioning, the [Business Plan](#), and the formal MBA design documentation. The document thereby creates traceability from mission and target group through curriculum structure to competencies and assessment.

The document further addresses labour and skills shortages, Eurostat vacancy indicators, CEDEFOP skills intelligence, and projected labour-market developments relevant to business managers. In relation to management education, it specifically analyses projected job openings and changing skill requirements associated with digitalisation, FinTech, strategic change, innovation, and modern organisational governance. The original record therefore contained not merely a general assertion that the MBA programme responds to the labour market, but identified external labour-market sources, sectoral forecasts, skills evidence, and a documented connection between those findings and programme content, competencies, learning outcomes, and assessment.

GMBS likewise draws attention to the Panel's assertion that the Maltese context was absent from the programme-design evidence, although a separate requirement of direct engagement with Maltese employers does not form part of 6.2. The [Business Plan](#) contained a Maltese higher-education competitor analysis, including Triagon (Malta) and Malta Business School, and a PEST analysis addressing the Maltese regulatory, economic, and technological environment. The [GMBS Response](#) precisely identified those pre-existing materials, including Maltese regulatory requirements, economic indicators, technological readiness, and the environment relevant to online higher education. The existence of Maltese contextualisation does not, by itself, establish direct engagement with Maltese employers; it does, however, materially weaken any suggestion that programme design took no account of the Maltese context at all.

GMBS does not contend that the mere existence of those documents automatically precluded critical assessment of them. The Panel could have concluded that a particular labour-market analysis was too general, that the market analysis was insufficiently robust, that sectoral sources were not sufficiently current, or that the connection between market evidence and programme choice was insufficiently demonstrated. If that had been the reason for Not Met, however, such a deficiency would have had to be identified by reference to a specific requirement of 6.2. The [Final Accreditation Report](#) identifies no such deficiency.

That is the core of GMBS's objection. It is not merely a difference of opinion concerning the evidential weight of the documents submitted - a matter on which the Panel did not engage at all. The Panel changed the very question it answered under 6.2. The published indicator asks whether programme design was guided by the mission, labour-market needs, and up-to-date sectoral know-how. The finding, however, asks decisively whether there was direct and systematic employer engagement, particularly within the Maltese context, and whether programme design was sufficiently stakeholder-driven. The [Final Accreditation Report](#) does not explain from which part of the wording of 6.2 those additional mandatory requirements are derived.

Employer consultation may be a relevant source of information about labour-market needs. That does not mean, however, that a particular form of employer engagement becomes a separate mandatory condition of 6.2 without support in the wording of the indicator. If Not Met is based on a broader employer-engagement test, GMBS submits that its normative basis must be identified, particularly where the [Provider Accreditation Manual](#) expressly regulates stakeholder participation under other **indicators**.

In the alternative, even if the Appeals Committee regards direct employer engagement as a significant evidential factor in assessing 6.2, the original accreditation record also contained such evidence. The [GMBS MBA Programme Approval Process Documentation](#) documents the Industry Stakeholder Focus Group of 15 January 2025 with the external employers Enitech, Al Wazzan GmbH, and BECO Group, which provided input on curriculum relevance, graduate competencies, digital transformation, leadership, a global business perspective, and practical assessment. The documentation also records specific programme-design consequences: the addition of a Digital Transformation Strategy learning outcome, enhancement of the practical project component in Financial Management, and inclusion of international and cross-cultural case studies; the resulting changes and their sources are also recorded in the [Section 6 – MBA Programme Development – Curriculum Change Log](#).

GMBS does not adduce this evidence in order retrospectively to accept the broader stakeholder-engagement test as the normative content of 6.2. Its significance is twofold: first, it further supports the actual test under 6.2 by documenting the connection between labour-market needs, sectoral input, and programme design; second, it materially challenges the factual premise that the documentary record can be characterised as an absence of direct employer input or as exclusive reliance on intermediary consultancy input.

Conclusion and relief sought under 6.2

GMBS challenges finding 6.2 on two distinct levels. Primarily, the Panel based Not Met on an assessment test that is not the same as the published content of 6.2 and whose decisive stakeholder-related elements the [Provider Accreditation Manual](#) expressly governs under other indicators. **In the alternative**, evidence relevant even to that expanded test was present in the original accreditation record.

The [Final Accreditation Report](#) identifies no specific deficiency in any of the elements actually required by 6.2: it does not state that mission alignment, labour-market needs analysis, market analysis, or PEST analysis was absent; it does not state that the sectoral know-how was outdated or irrelevant; and it does not explain why the documented connection between labour-market evidence and programme-design decisions was insufficient. Instead, it based Not Met on a different stakeholder-engagement test.

GMBS therefore requests the Appeals Committee not to treat finding 6.2 as a simple dispute concerning evidential weight, but as a question of the correct application of the Minimal Indicator itself. Because the original accreditation record contained specific and auditable evidence directly corresponding to mission alignment, labour-market needs, up-to-date sectoral know-how, market analysis, PEST-type analysis, and relevant demographic/segment evidence, and because the [Final Accreditation Report](#) identified no specific deficiency in any of those elements, GMBS requests that finding 6.2 be changed from Not Met to Met. In the alternative, it requests a new assessment of 6.2 solely by reference to its published normative content, stating precisely which element of the indicator was allegedly not met, what evidence was assessed in reaching that conclusion, and why the submitted documentary record was specifically insufficient.

6.3(m)—documented student participation and the change of reason

Indicator 6.3(m) requires programmes to involve students in their design.

m) involve students in their design;

Indicator 6.3(m) itself prescribes no minimum number of participating students, minimum number of consultations, mandatory frequency of participation, specified number of repeated programme-design cycles, or interview of the student representative by the Peer Review Panel as a separate condition of compliance. GMBS does not dispute that the scale, regularity, representativeness, and long-term effectiveness of student participation may be subject to further verification after operations commence and once GMBS has its own student population.

Decisive chronology of the change in the factual and assessment basis under 6.3(m)

The following table merely summarises the chronology and the documents analysed in detail in this chapter; it is not new evidence.

Stage	Evidential and assessment position
Before the site visit	Contemporaneous minutes identified Jan Michalec as the External Student Representative, his participation in the Curriculum Council and Accreditation Council, specific assessment-related input, and the ensuing governance follow-up. The documents formed part of the GMBS MBA Programme Approval Process Documentation .
QAC-Reviewed Report	Original premise: there was no verifiable documentary evidence of student participation and no specific example of its impact.
GMBS Response	GMBS precisely identified the pre-existing minutes, substantive student input, follow-up action, and the offered route for written/virtual verification.
Final Accreditation Report	Although the Panel acknowledged the external student representative, it retained Not Met on a changed basis: one person, the alleged lack of systematic involvement, and the absence of an interview.
Requested outcome	The original record permits a direct correction of 6.3(m) to Met. Only in the alternative, if the Committee considers independent corroboration necessary, would focused verification be appropriate – not retention of Not Met on the basis of an interview that was not requested after an alternative had been offered.

The Panel may likewise examine at Initial Provider Accreditation whether the declared mechanism constitutes a credible and genuinely implementable system rather than merely a formal policy. In GMBS's submission, however, such examination must be distinguished from a requirement that a pre-licensing provider demonstrate repeated cycles of participation or the historical operational effectiveness of the mechanism before the first intake.

Moreover, the case of GMBS does not concern only declared future readiness. The original accreditation record established that the mechanism had already been used in practice during the pre-licensing stage: a specific External Student Representative participated in the formal programme-design and approval process, provided a specific input, and that input resulted in a specific governance decision and follow-up action. Whether, after GMBS develops its own student population, the mechanism will be extended to more students, used regularly, and remain effective over the long term may legitimately be the subject of subsequent validation; it cannot retrospectively convert demonstrated pre-licensing participation into an absence of compliance with 6.3(m).

Under 6.3(m), the [QAC-Reviewed Report](#) proceeded from the categorical factual premise that no verifiable evidence demonstrating student involvement in programme design had been submitted and that the declared participation was supported neither by documentation nor by a specific example of its influence on the curriculum.

That distinction is fundamental. The original finding did not state that student participation existed but was too narrow. It did not state that one student was insufficient. Nor did it state that the participation was insufficiently systematic.

The original premise was that no relevant verifiable evidence of student participation existed at all.

That premise, however, conflicted with the [GMBS MBA Programme Approval Process Documentation](#), which already formed part of the original accreditation record.

The student was formally involved in the programme-design and approval process

The Curriculum Council of 1 March 2025 expressly identified Jan Michalec as the External Student Representative. The same meeting included the Programme Sponsor, Senior Lecturer, external industry expert Jamal Al Wazzan, external academic expert Prof Milan Konvit, and the GMBS QA Officer.

This was therefore not an informal individual consultation outside the programme-design process. The student participated in a formal body involved in assessing and approving the programme.

The Accreditation Council of 10 April 2025 also explained the pre-licensing context. GMBS could not yet fill its own student seat because, before authorisation, it had no enrolled students of its own. To ensure a learner perspective, Jan Michalec, a student at partner institution DTI University, was therefore invited to serve as an external student representative during the pre-licensing phase.

That mechanism was a logical consequence of the very nature of Initial Provider Accreditation: GMBS had to demonstrate student involvement before it could have its own enrolled student population.

This was not merely a name recorded in the minutes

Jan Michalec provided specific substantive input into the programme proposal. In particular, he drew attention to the need to define assessment expectations more clearly, ensure consistency of grading rubrics, and clarify assessment expectations in relation to the Final Thesis.

The Accreditation Council recorded that input and adopted a specific follow-up measure: the Programme Guarantor and the Quality Assurance Unit were to prepare a standardised assessment and feedback framework, including grading rubrics, before the programme commenced.

The original accreditation record therefore contained an identifiable and auditable evidential chain:

student representative → formal participation → concrete student input → governance decision → follow-up action.

That evidential chain directly contradicts the original factual premise that there was no verifiable evidence of student involvement and no specific example of its impact on programme design.

This is therefore not merely a difference of expert opinion concerning evidential weight. The original finding proceeded from a factual assumption that did not correspond to documents already contained in the accreditation record.

The [Final Accreditation Report](#) abandoned the original premise

Following submission of the [GMBS Response](#), the Panel’s reasoning changed materially. The [Final Accreditation Report](#) acknowledged the existence of student participation and expressly referred to “the involvement of an external student representative from a partner institution”.

The original premise that evidence was absent was thereby effectively abandoned.

The negative outcome was nevertheless retained. Its reason changed: the participation of one external student representative was said not to demonstrate sufficient systematic student involvement.

The fact that the Panel had not interviewed the student was then used as an additional adverse factor.

The chronology is therefore decisive:

original finding: no verifiable evidence of student involvement existed;

following submission of the [GMBS Response](#): the evidence exists and the [Final Accreditation Report](#) acknowledges its existence, but one student is said to be insufficient;

subsequently: the Panel was unable to interview that person.

GMBS therefore challenges not merely a difference of expert opinion concerning the intensity of participation. It also challenges **the change in the determinative reason for the negative** assessment.

If that shift is to be treated merely as an elaboration of the original finding, the MFHEA must identify where the new threshold—the minimum scale or “systematicity” of student involvement—was contained in the published wording of 6.3(m) or in the original decision-making record.

No such requirement appears in 6.3(m) itself.

Even the broader test of “systematic involvement” does not automatically sustain the negative finding

The student was not merely “identified as an External Student Representative”. He was formally involved in two separate GMBS bodies within the programme-approval process:

- Curriculum Council—1 March 2025: Jan Michalec was expressly listed among the voting attendees as the External Student Representative. The Curriculum Council was not an informal advisory group, but a body that reviewed the MBA programme proposal, stakeholder feedback, and quality/compliance, and adopted Resolution CC-2025/01 recommending the programme to the Accreditation Council for approval.
- Accreditation Council—10 April 2025: Jan Michalec was invited as a second-cycle student from DTI University to provide student input during the pre-licensing phase. The documentation describes that body as the highest decision-making body for the approval of new study programmes at GMBS. It was there that Jan Michalec provided specific input concerning assessment expectations, grading criteria, feedback consistency, and Final Thesis grading rubrics, and that the Council, acting upon his input, directed the Programme Sponsor and the QA Unit to prepare a standardised assessment and feedback framework.

Moreover, his input did not remain only in the minutes of the Accreditation Council. It was subsequently recorded in the [Section 5 – Consultation Outcomes Report](#), which expressly states that, in response to Jan Michalec’s student-advisory input, GMBS would ensure a standardised assessment and feedback framework. The [GMBS Response](#) expressly drew this to the MFHEA’s attention and also stated that he had participated in both the Curriculum Council and the Accreditation Council proceedings.

If "systematic involvement" means formalised, documented participation integrated into the governance process, the original record demonstrated those elements. In GMBS's submission, that factual position makes it difficult to characterise student involvement as absent or purely ad hoc. On the contrary, the original record demonstrated that the learner perspective was integrated **at two formal levels of governance**. The breadth or repetition of that mechanism after GMBS develops its own student population may be the subject of subsequent validation; it cannot retrospectively erase participation already implemented and documented at Initial Provider Accreditation.

The interview that did not take place and procedural responsibility for verification

In addition to the new argument concerning insufficient "systematic student involvement", the [Final Accreditation Report](#) introduced a further adverse element: the Panel was allegedly unable to meet the student during the review process, "including virtually", which limited its ability to confirm the effectiveness and extent of the claimed participation. In GMBS's submission, however, that factor cannot be considered in isolation from the pre-visit process.

GMBS does not contend that the Panel had an absolute duty to interview every stakeholder. It does, however, object to adverse evidential weight being retrospectively assigned to the absence of an interview notwithstanding that GMBS identified the specific person, referred to existing documentation of his role and impact, offered alternative forms of independent verification, and the MFHEA then expressly stated that it would arrange further communication if the Panel considered it necessary.

The draft agenda sent by the MFHEA to GMBS on 9 February 2026 and subsequently updated on 12 February 2026 originally included a separate meeting with "students/prospective students in general (if **any**) **and** those specifically involved in programme design". The words "if any" are significant because the agenda itself clearly did not assume that a provider undergoing Initial Provider Accreditation must already have its own student population. On 19 February 2026, the MFHEA then confirmed that, for the purposes of 6.3(m), the participant need not be a student enrolled at GMBS, but could be a student studying elsewhere, a recent graduate, a prospective student, or another learner-perspective stakeholder.

On 23 February 2026, GMBS identified Jan Michalec, referred to the [GMBS MBA Programme Approval Process Documentation](#), explained his participation and impact on the MBA programme, notified the MFHEA that he was unavailable at the proposed time, and offered email answers or a formal written statement; it also provided his contact details. On 24 February, the MFHEA stated that it would forward the information to the Panel and that any further communication would be coordinated through the MFHEA. From that point onwards, the next step in verifying the student was not exclusively within GMBS's control, but depended on whether the Panel requested further contact and the MFHEA then arranged it.

The reviewed pre-visit correspondence contains no subsequent request for a new virtual slot, written statement, coordinated email, or any other form of verification. The matter ultimately did not form part of the site visit either.

On 2 March 2026, the MFHEA further stated that the Panel could "call in or leave out" individual persons and that only those listed in the agenda were to attend the respective interviews. The final agenda no longer included a separate student/prospective-student meeting, and Jan Michalec was not included in it.

The [External Quality Assurance Provider Accreditation Manual](#) confirms this procedural structure. At the Pre-Accreditation Panel Meeting, the Peer Review Panel is to determine "the units and individuals they wish to meet during this visit"; the subsequent Pre-Accreditation Provider Meeting also serves to clarify "the individuals/roles that the peer review panel will interview".

The Accreditation Coordinator prepares the first draft of the agenda and coordinates communication between the Panel and the provider, while the provider ensures the availability of persons in accordance with the agreed agenda or any additional requests made by the Panel.

In those circumstances, the absence of an interview should not, in GMBS's submission, be attributed to the provider without more, unless the record establishes that the Panel specifically requested the student's participation or another form of verification and that GMBS failed to comply with that request. The original record instead establishes that a route to verification was offered but not used.

Calibration and the procedural significance of the interview not taking place

GMBS does not contend that the Panel was obliged to interview every stakeholder. If, however, it considered the participation of a particular person indispensable, it knew how to formulate such a requirement expressly: it did so in relation to the Board of Directors, and GMBS complied. In the case of Jan Michalec, GMBS identified the person and the documentation, explained that he would be unavailable at the time of the site visit because of work commitments, provided his contact details, and offered email answers, a formal written statement, or another coordinated form of verification. The MFHEA stated that it would arrange any further communication if the Panel considered it necessary, but no subsequent request was made. Published MFHEA practice further confirms that a live or online interview is not the only means of verification: in the [Educational Services and Testing \(ESaT\) EQA Audit Report](#), the Panel stated that one student "provided responses to questions submitted to the MFHEA". The Panel incorporated those responses into the audit process and assessed the engagement of the participating parties positively. In relation to Jan Michalec, GMBS expressly offered email answers or a formal written statement - an alternative verification route that the MFHEA did not pursue.

The [Yhank Institute Initial Provider Accreditation Report](#) is a substantive comparator for the threshold under 6.3(m) itself: in Initial Provider Accreditation, it accepted a prospective formal student-consultation architecture, whereas GMBS submitted a more specific record of actual pre-licensing participation. The [London School of Commerce Malta \(LSCM\) EQA Audit Report](#) is a secondary comparator concerning the seriousness of the finding: the express absence of formal student involvement under 6.3(m) did not result there in Standard 6 being rated Partially Compliant. These cases do not predetermine the outcome, but together they show that neither the method of verification nor the degree of student involvement itself has been assessed in published MFHEA practice as rigidly as in the case of GMBS.

Conclusion under 6.3(m)

Once the complete record is taken into account, it is difficult, in GMBS's submission, to continue characterising 6.3(m) as a case in which student involvement was absent. The [Final Accreditation Report](#) itself acknowledged the external student representative; the original documentation establishes his formal involvement, specific input, and subsequent governance action; before the site visit, the MFHEA accepted his type of status as relevant; and GMBS also provided a possibility of independent verification.

The negative outcome cannot therefore be preserved merely by applying, after abandonment of the original premise that evidence was absent, a new threshold based on the number of students, "systematicity", or an interview that did not take place, where no such threshold is identified in 6.3(m) or consistently applied in published practice.

If the student's non-participation in an interview was to constitute a decisive reason for the negative assessment, why was that fact not stated in the [QAC-Reviewed Report](#), when it was already known to the Panel at that time, and why did it become a material reason only after GMBS, in the [GMBS Response](#), drew attention to existing documentary evidence of his formal participation, specific input, and subsequent governance follow-up? The Appeals Committee should take precisely that question into account in its further assessment of Standard 6.

The appropriate conclusion, in GMBS's submission, is that 6.3(m) was materially demonstrated for the purposes of initial accreditation, while broader and regular participation by GMBS's own student population may legitimately be the subject of follow-up after enrolment. Subsidiarily, if the Appeals Committee considers further verification of the student's participation necessary, the proportionate solution is focused verification or reassessment, not the retention of Not Met on the basis of an interview that was not requested after an alternative means of verification had been offered.

6.6—all categories of stakeholders and auditable traceability

Indicator 6.6 provides:

“Study programmes are designed in close engagement with internal and external stakeholders, including administrative staff, external academic experts, students, and employers.”

The normative core of 6.6 is therefore close engagement in programme design with the identified categories of internal and external stakeholders. The [QAC-Reviewed Report](#) rated 6.6 Not Met on the basis that, although stakeholder engagement was described in policy, the Panel found insufficient evidence of its systematic and documented implementation. It identified three specific deficiencies: “no confirmed student participation”, “no direct employer engagement in Malta”, and “limited traceability of stakeholder input into programme outcomes”.

Following submission of the [GMBS Response](#), the [Final Accreditation Report](#) retained the general conclusion of insufficient systematic and documented involvement, retained both “no confirmed student participation” and “limited traceability”, but materially changed the employer-related reason. It no longer used the original wording “no direct employer engagement in Malta”, replacing it with an assertion of insufficient “direct and systematic involvement of stakeholders from the world of work in programme design and review processes beyond consultancy-related participation”.

That change is not merely a stylistic clarification. The [QAC-Reviewed Report](#) identified a specific factual deficiency—the absence of direct employer engagement in Malta. In the [Final Accreditation Report](#), the geographical deficiency disappears, and the decisive question becomes the alleged insufficiency of the directness, systematicity, and nature of world-of-work involvement, extended further to programme-review processes and to a requirement of participation “beyond consultancy-related participation”. Following submission of the [GMBS Response](#), the Panel therefore did not merely retain the original reason, but reformulated the employer-related finding into a new and materially broader assessment test.

GMBS further submits that this test exceeds the wording of 6.6 itself. The published indicator requires programme design to be undertaken in close engagement with internal and external stakeholders. It does not prescribe, as separate mandatory conditions, “systematic and documented involvement”, “direct and systematic involvement”, participation “beyond consultancy-related participation”, or stakeholder participation in “programme review processes”. Those circumstances may legitimately be evidential factors in assessing whether the declared close engagement was genuine and sufficient; if, however, they are to operate as separate compliance thresholds whose failure results in Not Met, the decision-making record must disclose the source from which the Panel derived that normative threshold and why the GMBS documentary evidence failed to meet it.

The documentary record directly covered every category under 6.6

The original accreditation record did not contain merely a general stakeholder policy. The [GMBS MBA Programme Approval Process Documentation](#) records a specific programme-development process, identifies individual stakeholders, the form of their participation, their substantive input, the ensuing decisions, and their incorporation into the programme documentation. The document itself describes the sequence of programme design, consultation, and internal approval and contains the [Section 1 – Stakeholder Register](#), the Industry Stakeholder Focus Group, the Academic & E-Learning Stakeholder Meeting, the [Section 3 – Minutes of Curriculum Council Meeting \(01 Mar 2025\)](#), the [Section 4 – Minutes of Accreditation Council Meeting & Resolution \(10 Apr 2025\)](#), and the [Section 6 – MBA Programme Development – Curriculum Change Log](#).

The categories required by 6.6 itself were represented throughout that process. Employers were represented by Enitech, Al Wazzan GmbH, and BECO Group; external academic/professional expertise by DTI University, the University Institute of Economic and Legal Sciences, and Full Prof Milan Konvit; the online and technical perspective by E-learnmedia and iTernal; the student perspective by Jan Michalec; and internal stakeholders by the Programme Sponsor, academic staff, the QA Officer/Quality Assurance Unit, the Rector, the Curriculum Council, and the Accreditation Council. The [GMBS Response](#) expressly identified this structure to the Panel and specifically drew attention to administrative and QA staff, external academic experts, external employer stakeholders, and the student representative.

Employer involvement was not mediated only through general consultancy input. The Industry Stakeholder Focus Group of 15 January 2025 documents the direct participation of Enitech, Al Wazzan GmbH, and BECO Group as external employers. They discussed curriculum relevance, the graduate profile, digital transformation, leadership and soft skills, a global business perspective, practical assessment, and project-based learning. The outcome was not a general opinion, but specific actions: a new Digital Transformation Strategy learning outcome, a change to the Financial Management assessment towards a practical project component, and the inclusion of international and cross-cultural case studies; those proposals were then submitted to the Curriculum Council.

External academic and technical participation was equally specific. The Academic & E-Learning Stakeholder Meeting of 28 January 2025 included DTI University, the University Institute of Economic and Legal Sciences, E-learnmedia, and iTernal. Its outcomes included, among other things, a Research Methods component, changes to curriculum terminology, an Online Learning Orientation, and further amendments to programme design and delivery support.

Stakeholder participation then moved from the consultation stage into formal governance. The Curriculum Council of 1 March 2025 included Jamal Al Wazzan as an external industry expert, Full Prof Milan Konvit as an external academic expert, and Jan Michalec as the External Student Representative. The Council expressly considered stakeholder feedback and proposed revisions and recommended the programme proposal for further approval once the changes had been incorporated. The Accreditation Council of 10 April 2025 then included Hoangwei Xiong of BECO Group as the External Employer Member and Full Prof Milan Konvit as the External Academic Member; Jan Michalec provided interim student input during the pre-licensing period. The [Section 4 – Minutes of Accreditation Council Meeting & Resolution \(10 Apr 2025\)](#) directly records that the employer representative confirmed the incorporation of industry needs into the curriculum and that the student input resulted in a requirement for a standardised assessment and feedback framework.

The systematic character was not based on isolated consultations and was supported by formal cooperation frameworks

In GMBS's submission, the documentary record clearly extends beyond a single ad hoc meeting. It records a multi-stage process: [Section 1 – Stakeholder Register](#) → Industry Stakeholder Focus Group → Academic & E-Learning Stakeholder Meeting → Curriculum Council → Accreditation Council → [Section 5 – Consultation Outcomes Report](#) → [Section 6 – MBA Programme Development – Curriculum Change Log](#). Input was first obtained, then consolidated, considered by governance bodies, incorporated into specific programme changes, and ultimately formally approved. The document itself expressly states that the meeting minutes document deliberations and decisions, the [Section 6 – MBA Programme Development – Curriculum Change Log](#) links modifications to stakeholder feedback or governance decisions, and the documentation package as a whole creates an audit trail from initial programme conception to final approval.

Furthermore, the [Final Accreditation Report](#) did not address the fact that several stakeholders involved in programme design were also parties to formal cooperation frameworks that existed before the site visit and contained recurring governance, review, coordination, and evidence mechanisms. BECO Group had a defined industry-partnership role encompassing real-world projects, case studies, expert participation, and recurring coordination; DTI University acted as an academic partner with formal annual planning and governance arrangements; e-learnmedia acted as an instructional-design and online-delivery partner; and iTernal acted as a technical and academic-administration partner through a joint working group. These cooperation frameworks do not replace the evidence of actual stakeholder participation provided by the [Programme Approval Process Documentation](#); they do, however, confirm that the documented participation did not consist of ad hoc or isolated contacts, but was embedded in formally structured and continuing institutional relationships.

Nor, viewed quantitatively, was this a marginal or isolated stakeholder contact. The [GMBS MBA Programme Approval Process Documentation](#) identifies at least seven external organisations, at least nine specific external participants, and at least fifteen named persons in total across the principal consultation and governance stages. It documents two principal external consultation meetings, subsequent formal consideration by the Curriculum Council and the Accreditation Council, further individual and internal consultations, multiple substantive stakeholder recommendations, and at least eight programme modifications or governance follow-up actions. The numbers are not relevant in isolation, but in relation to the Panel's conclusion: if even a pre-licensing record structured in this manner did not demonstrate close engagement under 6.6, the [Final Accreditation Report](#) must make it possible to identify what specific evidential element remained absent.

Specific traceability according to the [Curriculum Change Log](#)

[Section 6 – MBA Programme Development – Curriculum Change Log](#) contains specific cross-referenced links between stakeholder input and subsequent programme modifications. Among the clearest are CL-MBA-2025-01 (Enitech -> Digital Transformation Strategy learning outcome), CL-MBA-2025-02 (employer feedback -> an increased practical assessment component in Financial Management), CL-MBA-2025-04 (DTI University -> the Research Methods component and thesis preparation), and CL-MBA-2025-06 (E-learnmedia -> Online Learning Orientation). Separately, the minutes of the Accreditation Council record that student input from Jan Michalec led to a requirement for a standardised assessment and feedback framework, including grading rubrics. The finding of "limited traceability" therefore does not concern an absence of identifiable links; the appellate question is which specific link in the chain stakeholder -> input -> governance consideration -> programme modification -> approval the Panel regarded as missing or unreliable, and why.

Formal [MoUs](#) confirmed that stakeholder engagement formed part of pre-existing and structured relationships

The [Programme Approval Process Documentation](#) was not the only documentary basis for concluding that stakeholder engagement was systematic. The original accreditation file also contained formal [Memoranda of Understanding](#) with several stakeholders who subsequently participated in the programme-design process. These [MoU](#) existed before the site visit and were made available to the MFHEA on 16 January 2026 at 15:32 in an email from GMBS to Sibby Xuereb (MFHEA). Their significance is not that they replace evidence of specific participation in programme design. That evidence is provided by the meeting records, governance minutes, [Consultation Outcomes Report](#), and [Curriculum Change Log](#).

The [MoUs](#) do, however, constitute a separate documentary layer confirming that the identified stakeholders were not ad hoc persons approached for a single consultation, but formed part of relationships established in advance, formally structured, and continuing over time with GMBS.

The [MoU](#) with DTI University was effective from 26 February 2024 and expressly established structured academic cooperation, an Annual Academic Cooperation Plan, designated coordinators, documentation of outputs, and coordination meetings at least quarterly. The cooperation also encompassed internal quality assurance, teaching enhancement, student engagement, and academic governance. DTI University did not subsequently remain merely a contractual partner: its representative participated in the Academic & E-Learning Stakeholder Meeting and provided specific programme-design input, which was also recorded in the [Curriculum Change Log](#). This establishes an evidential chain of formal institutional relationship → actual programme-design participation → documented programme impact.

The cooperation with iTernal had the same character. The [MoU](#) was effective from 26 February 2024 and provided for process-mapping workshops, an implementation roadmap, evidence records, and a joint working group comprising representatives of both parties; it was to meet every two weeks during the workshop and pilot phases and at least quarterly thereafter. iTernal subsequently participated in the Academic & E-Learning Stakeholder Meeting and provided input on capacity, reliability, data privacy, and collaboration tools.

The [MoU](#) with e-learnmedia was effective from 24 February 2025 and was directed specifically towards the co-development of the Instructional Design framework, the course-production process, assessment formats, learner experience, LMS/LXP tooling, and learning analytics. It expressly required the maintenance of QA checklists, change logs, and training documentation and introduced quarterly reviews of learner feedback, analytics, and planned changes. In the programme-design record, this relationship was subsequently reflected in specific input by e-learnmedia at the Academic & E-Learning Stakeholder Meeting and the resulting enhancement of the Online Learning Orientation.

The [MoU](#) with BECO Group GmbH, effective from 20 December 2025, is of particular significance. It established a structured framework for international industry engagement, real-world projects, case studies, expert involvement, an Annual Cooperation Plan, evidence records, and coordination at least quarterly. BECO was not, however, merely a future contractual partner: Mr Hoangwei Xiong had already participated in the Industry Stakeholder Focus Group as an external employer and subsequently served as an External Employer Member of the Accreditation Council. His input concerned leadership, communication, ethical leadership, and practical project orientation and was incorporated into the programme-design process.

These [MoUs](#) therefore provide more than a further list of partners. Read together with the [Programme Approval Process Documentation](#), they demonstrate the institutionalisation, continuity, and repeatability of stakeholder engagement. If the [Final Accreditation Report](#) nevertheless characterised the engagement as insufficiently "systematic and documented", it must be explained why the formal cooperation frameworks, recurring coordination mechanisms, specific programme-design meetings, governance participation, documented inputs, and curriculum changes, taken together, did not constitute systematic and documented "close engagement" under 6.6.

Once the [MoUs](#) are taken into account, a further significant reason arises, in GMBS's submission, to reconsider the characterisation of stakeholder engagement as insufficiently systematic. The original record contained two mutually

reinforcing evidential layers: (i) institutional architecture – formal multi-year cooperation frameworks, designated coordinators, working groups, regular review meetings, evidence records, and planned outputs; and (ii) actual implementation – specific stakeholder meetings, membership of external stakeholders in the Curriculum Council and Accreditation Council, specific substantive input, decisions, and the [Curriculum Change Log](#). The Panel could legitimately assess the quality of that participation; if, notwithstanding both evidential layers, it regarded the participation as insufficiently "systematic and documented", GMBS submits that the specific missing or inadequate element should have been identified.

“Limited traceability” versus a specific audit trail

The finding of “limited traceability” must be confronted with the specific documented links. The [Section 5 – Consultation Outcomes Report](#) expressly explains what stakeholder input was received and how it was addressed in the final programme design. It documents, for example, an employer request for digital-business skills and the resulting Digital Transformation Strategy learning outcome; an employer request for practical assessment and the resulting change to Financial Management assessment to an applied project and online test; Jan Michalec’s student-advisory input and the resulting standardised assessment and feedback framework; BECO Group input concerning leadership and soft skills; academic input concerning Research Methods; and e-learning input concerning the Online Learning Orientation.

The [Section 6 – MBA Programme Development – Curriculum Change Log](#) further formalises that traceability. It records, for example, Enitech → Digital Transformation Strategy learning outcome; industry stakeholder feedback → practical assessment in Financial Management; University Institute of Economic and Legal Sciences → curriculum terminology; DTI University → Research Methods component; E-learnmedia → Online Learning Orientation; and other stakeholder-driven curriculum changes, identifying for each amendment its reason/origin and the approving authority.

The original record contains several auditable chains: stakeholder → substantive input → governance consideration → programme modification/follow-up → approval. If the Panel regarded that traceability as “limited”, it had to identify which link was insufficient, missing or unreliable, and why. A general finding that does not address those records is not a reviewable basis for Not Met under Grounds 4 and 5.

Overview diagram—evidential sequence of the involvement of external and world-of-work stakeholders

Multi-level involvement of external and world-of-work stakeholders

Evidence trail: stakeholder → input → programme modification → governance approval → original accreditation record

STAGE	STAKEHOLDERS INVOLVED	SPECIFIC INPUT	DOCUMENTED OUTCOME	INDICATOR
1 Industry Stakeholder Focus Group 15 January 2025	DIRECT WORLD-OF-WORK STAKEHOLDERS Enitech Al Wazzan GmbH BECO Group	INPUT Digital transformation Practice-based assessment International case studies Leadership and soft skills	OUTCOME New learning outcome Applied project 80% + test 20% Cross-cultural case studies Stronger leadership content	6.3(j) 6.3(k) 6.6
2 Academic and E-Learning Stakeholder Meeting 28 January 2025	EXTERNAL STAKEHOLDERS DTI University University Institute of Economic and Legal Sciences E-learnmedia - iLearn	INPUT MQF/EQF alignment Research methodology Curriculum structure Online support and infrastructure	OUTCOME Research Methods component Revised module structure/title Online Learning Orientation Documented consultation records	6.3(j) 6.6
3 Formal governance 1 March and 10 April 2025	BODIES AND REPRESENTATION Curriculum Council Accreditation Council Employer - external academic Student representation	REVIEW Stakeholder feedback and its incorporation into the final MBA design	OUTCOME Resolution CC-2025/01 Resolution AC-2025/04 Confirmation of industry needs in the final curriculum	6.3(j) 6.3(k) 6.3(m) 6.6
4 Documented traceability January-April 2025	RECORD OWNERS QA Unit - Programme Sponsor Relevant governance bodies	DOCUMENTS Consultation Outcomes Report Curriculum Change Log	AUDIT TRAIL stakeholder → input → specific programme change → approving body	6.3(j) 6.3(k) 6.6
5 Part of the original accreditation file 12 January 2026 16 January 2026	SUBMISSION GMBS submitted Programme Approval Process Documentation to the Panel; receipt confirmed by MFHEA	TEMPORAL RELEVANCE Documents existed and were available before the site visit of 5-6 March 2026	SUBSEQUENT NOTICE GMBS expressly reidentified this record in its factual-accuracy response dated 13 May 2026	original record not post-hoc

The documentation demonstrates systematic involvement, concrete practical impact and full traceability of stakeholder input.

This overview diagram is solely a graphic presentation of the data and records contained in the [GMBS MBA Programme Approval Process Documentation](#), which GMBS submitted to MFHEA on 12 January 2026 and which MFHEA confirmed on 16 January 2026 had been shared with the Panel. It is not new evidence, a new factual circumstance, or a separate new ground of appeal. The diagram does not substantively expand the original accreditation record and serves solely as an orientation aid enabling the Appeals Committee to follow clearly the sequence recorded in that document: the involvement of specific stakeholders, their inputs, the resulting programme amendments, review and approval by the relevant bodies, and documentation of the outcomes.

The diagram is primarily relevant to the assessment of indicators 6.3(j), 6.3(k), and 6.6; the part concerning stakeholder representation in the relevant bodies is also relevant to indicator 6.3(m). It provides the Committee with a consolidated overview of the original record in relation to the Panel's findings of allegedly insufficient systematicity, practical impact, and traceability of stakeholder involvement. The individual facts shown in the diagram are supported by the documents and records identified in this section of the appeal and should be considered together with them.

The [GMBS Response](#) and the change in the employer-related finding

Nor did this argument arise only on appeal. In the [GMBS Response](#), GMBS expressly drew the Panel's attention to the [Section 1 – Stakeholder Register](#), the [Section 2 – Stakeholder Consultation Records](#), the [Section 5 – Consultation Outcomes Report](#), the [Section 6 – MBA Programme Development – Curriculum Change Log](#), the [Section 3 – Minutes of Curriculum Council Meeting \(01 Mar 2025\)](#), and the [Section 4 – Minutes of Accreditation Council Meeting & Resolution \(10 Apr 2025\)](#); identified direct consultations with Enitech, Al Wazzan GmbH, and BECO Group; referred to Jan Michalec's student participation; and pointed to specific curriculum modifications and traceability.

It is precisely in this context that the change to the final finding is significant. The [QAC-Reviewed Report](#) stated that there was "no direct employer engagement in Malta". After GMBS identified the specific stakeholder record and pointed out that the indicator does not specify a Maltese context, the [Final Accreditation Report](#) abandoned that wording and instead introduced a new test of insufficient "direct and systematic involvement of stakeholders from the world of work in programme design and review processes beyond consultancy-related participation".

The [Final Accreditation Report](#), however, does not explain why an Industry Stakeholder Focus Group with three identified employers, the formal membership of an external industry expert on the Curriculum Council, an external employer member on the Accreditation Council, and documented employer input with specific programme impact did not constitute direct and systematic world-of-work involvement. The [GMBS Response](#) expressly pointed out that Enitech, BECO Group, and Al Wazzan GmbH acted not as intermediary consultancy providers but as direct employers and industry representatives.

This conclusion is further supported by the formal cooperation frameworks present in the original accreditation record and identified in greater detail above, which demonstrate that several of those stakeholders were involved through structured and continuing institutional relationships, not as ad hoc contacts or intermediary consultancy contacts.

Unlike the findings under 6.3, 6.4, and 6.5, the [Final Accreditation Report](#) does not identify interviews as the evidential basis for the negative conclusion under 6.6. The finding is formulated as a lack of evidence of systematic and documented involvement. Its direct reconciliation with the documentary record on which GMBS demonstrated stakeholder engagement is therefore all the more important.

Internal inconsistency between 6.3 and 6.6 and selective use of the same record

The [Final Accreditation Report](#) also contains a direct internal inconsistency. Under 6.3, the Panel expressly acknowledged that the submitted documentation contained stakeholder consultations, governance discussions, and "the involvement of an external student representative from a partner institution". Under the immediately related 6.6, however, it retained the categorical statement "no confirmed student participation". Existing participation that the Panel regards as insufficiently broad or systematic is not factually the same as unconfirmed participation.

That inconsistency is also material because 6.3 and 6.6 concern the same underlying documentary record. Following submission of the [GMBS Response](#), the [GMBS MBA Programme Approval Process Documentation](#) was sufficiently relevant for the [Final Accreditation Report](#) under 6.3 to abandon the original premise that verifiable student evidence was absent and to acknowledge an external student representative. The same document, however, also contained the Industry Stakeholder Focus Group, the Academic & E-Learning Stakeholder Meeting, the Curriculum Council, the Accreditation Council, the [Section 5 – Consultation Outcomes Report](#), and the [Section 6 – MBA Programme Development – Curriculum Change Log](#).

If the Panel accepted that record as relevant to correcting one factual premise, it must be explained why its other parts did not establish precisely what they document: direct employer involvement, formal participation by external stakeholders, and traceability of stakeholder input into programme design. The document itself states that stakeholders were represented at both Curriculum Council and Accreditation Council level and that the package as a whole documents the sequence of design, consultation, and internal approval.

In other words, the dispute under 6.6 is not that GMBS submitted only a policy while the Panel required evidence of implementation; GMBS submitted documentation of implementation itself, which the Panel then characterised as insufficiently demonstrated without explaining what, specifically, was missing from that documentation.

Calibration of 6.6 in published practice

For a pre-licensing provider, the [Yhank Institute Initial Provider Accreditation Report](#) accepted a designed multi-stakeholder structure and future consultations as a basis compatible with Substantially Compliant, addressing the need for broader involvement by means of a recommendation. GMBS submits that its record was more specific: consultations had taken place, a named student representative had participated, formal governance stages had occurred, substantive inputs had been provided, and programme changes had been documented.

The [London School of Commerce Malta \(LSCM\) EQA Audit Report](#) recorded limited and informal employer involvement, largely informal stakeholder engagement, and no formal student involvement, yet Standard 6 was Fully Compliant. The different periodic-audit context must be taken into account; it does not, however, remove the need to explain why the same mandatory Minimal Indicators were given substantially greater negative weight in the presence of GMBS's more formal record.

Duplicate weighting and the relief sought

Finally, the distinct normative content of 6.6 must be separated from cumulative weighting of the same factual core across Standard 6. GMBS accepts that the same evidence may be relevant to several indicators: employer consultation may support labour-market relevance under 6.2, world-of-work involvement under 6.3(k), and close engagement under 6.6; student involvement may be relevant under both 6.3(m) and 6.6. That cross-relevance does not, however, mean that the same alleged weakness in employer/student participation may, without a separate normative analysis, be transformed into several independent systemic failures and then used cumulatively once again to downgrade the Standard.

The case under 6.6 is therefore not that the existence of stakeholder documentation automatically establishes compliance. The objection is narrower and reviewable: the original record identified all stakeholder categories expressly required by 6.6; documented their participation in a multi-stage consultation and governance process; and contained specific audit trails between stakeholder input and programme changes. Nevertheless, the final finding retained “no confirmed student participation” in conflict with its own finding under 6.3, changed the original employer deficiency into a new and broader threshold without explaining its application to the specific record, and retained “limited traceability” without identifying which specific links in the documented trail were inadequate.

GMBS therefore requests that finding 6.6 be changed to Met. In the alternative, it requests a new focused assessment according to the precise wording of 6.6 and the complete original accreditation record, expressly identifying which stakeholder category or which element of the required close engagement was allegedly not demonstrated and why the specific documentary evidence was insufficient. If, even after such review, a residual weakness remains in the breadth or future frequency of stakeholder engagement, it must be assessed as a precisely defined matter of further development and must not, without distinct reasoning, receive duplicate negative weight for the same factual circumstance under 6.2, 6.3, and 6.6 and then again in the overall assessment of Standard 6.

The negative findings remain open to challenge even under a broader interpretation of indicators 6.2, 6.3(m), and 6.6

Even on a broader evidential view, the core of the objection remains unchanged. According to GMBS, the original record contained direct employer consultations, student participation integrated into two governance stages, and specific traceability. If the Panel considered that evidence insufficient, it must identify the specific missing benchmark or unreliable link; general concepts of systematicity, depth, and maturity cannot, without more, replace the published Minimal Indicator.

Additional positive findings under 6.1, 6.4, 6.5, 6.13, and 6.14

Under 6.1, the Panel confirmed the existence of formalised policies and procedures for programme design and stated that staff knew and used them. The reservation concerned only the fact that some academic staff joined later and were not involved in the very earliest design process. The [GMBS MBA Programme Approval Process Documentation](#) documents the sequence of stakeholder consultations, the Curriculum Council, the Accreditation Council, and formal decisions under the GMBS IQAS. The later appointment of additional teaching staff may be a matter for subsequent reviews, not evidence that no programme-design process existed.

Under 6.4, the Panel positively confirmed the logical sequencing of the programme structure, a good balance between theory and practice, and opportunities to achieve the learning outcomes within a reasonable timeframe; those conclusions were also supported by interview evidence. Under 6.5, it confirmed cooperation agreements with other higher education providers used for comparative analysis and staff awareness of that process.

According to the [Final Accreditation Report](#) itself, Performance Indicators 6.7 to 6.12 were deferred until after licensing and actual operations. In GMBS's submission, their expectations of operational history should not be imported into Minimal Indicators 6.1 to 6.6 without specific explanation.

Indicator 6.13 was Met. The Digital Peer accepted online-specific governance, pedagogy, assessment, and digital interaction; the reservation concerned terminological alignment of real-time, recorded, asynchronous, and hybrid delivery. Indicator 6.14 was also Met: the Panel acknowledged established institutional mechanisms for online programme review, while the reservation concerned the future development of a "mature online-specific review model". These are refinement/maturity matters, not separate failed Minimal Indicators.

Navigation reference to the evidential trail

The complete list of organisations, participants, meetings, recommendations, [Curriculum Change Log](#) entries, and links in the chain stakeholder -> input -> decision -> programme modification is set out in the key evidence matrix, the [GMBS MBA Programme Approval Process Documentation](#), and Annex A6. The main text above deliberately identifies selected CL-MBA entries so that the finding of "limited traceability" is directly tested against specific audit trails; the complete register is not reproduced a second time.

Summary in relation to Standard 6

The Panel did not identify a wholesale failure of the programme-design architecture. On the contrary, it acknowledged a comprehensive framework, formalised policies, logical sequencing, a balance between theory and practice, comparative analysis, and established online review mechanisms. The negative core is concentrated on 6.2, 6.3(m), and 6.6.

Under 6.3(m), the record, according to GMBS, establishes the student's formal participation, substantive input, and governance follow-up. Under 6.6, it establishes every category of stakeholder and specific audit trails. Under 6.2, it contains labour-market/PEST evidence as well as direct employer consultations. The issue in dispute is therefore not the existence of the underlying system, but the correctness of the threshold and the weight attributed to specific evidence.

That characterisation is decisive for the Standard-level rating: even if the Committee retains a residual reservation concerning the breadth of participation, delivery terminology, or online-specific review maturity, such a reservation is closer to Substantially Compliant than to Partially Compliant.

Impact of interview evidence on the stakeholder findings under Standard 6

When assessing the significance of interviews for 6.2, 6.3(m), and 6.6, and subsequently for the overall assessment of Standard 6, a distinction must be drawn between contemporaneous documentary evidence, first-hand explanations from GMBS's internal representatives, and independent external corroboration. Internal representatives could explain the process from their own perspective, but they

could not themselves replace independent confirmation by an external employer, academic peer, or student representative.

The pre-visit Final Agenda provided for five internal GMBS representatives. They did not, however, constitute a homogeneous source of first-hand evidence concerning the entire programme-approval process: individual members participated at different stages, while the external industry expert, external academic expert, and external student representative were involved in selected consultation and governance stages. Their first-hand knowledge was naturally stage-specific. The inability of the internal interview sample selected in this way sufficiently to verify every stage of a multi-level stakeholder process therefore does not, by itself, constitute affirmative evidence that the documented process was inconsistent, insufficiently developed, or not implemented in practice.

The actual course of the site visit is also important. The original interview structure was changed during the visit, and after the first day the Panel requested two additional lecturers/future lecturers who had not formed part of the original interview sample; GMBS secured their participation. The Final Accreditation Report subsequently records the revised joint session as "Meeting with lecturers/future lecturers also covering programme design". The Provider Accreditation Manual provides that the Peer Review Panel identifies "the units and individuals they wish to meet during this visit", while the provider ensures the availability of persons in accordance with the agreed agenda or any additional requests made by the Panel.

The Panel therefore did not interview the originally planned group of five internal representatives as a homogeneous interview sample capable collectively of confirming every stage of the programme-approval process. At the same time, the course of the visit itself demonstrates that the Panel was not bound by the original agenda or the original list of interviewees and knew how to request an additional interview source when it considered one necessary.

Under **6.2**, the Final Accreditation Report refers to interview evidence only through the general assertion that "Evidence presented during interviews indicated reliance on intermediary consultancy input rather than direct labour market consultation", without identifying the specific statement or explaining how that conclusion could be reconciled with the contemporaneous documentary record of direct employer participation.

If interview evidence was to constitute the determinative basis for this finding, its material evidential basis and its conflict with the documentary record had to be identifiable from the original decision record; the appeal stage must not be used to create a new evidential basis on which the original finding did not rest.

The position under 6.3(m) is different. The Final Accreditation Report does not identify any specific interview statement denying Jan Michalec's participation or contradicting the existing documentation; it refers only to a verification limitation and the inability to meet him, "including virtually". Before the site visit, GMBS had identified him, his documented participation and impact, supplied his contact details, and offered email answers or a formal written statement. The MFHEA then confirmed that, if the Panel considered further communication necessary, it would be coordinated through the MFHEA; no subsequent request for further verification was made. The absence of interview verification therefore represents a verification gap, not affirmative evidence that the documented participation did not exist or did not occur.

Under 6.6, the Final Accreditation Report does not identify interviews as a separate evidential basis for the finding; the finding rests on assertions of "no confirmed student participation", insufficient involvement of the world of work, and "limited traceability". A holistic assessment of Standard 6 may integrate properly identified findings under the individual indicators, but it cannot retrospectively alter the evidential basis of 6.6 itself. In reviewing 6.6, the contemporaneous documentary record - the Stakeholder Register, consultation records, Council records, Consultation Outcomes Report, and Curriculum Change Log - must therefore be decisive, and interview material not identified in the original 6.6 finding cannot be used at the appeal stage as a new determinative basis for that indicator.

The decisive distinction is therefore between concrete contrary interview evidence and a mere verification gap. If the interviews produced specific evidence contradicting the documentary record and that evidence was decisive for the finding, it should have been identifiable from the original Final Accreditation Report or contemporaneous decision record. If the interviews merely failed to provide sufficient confirmation of a documented fact, that is a verification limitation, not evidence that the fact did not exist. The limitations of the internal interview sample, which was altered during the visit, cannot therefore be transformed into a substantive deficiency on the part of GMBS without a further evidential step.

The Provider Accreditation Manual expressly leaves it to the Peer Review Panel to determine "the units and individuals they wish to meet during this visit", while the provider ensures the availability of persons in accordance with the agreed agenda or any additional requests made by the Panel.

Consequence for Standard 6

GMBS seeks direct correction of 6.3(m) to Met because, in its submission, the original record permits a reliable conclusion. In relation to 6.2 and 6.6, it seeks Met if the Committee considers the record conclusive; alternatively, it seeks the setting aside of the existing Not Met findings and a focused reassessment confined to the precise published wording and identifying the specific missing or unreliable link.

At the level of the Standard judgement, GMBS continues to seek Compliant if 6.2, 6.3(m), and 6.6 are corrected to Met and no other independent mandatory deficit remains. Its practical minimum objective, however, is at least Substantially Compliant.

This minimum outcome takes account of the reservations in the [Final Accreditation Report](#) concerning the maturity of online-specific programme review. Those reservations may justify a recommendation or follow-up, but they do not, without more, justify Partially Compliant if the stakeholder-related Not Met findings do not withstand review.

The same factual core should not, without a separate normative analysis, be multiplied across 6.2, 6.3(m), and 6.6 and then counted again at the level of the Standard judgement. The Committee must distinguish the cross-relevance of evidence from duplicate severity.

If further verification confirms the documentary chain described in A5 and A6 and the MFHEA does not identify specific contemporaneous contrary evidence that formed part of the original accreditation record and on which the [Final Accreditation Report](#) actually based its negative finding, the proportionate outcome is Standard 6 = Compliant or at least Substantially Compliant with targeted follow-up, not retention of Partially Compliant.

11. STANDARD 11 - LOCAL PROFESSIONAL ENGAGEMENT AND THE FORMAL ELEMENT OF INDICATOR 11.3

Grounds relied upon: Ground 2, Ground 4 and Ground 5; together with Standard 6, Standard 11 forms the principal substantive core of the appeal.

Standard 11 contained three Minimal Indicators. Indicators 11.1 and 11.2 were rated Met, and 11.3 was the only Not Met. The Partially Compliant judgement therefore rests materially on a single disputed finding. In GMBS's submission, the assessment of Standard 11 requires three matters to be separated: the precise normative content of 11.3, the factual reason on which the [Final Accreditation Report](#) based Not Met, and the weight of any remaining deficiency in the assessment of the Standard as a whole.

11.3 – the precise published wording and the assessment test applied

The [Provider Accreditation Manual](#) provides under 11.3:

"Local employers and members of professions are invited to join relevant committees or other structural units considering study programmes and other institutional activities."

The normative core of the indicator is therefore **"are invited to join"**. The text of 11.3 does not prescribe a minimum number of local participants, a number of completed participation cycles, a prior period of cooperation, or the achievement of measurable partnership outcomes as separate conditions of Initial Provider Accreditation.

The [Final Accreditation Report](#), however, justified Not Met on the basis that the Panel had not seen convincing evidence that the mechanism had already been "put into practice in a meaningful way", and in particular that no clear example had been provided of local employers or professional representatives "actively participating" in committees or structured programme-related discussions. The subsequent recommendation additionally called on GMBS to focus on "operational partnerships with tangible outcomes".

GMBS does not dispute the Panel's power to verify whether the invitation of a local professional stakeholder is genuine, relevant, and workable in practice. The narrower question on appeal is whether the intensity of participation already undertaken and the achievement of its outcomes were used under 11.3 as evidence of the authenticity of the mechanism, or whether they in substance became an additional threshold for compliance with the indicator itself.

This distinction is significant because the [Final Accreditation Report](#) does not expressly find that no local employer or member of a profession was invited to join a relevant committee or structural unit. It links Not Met primarily to an insufficient demonstration of meaningful and active participation already undertaken. The absence of demonstrated active participation is not, without more, identical to the absence of an invitation; these are related but distinct stages of the same governance mechanism.

Minimal Indicator 11.3 and Performance Indicators 11.4–11.9

The structure of the [Provider Accreditation Manual](#) further supports this distinction. Immediately after 11.3, the [Final Accreditation Report](#) states that Performance Indicators 11.4–11.9 are to be met only after the licence has been obtained and operations have commenced.

Performance Indicator 11.4 separately requires a relevant selection of partners and monitoring processes for partnership outcomes. The further Performance Indicators concern actual contribution to society, the operation of international cooperation, regular contact, and its longer-term impact.

In this context, the recommendation requiring "operational partnerships with tangible outcomes" appears more akin to a requirement of further operational maturity and subsequent monitoring than to a literal restatement of the threshold in 11.3. This does not mean that the Panel could not examine the credibility and readiness of the cooperation framework at Initial Provider Accreditation. In GMBS's submission, however, it was necessary to distinguish clearly between the existence and reality of the invitation mechanism assessed by 11.3 and the outcomes and maturity of partnerships addressed by the Manual in separate Performance Indicators.

Different temporal calibration within the same Standard

This distinction is also supported by the Panel's own findings under 11.1 and 11.2.

Under 11.1, the [Final Accreditation Report](#) acknowledged that institutional cooperation, service to society, and internationalisation formed part of the strategic direction of GMBS. At the same time, it stated that the objectives were still broad and that their measurable outcomes were not entirely clear, while expressly accepting that "for a provider at licensing stage, this is understandable to a point".

Under 11.2, the Panel found no separate ring-fenced budget line, and it was not yet possible to assess the actual future level of expenditure or its tracking against results. Nevertheless, it regarded the broader planning and budgeting framework as sufficient to conclude that financial provision was envisaged.

Under both indicators, therefore, the Panel distinguished between readiness at the licensing stage and future operational maturity. Under 11.3, it then used materially more demanding language concerning meaningful participation already undertaken, active participation, and tangible outcomes. GMBS therefore requests the Appeals Committee to examine whether this different temporal calibration of the sole disputed indicator in Standard 11 was sufficiently reasoned.

Actual Malta-based professional engagement in the original record

Even when assessed under the broader practical test applied by the Panel, the original record contained specific Malta-based professional activity. Both during the site visit and in the [GMBS Response](#), GMBS identified Malta Quality Education / ARP Group Ltd and Edu Alliance as relevant Malta-based stakeholder engagement. These were not relationships created after the site visit for the purposes of the appeal, but references to relationships and activities existing before the report was finalised.

GMBS approached Malta Quality Education on 14 May 2025 in connection with the licensing and accreditation process. On 19 May 2025, the professional assignment was accepted. Malta Quality Education subsequently obtained access to the Totara LMS and the relevant documentation and conducted a professional review of the technical and qualitative readiness of the online model. On 8 August 2025, the [Technical Report PROT2025-0257 – Totara LMS Platform Verification](#) was issued, signed by Sergio Passariello, Director of ARP Group Ltd / Malta Quality Education. During the site visit, the Digital Peer Reviewer was provided with this Report, together with an explanation of the involvement of Malta Quality Education.

The review covered student activity and progress, assessment mechanisms, alignment of the technical configuration with the delivery methodology, availability, cybersecurity, business continuity, data protection, plagiarism controls, proctoring, and other elements relevant to online higher education delivery.

The evidential chain was therefore specific and traceable:

approach and assignment of the task → acceptance of the assignment → access to the institutional system → professional review → formal report → findings and recommendations.

In GMBS's submission, this record materially weakens the broader premise that Malta-based professional engagement remained merely planned or had not been meaningfully implemented. The [GMBS Response](#) also identified a further Malta-based stakeholder line through Edu Alliance, represented by Martin Borg, in the field of quality assurance, which falls within the remit of the Quality Board, a GMBS body. GMBS does not present this evidence as an automatic substitute for the precise formal-invitation element of 11.3. Its significance is narrower: if the reason for Not Met was a lack of actual, meaningful local professional engagement, that factual premise had to be reconciled with the specific professional activity undertaken before the site visit.

After Malta Quality Education, Edu Alliance, and Martin Borg had been identified, the [Final Accreditation Report](#) did not explain whether it regarded that information as factually insufficient, irrelevant to the category of local employer/member of a profession, or merely insufficiently formally linked to a specific committee or structural unit. In GMBS's submission, a precise distinction between those possibilities is material to the assessment of Grounds 4 and 5.

The precise formal element of 11.3

The fact that Malta Quality Education performed specific professional work does not, by itself, mean that it was formally appointed to a named committee or structural unit. GMBS expressly distinguishes between those matters. Actual Malta-based professional engagement and the precise formal-invitation element of 11.3 are therefore two separate questions.

If the original Not Met was based on a broader lack of meaningful and active practical engagement, the [Technical Report PROT2025-0257 – Totara LMS Platform Verification](#) and the related contemporaneous record constitute materially relevant counter-evidence.

Conversely, if the Appeals Committee regards as determinative only whether a specific local employer or member of a profession was formally invited to join a specific committee or other structural unit, GMBS submits that any such deficiency should be precisely separated from the broader finding concerning the absence of meaningful local engagement. Such a narrower conclusion would define the issue materially differently from the factual rationale stated in the [Final Accreditation Report](#).

Broader cooperation architecture and its significance for the seriousness of 11.3

Any narrow local-formalisation issue did not arise in an environment lacking an institutional cooperation architecture. The original record documented formal cooperation frameworks with BECO Group, DTI University, e-learnmedia, and iTernal, together with specific employer and external-stakeholder involvement in the programme-design and governance process. GMBS does not present those international and non-local relationships as a substitute for the geographical local element of 11.3. They are, however, relevant to Standard-level materiality: if only the precise formal-invitation deficit remains, it is a narrow local formalisation gap within an existing cooperation system, not a general absence of institutional cooperation.

Calibration and comparators

The [Yhank Institute Initial Provider Accreditation Report](#) is the principal comparator for the same 11.3 under the same Initial Provider Accreditation procedure. Under 11.1, the report identified partnerships with local businesses and an international company, principally for future internship opportunities, but did not establish an already realised benefit to the local community. Under 11.2, Yhank had no identified budget allocations or expenditure, and the Panel regarded that indicator as not applicable. Under 11.3, the report states that "so far, only an international company has been invited to review some of the courses that are on offer"; the published record does not identify a local employer or member of a profession invited to join a relevant committee or structural unit. Despite that overall profile, Standard 11 was rated Fully Compliant and Recommendations were Nil. By contrast, GMBS had express Met findings under both 11.1 and 11.2 and submitted a substantially broader record of stakeholder and professional engagement under 11.3.

GMBS does not seek a mechanical transfer of the Yhank outcome, but asks that the specific material factual or normative distinction be identified that explains why a profile accepted for Yhank as Fully Compliant with no recommendation resulted in Partially Compliant for GMBS.

The internal calibration of the GMBS report is equally significant. Indicators 11.1 and 11.2 were Met, and the Panel accepted both the strategic direction and broader resource planning. Moreover, the same [QAC-Reviewed Report](#) contained express Not Met findings under 2.11, 7.15, and 8.1, yet Standards 2, 7, and 8 remained Substantially Compliant. Those cases are not factually identical to 11.3, and GMBS does not derive a numerical rule from them. They do demonstrate, however, that a single Not Met finding does not, by itself, explain Partially Compliant: its Standard-level severity must be calibrated separately.

With 11.1 and 11.2 Met, an existing cooperation architecture, and documented Malta-based professional activity, any residual formal-invitation gap therefore requires a specific explanation of why it represents "implementation not effective enough" rather than a profile "to a large extent in alignment with the Standard".

Consequence for 11.3 and Standard 11

GMBS therefore primarily seeks the Appeals Committee to set aside the Not Met finding based on the broader test of meaningful, active, and outcome-producing participation and to assess 11.3 according to its precise published wording, "are invited to join". The original record demonstrates actual Malta-based professional engagement, and the Final Accreditation Report does not find that no local employer or member of a profession was invited to join a relevant committee or structural unit.

If such an exact formal-invitation deficit was not identified as a determinative reason for the original Not Met finding, it cannot be created retrospectively at the appeal stage as a new basis for maintaining the same negative outcome.

If the Appeals Committee nevertheless concludes that the exact formal-invitation element was not sufficiently established in the original record, that residual issue must be confined to a narrow formalisation gap. It cannot retrospectively sustain the broader finding of an absence of meaningful local engagement or, without specific reasoning, retain Standard 11 as Partially Compliant, particularly when 11.1 and 11.2 were Met and the published Yhank calibration under 11.3 was substantially less stringent.

GMBS therefore primarily seeks the reclassification of Standard 11 as Compliant following removal of the 11.3 finding. Subsidiarily, if the Committee regards the exact formal-invitation element as a residual evidential gap, it seeks Standard 11 = at least Substantially Compliant, subject to a precise pre-intake formalisation condition.

This graduated relief enables the Committee to correct the threshold applied without requiring it to disregard any narrow formalisation reservation that may remain. It also preserves proportionality: a remediable formal element should not, without more, support a Partially Compliant rating for the entire Standard or refusal of Initial Provider Accreditation as a whole.

12. STANDARD 1 - FINANCIAL READINESS AS A SECONDARY SUPPORTING ARGUMENT

Grounds of appeal relied upon: Ground 4 and Ground 5. Secondary supporting line of argument.

Standard 1 is not the substantive centre of the appeal. GMBS nevertheless maintains it because its final rating raises an internal question that is also relevant to the manner in which the MFHEA weighted findings under the other Standards. In the [QAC-Reviewed Report](#), all applicable Minimal Indicators 1.1 to 1.5 were rated Met; the online indicator 1.12 was also rated Met. According to the report itself, Performance Indicators 1.6 to 1.11 were to be assessed only after licensing and the commencement of operations. Despite this, Standard 1 was rated Substantially Compliant.

GMBS does not dispute that satisfaction of individual Minimal Indicators need not mechanically determine the Standard-level rating and that the Panel may identify risks or areas for improvement even where an indicator is met. However, where all applicable minimum requirements were rated Met, it must be reviewable which specific reservations were sufficiently serious to justify reducing the entire Standard to Substantially Compliant and how that weight was derived.

Under 1.4, the Panel expressly found that financial planning was transparent, aligned with strategic priorities, and that "this satisfies the formal requirement". Only thereafter did it state that the financial sustainability assumptions "have not yet been stress-tested against realistic enrolment scenarios", linking that reservation to an assumption of three language cohorts and the need for additional teaching and support staff. Indicator 1.4 itself does not prescribe a particular form of stress-testing, a number of enrolment scenarios, or a separate model for each future language cohort.

The [Financial Plan](#) did not operate with only one linear variant. The financial model itself contained a separate scenario mechanism with "Realistic - Base" and "Pessimistic - Worst" variants, using different initial enrolment figures, growth rates, and other financial assumptions (see the [Financial Plan](#), "Scenario" sheet). The Panel did not state that it had examined those scenarios and found them methodologically inadequate, incorrectly configured, or unduly optimistic; the finding was formulated on the basis that stress-testing against realistic enrolment scenarios had not been carried out. That is a materially different premise. If the original record confirms the existence of relevant realistic and pessimistic scenarios, the original reason cannot at the appeal stage be replaced with a new assertion that the scenarios existed but were insufficiently sophisticated.

The assumption of three language cohorts must likewise be assessed specifically. The [Business Plan](#) contained a phased Go To Market Strategy: entry into individual markets and additional language versions was not modelled as a one-off simultaneous expansion. At the same time, it assumed gradual growth in student numbers and staffing capacity; lecturers and teachers were not omitted from the financial model, but teaching costs were modelled as a variable direct cost amounting to 35% of revenues, alongside separate personnel costs and growth in FTE/PTE. If the Panel nevertheless regarded the model as operationally or financially unsustainable, the [Final Accreditation Report](#) should have identified the specific enrolment threshold, cost shortfall, staffing deficit, or period in which the model would fail.

This record did not exist in a vacuum. The [Accountants Report on Financial Sustainability Eligibility Check](#) of 25 March 2025, prepared by Elaine Rogers, ACCA, CPA, FCCA, MIA for the MFHEA, assessed the [Business Plan](#) and [Financial Projections](#). It described the assumptions as relevant and realistic, the plan as robust and coherent, and the projections as sustainable, doable, and financially viable; the result was a pass with no recommendations. GMBS does not contend that this expert assessment legally bound the Panel. It does, however, form part of the original administrative record and constitutes expert material directly supporting the financial viability of the model. If the Panel reached a materially different conclusion, the original report must identify the specific data or analysis that justified that departure.

The position under 1.5 is narrower still. The Panel acknowledged the [Business Continuity Plan](#) and [Risk Analysis](#) and rated the indicator Met. The subsequent request for stronger prioritisation of key risks and scenario-based planning may constitute a legitimate quality-enhancement recommendation. It does not, however, establish the absence of a continuity or risk-management framework and, without specific reasoning, should not be weighted as the equivalent of a failed Minimal Indicator.

GMBS therefore does not ask the Appeals Committee to disregard the Panel's expert reservations. It asks that their true evidential and methodological weight be reviewed. If the factual premise under 1.4 - that the financial assumptions had not been "stress-tested against realistic enrolment scenarios" - does not withstand review, and the original decision record contains no other specific and material reason capable of explaining the Standard-level downgrade despite all applicable Minimal Indicators having been rated Met, Standard 1 should be changed to Compliant. Subsidiarily, the remaining reservations under 1.4 and 1.5 should be treated as refinement issues, not as concealed failures of minimum requirements or as an independent determinative ground for refusal.

13. STANDARD 2 - INDICATOR 2.11: ALLOCATION OF RESOURCES VERSUS FULL OPERATIONAL DEPLOYMENT

Grounds of appeal relied upon: Ground 2 and Ground 5. Secondary but significant supporting line of argument.

Under Standard 2, indicators 2.1 to 2.4 were accepted, Performance Indicators 2.5 to 2.9 were deferred until after licensing, and online indicator 2.10 was met. The Panel also described the organisational structure as coherent, realistic, and a "solid basis for institutional operations". The principal disputed core is therefore 2.11.

2.11. Sufficient resources are allocated to adequately cater for the technical infrastructure, training and systems for online and blended learning.

The [Final Accreditation Report](#) confirms the allocation of resources for infrastructure, continuity, backups, and training; contractual arrangements with external technical partners; hosting safeguards; and the commencement of staff training. The negative part of the finding concerns the fact that live-delivery arrangements and proctoring solutions were not yet fully operational.

GMBS accepts that Initial Provider Accreditation examines credible readiness, not merely the existence of a budget line. A distinction must nevertheless be drawn between the published resource-allocation test and full production implementation of every tool. If incomplete deployment is to result in Not Met under 2.11, it must be explained which allocation requirement remained unsatisfied despite the confirmed resources, partnerships, continuity measures, and training.

Proctoring is specifically regulated under 7.15. The same unfinished proctoring component may also be thematically relevant to system readiness, but in assessing whole-system severity it should not, without specific reasoning, be counted as a second independent systemic failure in addition to 7.15. Live-delivery arrangements are a separate issue and should be assessed separately.

The Panel's own recommendation sets the completion point as "before first intake". This supports the conclusion that at least part of the reservation is a pre-operational verification issue that can be managed by prohibiting teaching until live interaction has been objectively verified and prohibiting assessment until proctoring has been verified.

GMBS therefore seeks 2.11 = Met if the Committee regards the confirmed allocation of resources as decisive; subsidiarily, it seeks a focused reassessment strictly according to the wording of 2.11. Irrespective of the indicator-level outcome, proctoring should not be multiplied into two independent deficiencies in the whole-system assessment, and the live-delivery issue should be linked to a pre-teaching condition.

14. STANDARDS 3, 5, AND 9 - POSITIVE INTERNAL CALIBRATION

Standards 3 and 5 were Compliant despite the Panel identifying areas for further development, such as future operational refinement, concentration of responsibilities, or additional pedagogical training. Those reservations were not automatically transformed into non-compliance. This confirms the need to distinguish between absence of a minimum system and the system's further maturity or refinement.

For a fully online provider, Standard 9 is the most significant internal calibration point. The [Final Accreditation Report](#) confirmed technical support, automated continuity, backups, external technical partnerships, hosting safeguards, and scalability, and concluded that "No major concern emerged", although operational maturity would need to be demonstrated in practice.

GMBS does not derive from this a mechanical obligation to rate 2.11, 6.14, or 7.15 as Met. The conclusion is narrower: future operational verification and present non-compliance are not automatically the same. Where the underlying system exists and the risk can be objectively verified before the relevant activity is activated, the rating and remedy must reflect the true nature of that gap.

15. STANDARD 4 - TRANSPARENCY AND NON-DUPPLICATIVE WEIGHTING OF THE TUITION-FEE ISSUE

Grounds of appeal relied upon: Ground 2 and Ground 5. Secondary supporting line of argument.

In the [QAC-Reviewed Report](#), indicators 4.1, 4.2, 4.4, 4.9, 4.10, and 4.11 were rated Met; Performance Indicators 4.5 to 4.8 were deferred until after the commencement of operations. The only express Not Met finding under Standard 4 concerned indicator 4.3, and the specific deficiency on which that finding was based was the non-publication of tuition fees.

Indicator 4.3 requires clear, accurate, objective, up-to-date, and readily accessible information enabling prospective students to make an informed choice. The Panel did not identify any deficiency in programme content, learning outcomes, or graduate competences; it linked the negative finding to the absence of tuition fees. GMBS does not dispute that historical absence or contend that fees cannot be relevant to the broader informed-choice requirement under 4.3. At the same time, however, the [Provider Accreditation Manual](#) also regulates tuition fees expressly under 8.1.

GMBS's objection is therefore directed not primarily at the cross-relevance of the same information, but at its cumulative weight in the whole-system assessment. If the same absence of tuition-fee information forms the negative factual core under both 4.3 and 8.1, it may be relevant to both indicators, but without specific explanation it should not subsequently be weighted as two independent provider-wide deficiencies. It is one specific transparency gap with one direct remedial measure - full publication of the fees before recruitment or enrolment. The original version of the appeal correctly framed this issue as a risk of "duplicate negative counting of the same factual circumstance".

The calibration of this issue is supported by the [Yhank Institute Initial Provider Accreditation Report](#). Under the same indicator 4.3, the Yhank report expressly recorded the absence of information on costs of study, yet Standard 4 was rated Fully Compliant. GMBS does not derive from this a binding precedent or an automatic right to the same rating. It does, however, concern the same published Minimal Indicator under the same Initial Provider Accreditation procedure and a materially similar information deficit; the markedly different Standard-level weight therefore requires identification of the specific material distinction.

Nor can the lower rating of Standard 4 be retrospectively supported by reservations under 4.4 or 4.11 in a manner that would effectively convert them into additional Not Met findings. Both indicators were Met. Under 4.11, the Panel confirmed the functionality of LMS analytics and the availability of activity data; the remaining reservation concerned further formalisation of their use in institutional review. Such a maturity or formalisation point is compatible with a recommendation and future monitoring, but without identification of a specific unmet mandatory requirement it should not retrospectively operate as a substitute negative finding. Moreover, the Panel accepted a comparable need for future formalisation under 3.13 and 8.17 while rating those indicators Met.

GMBS therefore seeks review of 4.3 according to its precise wording and consistent calibration, but above all seeks to ensure that one tuition-fee transparency gap is not counted repeatedly in the overall assessment as several independent systemic deficiencies. If the Appeals Committee retains 4.3 as a negative finding, its weight should remain confined to that specific pre-recruitment information gap. If the Committee corrects it, no express Not Met finding remains under Standard 4; any continued Substantially Compliant rating would then require a different specific basis that is reviewable from the original record.

16. STANDARDS 7, 8, AND 9 - ACKNOWLEDGED PRE-OPERATIONAL GAPS AND INTERNAL CALIBRATION

GMBS's position: the deficiencies are not denied; what is challenged is their cumulative seriousness and the regulatory consequence selected.

GMBS expressly acknowledges two undisputed residual factual cores: tuition fees were not publicly available under 8.1, and proctoring had not been fully finalised under 7.15. The [Final Accreditation Report](#) also recorded that the live-interaction arrangements had not been fully configured. GMBS does not deny that latter finding, but distinguishes it from the two residual cores: it is a readiness reservation that can be verified before teaching and should not, without a separate normative reason, be counted as an additional independent systemic failure.

The two residual deficiencies and the separate live-interaction reservation are bounded, pre-operational, and objectively verifiable. Public information can be verified before recruitment/enrolment; live interaction before teaching; and proctoring and identity verification before the first relevant online summative assessment. None of those risks need be activated before the corresponding condition is satisfied.

Standard 9 was Compliant, and the [Final Accreditation Report](#) identified no major concern concerning continuity, backups, external partnerships, hosting safeguards, and scalability, although operational maturity was to be demonstrated in practice. GMBS uses this fact only as an internal calibration: future verification and current non-compliance are not automatically the same.

The appellate question is therefore whether the two undisputed residual factual cores - together with the separately verifiable live-interaction reservation - possessed such systemic seriousness, after correction of the contested Standards 6 and 11, that refusal was the only proportionate outcome, or whether they should have been managed through conditional accreditation and non-activation safeguards.

17. DUPLICATE AND CUMULATIVE WEIGHTING—CONTROL SYNTHESIS

The [QAC-Reviewed Report](#) contains eight express Not Met labels: 2.11, 4.3, 6.2, 6.3, 6.6, 7.15, 8.1, and 11.3. Those eight Not Met labels do not, by themselves, establish the existence of eight mutually independent systemic failures. Legally permissible cross-relevance of the same circumstance to several indicators must be distinguished from cumulative multiplication of severity.

Findings	Common factual core	Required review of weight
4.3 + 8.1	Unpublished tuition fees / public information	If relevant to both indicators, whole-provider severity is counted as one factual defect; C1 gate.
2.11 + 7.15	Unfinalised proctoring / identity-verification readiness	7.15 is the specific assessment-integrity gap; 2.11 must be assessed according to its resource-allocation wording; one factual core, C3 gate.
6.2 + 6.3 + 6.6	Labour-market, employer, student, and stakeholder evidence	Distinguish the individual normative requirements, but do not multiply the same alleged absence of stakeholder engagement into three independent systemic failures.
11.3	Local/Malta-based employer/professional invitation and participation	A separate local element; do not relabel international Standard 6 evidence as local, but take account of actual Malta-based professional engagement and the Yhank calibration.

17.1 [Signum Magnum College EQA Audit Report](#)—a secondary comparator for calibration of the remedial consequence

The [Signum Magnum College EQA Audit Report](#) is not a direct threshold comparator for Initial Provider Accreditation because it concerned periodic provider accreditation of an operating institution and included assessment of Performance Indicators. It is, however, relevant to remedial calibration: the published outcome rates Standards 1, 2, 3, 5, 6, 10, and 11 as Partially Compliant and Standards 4, 7, 8, and 9 as Substantially Compliant, while the QAC recommended re-accreditation with a follow-up report and site visit. GMBS does not infer the same outcome from this; it uses the report only to demonstrate that the MFHEA uses non-binary remedial tools in practice even in relation to a broad profile of deficiencies.

18. CONCLUSION

GMBS expressly values the Panel's expert work and all observations capable of contributing to the further strengthening of the institution's quality, transparency, and readiness. This appeal does not call into question the importance of such recommendations or GMBS's obligation to ensure their thorough implementation. The decisive point, however, is to distinguish areas of further development and operationalisation from deficiencies of such seriousness as to justify a negative compliance judgement and, ultimately, refusal of Initial Provider Accreditation.

The [Final Accreditation Report](#) itself did not present an institution whose core systems had failed generally. None of the ten applicable Standards was rated Non-Compliant; three were Compliant, five Substantially Compliant, and two Partially Compliant. The Panel's recommendations were also directed exclusively at further strengthening, formalisation, or completion of the implementation of mechanisms already created - including measures to be completed before the first intake, the commencement of operations, or online assessment.

In GMBS's submission, the overall profile changes materially once the objections set out in this appeal are taken into account. Of the eight express Not Met findings in the QAC-Reviewed Report, five are substantively contested on grounds relating to criterion, evidence, reasoning, or process (2.11, 6.2, 6.3, 6.6, and 11.3). The three remaining raw labels reduce to two undisputed factual cores: publication of tuition fees under 4.3/8.1 and final implementation of proctoring under 7.15, while live-interaction configuration remains a separate pre-teaching readiness reservation. This corrected profile does not, by itself, determine the outcome of the appeal; it does, however, materially alter the materiality, cumulative weight, and proportionality of outright refusal.

That outcome must also be considered in light of the MFHEA's published practice. The [Yhank Institute Appeals Committee Decision](#) confirms that the final outcome cannot be reduced to the mechanical addition of negative findings, but requires assessment of their context, seriousness, proportionality, and systemic nature. Likewise, the [London School of Commerce Malta \(LSCM\) EQA Audit Report](#) shows that even multiple concurrent deficiencies in programme design, stakeholder engagement, and student involvement may, in the overall assessment, be distinguished from systemic failure and addressed through recommendations for further improvement. GMBS does not present these cases as binding precedents, but as relevant controls on the consistency and proportionality of the MFHEA's own decision-making practice.

GMBS therefore requests the Appeals Committee, in its final assessment, to proceed from the complete original accreditation record and the actual seriousness of the findings after correction, rather than merely the number of negative formulations in the [Final Accreditation Report](#). GMBS accepts and welcomes proportionate recommendations directed at the further development of its systems.

Following proper assessment of the submitted evidence, however, GMBS submits that the decisive question remains whether the identified deficiencies, by their nature, seriousness, and systemic impact, genuinely justify refusal of Initial Provider Accreditation. GMBS respectfully requests the Appeals Committee, on the basis of the grounds and evidence set out in this appeal, to conclude that such a consequence is not adequately supported and to grant the relief sought in the individual sections of this appeal.

The final assessment must therefore consistently distinguish between failure to meet a mandatory minimum and a requirement for further maturity or formalisation, and between affirmative evidence of non-compliance and a situation in which the Panel was merely unable sufficiently to verify a documented fact by the method selected.

19. SUBSIDIARY PROTECTIVE CONDITIONS IN THE EVENT OF REMAINING PRE-OPERATIONAL GAPS

The following measures are advanced solely in the alternative and without prejudice to GMBS's primary position that the challenged findings must be assessed on the basis of the original accreditation record. They do not constitute an admission of further deficiencies or new evidence of compliance. Their purpose is to demonstrate that, if the Appeals Committee identifies any remaining pre-operational risk notwithstanding the submissions on

the merits, that risk is precisely delimited, objectively verifiable, and controllable before commencement of the activity to which it relates.

Code	Subsidiary protective condition
C1	Before the first recruitment or enrolment, publish the tuition fees, administrative fees, and all other mandatory public information and permit the MFHEA to verify their completeness.
C2	Before teaching commences, demonstrate a functional configuration of live teacher–student and student–student interaction consistent with the authoritative description of the online delivery model.
C3	Before the first relevant online summative assessment, configure, test, and procedurally regulate identity verification and online proctoring, including data protection, incident management, and the relevant student procedures.
C4	Only if the Appeals Committee retains a narrow formal-invitation deficiency under 11.3: before the first recruitment, provide evidence of the invitation or appointment of a suitable Malta-based employer or member of a profession to a relevant committee or structural unit and of that person's formal incorporation into the governance documentation.

If the Appeals Committee or the MFHEA considers enhanced oversight necessary even after the stated pre-activation safeguards have been satisfied, GMBS also points, in the alternative, to the possibility of a shorter accreditation period and earlier follow-up verification.

20. PROPOSED DECISION OF THE APPEALS COMMITTEE

GMBS respectfully requests that the Appeals Committee:

1. **Uphold GMBS's arguments under Grounds 1, 2, 4, and 5 in whole or in substantial part**, particularly in relation to the incorrect application of published criteria, the failure to address relevant evidence, inadequately reasoned evidential conclusions, duplicate negative weighting of the same factual circumstances, and the proportionality of the final refusal.

2. **Review compliance with regulation 40(1)(d)** on the basis of the complete administrative record and find a breach of that provision if MFHEA fails to demonstrate that, following transmission of the report, GMBS was in fact afforded the statutory six-week provider-views opportunity required by that provision. The ten-day factual-accuracy phase initiated on 12 May 2026 did not, by itself, satisfy that statutory requirement: it did not provide a six-week period and the scope of the views was expressly limited to factual accuracy and misunderstandings; it also did not comply with the two-week period prescribed by the Provider Accreditation Manual. If MFHEA considers the communication of 12 May 2026 to have satisfied regulation 40(1)(d), it must explain how the statutory temporal and substantive requirements were met notwithstanding those limitations. If it considers that communication merely to have constituted the factual-accuracy phase under the Provider Accreditation Manual, it must identify when and by what procedural step GMBS was afforded the statutory six-week provider-views opportunity under regulation 40(1)(d).

3. **If the MFHEA regarded the identified deficiencies as "fundamental defects", or relies on their fundamental character in support of the original refusal, expressly apply regulation 40(2), under** which a reasonable period for adopting measures to rectify such defects is to be provided after the report and the provider's views. GMBS does not derive from regulation 40(2) a general right to remedy every Not Met finding or an automatic right to accreditation. It does submit, however, that the seriousness of deficiencies cannot be justified

by their fundamental character while the statutory remedial consequence attached to that classification is simultaneously omitted. Fundamental character cannot be invoked for the first time at the appeal stage merely to explain the seriousness of the refusal without also addressing the consequences under regulation 40(2).

4. Find that the [Final Accreditation Report](#) does not contain a clearly identifiable opinion under regulation 40(1)(b) as to whether the GMBS system as a whole is satisfactory, and that this separate statutory requirement cannot be replaced merely by an implicit aggregation of individual Standard ratings or by its subsequent reconstruction at the appeal stage. Insofar as the report identifies recommendations or the need for further action, GMBS also asks that regulation 40(1)(c) and the requirement for a consistent follow-up procedure be taken into account.

5. As a priority, review the substantive core of findings 6.2, 6.3(m), 6.6, and 11.3. Under 6.3(m), GMBS seeks direct correction to Met; under 6.2 and 6.6, it seeks Met if the original record is sufficiently conclusive, otherwise a focused reassessment confined to the specific unresolved evidential question. For Standard 6, GMBS seeks Compliant if, after correction of the contested findings, no independent material basis for a downgrade remains, and at least Substantially Compliant as the practical minimum outcome.

Under 11.3, GMBS seeks assessment according to the precise published threshold **"are invited to join"** and removal of the broader finding based on requirements of meaningful, active, and outcome-producing participation insofar as those requirements constituted an additional compliance threshold beyond the published indicator. If the Appeals Committee nevertheless concludes that the exact formal-invitation element was not sufficiently established in the original record, GMBS asks that this residual issue be confined to a narrow formalisation gap, that it not be used retrospectively to preserve the broader finding of an absence of meaningful local engagement, and that Standard 11 not be retained as Partially Compliant without specific reasoning. Primarily, GMBS seeks Standard 11 = Compliant following removal of the unsustainable 11.3 finding; subsidiarily, at least Substantially Compliant subject to the precise C4 pre-intake formalisation condition.

Standards 1, 2, and 4 should be treated as secondary supporting lines of the appeal, and the genuine gaps under 7.15 and 8.1 as bounded, objectively verifiable pre-operational deficiencies, not as automatic proof of system-wide unsuitability.

6. In the corrected indicator-level, Standard-level, and whole-system assessment, expressly address the relevant published MFHEA practice, particularly the [Yhank Institute Initial Provider Accreditation Report](#) and the [London School of Commerce Malta \(LSCM\) EQA Audit Report](#) and, concerning remedial architecture in a periodic-audit context, the [Signum Magnum College EQA Audit Report](#).

GMBS does not seek the mechanical transfer of other providers' outcomes or proceed on the basis of formally binding precedent. It does, however, ask that any materially stricter treatment of GMBS be based on a specific factual or normative distinction that is identified and explained. The [Yhank Institute Appeals Committee Decision](#) supports assessment of the seriousness, proportionality, and systemic nature of deficiencies rather than a rigid automatic-rejection formula; the [Signum Magnum College EQA Audit Report](#), in turn, demonstrates that follow-up and remedial mechanisms are regulatory tools actually used in published MFHEA practice, albeit in the different context of a periodic audit.

7. Conclude that, after taking account of the corrections to the determinative findings identified in this appeal, the original record does not provide a sufficient reasoned and evidential basis for maintaining the refusal of 10 August 2026 or for rejecting Initial Provider Accreditation in its original form. GMBS also asks the Committee to find that the [Final Accreditation Report](#) itself did not rate any Standard Non-Compliant and did not identify a clear systemic, fundamental, or provider-wide failure capable, by itself, of explaining outright refusal. Nor does the report contain a sufficient reasoned bridge between the specific identified deficiencies, their cumulative seriousness, and the most restrictive outcome of refusal.

Such an appellate conclusion is also consistent with the published [MED.E.A Appeals Board Panel Report](#), in which the negative licensing outcome was described as "unjustifiable" and the relevant requirements were regarded as satisfied following appellate review.

8. **Subsidiarily**, if any objectively remediable pre-intake, pre-teaching, or pre-assessment gap remains after correction of the findings, require the Appeals Committee's decision expressly to direct that it be considered within the statutory options of conditional Initial Provider Accreditation, provisional/additional conditions, or a shorter accreditation period, with proportionate verification conditions and non-activation safeguards.

Depending on the nature of the particular gap, such safeguards may include prohibiting recruitment, enrolment, teaching, or the relevant assessment until the MFHEA has objectively verified satisfaction of the corresponding condition. [S.L. 607.03](#) permits additional conditions, conditional/provisional provider accreditation, and shorter validity. The proposed remedial architecture is not an admission of historical non-compliance in relation to the contested findings; its purpose is to demonstrate that any residual risks can be objectively isolated and verified before learners are exposed to them.

9. **If the Appeals Committee does not consider it possible directly to correct all affected Standard-level judgements or the licensing outcome, uphold the relevant appeal arguments to the extent necessary and expressly set out in its reasoned decision the appellate conclusions by which any subsequent MFHEA assessment or decision must be governed. Those conclusions** should require, in particular: application of the precise published criteria; reliance on the complete original accreditation record; no creation of new determinative grounds at the appeal or any subsequent stage; separation of the cross-relevance of evidence from duplicate severity; an identifiable whole-system opinion; and express consideration of conditional accreditation, shorter validity, and non-activation safeguards.

This approach is intended to prevent the original negative outcome from being maintained, after the appeal arguments have succeeded, on the basis of new reasoning that was not the determinative basis of the original refusal.

10. If the appeal is substantially successful, GMBS seeks the maximum refund of the appeal fee permitted by the [MFHEA Policy and Procedure for Appeals](#), namely 75%.

Level of relief	Outcome sought
Primary relief	Uphold Grounds 1, 2, 4, and 5; set aside the refusal; directly correct 6.3(m) and the other findings for which the original record permits a reliable conclusion; reclassify Standards 6 and 11 at least as Substantially Compliant and as Compliant wherever the contested indicators are Met; and then conclude that Initial Provider Accreditation should have been granted, conditionally if appropriate.
First alternative	Remit the matter to the QAC for a fresh decision subject to binding appellate conclusions on the correct wording of the indicators, the complete record, the prohibition on new grounds, the whole-system opinion, non-duplicative weighting, and conditional accreditation.
Second alternative	Order a new targeted assessment at the MFHEA's expense, confined to questions that cannot safely be resolved on the original record, in particular 6.2, 6.6, and the precise formal-invitation element of 11.3.
Procedural alternative	If the complete administrative record does not demonstrate that GMBS was afforded the statutory six-week provider-views opportunity under regulation 40(1)(d), return the process to the point necessary to afford that statutory procedural opportunity properly before a new decision is taken.
Ancillary relief	An appropriate refund of the appeal fee and disclosure of any new or explanatory material, with a right for GMBS to respond.

ANNEX A - SUPPLEMENTARY OVERVIEW TABLE OF MFHEA DECISION-MAKING PRACTICE

The following table preserves the broader published administrative and appellate practice for completeness. Only the strongest and functionally closest comparators are used in the main text, so that secondary cases do not distract attention from Standards 6 and 11.

Decision	Operative outcome	Relevance to GMBS
<u>ITS Appeals Committee Report</u> , 29 May 2023	The report and recommendations were to be aligned with the Committee's conclusions.	Shows that the Appeals Committee may correct report-level factual and analytical errors and require the recommendations to reflect its conclusions.
<u>The Playhouse Appeals Board Report</u> , 25 September 2023	It raised Standard 4 from Does Not Meet to Requires Improvement and reclassified KR17 as a Mandatory Recommendation.	Directly changes both the Standard judgement and the severity of a recommendation.
<u>MCAST Appeals Committee Report</u> , 4 June 2024	MR1 reclassified as KR; Standards 1 and 6 changed to Meets Standard.	The clearest published example of appellate practice in which the ratings of entire Standards were changed because existing mechanisms had been undervalued.
<u>Malta Leadership Institute Appeals Committee Report</u> , 21 August 2024	It upheld Claim 5 and directed that the final draft be sent and the statutory six-week period be afforded.	A direct comparator for regulation 40(1)(d).
<u>Pegaso International Appeals Board Report</u> , 27 May 2024	It changed the outcome for Standard 4 to Meets Requirements.	Confirms the power to change a rating where the existing position is sufficient notwithstanding scope for further development.
<u>MED.E.A Appeals Board Panel Report</u> , 9 October 2025 (published 7 January 2026)	It characterised the original refusal as unjustifiable and concluded that the licence should have been granted. The MFHEA subsequently recognised university status.	Demonstrates that appellate relief may change the entire licensing outcome, not merely the wording of the report.
<u>Yhank Institute Appeals Committee Decision</u> , 2026	It dismissed the appeal but articulated a supervisory test and rejected a rigid numerical formula leading automatically to refusal.	The primary initial-provider comparator for the standard of review, proportionality, and Standards 4, 6 and 11.

21. LIST OF ANNEXES AND EVIDENTIAL MATERIALS

The following list is a filing checklist and identifies the documents that should accompany the appeal. Substantive Annexes A1–A9 are relied upon only to the extent that they formed part of the original accreditation record or document the original process. The published administrative and appellate practice is accessible through the hyperlinks in the text of the appeal.

Ref.	Document	Purpose / status
A1	MFHEA Decision of 10 August 2026	Decision under appeal.
A2	Final Accreditation Report	Final findings, Standard judgements and recommendations.
A3	QAC-Reviewed Report	Contemporaneous Met/Not Met classifications and original reasoning.
A4	GMBS Response (13 May 2026)	Contemporaneous index to pre-existing evidence and procedural objection before finalisation of the report.
A5	Evidence of Labour Market Needs Analysis in Designing Programmes (MBA)	Original record for 6.2; submitted to MFHEA on 12 January 2026; on 16 January 2026 MFHEA confirmed that the submission had been shared with the Panel.
A6	GMBS MBA Programme Approval Process Documentation , Sections 1–6	Stakeholder Register , consultation records, Council minutes, Consultation Outcomes Report , and Curriculum Change Log for 2.3, 6.2, 6.3(m), and 6.6.
A7	Accountants Report on Financial Sustainability , Elaine Rogers (25 March 2025)	Contemporaneous expert financial material for the MFHEA.
A8	Business Plan , Financial Plan and Long-Term Plan – cited versions	Financial scenarios, staged Go To Market Strategy, variable teaching costs, and strategic framework.
A9	Technical Report PROT2025-0257 – Totara LMS Platform Verification (8 August 2025)	Contemporaneous evidence of Malta-based professional engagement and technical review.

SIGNATURE BLOCK

Item	Details
Date	27 August 2026
For and on behalf of GMBS	Lukas Kopac
Position	Chairman of the Board of Directors
Signature	