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| **PARTICIPANT STAKEHOLDERS/INTERESTED PARTIES** | |
| **NAME** | **STAKEHOLDER CATEGORY (1) & JOB ROLE (IF APPLICABLE)** |
|  | Top Management, Principal |
|  | Top Management, Deputy Principal |
|  | Top Management, Deputy Principal |
|  | Management, QA Deputy Director |
|  | Management, Quality Assurance Manager |
|  | Management, Institute Director |
|  | Management, Institute Director |
|  | Administrative Staff, Officer, Secretary to the Review |
|  | Teaching Staff, Programme Coordinator |
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*add lines as needed*

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| **INTERNAL STAKEHOLDER CATEGORIES** | **EXTERNAL STAKEHOLDER CATEGORIES** |
| Top management  Management  Teaching staff  Non-Teaching Staff  People performing work under the educational organization’s supervision (supplier, partners, volunteers)  etc | Student  Parent/Guardian  Alumni  External provider (supplier, partners, volunteers) performing work not under the educational organization’s supervision  Government authorities  Local communities  etc |

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| *Note: For each decision, it shall be defined:*   * *A responsible to implement corresponding actions and its deadlines.* * *A responsible to verify the implementation of each action and, if applicable, the effectiveness of the actions implemented and the deadline to do so.*   *The actions defined and its details about them shall be also inserted at the SIM Template* |

| REVIEW INPUTS (analysed elements) | REVIEW OUTPUTS (decisions and actions) *(IMP) Continual Improvement Opportunity; (CHA) Need for Change to the management system; (RES) Resources needed* | | | |
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| IMP | CHA | RES | DESCRIPTION *Copy the Decision #... template into other cells as needed* |
| **1. Status of actions from previous management reviews**  The management review report from 2021 was analysed, as well as the status of its resulting actions, which is the following:   |  |  | | --- | --- | | Action | Status | | **Action 1 (Preamble):** Notification to TM of new Registrar | Complete | | **Action 2 :**  To follow-up with maintenance for the installation of services at the temporary garage for the eventual relocation of the CMS boats from Kalkara to MCAST, and the closing down of the Kalkara premises. | Complete | | **Action 3 :**  to carry out a focused Alumni Tracer Study for the period between 2019 – 2021.. | Complete | | **Action 4 :**  to submit proposal for the employment of a Master Mariner Consultant. | In progress – 75% ready – meetings scheduled | | **Action 5 :**  to hold a risk assessment of Centre’s QMS. | Complete | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  |  | Decision #... Action  Responsible  Deadline  Public disclosure: Total/Partial (add details) |
| **2. Changes in external and internal issues that are relevant to the management system**  Proposal of new Course Structure for MQF level 4 programme. |  | X |  | Decision 1... Action: To update Quality Manual to include the new structure  Responsible: QA Manager  Deadline: April 2022  Public disclosure: Total |
| 3. Information on the EOMS performance and effectiveness, including trends in: **3.1 Learner and other beneficiary satisfaction and feedback related to learner and other beneficiary requirements**  Student Satisfaction Surveys were deployed across all MQF Levels. Results show a high participation level from all students and a good overall satisfaction rate. Individual respondents provided a number of specific recommendations. | X |  |  | Decision 2... Action: To disseminate individual responses to the stakeholders concerned and request a report on possible actions to be taken  Responsible: Institute Director  Deadline: May 2022  Public disclosure: Partial – to disclose actions taken |
| **3.2 The extent to which objectives have been met**  A report on the Quality objectives and their respective achievement indicators was submitted to the MRM. It was determined that out of 10 Objectives 2 had not been met. | X |  |  | Decision 3... Action: To carry out an analysis of the 2 failed objectives and submit a report to the MRM detailing the reasons for not achievement and identify any possible corrective actions.  Responsible: Institute Director  Deadline: June 2022  Public disclosure: None |
| **3.3 Process performance and conformity of products and services**  A number of Process changes were presented to the MRM. These changes were the results of changes driven by external factors namely related to the COVID 19 Pandemic. Such changes have all been reflected in changes performed to the QMS presented under this heading to the MRM.  With regards to products and services, the Template to Control External Providers was presented. It was confirmed that no changes were envisaged and the Centre remains satisfied with the suppliers for all its services and products. | X |  |  | N/A |
| **3.4 Nonconformities and corrective actions**  The Action Plans of past external Audits were presented to and reviewed by the MRM. Such Action Plan showed that 80% of the OFIs had been addressed. There were no Non Conformities to be reported. | X |  |  | Decision 4... Action: To close off the remaining OFIs  Responsible: Institute Deputy Director and QA Deputy Director  Deadline: April 2022  Public disclosure: None |
| 3.5 Monitoring and measurement results Reports on Monitoring and measurement results related to:   * Student retention rates * Reasons for student drop outs   The reports revealed a decrease in student dropout during 2021. It was reported that the data for 2022 was still To liaise with the Procurement Department for the procurement of new equipment as necessary being compiled. | X |  |  | Decision 5... Action: N/A  Responsible:  Deadline:  Public disclosure: |
| **3.6 Audit results**  Two reports were presented to the MRM:  1 – report on Internal Audits  2 – Report on External Audits  Both reports included an action plan. A total of 5 OFIs were identified in the External Audit Action Plan whilst the Internal Audit action Plan carried a total of 10 OFIs. No non conformities were identified in the 2021 Audit Cycle.  The Internal Audit plan for 2022 was also presented.  Discussions on the annual External audit were also held. | X |  |  | Decision 6... Action: To ensure the proper preparations for the 2022 Internal and External audit cycles.  Responsible: Institute Deputy Director and QA Deputy Director  Deadline: June 2022  Public disclosure: None |
| **3.7 The performance of external providers**  Not Applicable |  |  |  |  |
| **3.8 Formative and summative assessment outcomes**  A report on the student success rates in the various programmes of study was submitted to the MRM. The report highlighted a drop in success rates in 2 study units – namely Mathematics and Physics. An investigation into the findings which consisted of interviews to students and staff revealed that the constraints brought about by COVID 19 took their toll on both the delivery and the learning of these 2 particular subjects. | X |  |  | Decision 6... Action 1: To deliver a repeat CPD training session on distance learning for all academic staff.  Action 2: To provide the opportunity of repetition classes during the summer months to all failing students  Responsible: Institute Director and Deputy Director  Deadline: June 2022  Public disclosure: None |
| **4. The adequacy of resources**  A request for the replacement of old and procurement of new resources was submitted to the MRM. The list included changes for:   * The purchasing of new classroom furniture * The replacement of outdated and non-repairable IT hardware * The recruitment of Administrative Staff to fill in 2 vacant posts * The recruitment of Academic Staff to fill in 3 vacant posts |  |  | X | Decision 7... Action 1: To raise the necessary documentation for the issuing of Calls for application for the recruitment of Staff in liaison with the HR Department.  Action 2: To liaise with the Procurement Department for the procurement of new equipment as necessary.  Responsible: Institute Deputy Director and QA Deputy Director  Deadline: June 2022  Public disclosure: None |
| **5. The effectiveness of actions taken to address risks and opportunities**  A report on the actions taken to address the COVID 19 pandemic was presented. The results showed that although there was little time for preparation, both students and staff adapted quickly to the new reality. Students still reported that they prefer the traditional system of learning, and this was reflected in the drop in success rates in some units (as already presented in 3.8).  On the other hand, the number of COVID 19 cases on campus were kept to a minimum, showing that the preventive measures taken for programmes delivered face to face were effective.  It was reported that the Centre required more teleconferencing equipment and that the procurement of such would further facilitate the delivery of distance learning. |  |  | X | Decision 8... Action: To liaise with the Procurement Department for the procurement of new equipment as necessary.  Responsible: Institute Deputy Director  Deadline: June 2022  Public disclosure: None |
| **6. Opportunities for continual improvement**  No other opportunities for improvement apart from the ones already discussed were identified/presented. |  |  |  |  |
| **7. Staff feedback related to activities to enhance their competence**  A report detailing the record of CPD undergone by both Lecturing and Administrative Staff was submitted to the MRM. In addition the results of an employee Satisfaction survey was also presented as part of this requirement.  The Report presented a high participation level from all staff at various levels and a good overall satisfaction rate. Individual respondents provided a number of specific recommendations. | X |  |  | Decision 9... Action: To disseminate individual responses to the stakeholders concerned and request a report on possible actions to be taken  Responsible: Institute Director  Deadline: May 2022  Public disclosure: Partial – to disclose actions taken |