



B.Sc. Hons. Physiotherapy

HIGHER EDUCATIONAL INSTITUTE (LICENCE N. 2018023)

HANDBOOK

A. A 2024/2025

B.Sc. HONS. PHYSIOTHERAPY

Index

<u>SECTION 1 BACHELOR DEGREE</u>	4
<u>1. INTRODUCTION TO INSTITUTION</u>	5
1.2 LIST OF CONTACTS	6
1.2. LIST OF CONTACTS	6
1.3. STUDENT REPRESENTATIVES	7
<u>2. PROGRAMM SPECIFICATION</u>	7
2.1 AIM	8
2.2 LEARNINIG OUTCOMES	8
2.3 PROGRAMM STRUCTURE	28
2.4 CLINICAL COMPONENT OF THE PROGRAMME	28
2.5 PROFESSIONAL AND STATUTORY REGULATORY BODIES	29
2.6 MODULE AND CREDITS	29
2.7 Teaching methods	32
2.8 METHODS OF ASSESSMENT	34
2.9 Assessment of Clinical Practice	36
<u>SECTION 2 QUALITY PROCEDURE</u>	40
<u>3. ENROLLMENT AND INDUCTION</u>	40
3.1 ENROLMENT – RESPONSIBILITY OF STUDENT	40
3.3 INDUCTION SESSION AND TIME TABLES	40
<u>4. EQUALITY & DISABILITY</u>	41
4.1. LEARNING SUPPORT	42
4.1.1 LSD Certification	42
4.2 PERSONAL TUTORING	43
<u>5. ATTENDANCE</u>	44
<u>6. ASSESSMENT</u>	44
6.1 NON-ACCUMULATIVE (THRESHOLD) PASS MARK	45
6.1.2 Procedure in the event of illness	45
6.10 ASSESSMENT REPORT	50
6.2 FAILING AN ASSESSMENT	45
6.2.2 Submission assessments	45
6.3 RESIT PROCESS	46
6.4 EVALUATING CRITERIA	47
6.5 MODERATION PROCESS	49
6.5 RETAINING RECORDS	49
6.6 SPECIAL ASSESSMENT NEEDS	49
6.7 ACADEMIC APPEALS PROCESS	49
6.9 EXAM BOARD	50
<u>7. EXTENUATING CIRCUMSTANCE</u>	51
<u>8. MISCONDUCT</u>	53

8.1 ACADEMIC INTEGRITY COMMITTEE	56
8.2 ACTIONS BY STUDENT	57
8.3 ACTIONS OF THE HEARING PANEL	57
8.4 ACTIONS OF EXAM BOARD	58
8.4.1. Penalties appendix to assessment policy	58
9. COMPLAINS	59
9.1.1 Stage 1: Early Resolution	59
9.1.2 Stage 2: Formal Complaint	60
10. PROGRESSION	61
11. AWARDS	61
11.1 Exit Awards	61

The purpose of this Handbook is to provide you with information about your programme of study and to direct you to other general information about studying for a Malta ICOM qualification.

The handbook describes your course in two sections, the first provides you with information regarding the academic structure and programme specifications, and the second concerns the regulations and procedures.

This handbook must be read in conjunction with the Malta ICOM Quality handbook and separate policies and procedures, which you are found in reserved web site <https://icomedicine.com/policy-e-procedure/> along with the module guides for the programme.

SECTION 1 BACHELOR'S DEGREE

We are pleased to welcome you to the Malta ICOM Bachelor Science (Hons.) Physiotherapy programme accredited and validated by the National Commission for Further and Higher Education (NCFHE) in Malta.

The Malta ICOM has been delivering an educational programme in Physiotherapy for many years. As the profession and the general health system within the Italy and France have changed, the Malta ICOM programme has developed and grown into the exiting and comprehensive course which you are about undertaken.

We hope that you enjoy the course, and you will be joining a rewarding profession which offers you many opportunities to help in wide variety of ways.

Alfonso Mandara

Malta ICOM Principal

1. INTRODUCTION TO INSTITUTION

International College of Osteopathic Medicine Educational LTD is an internationally recognised institute of higher education for the delivery of Physiotherapy education at Honours Degree level (NCFHE Higher education provider licence n. 2018023).

Malta ICOM involves two Teaching Centres, Gzira and Santa Venus in Malta. The Centre's systems and procedures for quality enhancement aim to operate in a positive, self-critical and supportive environment to promote high academic standards.

Academic Structure consists of committees, responsible for:

- educational provision and procedures,
- learning and teaching activities,
- quality standards of service.

1.2. LIST OF CONTACTS

MIE Position	Request on appointment	Name	Email
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DEPARTMENT POSITION	REQUEST	NAME	EMAIL
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Department Coordinator	Academic and Didactic needs (such as Pastoral needs, Learning Agreement, Extenuating Circumstance, etc)	IT T. Somma	teresa.somma@fisio.icomedicine.com
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1.3. STUDENT REPRESENTATIVES

Students have an active role in Malta ICOM academic structure by the participation of their representatives¹.

Student representatives must be elected within the first month of attendance each year. They have the task of:

- represent students in the Academic Board and Board of Study, and during the scheduled meeting with Teaching Centre management,
- consider students requests and complains and express them to the attention of in charge staff,
- refer to students the Malta ICOM strategies and procedures to support learning activities.

The student representatives should be presented requests and complains in written format supported by the majority of students' signs. They ask for advice at different level of academic structure:

- refer to Head of Department about any condition or strategy concerned learning support, timetables, exam agenda,
- refer to Program Leader or Module leader about any condition or strategy concerned didactic support, program coordination, tutoring,
- refer to Clinic Coordinator leader about any condition or strategy concerned clinical training and support.

2. PROGRAMME SPECIFICATION

The Bachelor of Physiotherapy (BSc. (Hons.) Phys.) is a four-year programme designed to allow students to become autonomous and competent Physiotherapy practitioners eligible to register with The Council for The Professions Complementary to Medicine (CPCM) in Malta.

It is aligned with the European Standard of Physiotherapy (ER-WCPT), the Code of Practice for Physiotherapy (2006), the Core Curriculum – Core Competence Association of Italian Physiotherapist, and the Maltese National Quality Assurance Framework for Further and Higher Education².

¹ 36. Staff student Consultative Committee terms of reference.

² Appendix 9. European Standard of Physiotherapy (ER-WCPT)
Appendix 6. Code of Practice for Physiotherapy (2006)
Appendix 5. Core Curriculum – Core Competence AIF
Appendix 12. Maltese Module mapping document

2.1 AIM

This programme offers an award of Bachelor of Physiotherapy with Honours (BSc (Hons). Phys.) with additional awards to be used as 'fall-back' qualifications. The programme meets the academic and vocational requirements for Physiotherapy published by ER-WCPT. The programme aims are as follows:

- To produce a competent Physiotherapist who fulfils the standards set out in ER-WCPT and confers eligibility on them to apply for professional registration with CPCM.
- To produce a graduate demonstrating reflective, self-evaluative and critical thinking and transferable skills whilst providing safe, caring, ethical and competent Physiotherapy treatment.
- To develop a graduate demonstrating a commitment to life-long learning, research and evidence-based practice, continued professional development and business entrepreneurship.

2.2 LEARNING OUTCOMES

The teaching and learning to deliver modules consist of teaching, independent study, clinic practice and tutorials varied appropriately to meet the requirements of specific modules.

All modules are compulsory. There are no optional pathways or alternative modules. Modules have been designed to deliver the programme aims and the Physiotherapy learning outcomes specified in the ER-WCPT. These are set out below:

1. "A Physiotherapy graduate who can demonstrate the qualities of an autonomous patient-focused practitioner that is competent, caring, empathetic, trustworthy, professional, confident, self-aware and inquiring."
2. "Demonstrate and apply the principles and scientific basis of Physiotherapy based on secure and critical understanding of principles and concepts of Physiotherapy and how these inform and guide rational clinical decision-making."
3. "An understanding of models of health, disease and illness and how these inform a critical consideration of practical patient care and management".

4. “A Graduate that demonstrates appropriate professional attitude, knowledge and behaviour consistent with being a healthcare practitioner.”
5. “Communication skills to understand the range and forms of human communication and their strengths and limitations.”

The following tables provide evidence that the modules designed map to the ER-WCPT. The module learning outcomes have also been mapped to the Maltese Quality Framework (MQF).

Figure 2. Module learning outcomes mapped to European Framework for Standards of Physiotherapy Practice (ER-WCPT).

Patient Partnership I	Section	Year 1							Year 2					Year 3						Year 4		
		IPP 1.1	IPP 1.2	IPP 1.3	IP P 1.4	IPP 1.5	IPP 1.6	IPP 2.1	IP P 2.2	IP P 2.3	IP P 2.4	IP P 2.5	IP P 2.6	IP P 3.1	IP P 3.2	IP P 3.3	IP P 3.4	IP P 3.5	IP P 3.6	IP P 4.1	IP P 4.2	IPP 4.3
Recognition of the patient as an individual is central to all aspects of the physiotherapeutic relationship and is always demonstrated.	1						x		x	x	x	x	x	x	x	x			x	x		x
Patients are given relevant information about the proposed physiotherapy procedure, considering their age, emotional state and cognitive ability, to allow valid/informed consent to be given	2								x			x		x	x	x			x	x		x
Information which the patient gives to the physiotherapist is treated in the strictest confidence.	3								x	x	x	x	x	x	x	x			x			x
Assessment and Treatment Cycle																						

In order to deliver effective physiotherapy intervention, information relating to treatment options is identified, based on the best available evidence.	4						x	x	x	x	x		x	x	x	x		x	x	x	x	x
Information relating to the patient and his/her presenting problem is collected.	5						x						x						x			x
Taking account of the patient's problems, a published, standardised, valid, reliable and responsive outcome measure is used to evaluate the change in the patient's health status.	6												x					x	x			x
Following information gathering and assessment, analysis will be undertaken in order to formulate a treatment plan.	7												x						x			x
A treatment plan is formulated in partnership with the patient.	8												x						x			x
The treatment plan is delivered in a way that benefits the patient	9						x		x	x	x	x	x	x	x	x		x	x			x

The treatment plan is constantly evaluated to ensure that it is effective and relevant to the patient's changing circumstances and health status.	10						x						x					x			x
On completion of the treatment plan, arrangements are made for the transfer of care/discharge.	11												x					x			x
Communication																					
Physiotherapists communicate effectively with patients and/or their carers/relatives	12						x						x	x	x	x		x	x		x
Physiotherapists communicate effectively with health professionals and other relevant professionals to provide an effective and efficient service to the patient.	13												x					x			x
Documentation																					
To facilitate patient management and satisfy legal requirements, every patient who receives	14				x		x						x						x		x

physiotherapy must have a record.																				
Patient records are retained in accordance with existing policies and current legislation.	15				x		x						x						x	x
Promotion of a Safe Working/Treatment Environment																				
Patients are treated in an environment that is safe for patients, physiotherapists and carers.	16				x		x						x						x	x
Physiotherapists take measures to ensure that the risks of working alone are minimised.	17												x						x	x
CPD																				
The physiotherapist assesses his/her learning needs.	18																		x	x
CPD activities should be undertaken by physiotherapists to improve the quality of patient care	19																		x	x
The CPD/LLL plan is implemented	20																			x

Figure 3. Mapping of course to Malta Qualification Framework

Year - Level MQF			Year 1 – MQF 5							Year 2 – MQF 5						Year 3 – MQF 6						Year 4 – MQF 6		
			IPP1 .1	IPP1 .2	IPP1 .3	IPP1 .4	IPP1 .5	IPP1 .6	IPP2 .1	IPP2 .2	IPP2 .3	IPP2 .4	IPP2 .5	IPP2 .6	IP P 3. 1	IP P 3. 2	IP P 3. 3	IP P 3. 4	IP P 3. 5	IP P 3. 6	IP P 4. 1	IP P 4. 2	IP P 4. 3	
Knowledge	Comprehensive, specialised, factual, and theoretical knowledge within a field of work or study and an awareness of the boundary of that knowledge.	1. Understands knowledge in a field of study that builds upon advanced general secondary education and is typically at a level supported by advanced textbooks leading to further studies to complete the first cycle.	x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	

		2. Develops strategic and creative responses in researching solutions to well defined concrete and abstract problems;			x			x						x						x	x	x	x
		3. Makes judgements based on knowledge of relevant social and ethical issues.			x	x	x			x	x	x	x	x	x	x	x				x		
Skills	A comprehensive range of cognitive and practical skills required to develop creative solutions to abstract problems	1. Demonstrates transfer of theoretical and practical knowledge, in creating solutions to problems;	x	x		x	x		x	x	x	x	x	x	x	x	x			x	x		x
		2. Conveys ideas, in a well-structured and coherent					x		x	x	x	x	x	x	x	x	x			x	x		x

Competences		way to peers, supervisors and clients using qualitative and quantitative information;																				
		3. Has the ability to identify and uses data to formulate responses to well-defined concrete and abstract problems;		x				x						x					x		x	
		4. Evaluates own learning and identifies learning needs necessary to undertake further learning.	x	x	x	x	x	x	x	x	x	x	x	x					x		x	
	Exercise management and supervision	1. Manages projects independently that require					x			x	x	x	x	x					x	x		x

	in contexts of work or study activities where there is unpredictable change. Review and develop performance of self and others.	problem solving techniques where there are many factors, some of which interact and lead to unpredictable outcomes;																					
		2. Shows creativity in managing projects, manages people and reviews performance of self and others; trains others and develops team performance;					x			x	x	x	x	x	x	x	x	x	x	x	x	x	x
		3. Expresses a comprehensive internalized personal world view			x		x			x	x	x	x	x	x	x			x				x

		reflecting engagement of solidarity with others;																				
		4. Has the learning skills to undertake further studies with a degree of autonomy.	x	x	x	x	x	x	x	x	x	x	x	x						x		x
Learning outcomes	•Knowledge and understanding	1. Understands advanced textbooks which may lead to further academic or vocational learning and research solutions to abstract problems;	x	x	x	x	x	x	x	x	x	x	x						x		x	
	•Applying knowledge and understanding	2. Demonstrates operational capacity and management								x	x	x	x	x	x	x	x	x	x	x		x

		skills using creativity;																						
	•Communication skills	3. Interacts with others to convey abstract and concrete solutions to problems in a field of work of study;					x			x	x	x	x	x	x	x	x			x	x			x
	•Judgmental skills	4. Formulates practical and theoretical responses to abstract and concrete problems and makes judgements on social and ethical issues;		x			x			x	x	x	x	x					x				x	
	•Learning skills	5. Evaluates own learning and can improve key competences for further learning and	x	x	x	x	x		x	x	x	x	x	x					x	x				x

		promotes team training;																						
	•Autonomy and responsibility	6. Is responsible for the effective and efficient management of projects and people within agreed timeframes.					x			x	x	x	x	x	x	x	x	x	x	x	x			

Figure 4. Mapping of Malta CPCM Code of Practice 2013 to BSc. Hons. Physiotherapy

	Year 1			Year 2						Year 3						Year 4		
	IPP 1.4	IPP 1.5	IPP 1.6	IPP 2.1	IPP 2.2	IPP 2.3	IPP 2.4	IPP 2.5	IPP 2.6	IPP 3.1	IPP 3.2	IPP 3.3	IPP 3.4	IPP 3.5	IPP 3.6	IPP 4.1	IPP 4.2	IPP 4.3
1. Respect for the patient as an individual is central to all aspects of the physiotherapeutic relationship and should be demonstrated at all times, ensuring that professional responsibilities and standards for practice are not influenced by age, gender, religion, sexual preference, nationality, party politics, social or economic status or nature of a	x	x	x			x	x	x		x	x	x			x	x		x

patient's health problems.																		
2. Patients are given information about the proposed physiotherapy procedure, considering their age, emotional state and cognitive ability, to allow informed consent.		x	x			x	x	x		x	x	x			x	x		x
3. Information which the patient gives to the physiotherapist is to be treated in the strictest confidence. No information may be disclosed		x	x			x	x	x		x	x	x			x	x		x

without the consent (preferably written) of the patient, except when compelled by law																		
4. In order to deliver effective care, information relating to treatment options is identified, based on the best available evidence.						x	x	x	x	x	x	x			x	x		x
5. Information relating to the patient and his/her presenting problem is collected via the assessment and recorded.		x	x			x	x	x		x	x	x			x	x		x
6. Taking account of the patient's problems, continual re-assessment is						x	x	x		x	x	x			x	x		x

done to evaluate the change in the patient's health status. This is recorded.																		
7. Following information gathering and assessment, analysis will be undertaken in order to formulate a treatment plan. This is to be recorded		x	x			x	x	x		x	x	x			x	x		x
8. Every patient who receives physiotherapy must have a record which includes information associated with each episode of care. Patient records are signed and retained in accordance with existing policies.						x	x	x		x	x	x			x	x		x

9. A treatment plan is formulated in partnership with the patient/relatives/carers/guardian.		x	x			x	x	x		x	x	x			x	x		x
10. The treatment plan is delivered in a way that benefits the patient, ensuring that it is effective and relevant to the patient's circumstances and health status.		x	x			x	x	x		x	x	x			x	x		x
11. On completion of treatment plan, arrangements are made for the transfer of care/discharge.										x	x	x			x	x		x
12. Physiotherapists should communicate effectively with	x	x	x			x	x	x						x	x		x	x

registered medical practitioners, other health professionals and relevant outside agencies.																		
13. Patients are treated in an environment that is safe for patients, physiotherapists and relatives/carers, ensuring that actual and/or potential risks (equipment, environment, actual treatment) are eliminated.	x	x	x	x	x	x	x	x		x	x	x			x	x		x
14. Physiotherapists are obliged to take all reasonable measures to eliminate or minimize the		x	x			x	x	x		x	x	x			x	x		x

risks of working alone.																			
15. The physiotherapist assesses his/ her learning needs, plans his/ her continuing professional development and implements the plan	x								x					x	x		x		x

2.3 PROGRAMME STRUCTURE

Full Time Pathway - Duration: 4 years.

This programme is full-time and leads to the award of Bachelor of Science (Honours) Physiotherapy. Entry is normally at Level 4 with other points of entry subject to recognition of prior learning (RPL).

Enrolment is normally taking place at Level 4 in September.

Extended Pathway - Duration: 5 years.

Part-time program leads to the award of Bachelor of Science (Honours) Physiotherapy. Entry is normally at Level 4, and it is subjected to job certificated contract, at least 3 years, plus other points of entry subject to recognition of prior learning (RPL) for example, those holding degrees in subjects allied to medicine.

Enrolment is normally taking place at Level 4 in September.

The teaching is delivered in Italy and Malta. Those modules that will be partly-delivered in Malta are highlighted in the Module Guides. Of 1500 clinical training hours. A maximum of 150 hours can be delivered in other approved supervised clinical settings that adhere to the ER-WCPT and the Malta Code of Practice.

2.4 CLINICAL COMPONENT OF THE PROGRAMME

Students must attend at least 1500 hours in Training Clinics over the four years of the course at public health facilities or those affiliated with the SSN³. They will undertake observations and treatments according to their level of training, including a minimum of 120 hours in each of the 5 following fields: Musculoskeletal, Neurology, Medical-Respiratory Rehabilitation, Surgical, Geriatrics.

Clinics are staffed by highly qualified tutors with extensive experience of supervising students whilst they assess and treat patients. The clinics provide a service to a wide range of patients, including those requiring specialist treatment such as children and those with sports injuries.

Students become experienced in managing patients, taking case histories, making diagnosis and carrying out treatment. They are allocated a clinic tutor and receive regular scheduled tutorials. Clinic tutors spend at least 50% of their clinical time working directly with their allocated students. Clinical placement forms part of the timetable for all each year of study and may also extend outside normal teaching hours and term-times, especially for specialist clinics.

Due to the educational importance that the clinical internship assumes for the figure of the physiotherapist, we require commitment and constancy in attending the structures.

³ 142. Clinical Education Policy

For the internship: for each internship period foreseen in a structure it is necessary to be present at least 30% of the days foreseen on calendar, in order to ensure continuity that is preparatory to a mindset oriented towards work and seriousness towards future patients.

The linearity of the presence for the internship is the basis for quality training in the field, as it allows the student to follow a therapeutic process in all the rehabilitation phases.

In order for the training course to continue regularly with teaching modules to be taken that are preparatory over time, it is necessary to complete at least 90% attendance of the hours envisaged by the clinical internship plan for the current year in order to be able to take the relative clinical and professional practices exam.

2.5 PROFESSIONAL AND STATUTORY REGULATORY BODIES

Students will be presented for accreditation upon graduation to The Council for The Professions Complementary to Medicine (CPCM) in Malta⁴. Accreditation is on a case by case basis. The course has been designed to map to the requirements set out by the CPCM for eligibility to register, including English language certification 6.5 IELTS to be obtained in the year of enrolment in the CPCM.

2.6 MODULE AND CREDITS

The programme is a four-year course. Each academic year is made up of 35 weeks delivered over three semesters. Student complete 60 ECTS during each academic year of study, achieving 240 ECTS on successful completion of the Degree. All students are provided with programme regulations including those facilitating registration with CPCM. Details of modules are contained in the module descriptors and guides available on-line.

Figure 5a. Module hours and credits Full Time Pathway

Year 1				
Subject	Code	Level	Hours	ECTS
Anatomical Structure & Function	IPP1.1	5	425.0	17
Pathophysiology	IPP 1.2	5	285	12
Psycho-social science introduction	IPP 1.3	5	100	4
Mandatory Training	IPP1.4	5	150	6
Physiotherapy 1	IPP1.5	5	250	10

⁴ 93. CPCM Requirement list for registration.

Clinical and Professional Practice 1	IPP1.6	5	290	11
Total hours and credits			1500	60

Year 2				
Subject	Code	Level	Hours	ECTS
Pediatrics Physiotherapy	IPP2.1	5	175	7
Musculoskeletal Physiotherapy	IPP2.2	5	350	14
Geriatrics and Rheumatology	IPP2.3	5	150	6
Medical-rehabilitation sciences in neurology	IPP2.4	5	400	16
Clinical & Professional Practice Placement Year 2	IPP2.5	5	425	17
Total hours & credits			1500	60

Year 3				
Subject	Code	Level	Hours	ECTS
Advanced physiotherapy methods	IPP 3.1	6	200	8
Cardiovascular Rehabilitation	IPP 3.2	6	250	10
Medical rehabilitation sciences in the specialist area	IPP 3.3	6	450	18
Clinical radiology in physiotherapy	IPP 3.4	6	75	3
Research methodology in rehabilitation	IPP 3.5	6	75	3
Clinical & Professional Practice Placement 3	IPP 3.6	6	450	18
Total hours and credits			1500	60

Year 4				
Subject	Code	Level	Hours	ECTS
Advance Rehabilitation Techniques 1	IPP4.1	6	650	24
Research Methods Y4 Dissertation	IPP4.2	6	250	10
Clinical & Professional Practice 4	IPP4.3	6	650	26
Professional Practice Y4 (final exam)				

Total hours & credits	1500	60
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Figure 5b. Module hours and credits Extended Pathway

Year 1				
Subject	Code	Level	Hours	ECTS
Anatomical Structure & Function	IPP1.1	5	425	17
Pathophysiology	IPP 1.2	5	285	12
Psycho-social science introduction	IPP 1.3	5	100	4
Physiotherapy 1	IPP1.5	5	250	10
Total hours and credits			1060	43

Year 2				
Subject	Code	Level	Hours	ECTS
Mandatory Training	IPP1.4	5	150	6
Clinical and Professional Practice	IPP1.6	5	290	11
Musculoskeletal Physiotherapy	IPP2.2	5	350	14
Medical-rehabilitation sciences in neurology	IPP2.4	5	400	16
Total hours & credits			1190	47

Year 3				
Subject	Code	Level	Hours	ECTS
Pediatrics Physiotherapy	IPP2.1	5	175	7
Geriatrics and Rheumatology	IPP2.3	5	150	6
Clinical & Professional Practice Placement Year 2	IPP2.5	5	425	17
Cardiovascular Rehabilitation	IPP 3.2	6	250	10
Clinical radiology in physiotherapy	IPP 3.4	6	75	3
Total hours and credits			1275	51
Year 4				

Subject	Code	Level	Hours	ECTS
Advanced physiotherapy methods	IPP 3.1	6	200	8
Medical rehabilitation sciences in the specialist area	IPP 3.3	6	450	18
Research methodology in rehabilitation	IPP 3.5	6	75	3
Clinical & Professional Practice Placement 3	IPP 3.6	6	450	18
Total hours & credits			975	39

Year 5				
Subject	Code	Level	Hours	ECTS
Advance Rehabilitation Techniques 1	IPP4.1	6	600	24
Research Methods Y4 Dissertation	IPP4.2	6	250	10
Introduction to Business Management for Health Care Professionals	IPP4.3	6	650	26
Professional Practice Y4 (final exam)				
Total hours & credits			1500	60

2.7 TEACHING METHODS

The curriculum uses a blended approach to teaching and learning, employing a diverse variety of methods and resources⁵. The curriculum is delivered using both class-based and virtual learning environments and focus on providing students with an integrated approach to theory and clinical practice through facilitated self-managed learning. Problem-based learning is used to develop critical thinking and diagnostic reasoning skills.

A variety of teaching methods are used on the programme. Lectures, tutorials, and seminars are used extensively to support teaching and learning in theory-based subjects. These are further supported by staff and student-led practical workshops and case studies. Students are guided in their self-directed study and facilitated in undertaking group discussion as part of clinical supervision and their individual research and study. In practical classes, demonstrators ensure that appropriate techniques are used safely, and the purpose is understood by learners. Physiotherapy skills are developed through demonstration followed by technique practice using peers as models.

Self-managed and directed learning, supervised by tutors, provides students with opportunities for greater autonomy and self-management, skills needed for students to demonstrate that they are

⁵ 92. Learning Resources Policy

prepared for their future professional life. For example, during self-study, students will read journal articles and books, work on individual and group projects, undertake research, whilst preparing for assessment.

Students are exposed to different teaching methods as they progress through their course.

At Level 5, in Year 1 there is a focus on the acquisition of underpinning knowledge and skills. Key subject areas are introduced, alongside an exploration of the basic principles and philosophy of Physiotherapy practice. The concept of reflection for personal and professional development is first introduced and skills are acquired to enable them to study effectively. The modules help students to develop their self-awareness, acquire knowledge of normal human function alongside a limited and specified range of practical Physiotherapy skills.

At Level 5 in Year 2 there is a focus on consolidation and development of the knowledge and skills acquired at Level 4 and its application to understanding of abnormal states of health. Critical thinking skills are further developed in the 'Foundation in Professional Practice' module. Students' manual dexterity is further developed. Students learn to integrate theoretical and practical knowledge within supervised clinical experience, complemented and informed by developing reflective skills.

At Level 5/6 in Year 3 there is a focus on students' ability to integrate and synthesise knowledge and acquired skills and to apply them in clinical settings. Research skills continue to be developed. Further development of Physiotherapy theory and practice occurs within the 'Cardiovascular Rehabilitation' and 'Medical rehabilitation sciences in the specialist area' modules. Students will develop the ability to make informed and justified decisions, in selecting and applying clinical treatment. These skills are further assessed in the 'Developing Professional Practice' module.

At Level 6 in Year 4 students focus on their continuing development as autonomous practitioners. Modules delivered at this level also focus on clinical reasoning skills, refining technique, widening scope of practice and developing a research proposal. Year 4 prepares students for life as a Physiotherapy practitioner, encouraging and developing lifelong skills necessary for continuing professional development. They will also further develop their application of business-related skills in preparing a Business Plan.

2.8 METHODS OF ASSESSMENT

The assessment methods relate to specific learning outcomes at module level as set out within the approved qualification⁶. Assessment criteria specific to each assessment are described in Module Guide.

Methods of assessment includes:

⁶ 37. Assessment Policy

Short Essay (1500 words, depending on the nature of the task). Focused on a specific text or limited topic, with an emphasis on specific knowledge and understanding. 20 hours research and writing

Long Essay (2000-2500 words). Dealing with a range of texts and/ or multiple aspects of a complex topic, with an emphasis not only on knowledge and understanding but also on analysis, critical thought, development of original ideas etc. 40 hours research and writing.

Seminar Presentation. Depending on the length of the presentation and on the nature and complexity of the topic which students will be expected to cover, this may be considered analogous to either a short or a long essay. 20 to 40 hours preparation

Unseen Exam. May be anything between 45 minutes and 2 hours in length; length to be determined by the nature of what is to be assessed, which also determines the nature of the questions set. The amount of time required for revision will be determined by the amount of material which will need to be covered, so that one might envisage 10-20 hours revision being required.

OSPE/ISPE/CCA. Depending on the length of OSPE and on the nature and complexity of the topic which students will be expected to cover in practical examination. 20 to 40 hours preparation.

ISCE. May be anything between 1.5 and 2 hours. Focused on the presentation of case study with conduction of the patient visit on objective and treatment competences. 30 to 40 hours preparation.

Proposal (6000 words). Dealing in detail with a range of texts and/or multiple aspects of a complex topic, largely self-chosen and self-directed, with an emphasis on knowledge, understanding, critical thought, analysis, development of original ideas etc. It is impossible to prescribe a single notional workload figure for this exercise. a minimum of 80-100 hours.

Figure 6. Indicative Module Assessment Maps

Level 5							
Compulsory modules	Module code	Credit Value	Level	% written exam	% oral/ practical exam	% course work	Teaching Block
Anatomical Structure & Function	IPP1.1	17	5	80%	20%		1 & 2
Pathophysiology	IPP 1.2	12	5	70%	30%		1 & 2
Psycho-social science introduction	IPP 1.3	4	5		50%	50%	1 & 2
Mandatory Training	IPP1.4	6	5	100%			2
Physiotherapy 1	IPP1.5	10	5		100%		2
Clinical and Professional Practice	IPP1.6	11	5	100%			2

Progression to Year 2 requires an overall Pass in all three modules.

Students exiting the program at this point who have successfully completed 60 ECTS credits are eligible for the award of Undergraduate Certificate.

Level 5							
Compulsory modules	Module code	Credit Value	Level	% written exam	% oral/practical exam	% course work	Teaching Block
Pediatrics Physiotherapy	IPP2.1	7	5	30%	70%		1
Musculoskeletal Physiotherapy	IPP2.2	14	5	30%	70%		1
Geriatrics and Rheumatology	IPP2.3	6	5	50%	50%		2
Medical-rehabilitation sciences in neurology	IPP2.4	16	5	30%	70%		2
Clinical & Professional Practice Placement Year 2	IPP2.5	17	5	20%	80%		1&2

Progression to Year 3 requires an overall Pass in all four modules and completion of the minimum clinical hours.

Students exiting the program at this stage who have successfully completed 120 ECTS credits are eligible for the award of Undergraduate Diploma.

Level 6							
Compulsory modules	Module code	Credit Value	Level	% written exam	% oral/practical exam	% coursework	Teaching Block
Advanced physiotherapy methods	IPP 3.1	8	6	30%	70%		1
Cardiovascular Rehabilitation	IPP 3.2	10	6	40%	60%		2
Medical rehabilitation sciences in the specialist area	IPP 3.3	18	6	40%	60%		2
Clinical radiology in physiotherapy	IPP 3.4	3	6	100%			1
Research methodology in rehabilitation	IPP 3.5	3	6	30%		70%	1&2
Clinical & Professional Practice Placement 3	IPP 3.6	18	6	20%	80%		1&2

Progression to Level 6 Year 4 requires an overall Pass in all four modules and completion of the minimum clinical hours.

Students exiting the program at this point who have successfully completed 180 ECTS credits are eligible for the award of Undergraduate Higher Diploma

Level 6							
Compulsory modules	Module code	Credit Value	Level	% written exam	% oral/practical exam	% coursework	Teaching Block
Advance Rehabilitation Techniques 1	IPP4.1	24	6	30%	70%		1
Research Methods Y4 Dissertation	IPP4.2	10	6			100%	1&2
Introduction to Business Management for Health Care Professionals	IPP4.3	26	6			100%	2

Level 6 Year 4 requires Pass in all three modules and the minimum 1000 clinical hours.

2.9 ASSESSMENT OF CLINICAL PRACTICE

Assessment of clinical practice proficiency forms part of students' summative assessment.

Clinical competence and practice assessments test students' ability to draw on, synthesise and apply knowledge and skills for safe and effective patient management. Methods of assessment always require students to demonstrate their Physiotherapy skills with a range of new and continuing patients. To ensure practitioner standards external examiners are present at some of the practical assessments in clinical settings.

For the same reason, it is essential to obtain at least 90% attendance of the hours envisaged by the clinical internship plan for the current year in order to be able to take the relative clinical and professional practices exam.

Clinical proficiency is assessed throughout the programme⁷. To progress students are required to have achieved each one of the clinical learning outcomes in modules. Failure to achieve the required practice outcomes to the level specified, within the relevant academic year, may result in an incomplete clinical portfolio document which may delay submission of related assignments. The Formative Clinical Assessment is a continuous process with assessment by the students' clinical tutor every six weeks.

The Clinical Portfolio forms a structured record of every clinical interaction experienced by students within a supervised clinical setting. The portfolio includes accounts of skill acquisition and development and the reflective practice components necessary to demonstrate primary care practitionership. The student will be required to submit a complete portfolio of evidence each year which clearly demonstrates the student's clinical competence and ability to reflect upon and apply theory to clinical practice.

⁷ 74.Clinical competence assessment marking criteria BSc

The clinical portfolio should include:

- A development action plan
- Placement diary
- Reflective accounts of practice
- Case study reports
- ER-WCPT mapping grid

The following types of patient examples:

- neuromusculoskeletal,
- case involving referral to another health professional,
- patient unsuitable for Physiotherapy treatments (e.g. contra-indications)

The following types of techniques:

- diagnostic palpation,
- articulatory techniques,
- Physiotherapy exercise,
- soft tissue techniques

Evidence of:

- taking a case history
- examination
- clinical reasoning
- making a diagnosis
- treatment plan agreed with patient.
- treatment
- any referral

Any information provided about a specific patient case must be anonymised. Patients must not be identifiable in any way in accordance with ER-WCPT standards.

Other material:

- FCA (formative clinic assessment) with a 200-300-word reflection commenting on the clinical feedback actions to improve.
- References and Bibliography
- Evidence of research, including articles referenced in reflective diary entries. Records of websites used for research.

The clinical tutor will supervise the clinical portfolio in conjunction with the personal tutor to ensure that the portfolio provides a clear insight into the development of the student's skills and knowledge acquisition. The portfolio will be submitted at the end of each year for assessment and feedback by the clinical mentor and personal tutor.

Integrated Structured Clinical Examination (ISCE) is an assessment of the students will be undertaken in their own clinical environment, in terms of their management of a new and a follow-up patient.

Patients taking part in the assessment of student clinical competency will be recruited especially.

The exam will be based upon the following components:

- Case History / Review
- Preliminary Diagnosis with differentials
- Physiotherapy Assessment (new patient only)
- Final Diagnosis (new patients only)/ Revisioning of Diagnosis (follow-up patient)
- Creation / Review of Treatment Plan
- Administration of an appropriate Physiotherapy Treatment
- Patient education, advice and guidance

Physiotherapy principles, knowledge, patient management, interpersonal and communication skills and professionalism will also be included in the assessment.

Throughout the examination the student will be questioned by the examiners to explore their clinical decision-making process.

The examination team is made up of one Malta ICOM senior clinical tutor, one Medical Doctor and one Malta ICOM clinic Moderator. This exam is done at the student's normal teaching clinic.

SECTION 2 QUALITY PROCEDURE

3. ENROLLMENT AND INDUCTION

3.1 ENROLLMENT – RESPONSIBILITY OF STUDENT

In order to complete student registration process, new students are responsible for the following:

- a) Completing all student registration forms and questionnaires and returning these to Malta ICOM staff as directed during the Student Registration Induction Session.
- b) Providing the Malta ICOM with relevant and appropriate official documentation (e.g. qualification certificates, Disclosure & Barring Service application documentation, passport, etc.) as and when required to complete student registration requirements⁸.
- c) Arranging payment of tuition fees at the Student Registration Induction Session (or within the first week of the course start date). Malta ICOM is authorised to exclude anybody for non-payment of fees and may decline the admittance to examinations of anybody for whom fees are in arrears, the student has 5 days to complete the payment.

3.2 INDUCTION SESSION AND TIMETABLES

Prior to the course start date, new students will receive student induction information from the Admissions Department and will be available online on the Malta ICOM website⁹. Student induction for new students consists of a variety of informative introductory sessions normally scheduled throughout the first week of the new academic year.

A schedule of induction sessions is provided to new students as an Induction Timetable clearly identifying the title, date, time and location of each session. Sessions may include information regarding:

- a) The course curriculum, organization, teaching and assessment methods;
- b) Student support services;
- c) The Student representation;

⁸ 48. Admission policy

⁹ 86. Student registration and induction policy.

- d) Key contacts at the Malta ICOM.

4. EQUALITY & DISABILITY

Malta ICOM is committed to valuing diversity and the promotion of equality of opportunity for all its users¹⁰. It is also committed to working with National Commission for the Promotion of Equality, and all partners to promote community harmony and social cohesion. The College will challenge all forms of inequality, discrimination and harassment, and actively promote opportunities for the protected groups:

- a) Age
- b) Disability
- c) Gender reassignment
- d) Marriage and civil partnership
- e) Pregnancy and maternity
- f) Race
- g) Religion or belief
- h) Sex
- i) Sexual orientation

The College will seek positively to remove conditions and barriers which place people at a disadvantage and will actively promote equality for all and celebrate diversity.

The Equality Duty has three general aims:

- I. To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Acts;
- II. To advance equality of opportunity between people who share a protected characteristic and those who do not; and
- III. To foster good relations between people who share a protected characteristic and those who do not.

¹⁰46. Equality and diversity policy
 47. Equality objectives

4.1. LEARNING SUPPORT

The Equal Opportunities (Persons with Disability) Act 2000, and the Italian Guideline of DM 5669 12/07/2011 Law n. 170/2010 granted the learning support to student affected by Specific Learning Disorders¹¹.

Malta ICOM apply the guidelines listed below:

- Preventive interventions
- Welcoming, tutoring, monitoring
- Hand out measures:
 - Oral examination where more advisable
 - Quantitative reduction of written examination or increase execution time to 30%
 - orthographic or grammar errors should not be taken into consideration in the judgment of examination
- Compensatory measures:
 - Lessons video recordings
 - Digital format books and materials
 - Software supports
- Specific Service:
 - Personal tutoring
 - Planning and scheduling counselling
 - Online availability of didactic materials

4.1.1 SLD Certification

The spontaneous declaration of SLD by the student can be done at any time during the course.

¹¹ 91. Learning Support Policy

The student must provide SLD Certification to access to learning support, issued by specialised centres and/or specialists and updated to the age of majority, according to law n. 170/2010, certification provides:

- Nosologic code and description of disturb
- Information concerning individual learning support requirements
- Description of strength and weakness in particular areas of learning

SLD certification should be given to the Admissions Team or the Head of Department.

According to individual needs, the Head of Department will offer the student a Learning Agreement with a strategy of Learning Support.

4.2 PERSONAL TUTORING

A Personal Tutor is a member of academic staff who provides academic guidance, support for student personal development and pastoral care with regard to student welfare¹².

College responsibilities are:

- to provide clear information to students and staff regarding the provision for personal tutoring in the College;
- to ensure personal tutoring arrangements meet all of the College's minimum requirements for personal tutoring;
- to ensure that all students are allocated a named personal tutor at the commencement of their programme;
- to ensure that replacement Personal Tutors are allocated to students in instances of extended staff absence;
- to ensure that an appropriate system is introduced to effectively monitor personal tutoring arrangements within the College;
- to ensure that clear information is provided to students on how to request a change of Personal Tutor.

Concerning personal tutor, specific student's requests can be done to the Head of Department, Program Leader or Module Leaders.

Student responsibilities are:

¹² 153. Personal tutoring policy

- to attend Personal Tutor meetings and to inform their tutor, in advance, of any instances of unavoidable absence;
- to actively participate in meetings with Personal Tutors;
- to inform Personal Tutors of any personal circumstances that might be affecting attendance and academic progress;
- to submit any requests for extenuating circumstances to the Head of Department;
- to declare any needs for specific support from the College and to actively seek such support;
- to take a proactive approach to identifying and accessing opportunities provided to enhance their employability;
- to actively respond to feedback and guidance provided and opportunities to enhance personal development;
- to inform Personal Tutors of their inclusion as a named referee in respect of any applications for employment or other purposes. In all cases, students must provide the Personal Tutor with relevant information regarding the purpose of the reference.

Colleges monitor Personal Tutoring through reviewing the outcomes of College student experience surveys and through the College's monitoring and evaluation systems. A record should be kept confirming that all tutees have attended the Personal Tutor session and that all of the required information has been provided by the tutor. Any students who do not attend a Personal Tutor meeting without having informed the College of unavoidable absence should be subject to the College's attendance monitoring procedures.

5. ATTENDANCE

Attendance at all sessions is compulsory. Non-attendance may result in a delay in the commencement of your clinical experience or enrolment into the next academic year. Your attendance at these sessions shall be monitored and recorded.

Attendance through the programme is essential in order to achieve the learning outcomes and CPCM requirements. In addition, the design of the programme often requires the sharing of ideas and experiences in small group work and seminar presentations. Consequently, there is a collective responsibility to support each other by attending these sessions.

90% attendance is compulsory for lectures and 100% for clinical training. Lack of attendance will jeopardise entry to the examinations. Any lack to attendance must be supported with the required documentation (see Extenuating circumstances).

6. ASSESSMENT¹³

The eligibility to sit assessment is based on 90% attendance.

At the beginnings of academic year, the Head of Department will publish the assignment timetables. Each assignment must be completed by student on the scheduled dates. The dates can be modified by Head of Department only for extraordinary reasons, such as:

- Unforeseen closure of College
- Absence of exam commission

6.1 NON-ACCUMULATIVE (THRESHOLD) PASS MARK

The pass mark for all elements of the programme is 50%.

This programme uses a Non-Accumulative (Threshold) Pass Mark system. In a non-accumulative system, each assessment or exam must be passed individually, and failing any single component means the student does not pass the overall module, regardless of their performance on other components. This method is used widely in professional programmes where specific competencies and subject mastery must be assured, such as medicine, nursing, and other health-related fields.

The pass mark for each assessment is >50%. In order to successfully complete a module each individual assessment must be pass with >50% (e.g. 28% in assessment A + 73% in assessment B would be a module fail despite the overall mark of 50.5%).

6.1.1 Procedure in the event of illness

- If a student fails to sit or submit all or part of an assessment due to medically certified illness or other valid cause, they may be permitted to sit/resubmit the failed assessment(s) as if for the first time by a date to be determined in accordance with the Extenuating Circumstances policy. This is only permitted if application has been made in accordance with the Extenuating Circumstances policy.
- If a student fails to sit or submit all or part of an assessment without medically certified illness or other valid cause, that will be considered a failure for that assessment.

6.2 FAILING AN ASSESSMENT

Exam is also considered a failure for plagiarism and misconduct (see Academic Integrity):

- Plagiarism of literature
- Plagiarism during examination
- Misconduct with exam commission

¹³ 37. Assessment Policy

6.2.1 Submission assessments

Several exams are submitted through Turnitin service.

- Turnitin classes will be open from December until the delivery date in the Exam Agenda (corresponding to the closing date of the Turnitin exam session).
- Extra submission time is not available through Turnitin.
- Extenuating Circumstance must be emailed to the Help Turnitin Service if upload of assessment is late but within 5 days of five days of assessment submission date.
- In case of Presentation style assessments, students will not be admitted to the oral exam, if they have not uploaded their presentation in the requested format by the date and time stated in the assessment brief.

6.3 RESIT PROCESS

The assessment results are ratified by the Exam Board, and it declares which student have passed the academic year.

Each assignment is granted 2 resubmission/resit, which will be capped at maximum of 50% of the mark.

The resubmission/resit exams will be organised in sessions, whose dates are communicated through a specific agenda by Exam Board.

The resit exams are charged to the student at a cost of 30 euros each.

The student can only progress to the next academic year if the all the assessments of a given module are passed with a mark >50% and the hours of allocated placement are be signed off in the student's clinical portfolio.

6.4 EVALUATING CRITERIA

The evaluation of assessments is in agreement with tables below

Figure 9. Level 5 Marking criteria

Classification %	Knowledge, Understanding & Application	Structure & Organisation	Presentation & Attribution of Sources	Evaluation
≥80	An excellent answer showing a well developed ability to apply knowledge and concepts to the question or topic at hand. Provides a comprehensive discussion of the core issues, with evidence of synthesis and analysis. Knowledge, understanding and skills are quite advanced for this level. Appropriate and well integrated personal reflection where relevant.	Excellent development of discussion with clear structure.	Excellent literary style. There should be very little, if any, presentation errors on the script. An extensive range of sources are critically appraised and referenced accurately.	An excellent and very well constructed answer which takes into account current discussion/debate. Evidence of creativity and independent thought.
79-70	A very good response that demonstrates application of knowledge and concepts to the question or topic at hand. Provides a balanced discussion/application of the main issues, with evidence of evaluation. Shows knowledge and understanding of the topic with a few minor errors present. Appropriate personal reflection where relevant.	Discussion shows clear development, within standard essay structure.	Accurately supported by a good range of sources. There are few errors or omissions on the script. Generally, referencing follows the correct format and is applied consistently.	Displays a very good level of skill in providing an answer which takes into account current discussion/debate. Some evidence of creativity and independent thought.
69-60	An answer that shows a satisfactory explanation of the main issues. with some shortcomings but no fundamental errors. Adopts a thoughtful approach to the topic, with some evidence of evaluation.	Discussion is generally well-organised and clearly structured.	Additional reading and referencing could develop the arguments further.	Displays a good level of skill in providing an answer which takes into account current discussion/debate.
59-55	An answer that shows a basic understanding of the question or topic at hand. Discussion addresses the main points but could be better developed. Some evidence of personal reflection shown where appropriate.	Has some structure to discussion, but significant areas for improvement.	Shows evidence of reading only a very limited number of sources. Shows some skills in applying the correct referencing style.	Displays some limited skill in discussion but incorporates some unnecessary description.
54-50	An answer showing a limited grasp of some of the issues but displays evidence of having addressed the main learning outcomes. Module pass/fail issues are met. Not all learning outcomes may have been addressed. Some evidence of personal reflection but may be used inappropriately.	Has some structure to discussion, but significant areas for improvement. May contain significant omissions or irrelevant material.	Presentation is of a sufficient level to be able to follow arguments. Shows evidence of reading at the minimum level, and a basic grasp of the correct referencing style.	Tends to describe rather than discuss.
49-47	Set question has not been answered, either in part or whole. There may be concerns about the understanding of practice and its application. Shows a limited discussion of the main issues. Has not addressed learning outcomes sufficiently. Module pass/fail issues are not met. Some attempt at relevant reflection.	Disorganised structure and presentation. May contain substantial omissions or irrelevant material.	There may be an insufficient level of academic referencing and citations in the assignment to support claims and arguments. Poor literary style and presentation with a significant number of errors. The writing rarely goes beyond simply paraphrasing. There may be evidence of plagiarism. Please refer to University policy on Unfair Practice.	An attempt to answer the question but largely descriptive in nature. Argument, evidence, and theoretical material is partly misrepresented or misunderstood.
46-20	An attempt to answer the questions, but without a basic grasp of material or appropriate skills.	Difficult to follow, with no clear structure. May contain mostly irrelevant material.	Poor literary style and presentation with a significant number of errors. Referencing absent or inaccurate. There may be evidence of plagiarism. Please refer to University policy on Unfair Practice.	Largely descriptive. Difficult to comprehend the answer.
20-0	No answer offered, irrelevant, fundamentally wrong. No reflection where relevant.	Content bears little relevance to the question.	Poor literary style and presentation with a significant number of errors. Referencing absent or inaccurate. There may be evidence of plagiarism. Please refer to University policy on Unfair Practice.	Not easily comprehensible.

Figure 10. Level 6 Marking criteria

Classification %	Knowledge, Understanding & Application	Structure & Organisation	Presentation & Attribution of Sources	Evaluation
≥80	An excellent response showing a strong ability to apply knowledge and concepts to the question or topic at hand. Shows wide knowledge of the topic with very few errors or omissions. Appropriate integrated personal reflection where relevant.	Excellent development of argument with clear structure.	Excellent literary style. There should be very few, if any, presentation errors on the script. An extensive range of sources are critically appraised and referenced accurately.	The answer displays independent critical thought, persuasive arguments and analysis. Critical appraisal and analysis skills are evident.
79-70	An answer that shows a comfortable grasp of the main issues. The majority of learning outcomes and/or most parts of the question or topic have been addressed with some shortcomings but no fundamental errors. Adopts a thoughtful approach to the topic. Reflection shows good insight into the topic being considered.	Argument shows clear development, within standard essay structure.	Accurately supported by a good range of sources. There are few errors or omissions on the script. Generally, referencing follows the correct format and is applied consistently.	Displays a good level of skill in applying concepts, thinking critically and using evidence.
69-60	An answer that shows a satisfactory grasp of the main issues. The majority of learning outcomes and/or key parts of the question or topic have been addressed well. Personal reflection shows insight into the topic discussed	Material coherently organised overall, but some inconsistencies present.	Shows familiarity with the basic reading, with some minor errors and omissions of essential material. Some errors with presentation and style. For the most part, the correct referencing style is applied consistently.	Faithful reproduction of material without significant critical judgment. Displays some skills in applying concepts and using evidence but tends to describe rather than analyse.
59-55	An answer that shows a basic understanding of most of the issues raised by the topic or question. Some evidence of personal reflection shown where appropriate.	May contain substantial omissions or irrelevant material.	Shows evidence of reading only a very limited number of sources. Shows some skills in applying the correct referencing style.	Mainly descriptive, but shows some evidence of analysis.
54-50	An answer showing a limited grasp of some of the issues but displays some signs of skill in addressing the learning outcomes. Module pass/fail issues are met. Not all learning outcomes may have been addressed. Some evidence of personal reflection but may be used inappropriately.	Has some structure to argument, but significant areas for improvement.	Presentation is of a sufficient level to be able to follow arguments. Shows evidence of reading at the minimum level, and a basic grasp of the correct referencing style.	Predominantly descriptive, but with some limited evidence of analysis.
49-47	Set question has not been answered, either in part or whole. Shows some evidence of grasp of material and/or skills, but not applied appropriately or where relevant. There may be concerns about the understanding of practice and its application. Module pass/fail issues are not met. Some attempt at relevant reflection.	Content bears little relevance to the question. Poorly organised structure and presentation of argument.	There may be an insufficient level of academic references and citations in the assignment to support claims and arguments. Poor literary style and presentation with a significant number of errors. Contains a considerable number of verbatim quotations or unreferenced sources. Referencing style needs considerable improvement. There may be evidence of plagiarism. Please refer to University policy on Unfair Practice.	An attempt to answer the question but little awareness of analysis. Arguments, evidence, and theoretical material is substantially misrepresented or misunderstood. The writing rarely goes beyond simply paraphrasing.
46-20	An attempt to answer the questions, but without a basic grasp of material or appropriate skills.	Difficult to follow, with disorganised structure.	Poor literary style and presentation with a significant number of errors. Referencing absent or inaccurate. Significant number of verbatim quotations or unreferenced sources. There may be evidence of plagiarism. There may be evidence of plagiarism. Please refer to University policy on Unfair Practice.	Difficult to comprehend arguments.
20-0	No answer offered, or irrelevant or , fundamentally wrong. No reflection where relevant.	No clear structure.	Poor literary style and presentation with a significant number of errors. Referencing absent or inaccurate. Serious breach of confidentiality where relevant. There may be evidence of plagiarism. Please refer to University policy on Unfair Practice.	No comprehensible arguments presented.

6.5 RETAINING RECORDS

All student work and associated records are retained until after External Verification/Moderation and Certification. Work is stored securely in the college.

6.6 SPECIAL ASSESSMENT NEEDS

Students with a disability or requiring special arrangements will be given appropriate and sufficient consideration of their individual needs.

6.7 ACADEMIC APPEALS PROCESS

If a learner is dissatisfied with an assessment decision, s/he should discuss this with the relevant member of staff concerned in the first instance. If this does not lead to a satisfactory resolution, then the learner can appeal formally using the academic appeal policy¹⁴.

6.8 MODERATION PROCESS

The Moderation process consists to internal assessment moderation as follows¹⁵;

- a) Internal verification/moderation (IV/IM) will be applied to;
 - All assessment tools prior to distribution to students
 - A planned sample of assessment decisions
- b) Double marking (sometimes referred to as second marking) will be applied to;
 - Assessment decisions planned as appropriate to the subject and assessment method.

Applied procedure are:

1. Each programme will have at least one named lead internal verifier/moderator.
2. Internal verifiers/moderators and double markers will carry out internal verification/moderation and double marking
3. Standard College documentation will be used to record and evidence implementation of internal verification/moderation and double marking.
4. Assessment tools (e.g. assignment briefs, exam papers) will be internally verified/moderated prior to distribution to students.
5. Assessment decisions will be internally verified/moderated or double marked, as appropriate to the subject, assessment method and the requirements of the validating/awarding body, prior to distribution to students.

¹⁴ 54. Academic appeals procedure.

¹⁵ 56. Assessment moderation policy.

6. Assessors, internal verifiers/moderators and double markers will meet to support standardisation of assessment decisions. It is recommended that these meetings occur at least once each semester.

6.9 EXAM BOARD

Internal and external markers meet at appropriate intervals during the academic year to consider and finalise the grades awarded to students at Exam Boards, which are formally constituted by the University, and the External Examiners are normally present. Once marks have been ratified by the Exam Boards they will be formally published.

Class Mark

0-46% - Failing

47-49% - Borderline Marks

Before ratification, the borderline marks are discussed and moderated towards pass or fail.

50-59% - Passing

60-69% - Fair

70-79% - Commendable

>80% - Excellent

Until the Exam Board meets and the marks are agreed, any unratified marks you have received during the year will not be final and could be subject to change. A Summary of the outcome will be reported to Academic Board and to the Management Board.

6.10 ASSESSMENT REPORT

After the ratification of the marks, the student receives the report of the grades and credits obtained in the year of the course. The report also reports the weighted averages related to the modules and the overall average achieved at the completion of all relevant examinations per year.

7. EXTENUATING CIRCUMSTANCE

A student may claim extenuating circumstances¹⁶ if they have been temporarily unable to participate in their course, submit work for assessment, or attend examinations¹⁷. In this context assessment is taken to mean any work for assessment, for example coursework, assignments, projects and practical assessments. Similarly, students may wish to claim if their performance has been affected in assessments. The following are examples of extenuating circumstances.

- Bereavement in the family e.g. close relative, spouse or partner
- Serious sudden illness, sudden worsening of a chronic illness or accident
- Employer demands (Extended Pathway students only) e.g. short-term increase or change in work pattern
- Other exceptional circumstances which inhibit attendance or submission e.g. military service, civil unrest

Students are responsible for making the extenuating circumstances claim, demonstrating the circumstances are appropriate and providing proof in the form of the necessary evidence to support the claim.

Head of Department is responsible for chairing the Extenuating Circumstances Panel.

Heads of Year or Module Leader are responsible for ensuring academic staff are aware of the availability and scope of the extenuating circumstances procedure. Attending the Extenuating Circumstances Panel where appropriate.

Where a student encounters unforeseen circumstances that are consistent with any of the matters and wishes them to be recognised as extenuating circumstances they are required to provide supporting evidence. This is to be set out in writing and be signed by the person providing it.

The nature of the evidence that the College requires includes.

- for bereavement, a death certificate or a signed and dated letter from
 - a minister of religion,
 - medical practitioner,
 - police officer,
 - solicitor,
 - magistrate or other officer of the law or a person with equivalent professional standing.

¹⁶ 62. Extenuating circumstance

¹⁷ 55. Authorised Extension Policy

- for illness, a signed and dated letter from a medical practitioner (GP, clinical specialist, or registered professional in psychiatric practice) that states
 - the dates when the illness affected the student and how, without breaching confidence,
 - the circumstances affected or are likely to affect the student's ability to prepare for an assessment, submit or attend for an assessment,
 - the student's ability to recognise and deal with their circumstances.

- for a student awaiting a diagnosis of an illness or condition, a signed and dated letter from a medical practitioner (GP, clinical specialist, or registered professional in psychiatric practice) that states.
 - the dates when the student attended for treatment,
 - when tests were undertaken, and
 - when a diagnosis is expected.

- for accident or injury to the student, a copy of an accident report provided by a police officer, Magistrate, or Magistrate's Clerk, or a signed and dated letter from a medical practitioner. In all cases where a letter is provided it must state
 - the dates when the accident or injury affected the student;
 - the position and qualification(s) of the person providing the letter; and their contact details.

- for significant adverse personal or family circumstances being encountered by the student, a signed and dated letter from one or more of the following:
 - a medical practitioner;
 - a social worker (stating their position with respect to the student);
 - a registered psychological therapist;
 - a registered professional in psychiatric practice;
 - an officer of the law;
 - a teacher outside Malta ICOM;
 - a minister of religion.

The letter they provide must give their position and qualification(s) and their contact details and must provide information on the time when the circumstances occurred and whether they are continuing.

- for extended pathway students in full-time employment only, who have experienced an increase in their workload due to circumstances beyond their control, or have been required by their employer or a client to work through periods normally available for study and/or assessment where they are in employment, a signed and dated letter from
 - their employer, or
 - their employer's authorised representative,

stating that the student has been required by them to undertake work in the interests of the employer and that this was in time that had previously been agreed would be available for the student to study, prepare for assessment, or take an assessment.

- where they are self-employed, evidence from their client or the client's authorised representative stating that they have required the student to undertake unforeseen work that was necessary in the interests of the client's business, together with the dates and times when the student had been required to attend the client or undertake the previously unforeseen work.
- for military service, the individual's call-up papers (translated where necessary) together with evidence to show that the service cannot be deferred to affect the student's ability to submit an assessment, attend for an assessment, respond to requests for information from the Malta ICOM or represent themselves and their situation to the Malta ICOM.

According to individual needs, Head of Department offers to the student a Learning Agreement concerning a strategy for the Extenuating Circumstance.

8. MISCONDUCT

Students are ambassadors for Malta ICOM and behave accordingly. This applies anywhere and at any time but is particularly important in the local community around the Malta ICOM sites¹⁸.

It is important that learners are made aware of the seriousness of academic misconduct and the procedures in place for any case of suspected academic misconduct. Academic misconduct is any action or attempted action that may result in creating an unfair academic advantage for oneself or an unfair academic advantage or disadvantage for any other member or members of the college. This includes a wide variety of behaviours such as

Cheating

Cheating is defined as fraud, deceit, or dishonesty in an academic assignment, or using or attempting to use materials, or assisting others in using materials that are prohibited or inappropriate in the context of the academic assignment in question, such as:

- Copying or attempting to copy from others during an exam or on an assignment.

¹⁸¹⁸¹⁸141. Academic Integrity Policy

- Communicating answers with another person during an exam.
- Using unauthorized materials, prepared answers, written notes, or concealed information during an exam.
- Allowing others to do an assignment or portion of an assignment for you, including the use of a commercial term-paper service.
- Submission of the same assignment for more than one course without prior approval of all the lecturers involved.
- Collaborating on an exam or assignment with any other person without prior approval from the instructor.

Plagiarism

Plagiarism is defined as use of intellectual material $\geq 20\%$ produced by another person without acknowledging its source, for example:

- Extensive copying of passages from works of others, essay, presentations or projects without acknowledgment.
- Use of the views, opinions, or insights of another without acknowledgment.
- Paraphrasing of another person's characteristic or original phraseology, metaphor, or other literary device without acknowledgment.
- Theft or Damage of Intellectual Property
- Damaging or stealing another person's assignment, book, paper, notes, experiment, project, electronic hardware or software.
- Improper access to, or electronically interfering with, the property of another person or the College's via computer or other means.
- Obtaining a copy of an exam or assignment prior to its approved release by the instructor.

Disturbances in the Teaching Space

Disturbances can also serve to create an unfair academic advantage for oneself or disadvantage for another member of the academic community. Below are some examples of events that may violate the Code of Student Conduct:

- Interference with the course of instruction to the detriment of other students.
- Disruption of classes or other academic activities in an attempt to stifle academic freedom of speech.
- Failure to comply with the instructions or directives of the lecturer or tutor.
- Unnecessarily activating fire alarms.

Referencing and Academic Integrity

Understanding Referencing and Avoiding Plagiarism: As students you must emphasise the importance of acknowledging the contributions of other scholars in your academic work. When you use ideas, words, or research from other sources, you must properly credit these contributions to respect the intellectual property rights of the original authors. This practice, known as referencing or citing, is crucial to avoid plagiarism.

Referencing Style: MIE adheres to the Harvard system of referencing. To assist you in mastering this skill.

Submission of Work: When you submit assignments:

- Summative Assessments: Your work might be shared in paper or electronic form with third parties, such as external examiners, to ensure fair and comprehensive assessment.
- Academic Integrity: To maintain the integrity of our qualifications, we may compare your submissions with others' work. This comparison helps confirm that your work is original and truly your own.
- Use of Turnitin®: Submitted work may be stored in Turnitin's® database to aid in academic offense investigations or to detect future plagiarism. For more details about Turnitin®, visit www.turnitin.com

Ethical Compliance¹⁹: By submitting any piece of work, you affirm that:

- It is your original creation and has not been submitted elsewhere.
- It adheres to the MIE's research ethics guidelines.

Use of AI tools²⁰

MIE recognises that generative AI tools, such as ChatGPT, can be valuable for learning. These AI authorship tools can assist students with background reading, answering specific questions, structuring essays, and enhancing written communication. We understand that students and staff are likely to engage with this resource, and we aim to support its effective and transparent use. AI writing software will help healthcare professionals work more efficiently moving forward, and promoting its proper use will benefit all. However, it is crucial to ensure that AI does not replace human interaction and critical thinking, and everyone should be aware of its limitations.

¹⁹ 123. Intellectual Property policy

²⁰ 128. Using AI guidance policy

Students are expected to follow these initial guidelines for permitted use of the software:

- Critical thinking and independent learning: ChatGPT and other forms of Generative AI are tools, not a substitute for critical thinking and independent learning.
- Research assistance: Students can use ChatGPT and other forms of Generative AI to get quick answers to research questions or to find additional resources to help with their studies.
- Self-directed learning: Students can use ChatGPT and other forms of Generative AI to revise, clarify, and consolidate concepts or ideas encountered while studying. However, they should also use the usual support channels, such as academic staff, course materials, and peers.
- Judgment and evaluation: Students should be aware that ChatGPT and other forms of Generative AI may not always provide accurate or complete answers and should use their judgment when evaluating the responses, just as they would with any other sources.
- Ethical use: Students must use ChatGPT and other forms of Generative AI ethically and avoid using it to gain credit for ideas that are not their own. If the tool is used to assist in the construction of any written part of submitted coursework, the following statement must be included in the heading of the document:
This work has utilised ChatGPT (or name of alternate AI Writing tool if used) to support some writing and sentence structure/to assist in elements of supportive research. (delete as appropriate)

8.1 ACADEMIC INTEGRITY COMMITTEE

This consist of 3 nominated members of the academic staff who are responsible for ensuring consistency in relation to the implementation of plagiarism procedures and practice.

In suspected cases of plagiarism and/or collusion the Academic Integrity Committee will invite the student(s) to an informal meeting to discuss the identified work. The aim of an informal meeting is to allow the Academic Integrity Officer to fully understand how the student has approached the assessment and to allow the student to reflect on their practices. This meeting should not include notetaking other than to record one of three possible outcomes:

- I. there is no evidence of academic misconduct or
- II. the process moves onto the formal steps of the academic misconduct procedure or
- III. the student admits the presence of academic misconduct in the work.

If the committee judges that a formal hearing is justified the student will be provided with:

- a) a copy of these procedures;
- b) written details of the allegation and a copy of all written evidence provided for the hearing by the academic who had made the allegation. This will include specific reference to the assessment in question and the nature of the suspected misconduct. For example: in a case of suspected plagiarism, the student should be provided with a copy of their work with the sections where plagiarism is suspected indicated and a copy of the Turnitin report detailing the identified sources.

In a case of suspected cheating in an examination the student should be provided with a copy of the examination's office report and copies of any materials removed from the student in the exam venue (if applicable), the date, time and place of the hearing. Malta ICOM will try to arrange the hearing at a time that is suitable for the student. Normally the hearing will take place within two weeks of the date that the student is formally notified in writing that an allegation has been made.

Where a student has been permitted a reassessment attempt after having been found guilty of academic misconduct and it is suspected that he or she has committed academic misconduct on the reassessment by the committee, this must be treated as a new offence and all relevant stages of this procedure must be followed.

8.2 ACTIONS BY STUDENT

At this stage, the student may decide to admit that the allegation of academic misconduct is justified by providing a written statement. In this case no formal hearing will take place. The Head of Department will be informed of the academic misconduct and the student's admission and determine the relevant penalty to be imposed. This will be recommended to the examination board to ratify the decision. A copy of the statement provided by the student will be kept on her/his file.

If the student wishes to proceed to a formal hearing, s/he will be asked to confirm attendance to the Program Leader and to provide the name of any friend. The friend would not normally contribute to the hearing chosen to accompany the student. If the friend is a member of the legal profession the meeting will be postponed allowing the college to get legal representation

If the student fails to attend the hearing without a reason that is deemed acceptable by the Malta ICOM, the hearing will proceed based on the evidence available to the panel. This will include any written submission that the student may have made.

8.3 ACTIONS OF THE HEARING PANEL

The panel established to consider the evidence will comprise a minimum of two members of academic staff who are not directly involved with the student. The Dean of Faculty is designated as Chair of the panel.

While Malta ICOM allows audio recordings of lectures for study purposes, hearings may not be digitally recorded, and the written notes taken by the Malta ICOM will constitute the official record of the hearing. The Chair of the panel will make this clear to the student at the beginning of the meeting.

The panel will normally interview:

- i. the student, who may present documentation and/or supporting evidence
- ii. any relevant members of staff (e.g. module leader, or Program Leader who will present the evidence and the academic integrity committee).

The student, their friend (where present) and the staff member(s) presenting the evidence will then be asked to leave the hearing whilst the panel considers its decision.

The panel will decide if:

- a) there is insufficient evidence of academic misconduct. or
- b) it is more likely than not that academic misconduct took place.

Where it is found that there is evidence of academic misconduct, the panel shall then be advised of any prior instances of academic misconduct committed by the student to be able to determine a recommendation for the level of penalty to be imposed.

Adjournment may be required. Once a decision has been determined, the student, their friend (where present) and the staff member(s) presenting the evidence will be invited back into the hearing to be verbally advised of the outcome.

Following the conclusion of the hearing, a summary report will be presented to the Exam Board, setting out the nature of the allegations and the recommendation of the panel concerning the level of penalty to be imposed. The student(s) will be provided with a copy of this report and a copy will be placed on the student's file.

If the outcome of the academic misconduct procedures indicates that a fitness to practice issue additionally arises, the separate Fitness to Practice procedures will be invoked.

However, in these instances, it may not be necessary to carry out the initial investigation stage of the Fitness to Practice procedures.

8.4 ACTIONS OF EXAM BOARD

The student's results together with the report of the formal hearing will be considered by the Exam Board. The Board will be asked to ratify the recommendations of the formal hearing panel for the penalty to be imposed.

8.4.1. Penalties appendix to assessment policy

Penalties have been determined on the basis of the following principles:

- no student should gain any advantage over another as a result of academic misconduct
- for students found guilty of collusion, all students implicated in the case should normally receive the same penalty
- for students found guilty of plagiarism or copying group work, all those involved will normally receive the same penalty.
- mitigating circumstances cannot excuse academic misconduct.

Applied penalties are:

- a) the assessment is considered fail with the opportunity to access to Resit exam
- b) the assessment is considered fail and will not be permitted further reassessment where an offence of academic misconduct is committed at the final assessment opportunity.

Failure due to academic misconduct cannot be compensated.

9. COMPLAINTS

A student who is, or was recently a registered student, or a group of students wishing to complain should normally do so within 3 months of the event which has given rise to the complaint or, if a series of events has given rise to a complaint, within 3 months of the final event in the series. In exceptional circumstances, complaints received outside of this time frame may be considered providing the explanation for delay is outside the control of the complainant²¹.

Complaints should be done as follow.

²¹49. Complaints procedure
57. Student complaints and grievance procedures

9.1.1 Stage 1: Early Resolution

- i. Initially, a student should seek to deal with his/ her complaint at the level at which the event leading to the complaint occurred.
- ii. A student should, if at all possible, address his/ her complaint to the member of staff most directly involved in the event leading to the complaint, in order to give that person, the opportunity to address his/her concerns.
- iii. If for any reason the student does not feel that this is possible, s/he should seek advice from the Program Leader in order to identify an appropriate alternative mechanism of early resolution.
- iv. Stage 1 complaints will be dealt with in a timely fashion. Those involved in investigating the complaint will establish appropriate timescales based on its nature and complexity. These timescales should be communicated to the student and the student kept informed of any changes. Where possible, the investigation should be completed within 7 working days.
- v. At the end of Stage 1, a student will be provided with a written response to his/her complaint, copied to the Dean which will either:
 - Detail the proposed resolution, OR
 - If no resolution has been proposed, explain why resolution has not been considered to be possible.

9.1.2 Stage 2: Formal Complaint

- i. If a student is not satisfied with the outcome of Stage 1, s/he may choose to submit a Stage 2 complaint, by completing the Complaints Form. This should be done within 21 working days of the release of the written response to Stage 1. A Stage 2 complaint will normally only be considered following the completion of the early resolution stage.
- ii. A student wishing to submit a Stage 2 complaint should do so to the Dean of Faculty
- iii. If the Dean was involved in the case at Stage 1, s/he will nominate an appropriate alternative individual to consider the case. If no appropriate individual can be found within Malta ICOM, s/he shall refer it to the Principal, who will then assign the case to an appropriate individual.
- iv. The receipt of the complaint form will normally be acknowledged within 3 days.

- v. The Dean or his/her nominee will consider the case appropriately. This will normally involve discussions with the student and/or the subject of the complaint.
- vi. Complaints will be dealt with in a timely fashion. The Dean will establish appropriate timescales based on the nature and complexity of the complaint. These timescales should be communicated to the student and the student kept informed of any changes. Where possible, complaints should normally take no more than 10 working days to investigate from the acknowledgement being sent.
- vii. The Dean or his/her nominee will inform the complainant, the subject of the complaint and the Director, in writing, of the outcome of the investigation.

10. PROGRESSION

In order to progress from one level to the next students must normally achieve 60 credits at each level.

All modules are core modules and students must achieve a pass in order to progress to the next level.

11. AWARDS

Students must achieve 240 credit points with a minimum of 60 credit points at Level 4, a minimum of 60 credit points at Level 5, a minimum of 60 credit points at Level 6.

11.1 EXIT AWARDS FOR NON-COMPLETION OF PROGRAMME

Students who exit after successfully completing 60 credits at Level 5 will be awarded a Certificate of Higher Education.

Students who exit after successfully completing 60 credits at Level 5 will be awarded a Diploma of Higher Education.

Students who exit after successfully completing 120 credits at Level 6 will be awarded a BSc Applied Health.

These exit awards will not entitle the student to seek registration with any professional bodies to practice as a Physiotherapist. Registration can only be sought on completion of the full 240 credits and the professional assessment after an additional one semester of clinical training.