



Malta
Further & Higher
Education Authority



EQAVET

European Quality Assurance
in Vocational Education and Training

NATIONAL

HANDBOOK

FOR VET PROVIDERS



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Introduction

This document is a result of the process initiated by the Malta Further and Higher Education Authority (MFHEA) on the development of a “National Handbook for Vocational Education and Training (VET) Providers”, as part of the Erasmus+ Programme project “Support to the European Quality Assurance in Vocational Education and Training (EQAVET) National Reference Points (NRPs).” The main aim of the National Handbook for VET Providers is to guide VET institutions on how to improve their quality assurance system (QAS) and enhance/deepen quality culture in their organisations as well as to support them in carrying out internal assessments and evaluations as self-assessment, internal quality assurance audit, and collecting feedback from their stakeholders on a regular basis.

The document supports the MFHEA’s goal to continue promoting the implementation of the EQAVET Framework at the VET institution level and to further strengthen the in-practice use of the EQAVET Quality Assurance (QA) Cycle, initiated with the elaboration in 2013 and further developing in 2022 of the „Implementation of Quality Assurance in Vocational Education and Training (VET) Institutions – A Manual for VET Providers”¹, where the EQAVET indicators-based internal QA system for Malta VET institutions has been developed.

Quality Assurance continues to play an essential role in the EU and in the national VET policies. At EU level, it is strongly endorsed by the 2020 Council Recommendation on VET for sustainable competitiveness, social fairness and resilience² which emphasises that VET should be underpinned by a culture of quality assurance. At European level, the critical element in the new VET paradigm is the need to create mutual trust and recognition of qualifications across systems and Member States to support international recognition and facilitate mobility. On the national level, the Framework for the education strategy for Malta 2014-2024: Sustaining foundations, creating alternatives, increasing employability and Malta’s

1 https://mfhea.mt/wp-content/uploads/2021/03/Implementation-of-Quality-Assurance-in-Vocational-Education-and-Training-VET-Institutions_Manual.pdf

2 [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32020H1202\(01\)](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32020H1202(01))

National Strategic Action Plan for Further and Higher Education 2022-2030 mention quality assurance as one of their strategic pillars.

Aligning VET institutions' QA developments to the EQAVET Framework brings important institutional benefits, by facilitating the development of a comprehensive and standardised approach that will support their international recognition and alignment with the European QA in VET requirements. Furthermore, implementing an EQAVET Framework-based self-assessment contributes to the enhancement of the quality of their VET provision and the continuous improvement of the institution's performance.

The Handbook offers guidance to VET institutions on how to use the selected EQAVET indicators in the self-assessment process and how to collect data for each of these indicators and transform them into information to be used in the decision-making process. It also provides guidance for the internal audit process, supporting the VET institutions to identify potential problems in early stages and to provide the department coordinators and the management team with recommendations for quick solutions.

The Handbook has four main sections:

- **The first section** presents the recent approach in quality assurance in VET at European and national levels. It describes the main elements of the revised EQAVET (European Quality Assurance Reference Framework for Vocational Education and Training) Framework, with a focus on the EU set of system-level indicators provided in the Annex of the *Recommendation on vocational education and training for sustainable competitiveness, social fairness, and resilience* (the VET Recommendation) and presents the national approach to quality assurance in VET, strengthening the MFHEA's efforts to enrich the quality assurance approach of VET institutions in Malta by the EQAVET perspective.
- **The second section** provides information aiming to support VET institutions in the development of a Quality Assurance policy and in setting its mission, vision, and goals/objectives. It briefly describes the main steps related to the process of strategic planning and presents the key aspects to be taken into account by VET institutions when organising a Quality Assurance system. It also includes suggestions on the key steps towards the development of a quality culture at the VET institution level.
- **The third section** describes the main processes associated with the internal evaluation of VET institutions: **self-assessment** as the pillar of the quality assurance cycle, **internal audit** and its role in offering an independent and objective evaluation of specific educational and operational VET areas/departments, and **collection of stakeholders' feedback**, essential for knowing and addressing the needs, expectations and satisfaction of the main direct and indirect VET beneficiaries.
- **The fourth section** provides information on the development and monitoring of the improvement plan, offering suggestions on setting up the improvement areas based on the self-assessment results, on defining objectives and targets for improvement, and on establishing the actions for achieving improvements. It also underlines the importance of monitoring the improvement actions, by checking that staff are fully involved in the process, that actions taken conform to the plan, and that relevant actions are taken to update or modify the plan in order to reach the expected outcomes.

The document includes an extensive range of annexes, providing suggestions to VET institutions for the development and implementation of their QA approach and providing templates, examples, questionnaires, and forms that can be adapted by the VET institutions to their specific context and used in the process of self-assessment, internal auditing, and data collection from their key stakeholders.



This document is a GUIDELINE, with a focus on how to organise and implement self-assessment, internal audit, and collection of stakeholders' feedback in line with the EQAVET indicators-based internal quality assurance system of Malta VET providers. It is not prescriptive in any way. Its key principle is flexibility in responding to the needs of VET institutions and to strengthen their capacity to improve their policies and programmes and to enhance their education and training provision.

Acknowledgements

The Malta Further and Higher Education Authority would like to thank all the VET providers who provided valuable input to this National Handbook for VET Providers. Special thanks are due to the representatives of the Franks Make-up Academy, Future Focus Ltd., Malta College of Arts, Science and Technology, and NEFERTITI Beauty Academy, who contributed with examples of templates, questionnaires, and forms, included in the Annexes of this publication.

EU and national approach for QA in VET

1.1. The EQAVET Framework

The European Quality Assurance Reference Framework for Vocational Education and Training (EQAVET) emerged from the 2009 Recommendation of the European Parliament and Council, as a European-wide framework to support quality assurance in vocational education and training (VET) across Europe.

Since its endorsement at EU level, EQAVET has proved to be an effective tool in stimulating reforms and in promoting and supporting the development, review, and continuous improvement of the national VET quality assurance systems in the Member States.

In November 2020, the *Recommendation on vocational education and training for sustainable competitiveness, social fairness, and resilience* (the VET Recommendation) was approved by the European Parliament and Council, providing the support for a renewed, modernised EU VET policy environment. The VET Recommendation continues to place a strong focus on quality assurance and underlines the fact that, in order to be successful and relevant, VET has to be underpinned by a culture of quality assurance.

The 2009 version of the EQAVET Framework was further developed and integrated in the VET Recommendation, to be used by VET institutions and VET systems to support the quality assurance in

- initial and continuing vocational education and training,
- public and private sector VET institutions,
- all learning environments (e.g., school-based provision, work-based learning, apprenticeships, formal, informal, and non-formal provision),

- all types of learning contexts (e.g., digital, face-to-face, and blended),
- VET awards and qualifications at all levels of the European Qualifications Framework.

The EQAVET Framework 2020 is adapted to the emerging policy developments and priorities and complemented with new content elements addressing the quality assurance of work-based learning, learning outcomes, certification and assessment, stakeholders' consultation, the role of teachers and trainers in quality assurance, the flexibility of learning pathways, digitalisation of teaching and learning, digital readiness, and environmental sustainability.

The EQAVET Framework is based on a quality assurance and quality improvement cycle, involving four interrelated elements and phases:

- **Planning:** Clear purpose and consistent planning addressed to achieve the set aims. Set up clear, appropriate, consistent, and measurable goals, objectives, and targets in terms of policies, procedures, tasks, and human resources.
- **Implementation:** An implementation plan, devised in consultation with stakeholders, is devised and operationalised. Develop and implement procedures to ensure the achievement of goals and objectives (e.g., development of partnerships, involvement of stakeholders, allocation of resources and clear responsibility, organisational/operational procedures) with a focus on a learner-centered approach.
- **Evaluation:** Existence of a well-defined and described assessment system and a systematic evaluation strategy. Design mechanisms for the evaluation of achievements and outcomes by collecting and processing data to make informed assessments and put in practice early-warning systems.
- **Review:** Visible and documented connection between feedback mechanisms (evaluation results) and the planning process. Develop procedures to achieve the targeted outcomes and/or new objectives. After processing feedback, key stakeholders conduct discussion and analysis to devise procedures for change. Quality assurance is continuous, systematic, and cyclical. The review leads to the planning and implementation of new actions and improvements, which then need to be evaluated and reviewed again. As the cycle goes on, the provision of VET improves in quality.



Figure 1: The EQAVET Quality Assurance and Quality Improvement Cycle

The EQAVET Framework also includes a set of indicative descriptors and indicators applicable at both VET system and VET institution levels, detailed in Annex II of the VET Recommendation. The indicative descriptors are core quality criteria, allocated to each of the four phases of the QA Cycle that describe the key elements of quality assurance in VET. These quality criteria should be considered when designing, implementing, operating, evaluating, reviewing, and improving any quality assurance approach or system in VET at system and/or institution level. They cover areas such as strategic and operational management, learner support, teaching, training and learning, assessment, evaluation, staff competence, stakeholder involvement, cooperation and partnerships.

The set of 10 system-level indicators included in the EQAVET Framework (see Table 1 below) are context, input, process, output, and outcome indicators and serve as a measuring tool for assessing, evaluating, underpinning by evidence, and improving the quality, effectiveness, and efficiency of VET systems and VET institutions, based on common qualitative and quantitative references.

No.	Indicator
Indicator nr. 1	Share of VET institutions applying (EQAVET-based) quality management systems
Indicator nr. 2	Investment in the training of teachers and trainers Change in 2020: Indicator 2b) amount of funds invested, including for digital skills
Indicator nr. 3	Participation rate in VET programmes
Indicator nr. 4	Completion rate in VET programmes
Indicator nr. 5	Placement rate in VET programmes
Indicator nr. 6	Utilisation of acquired skills at the workplace
Indicator nr. 7	Unemployment rate
Indicator nr. 8	Prevalence of vulnerable groups
Indicator nr. 9	Mechanism to identify training needs in the labour market
Indicator nr. 10	Change in 2020: Schemes used to promote better access to VET and provide guidance to (potential) VET learners

Table 1: The reference set of EQAVET indicators

1.2. The Malta approach to quality assurance in VET

1.2.1. General information on the Malta approach to quality assurance in VET

Malta recognises the importance of quality assurance in Vocational Education and Training (VET) as a means to ensure the provision of high-quality skills development and enhance employability. The Malta Further and Higher Education Authority (MFHEA), in collaboration with various stakeholders, has developed a comprehensive approach to quality assurance in VET, focusing on accreditation, monitoring, evaluation, and continuous improvement.

Accreditation is a fundamental aspect of Malta's quality assurance system in VET. The MFHEA is responsible for accrediting VET providers and their programmes. The accreditation process involves a rigorous assessment of the provider's infrastructure, resources, teaching staff profiles, learning outcomes, and program relevance to industry needs. Accredited VET providers are required to meet established quality standards and undergo regular reviews to ensure ongoing compliance.

Monitoring and continuous improvement also play a crucial role in Malta's approach to quality assurance. Through regular External Quality Assurance audits, MFHEA evaluates VET providers against 11 standards of the National Quality Assurance Framework (NQAF) to highlight good practices and identify areas for improvement to drive continuous enhancement in VET provision. VET providers are encouraged to engage in a culture of continuous improvement, regularly reviewing and enhancing their programmes and practices. This involves adopting feedback mechanisms, incorporating industry input, and staying up to date with technological advancements and changing labour market needs. Continuous improvement efforts contribute to the relevance, effectiveness, and responsiveness of VET provision in Malta.

Stakeholder engagement is also emphasised, ensuring alignment with industry needs and fostering the development of relevant skills. Malta's approach to quality assurance in VET demonstrates its commitment to providing a high standard of education and training for its citizens.

1.2.2. Implementation of the EQAVET Framework in Malta

The VET governance in Malta (Ministry for Education, Ministry for Employment, Ministry for Tourism) and the MFHEA are committed and as proof of this, have taken – in line with the National Quality Assurance Framework for Further and Higher Education, which specifies that quality assurance of education and training institutions in Malta is based on the European Standards and Guidelines (ESG) and **enriched by the EQAVET perspective** – a number of important initiatives to raise awareness of and implement the European Quality Assurance Reference Framework for Vocational Education and Training (EQAVET Framework) in Malta VET institutions' organisations.

The MFHEA is both empowered and committed to develop and implement national quality assurance mechanisms with the aim to adapt the EQAVET Framework and its components to the Maltese context and provide professional guidelines/guidance and support for Malta VET institutions to further strengthen their internal quality assurance systems and enhance VET quality culture.

The first initiative in the EQAVET implementation process was in 2013 with the development of the "Implementation of Quality Assurance in Vocational Education and Training (VET) Institutions" Manual as a result of the EQAVET Malta Project "Quality Assurance tool for Vocational Education and Training". This project identified 11 indicators, including also indicators of the 2009 EQAVET Framework relevant to Malta, and adapted them to the Maltese context with respect to VET institutions.

Throughout the past decade, the focus on quality assurance in VET has increased, and to keep pace with the emerging EU VET policy priorities, the 2013 Manual for VET Institutions was updated in autumn 2022 in line with the modernised EQAVET Framework 2020 as part of the National VET Team Annual activity planning. This updated Manual describes the **EQAVET indicators-based internal quality assurance system for Malta VET institutions**, which embeds in the national context the EQAVET Quality Assurance Cycle and the EQAVET indicators applicable at the institution level and relevant to Malta. The set of quality assurance indicators identified for use in the internal quality assurance system of Malta VET institutions consists of the following eight EQAVET indicators:

No.	Indicator
Indicator nr. 2	Investment in the training of teachers and trainers <i>Change in 2020:</i> Indicator 2b) amount of funds invested, including for digital skills
Indicator nr. 3	Participation rate in VET programmes
Indicator nr. 4	Completion rate in VET programmes
Indicator nr. 5	Placement rate in VET programmes
Indicator nr. 6	Utilisation of acquired skills at the workplace
Indicator nr. 8	Prevalence of vulnerable groups
Indicator nr. 9	Mechanism to identify training needs in the labour market
Indicator nr. 10	<i>Change in 2020:</i> Schemes used to promote better access to VET and provide guidance to (potential) VET learners

Table 2: The set of quality assurance indicators relevant for Malta VET institutions

To ensure that the EQAVET indicators are clearly understood and commonly interpreted by all institutions and their stakeholders, the “Indicators’ toolkit” provides a detailed description of each of the eight EQAVET Framework indicators with the indicator’s purpose, definition, components (data elements, data requirements), formula for computing the indicator value, etc.

The approach and process of working with indicators follows the EQAVET QA Cycle and allows for the gradual implementation of the indicators. The approach is based on several principles such as commitment to quality assurance, flexibility, fit for purpose, indicator-based, enhancing quality culture, and a strong link to EQAVET. As new elements, the preparation of the QA Plan in the beginning and the QA Report at the end of the process are introduced. The QA Plan includes the selection of indicators that will be monitored in a specific year, considering that in accordance with the MFHEA regulations.

- each institution should monitor, every year as a minimum, the following indicators: 3, 4, 5 and 8,
- the gradual implementation of the remaining four indicators (2, 6, 9 and 10) is possible,
- the full cycle of implementation of all the eight indicators is three years.

Based on the monitoring and analysis of the (selected) indicators, VET institutions prepare a short QA report, which will, after a period of time – in 2-3 years, show the trend of development of the quality culture within the institution’s organisation and be used for the evidence-based decision making and improvement measures.

The updated Manual for VET Institutions constitutes another important step in the EQAVET Framework implementation in Malta. The Manual aims to help VET institutions (further) develop their internal quality assurance system and systematically improve their approach to quality assurance and continuous quality improvement in line with the EQAVET Framework. The Manual is meant to be a guideline and, as such, its use is voluntary.

With the development of the current “National Handbook for VET Providers”, which includes guidelines on the EQAVET Framework-based institution-wide self-assessment, internal auditing, and collecting feedback from stakeholders, the MFHEA continues with further strengthening/deepening the in-practice use of the EQAVET Quality Assurance Cycle and developing guidelines and procedures to enhance internal quality assurance mechanisms, which are the main objectives of the “EQAVET NRP Malta Project 2021-2023”. By implementing the indicative descriptors and the self-assessment, self-monitoring components of the EQAVET Framework as part of the approaches described in the Handbook, Malta has made significant progress towards the full-scale implementation of EQAVET at national level.

Quality Assurance Policy

2.1. The concept, purpose, and significance of the quality policy in the QAS of VET institutions

VET institutions are required to define their quality policy.

The quality policy is an official and documented statement by the VET institution's management declaring their commitment to quality. It demonstrates the management's and the staff's general commitment to establishing and maintaining an (EQAVET Framework-based) internal quality assurance system and, in particular, their commitment to the systematic and consistent use of the QA cycle, to implementing the indicators, conducting self-assessment and other internal measurements and evaluations, and to using the results of the quality assurance activities for continuous quality improvement, thus turning the VET institution into a learning organisation, as well as to providing the resources required to achieve and continuously improve quality and meeting the needs and expectations of the relevant stakeholders (partners) of the VET institution.

The quality policy must be appropriate to the purpose and context of the organisation and support its strategic direction. Also, it should be consistent with the mission and vision of the institution and provide a framework for setting the organisation's strategic goals and quality objectives.

It must be ensured that the quality policy is known, understood, implemented, and maintained at all levels of the VET institution, and reviewed and amended as necessary. The quality policy should also be communicated to the relevant internal and external stakeholders (partners) of the institution.

It is recommended that this fundamental document of the VET institution's quality assurance system is understood and used in a broader sense, so that in the framework of its quality policy the VET institution shall:

- establish its **mission** (expressing why the institution exists and what the core values and the guiding principles of its operation are) **and vision** (stating what the institution desires to achieve and wants to become in the future),
- set **strategic goals** (together with the mission and vision, they constitute the institution's strategy) and **quality objectives** in order to assure and improve the quality of the institution's performance,
- regulate the **institutional setup of the quality assurance system** and the **conditions of its operation**.

2.2. Setting the VET institution's mission and vision, and goals/objectives

2.2.1. Creating the mission and the vision of the VET institution

The **mission** is a formally adopted and documented statement by the institution, which sets out its core purpose(s) for being (why it exists) and also explains its culture, values and ethics, the areas in which it operates, the programs and services it provides, and who its users are.

Key questions to be answered when developing the VET institution's mission are (see also Annex 1):

- What is the scope of the institution's operation and in which areas does it provide vocational education and training services?
- What role does it (want to) play in society?
- What core values and principles guide its operation?
- What norms of behaviour does it follow?

The mission statement serves a dual purpose: on the one hand, it helps the institution's staff to remain focused on the tasks at hand, and on the other, it encourages them to find innovative ways of improving their work and performance with the aim of achieving the institution's goals.

Some recommendations for the quality criteria of a mission statement are:

1. It should reflect what the institution really is. It should express a noble aim and be valid for many years.
2. It should describe a value position.
3. It should be credible, short, and memorable.
4. It should be relevant.
5. It should avoid generalised language.

The **vision** outlines the desirable future position and activities of the institution, and the stated intention of what the institution desires to achieve and become in the long run, generally in a timeframe of 5 to 10 years. It depicts what the institution will look like in the future and sets a defined direction for planning and implementing the institution's strategy.

In particular, the content of the vision statement can include the:

- intended future position of the institution, e.g., the position to be achieved in the structure of professions/occupations taught, in the geographic environment, the labour market segment, or in relation to the competitors and the stakeholders (partners),
- planned scope of the institution's activities, e.g., what the institution will do and what it will not do, what new activities it will undertake,
- innovative goals/objectives based on the identification of new needs.

Key questions to be answered when developing the VET institution's vision are (see also Annex 2):

- What future state/position does the institution want to achieve in 5-7-10 years?
- What kind of vocational education and training and other professional activities does it want to engage in?
- What kind of internal competences and skills does it have or want to develop to achieve its objectives?

The fundamental role of the vision, as distinct from the mission, is to inspire ambitious but achievable goals and to encourage people to make efforts.

The institution must ensure that the vision statement as a whole is consistent. The vision should be stretching, but achievable.

To conclude, the main difference between the mission and the vision is that while the mission statement talks about what the institution is doing in the present, the vision statement looks towards the future.

2.2.2. Setting the VET institution's goals and objectives

The institution's goals and objectives represent the directions for development set by the institution, and define the specific results to be achieved, which enable the organisation to fulfil its mission and realise its vision.

The long-term goals and medium- and short-term objectives must be drawn up based on the mission and vision of the institution and consistently reflected in the basic institutional documents.

The institutional goals and objectives are formulated at different levels.

The **strategic goals** are the long-term goals of the institution, which set out – at a higher level – the development directions related to the institution's strategy, and the (quantified) results to be achieved during the future development of the institution, over several years.

The **quality objectives** are short-, medium- or long-term objectives which relate directly to the overall goals of the institution. They derive from the Quality Policy and the strategic goals and contribute to their achievement. Quality objectives show what the institution is striving for or wants to achieve, within a definite period of time, through its operations. They are usually set for the staff on different levels of the institution to meet the quality policies and satisfy the stakeholders, to improve the institution's operational functions and activities as well as the value of its products, programs, and services.

The **development/improvement objectives** are short-, medium- or long-term objectives, which are usually implemented on a project basis. The development/improvement objectives are also in line with the strategic goals of the institution.

The interdependence, the hierarchy, and the consistency of the institution's goals and objectives, their measurability, and evaluability must be ensured.

The institutions should make sure that **their goals and objectives are SMART**, meaning **S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**ime-bound. SMART refers to a specific set of criteria to ensure that the goals and objectives are clearly defined and attainable within a certain timeframe.

Apart from the SMART criteria, there are other aspects which characterise a well-defined goal/objective, which have to be **consistent with each other, aligned with the institution's goals, and clear and linguistically formulated, fit into the organisational culture, be substantial, effective, and motivating** (see Annex 3 on Quality criteria for setting the VET institution's goals and objectives).

When setting the institution's goals and objectives, it is important to bear in mind that the goal/objective is not the same as the task. The task is the action/s or activity/-ies carried out in the process of achieving the goal/objective, with a responsible person and contributors, a deadline, and a meaningful, evaluable result. The task is the pathway to achieving the goals/objectives. Therefore, the goal/ objective should describe the desired outcome rather than the actions required to attain that outcome. It is also advisable to involve in the goal/objective formulation process the people responsible within the institution for attaining that particular goal/objective.

2.2.3. Proposed main steps related to the process of strategic planning

1. Data collection, assessment, and analysis of the situation of the VET institution

- Analysis of the external environment of the institution
From what external sources and what kind of data is collected by the institution, and how do they summarise and analyse the data for the development of their strategy, long-term plans, and goals/objectives?
- Analysis of the internal environment (capabilities) of the institution
From what internal sources and what kind of data is collected by the institution, and how do they summarise and analyse the data for the development of their strategy, long-term plans, and goals/objectives?

2. Development of the institution's strategy

- Creating the mission and the vision of the institution
How, in what steps, and with whose involvement are the mission and the vision of the institution developed?
- Setting the strategic goals
How, in what steps, and with whose involvement are the strategic goals of the institution defined?
- Deployment of strategic goals
How, in what steps and documents, and with whose involvement are the strategic goals of the institution broken down into related institutional objectives and concrete actions and tasks on an annual level?

3. Adoption and communication of the strategy

- Getting the strategy adopted
How, in what steps and documents, and with whose involvement are the strategic documents, the long-term plans, and the institutional objectives approved?
- Making the strategy known and understood
In what way does the institution communicate its strategy, the long-term plans, and the institutional objectives to the staff (teachers and trainers and other staff) of the institution and to other relevant stakeholders (partners) of the institution?

4. Monitoring and evaluation of the strategy implementation

- How, in what steps, with whose involvement, and how frequently does the institution monitor and evaluate the implementation of the strategy, i.e., the attainment of the institutional objectives derived from the strategy and the completion of the tasks assigned to the objectives?
- How, in what steps, with whose involvement, and how frequently is the appropriateness of the strategy of the institution evaluated and reviewed?

Figure 2 below illustrates the main steps of the process and their interconnections.

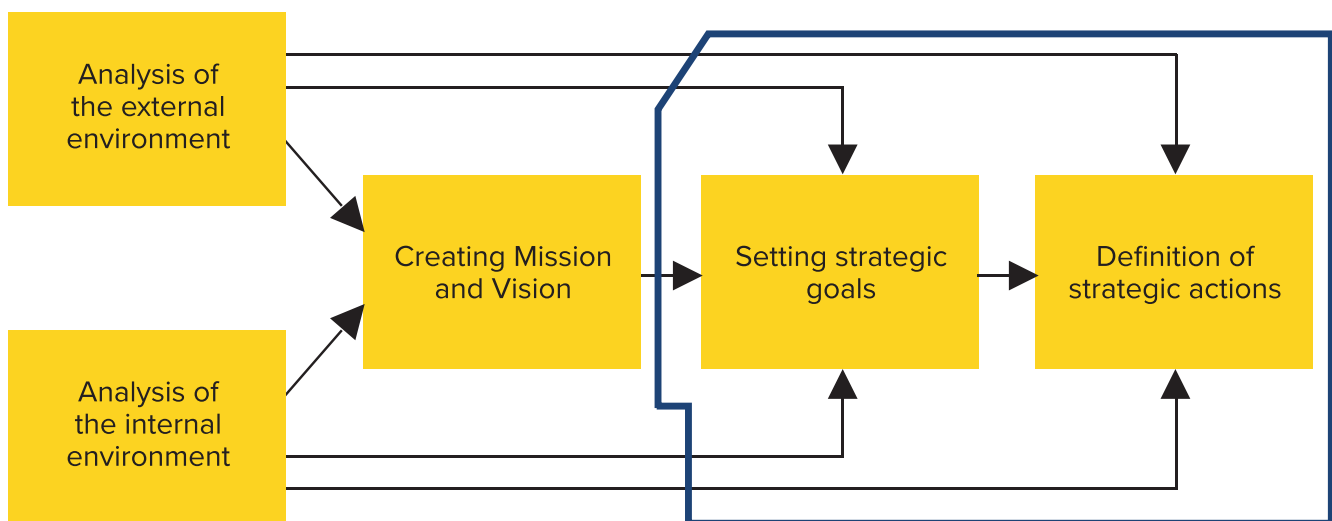


Figure 2: The main steps related to the process of strategic planning

2.3. Organisation of the QA system

Organising a Quality Assurance (QA) system in vocational education and training involves structuring the processes, responsibilities, and resources needed to ensure the quality and effectiveness of the VET programs and the operationalisation necessary to fulfil the mission, the vision, and the predefined goals/objectives.

Organisation of the QA system should underpin organisational development and should be undertaken as an integral part of strategic and operational planning, not as a bolt-on activity. It should also be integral to the VET institution's quality assurance arrangements, including any external quality assurance

standards and benchmarking models. Eventually, the quality and relevance of the QA system process are important means of demonstrating public accountability.

Steps towards the organisation of the QA system at the VET institution level should include:

Designation of a QA Team

Coordination of the QA system should be allocated to a dedicated QA team/committee or even department (in the case of large VET institutions). The size of the QA team may vary depending on the size, complexity, and specific needs of the organisation. The team should include representatives from different areas, such as management, curriculum development, education and training delivery, learning outcomes' assessment, learners' support, etc. It is essential to ensure that the QA team has the necessary authority and influence within the institution to coordinate the implementation of the QA procedures and to formulate improvement recommendations. They should have access to resources, information, and decision-making processes to effectively carry out their responsibilities.

A qualified and experienced individual, with a good knowledge of QA mechanisms and a strong understanding of VET and industry requirements, should be appointed to lead the QA team. S/he should promote a collaborative approach within the QA team, by encouraging open communication, information sharing, and teamwork, so that each team member can be an active contributor.

Roles and responsibilities of each QA team member have to be clearly defined and commonly agreed in formal documents that outline their specific duties in the QA process, across the whole QA cycle. Members of the QA team should have ongoing training and professional development opportunities, to enable them to stay updated on emerging trends, best practices, and regulatory changes in (QA in) VET.

Development of QA Procedures

In order to operationalise how the QA policy will be carried out, specific QA procedures have to be elaborated, with systematic and clearly scheduled actions, covering all main VET institution's operational areas, such as:

- **Design, development, and approval of VET programmes:** defining the level according to the National Qualification Framework, establishing the duration, identifying the trainees' eligibility and selection criteria, establishing the associated learning outcomes in terms of knowledge, skills and competences, selecting appropriate training methods and resources, and ensuring alignment with industry standards and emerging trends.
- **Assessment of VET students' learning outcomes (LOs):** Developing assessment tools, ensuring reliability, fairness, and validity of assessments, conducting moderation and standardisation, and analysing assessment results to inform teaching and learning practices.
- **Learner Support Services:** aiming to assist learners throughout their whole VET programme, by offering professional and/or personal counselling, career guidance, mentoring programs, and access to resources and learning support technologies. It should also include the operationalisation of the mechanisms for collecting learners' feedback and addressing learners' appeals, concerns, and complaints. (See Annex 4 on Learners' appeal procedure.)
- **Staff Development and Training:** in order to support staff, with a focus on the teaching and training personnel, ongoing continuing professional development should be provided, that includes workshops, seminars, conferences, and opportunities for sharing best practices, to enhance their pedagogical skills and awareness of industry trends.

Documentation and Record-Keeping

Proper documentation and record-keeping are essential components of any QA system, by ensuring transparency, traceability, and accountability and by supporting an evidence-based decision-making process.

In order to support a sound documentation and record-keeping process at the institutional level, the VET institution should:

- **define guidelines for documentation and record-keeping related to the QA system:** outlining the steps needed to maintain records of procedures, curriculum documents, learners learning outcomes' assessments, learners' performance data, improvement actions, etc. Ensure appropriate measures are in place to protect the confidentiality and privacy of sensitive information contained in the records. Develop an efficient indexing/categorisation system to facilitate efficient retrieval of documents and to ensure that records are easily accessible to authorised personnel when needed for audits, reviews, or decision-making processes.
- **establish a QA document control system:** to manage the QA-related documents, policies, procedures, guidelines, and templates. It is important to assign responsibility for maintaining and updating documents to ensure their accuracy and relevance, to implement version control procedures to track document revisions, and to securely store them (in physical or, preferably, in electronic format).
- **maintain comprehensive records of VET programmes:** including VET programmes outlines and any updates or revisions made to them, including the rationale behind the changes and the date of implementation as well as references to relevant industry standards, regulations, and accreditation requirements, if applicable.
- **record VET learners' data:** this will include relevant personal information, enrolment details, academic progress, and any support services provided. Special attention has to be paid to assure compliance with general data protection regulations (GDPR) and privacy regulations.
- **record VET learners learning outcomes' assessment:** outlining the assessment tools, defining marking guidelines, and collecting sample learners' work, documenting the assessment results, including learner performance, grades, and feedback provided to learners.
- **document feedback and complaints:** by collecting learners' feedback, suggestions, and complaints received through formal channels or surveys and keeping records of actions taken in response, including investigations, resolutions, and improvements made.
- **record external communications:** this should include (but not be limited to) correspondence with licensing and accreditation bodies, industry stakeholders or local authorities. Record of any external audit reports or accreditation certificates obtained should be securely kept.

2.4. Development of a QA culture

Quality management is the foundation on which the quality assurance system is built, but it will eventually work efficiently only in complementarity with the development of a quality culture at the VET institution level. For the quality culture to emerge and develop, a certain degree of maturity of the quality assurance

system is required. A professional quality assurance system should be in place where the everyday operation of the institution fully complies with the processes of internal quality assurance.

A quality culture refers essentially to creating an environment in which the staff genuinely care about the quality of their work and demonstrate a quality-oriented behaviour. This is essential to support continuous improvement, enhance the quality of VET provision, and address the needs of learners and of other key stakeholders.

Steps towards the development of a quality culture at the VET institution level should include:

- **Leadership commitment** to applying the QA cycle with a focus on self-assessment and quality improvement: a management team that leads by example can be instrumental in creating a quality culture. Leaders' genuine commitment to the aims of quality improvement and promotion of a climate of trust in which individuals and groups feel able to be reflective and self-critical about their own and the institution's performance are essential.
- **Communication:** fostering a culture of open and honest communication among staff members, learners, and other stakeholders generates trust and fosters accountability.

For quality assurance to work, communication in all directions (downwards – i.e., from leaders to staff; upwards – i.e., from employees to upper management; and horizontally – i.e., between employees, teams, and groups within the institution) and between all levels in the organisation is vital, and is an important factor in the development of the quality culture, too, as it encourages the loyalty of the staff members to the institution.

There is a strong relationship between good communication and successful quality implementation.

- **Staff engagement and empowerment:** encouraging staff to take ownership of quality developments and involving them in the whole cycle of quality assurance, from the decision-making processes to the design and implementation of improvement actions.
- **Staff professional development:** providing staff with opportunities for professional development with a focus on training related to quality assurance and on the techniques of self-assessment, to develop their skills of assessing evidence and making sound judgements.
- **Collaboration:** promoting a collaboration-oriented culture, where staff feel comfortable working together and sharing opinions, offering feedback and suggestions for improvement; encouraging teamwork, regular exchange of ideas and good practices related to quality assurance, brainstorming, and inter-departmental working.
- **Stakeholder engagement:** involving stakeholders, such as learners, teachers and trainers, employers, and industry representatives, social partners, and community organisations in the quality assurance process and quality improvement activities, through regular consultation, to identify their specific needs and gather their input and feedback on the VET provision design, delivery, and outcomes.
- **Celebrate successes and learn from mistakes:** acknowledging good work and recognition of success inspire staff and promote a quality culture, while learning from mistakes can help VET institutions avoid repeating them in the future. Highlighting successful initiatives and results and acknowledging staff contributions to quality are important factors in motivating people to fully participate in quality improvement activities and building their accountability.

- **Embedding quality assurance practices in everyday work:** emphasising the importance of quality at all stages of the VET provision and embedding it in curriculum and training design and delivery, assessment practices, learners' support services and other relevant areas.

In the process of developing a quality culture at the VET institution level, an approach that relies on staff strengths and values their abilities, rather than focusing on their weaknesses and deficits, can make the difference. A first step in this process is to identify, using specifically designed instruments, individuals' strong points and determine what motivates them to strive for improving their performance. Once these factors are determined, it is important to develop a strength-based approach, where people are valued in a way that meets their personal and professional strengths and desires.

Another relevant tool in strengthening the quality culture at the VET institution level is to identify, recognise, and leverage the influence of the organisation's role models, that is, individuals whose dedication and expertise inspire and can be emulated by other staff members. By creating opportunities for them to support the professional development of others and to share their expertise and best practices, VET institutions can strengthen the quality assurance practices and shape a culture of continuous quality improvement.

Establishing a quality culture is, therefore, a shared responsibility of all actors that play a role at the VET institution level and implies their intensive participation and commitment, but it is instrumental in ensuring that the institution is responsive to evolving needs, delivers relevant and effective training programs, and prepares learners for success in their chosen careers.

Internal evaluation

3.1. Self-assessment

3.1.1. The role of self-assessment in the internal QA system of VET institutions

Self-assessment is the pillar of the quality assurance cycle, as by critically reviewing the quality of a VET institution's performance and provision, it is the basis for the long-term organisational and quality improvement. Self-assessment is an essential management tool in the processes of evaluation of the global performance of a VET institution's operation and professional work, with a focus on the efficiency and effectiveness of its education and training provision and of improvement of the institution's resilience and responsiveness to the changing circumstances and labour market needs. It supports an informed decision-making process and leads to evidence-based developments and improvements.

An effective institution-wide self-assessment is:

- **Improvement-oriented**, by supporting the process of continuous institutional improvement.
- **Comprehensive**, by referring to all aspects of the activity of VET institutions, taking into account all relevant stakeholders' perspectives and analysing not only the data but also the processes, procedures approaches, methods and operational practices (altogether known as enablers) in place.
- **Systematic**, by using/implementing systematic approaches as the consistent and conscious application of the quality assurance cycle, and the evaluation of the relationship between the enablers and the results achieved, in addition to the results achieved.
- **Evidence-based**, making judgements based on facts and data.
- **Regularly carried out** (preferably on an annual basis, but at least bi-annually) to measure and support the institution's development and to maintain continuous organisational learning and

organisational and professional development processes. The self-assessment enables the institution to apply the logic of ongoing quality improvement and, thus, to lay the foundations for its continuous development.

- **Responsive** to the learners', employers', and the local community needs.

Self-assessment plays a central role in developing key stakeholders' accountability, by actively involving all direct and indirect VET institutions' beneficiaries (management and staff, learners, employers, parents, the community at large).

During the self-assessment process, the institution is able to identify – based on facts – the weaknesses to be addressed, the strengths on which it can build to achieve further success, and the processes, activities and areas to reflect on/further develop/improve.

The main purpose of self-assessment is to support the VET institution's own work on quality improvement and to measure progress against its own mission, goal /objectives, and the efficiency and effectiveness of its regulated processes and implemented action plans. Therefore, self-assessment is not a goal in itself, but is the foundation on which improvement is based, enabling the VET institution to improve its own performance and provision and eventually to meet the expectations of its direct and indirect beneficiaries.

3.1.2. The added value of an EQAVET Framework-based self-assessment

The EQAVET offers a structured framework and set of resources for self-assessment of VET institutions, with clear added value, by providing:

- **A standardised approach:** with a common set of criteria, indicative descriptors, and indicators. This ensures consistency and comparability in assessing and improving the quality of VET provision across different institutions at European level.
- **Alignment with European requirements:** by using the EQAVET toolbox, VET institutions align their self-assessment with the European VET Quality Assurance Framework, enhancing the recognition and comparability of their programs and qualifications at the European level.
- **A comprehensive assessment:** the EQAVET Framework provides a comprehensive set of indicators and indicative descriptors that cover various key aspects of VET provision, including management, teaching and learning, assessment, learner support, staff professional development, and stakeholders' involvement. This enables VET institutions to identify areas for improvement across multiple dimensions of the institutional operation.
- **A structured self-assessment process:** by helping VET institutions to evaluate their performance against all the phases of the EQAVET Quality Assurance Cycle, ensuring a comprehensive and balanced assessment of the institution's quality.
- **External recognition:** by enhancing the credibility and external recognition of an institution's programs and qualifications, leading to improved reputation and increased opportunities for collaboration and mobility at the European level.

Implementing an EQAVET Framework-based self-assessment brings important benefits to VET institutions that contribute to the enhancement of the quality of VET provision and the continuous improvement of the institution's performance.

3.1.3. Management of the self-assessment

Engagement of Management

The self-assessment process must be effectively and efficiently led and managed. Managers must actively participate in the self-assessment process, be committed to the aims of self-assessment, and promote a climate of trust in which individuals and groups feel able to be reflective and self-critical about the institution's performance.

It is best practice to assign responsibility for coordinating the self-assessment process to an appropriate person (in the case of a large VET Institution this could be a team), ideally a senior manager with relevant authority and decision-making responsibility. The coordinator/coordination team will elaborate clear procedures for the way in which self-assessment is to be done and will coordinate the whole process of planning, advising the internal and external stakeholders involved, report writing, and disseminating best practice.

Engagement of all VET institution staff

In order to achieve continuous improvement, all staff must be encouraged to monitor and evaluate their own performance and to identify areas for improvement. They should also be given the time and training necessary to carry out this work. Many VET institutions underestimate the time needed to complete an effective self-assessment, particularly the time required to gather the necessary evidence. Special consideration should be given to the needs of part-time staff.

It is best practice (particularly for larger VET Institutions) to establish teams to carry out the assessment of their own areas of activity. These teams could be:

- subject teams linked to areas of learning,
- functional teams for specialist services, such as learner support or finances,
- cross-functional teams offering services across subject and service areas.

Teams should be trained in the techniques of self-assessment, particularly the skills of assessing evidence and making sound judgements. Each team should have a leader to coordinate their activity.

Involvement of Learners

VET institutions must demonstrate that they have fully involved learners in the self-assessment process. They need to develop effective methods of gathering feedback from learners, including questionnaires, interviews, focus groups, workshops, and complaints processes. Surveys should also include the needs of prospective learners and graduates' satisfaction with their programmes.

It is best practice if VET institutions ensure that learners' perspectives are gathered also via learner-consultation committees. All learners should be properly briefed on the purpose and outcomes of the self-assessment process.

Involvement of Stakeholders

VET Institutions need to develop effective methods of gathering feedback from external parties, for example, from employers and the local community about the relevance of their VET programmes and satisfaction with their graduates' achievements and their relevance for the labour market.

All key stakeholders involved in the self-assessment process need to be informed about its purpose and their feedback should be used to develop the quality of VET provision (see Annex 5 providing a template for Stakeholder analysis for VET institutions).

3.1.4. EQAVET Framework-based self-assessment

A VET institution's self-assessment has to be based on a set of indicators and criteria which defines the operational areas, elements, and results that the institution has to evaluate during the self-assessment process. A relevant set of criteria and indicators have to provide a comprehensive, quality-oriented evaluation of the VET institution's performance and provision, as well as the efficiency and effectiveness of the VET institution as a whole, thus providing a basis for institutional quality improvement.

An EQAVET Framework-based self-assessment should incorporate the EQAVET indicators and EQAVET indicative descriptors relevant for VET institutions, included in Annex II of the VET Recommendation, and the approach should follow the EQAVET Quality Assurance Cycle.

Use of EQAVET indicators in the self-assessment of VET institutions

The indicators that should be used in the self-assessment of VET providers are the eight EQAVET indicators applicable on VET institution level and ones identified in the *Manual for VET Providers* as relevant for Malta. They are based on the ten EQAVET indicators. These indicators form the basis of the EQAVET indicators-based quality assurance system of Malta VET institutions and will provide a measure of the degree of quality, effectiveness, and efficiency of VET provision within the institution. The indicators have meaning mainly in how they are used within the quality assurance cycle.

Figure 3 below provides suggestions as to which indicators can be used in which part of the quality cycle. For example, Mechanisms to identify training needs in the labour market (indicator 9.) is extremely relevant in the planning phase, when deciding on the VET programmes to be delivered and on their associated learning outcomes, to assure the correlation of the VET offer with the labour market needs. Also, data on Utilisation of acquired skills at the workplace (indicator 6.) provide valuable information on changes that need to be made to the VET programmes in the Review phase of the quality cycle, to improve the relevance of the VET programmes. Furthermore, in order to develop and support an inclusive VET, data on indicator 8a, Prevalence of vulnerable groups - percentage of participants in VET classified as disadvantaged groups according to age and gender, is important in the Implementation phase.

It is, however, important to remark that the indicators are interlocking and exercise a mutual impact on each other, therefore, most indicators provide useful information for different phases of the EQAVET Quality Assurance Cycle, and one indicator can be used in more than one phase (sometimes in all phases) of the cycle. It is the VET provider's choice to decide how to best use the indicators in each phase of the quality cycle.

Indicator 2. Investment in the training of teachers and train-ers

Indicator 9. Mechanisms to identify training needs in the labour market

Indicator 10. Schemes used to promote better access to VET and provide guidance to (po-tential) VET learners

Indicator 3. Participation rate in VET

Indicator 8a. Prevalence of vulnerable groups - percentage of participants in VET classified as disadvantaged groups according to age and gender



Indicator 5. Placement rate in VET programmes

Indicator 6. Utilisation of acquired skills at the workplace

Indicator 4. Completion rate in VET programmes

Indicator 8b. Prevalence of vulnerable groups - success rate of disadvantaged groups according to age and gender

Figure 3: Example for allocation of the selected EQAVET indicators relevant for Malta to the phases of the EQAVET QA cycle

Use of EQAVET indicative descriptors in the self-assessment of VET providers

For each of the four phases of the quality assurance cycle, the EQAVET Framework identifies a series of indicative descriptors for VET institutions. These describe different areas of the EQAVET approach to quality assurance. Based on the EQAVET indicative descriptors, Figure 4 below presents a set of evaluation questions/criteria that have been designed for each of the four QA phases. Each VET institution should assess their relevance for their own quality assurance arrangements and use them accordingly in the self-assessment process.

- How are European, national, and regional VET policy goals/objectives reflected in the targets set for your institution?
- How do you ensure that there is clarity in the goals/ objectives that you have set? Are targets defined?
- How do you ensure that there is enough ongoing consultation with relevant stakeholders to identify specific local/individual needs?
- How are responsibilities for each aspect of quality management and development/improvement clearly allocated?
- How is staff involved in an early stage in the planning of all aspects of VET provision?
- Have cooperative initiatives with relevant stakeholders been planned?
- Is there an explicit and transparent QA system in place?
- How is data protection (GDPR included) ensured?

- How are staff and other resources assigned appropriately?
- How do they function and how strong and systematic are the current forms of collaboration (including those between teachers and trainers) and how do they support the action plan and the achievement of the institution's goals/objectives set?
- How is the strategic plan for staff competence development designed, to address the need for training for teachers and trainers, being developed and implemented?
- How do you ensure that your staff receive regular training and work with external stake-holders to develop their knowledge, skills, and competences in their field?
- How do you ensure that your VET programmes enable learners to meet the expected learning outcomes?
- How do you ensure that a learner-centred approach is used in the teaching and training, to enable learners to achieve the expected learning outcomes?

- How do you promote innovation in teaching and learning and the use of digital technologies and online-learning tools?
- How do you ensure a valid, accurate and reliable assessment of learners' learning outcomes?



Figure 4: Allocation of the EQAVET indicative descriptors-based self-assessment criteria to the phases of the EQAVET QA cycle

- How do you collect learners', staff, and other relevant stakeholders' feedback and how do you use it to inform further actions?
- How do you make the outcomes of any review public?
- How do you plan reviews and how are they used to improve training provision?
- How do you use procedures on feedback and re-view to support the development of high-quality provision and improve opportunities for learners?
- How do you discuss the results of the self-assessment with relevant stakeholders and use them to develop improvement plans?
- Do you carry out a self-assessment on a regular basis (annually)? How is self-assessment carried out?
- Does self-assessment also cover digital readiness and environmental sustainability? How are these measured and evaluated?
- Does self-assessment cover processes and results/outcomes of education and training, including the assessment of learner satisfaction as well as staff performance and satisfaction? How are these measured and evaluated?
- What kind of mechanisms do you have in place to collect and use data, and to involve internal and external stakeholders?
- How do you identify problems in early stages?

Features of the self-assessment approach for Malta VET institutions

As the self-assessment approach is linked to the EQAVET indicators-based internal quality assurance system of Malta VET institutions, it means that self-assessment is also based on EQAVET indicators: the eight EQAVET indicators selected and relevant for Malta are used to support the self-assessment and quality improvement of VET providers.

- **Gradual implementation of the EQAVET indicators-based self-assessment**

In accordance with the MFHEA regulations, each provider should monitor, every year as a minimum, the following indicators: 3, 4, 5 and 8. This also means that self-assessment against these four mandatory indicators should be conducted by all VET institutions each year.

Regarding the self-assessment against the remaining indicators, there can be several options. Some VET institutions (e.g., the larger and experienced ones) will be able to immediately implement self-assessment against all eight indicators every year. For those with limited capacities or new and small VET institutions, full implementation of self-assessment will be gradually built. These VET institutions should plan and gradually build their capacities and work towards including into the self-assessment process the remaining four indicators (2, 6, 9 and 10). This can be done in phases, for example, in the first year the VET institution conducts self-assessment against the four minimum indicators + one more, in the second year against the four minimum indicators + three more, and in the third year against all the eight indicators. Therefore, the full cycle of the implementation of the EQAVET indicators-based self-assessment against all the eight indicators is three years.

Regarding the period in which the self-assessment process will be implemented, there can be several scenarios as well. For example, one VET institution may decide that they will work with and use only the minimum indicators for self-assessment in the first year and the remaining ones from year two. Another VET institution will decide to conduct self-assessment against the minimum indicators in the first year and, every following year, add two more indicators in addition to the minimum ones. A third VET institution will decide to carry out their self-assessment exercise against all indicators every year.

- **Scope of self-assessment**

In the self-assessment of any organisation, the quantification of the results related to the functioning of the institution is a key element. The EQAVET indicators-driven self-assessment process focuses primarily on the results (outputs and outcomes) as measured by and supports informed decisions for quality improvement on the basis of the eight EQAVET indicators relevant for Malta.

However, it is important to note that the indicators never stand alone, but rather are linked to the institutional goals/objectives and the processes, procedures, operational areas, elements (i.e., enablers) that are in place in the VET institutions. Therefore, instead of solely basing their self-assessment process on the quantitative data as generated by the eight EQAVET indicators, the institutions should combine the quantitative data with qualitative data and factual information as much as possible (e.g., it is more informative to also identify and explore the reasons for dropping out of an institution rather than just collecting numbers or percentages on dropouts).

It means that VET institutions should use a holistic approach in their self-assessment exercise and evaluate also the functional elements connected to the indicators. This leads to more reliable and objective evaluation results/findings.

There is one particular case when it is obligatory for the VET institution to also investigate the dimensions of the institutional operation connected to a given indicator, namely, when the target value defined for/

allocated to the indicator is not met/achieved. In this case, it is absolutely necessary to carry out a **cause analysis**, i.e., to review the functional element(s) of the institution covered by the particular indicator to identify which method(s), activity/-ies, process(es) cause(d) the negative result and examine the institutional practice(s) in the problematic area(s) thoroughly by gathering all the relevant information and data in the field to reveal the real causes of the problem.

It is important to address the problem, i.e., implement effective corrective actions to eliminate the reoccurrence of the undesirable result.

The following list of guiding evaluation questions included in Table 3 below and allocated to each of the eight EQAVET indicators relevant to Malta help VET institutions to identify:

- **What dimensions** of the institutional operation and the VET provision do these EQAVET indicators cover?
- **What questions** do VET institutions need to ask on (the specific aspects of) these dimensions (i.e., what functional elements to examine and evaluate in the self-assessment process in relation to the particular indicator)?
- **What data** are needed to answer these questions?

While the questions are not exhaustive, they can assist the VET institutions to think about “how” and “why” things are done that way whilst reflecting upon specific issues to determine the effectiveness of the VET practice.

EQAVET indicator relevant to Malta	Questions VET institutions need to ask themselves can include:
<i>Indicator 2:</i> Investment in training of teachers and trainers	• How do we cater for professional learning opportunities to enhance staff knowledge and understanding of the changing demands of the labour market and the developments in their sector? • How do we take into account the views of staff and/or learners when planning staff training and development? • How effectively do we collaborate with industry, businesses, or the wider community in taking decisions about the further training of its teachers/trainers? • How do we align human resource development activities with strategic goals and core processes? • How do we support further studies and the continuing professional development of the staff? • How much have we committed to invest annually, including for digital skills? What evidence do we have to show this investment?
<i>Indicator 3:</i> Participation rate in VET programmes	• How do we keep track of the trends in number, type, and gender distribution of students attracted to our VET courses annually? • How is this information stored and how can we access it to use it in our quality assurance cycle? • What are the emerging trends in the participation in VET programmes?

<i>Indicator 4:</i> Completion rate in VET programmes	• How do we keep record of the rate of students who complete or drop out from our VET courses? • How can we access these data, how do we analyse them, and how are they used in the quality assurance cycle? • What do completion rates tell us about the VET provision? What are the emerging trends in programme completion, including the disadvantaged groups? • Why do learners fail to complete VET programmes? In what ways can we use this evidence to improve the situation?
<i>Indicator 5:</i> Placement rate in VET programmes	• How successful are the participants of VET programmes at getting a job? • How successful are the participants of VET programmes at progressing to further learning/studies? • How responsive are the VET programmes to the changing demands in the labour market? • How often and how are tracer studies carried out to see whether our graduates have continued to study or whether they have found employment and where? • How are these tracer study reports drawn up and used?
<i>Indicator 6:</i> Utilisation of acquired skills at the workplace	• What mechanisms do we use to check that the VET courses we are providing are relevant and useful in the labour market? • How are the periodic surveys carried out? In what ways is this documented and how is the information fed back into our VET courses? • How satisfied are employers and employees with the acquired skills/competences? • How can we raise the level of our stakeholders' satisfaction? • What evidence do we have that both learners and employers value the full range of what people know and can do after completing a VET programme?
<i>Indicator 8:</i> Prevalence of vulnerable groups	• How do we address the range of risk factors and reasons of disadvantaged groups? • How can we encourage the participation of disadvantaged groups in VET programmes, including adapted training provision? • What evidence can we get that our programmes are accessible and attractive, particularly for disadvantaged groups? • How do the professional learning activities of teachers/trainers address specific issues, e.g., adapted training provision, including for disadvantaged groups?
<i>Indicator 9:</i> Mechanisms to identify training needs in the labour market	• What type of mechanism do we use to identify the (sectoral) training needs in the labour market? • How do these mechanisms work (e.g., committees with representatives from the labour market, periodic surveys, regular meetings with employers)? • How do we use the information gathered to plan our new/revised programmes?

<i>Indicator 10:</i> Schees used to promote better access to VET and provide guidance to (potential) VET learners	• What kind of measures have we developed to raise the attractiveness of our VET programmes? • How successful are those measures in attracting more learners? • How do we promote our courses? What are our main channels of information for prospective students? • What evidence can we get that our programmes are accessible and attractive, particularly for disadvantages groups?
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Table 3: Possible dimensions of the VET institution's operation covered by the EQAVET indicators relevant for Malta

VET institutions can also use the template included in Annex 6 to work through (by eventually using the above guiding evaluation questions) and identify which dimensions (structures, approaches, processes, procedures, practices, etc.) of their operation need to be examined when conducting the EQAVET indicators-based self-assessment.

In conclusion, it can be stated that it is essential to base the self-assessment process on collecting and evaluating data on both the EQAVET indicators and the EQAVET indicative descriptors to offer VET institutions credible, compelling information to support policies, programmes, and/or initiatives.

3.1.5. The self-assessment process

Planning the self-assessment process

- Allocation of roles and responsibilities: clearly decide who is to be included in the process and allocate responsibilities accordingly; staff involvement should be formally assumed.
- Training the staff directly involved in the self-assessment process: to develop the specific knowledge, skills, and competences of staff directly involved in the process.
- Development of procedures and tools for self-assessment: to assure a valid and accurate process of self-assessment.
- Elaboration of the self-assessment plan: clear tasks in association with staff responsibilities resources and deadlines.
- Informing internal and external stakeholders about self-assessment: communicate to your stakeholders what is the scope of the exercise, who is involved, how the process will work and when will it happen (estimated timescale), and what are the expected results.

Conducting the self-assessment process

- Application of the self-assessment tools: using a systematic approach will help to ensure that the judgements formed by the team are consistent and balanced.
- Data collection and analysis: collecting, according to an agreed process, all the information, data, facts, and figures necessary to carry out the self-assessment, collecting performance data on indicators that show **what results** were achieved, collecting information and data on the methods, procedures, practices, and processes (i.e., enablers) that show **how** the institution operates, analysing relevant documentation, collecting stakeholder feedback, and making direct observation of practice. In the data collection and fact-finding process, the focus should be on the quality and relevance of the evidence (more is not necessarily better).

Typically, two types of data are collected: 1. **Results** that mainly contain diagrams, graphs, and tables to show the figures – indicator values/targets – and their development, progress in time, and 2. **Enablers** that explain what the institution does to achieve its results, and how it achieves them. The institution has to describe the particular processes, methods, institutional practices, etc. used in connection to a certain indicator by answering the questions who does what, when (since when), **how**, with what frequency, and based on what regulatory documents and internal rules in the operational area in question.

To support the data collection, VET institutions could use the templates included in Annex 7: Template for collecting and using data, Annex 8: Template for collecting data on the selected EQAVET indicators, and Annex 9: Template for collecting data on enablers.

An example of linkages between the self-assessment criteria (EQAVET indicative descriptors) and the related institutional processes, the EQAVET indicators relevant for Malta, and the relevant partner surveys, is provided in Annex 10: Linking the related processes, indicators and partner measurements with the institutional self-assessment criteria/Hungary.

Interpreting and evaluating the results of the self-assessment

- Interpreting the results of self-assessment: form a judgement on the gathered evidence, by analysing the degree of attainment of objectives.
- Elaboration of the self-assessment report: the self-assessment report should include honest judgements supported by evidence, be well organised, and written in a professional way but using an accessible language (see Annex 11: Template for the SA report).
- Identifying strengths and areas for improvement: that will form the basis for the improvement plan (see Annex 12: What can be considered as strength and area for improvement in the self-assessment process?).
- Prioritising the institution's areas for improvement: it is usually unrealistic to address all the areas that need to be further developed. They should be prioritised, in correlation with their importance and taking into account the budget and resources availability (see Annex 13: Improvement workshop and Annex 14: The ranking methodology).
- Presenting the results of self-assessment and the decided area(s) for improvement to the internal and external key stakeholders: to raise their accountability and active involvement.

Follow-up

The steps following up self-assessment – with the aim to perform institutional quality improvement activities based on the results of the institutional self-assessment – include:

- Definition of improvement objectives, targets.
- Development of the improvement plan.
- Implementation of the improvement plan.
- Evaluation of the results of improvement actions.

The Follow-up phase is detailed in Section 4.

In the end, it is the main aim of the VET institution to establish a self-assessment system which is functional and sustainable in the long run. When designing the self-assessment system, the following aspects should be considered:

- What is the purpose of self-assessment? What does the institution expect from the use of self-assessment?
- What are the methods and tools used during the self-assessment?
- What are the rules of procedure for self-assessment?
- How does the institution collect and provide the information, data, facts, and figures necessary for self-assessment?
- How are the results used and improvements defined?
- How are the improvements evaluated, feedback given, and the systematic application of the EQAVET Quality Assurance Cycle carried out?

3.2. Internal audit

3.2.1. The concept, purpose, and significance of internal audit in the QAS of VET institutions

The Institute of Internal Auditors (IIA) has defined internal auditing as “an independent, objective assurance and consulting activity designed to add value and improve an organization’s operations. It helps an organization accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.”

The main role of the internal audit is to assess and verify compliance with the quality standards and the procedures set up at institutional level and/or with the external standards adopted by (voluntary) or imposed on (mandatory) the institution. It offers an independent and objective assessment and acts as an early warning system, allowing for a quick reaction to correct deficiencies, but it is also a means to identify and promote examples of good practice.

Internal audit can apply to an entire organisation or system, or might be specific to an activity, function, or process.

System audit: is an audit conducted on a management system. It can be described as a documented activity performed to verify, by examination and evaluation of objective evidence, that applicable elements of the system are appropriate and effective and have been developed, documented, and implemented in accordance and in conjunction with specified requirements.

- A **quality system audit** evaluates an existing quality assurance/quality management system to determine its conformance to the organisation’s policies and regulatory requirements.

Process audit: verifies that processes are working within established limits. It evaluates an operation or method against predetermined instructions or standards to measure conformance to these standards and the effectiveness of the instructions. A process audit may:

- Examine the resources (equipment, materials, people) applied to transform the inputs into outputs, the environment, the methods (procedures, instructions) followed, and the measures collected to determine process performance.
- Check the adequacy and effectiveness of the process controls established by procedures, work instructions, training, and process specifications.¹

Internal audits are typically carried out on a routine basis, such as annually or quarterly, but they can also be done on an as-needed basis. The frequency of the internal audits also depends on the size of the VET institution.

Roles and responsibilities of internal – first party – audits should be allocated to a team of staff members - internal auditors (in larger institutions) or to an internal audit officer (in smaller institutions), with recognised expertise, who can build on their own experience to audit different areas/departments/processes with a professional view. Being familiar with and competent in the institution's processes and procedures they're auditing, they can provide immediate feedback to the coordinators of the audited areas and to the senior management team, facilitating decisions on revisions and/or on further changes.

Their role requires knowledge of the quality standards, procedures, and processes in place, strong analytical and communication skills, and a culture of continuous learning, enabling them to keep up to date with changes in regulations, procedures, and standards. Independence and objectivity of the internal audit team/officer is crucial; they must not be involved in the development and implementation of the processes they audit and have no interest in the audit results of the areas being audited. In order to stay abreast of educational and industry developments, they should be trained on a regular basis.

Communication with the risk management team/officer to ensure alignment and integration of risk management activities with internal audit processes and with the quality assurance team on a regular basis are equally important. Communication with external auditors and/or analysis of the external reports should be considered, to understand their expectations and follow up their recommendations.

3.2.2. The process of internal audit

The internal audit cycle consists of four main phases. These are:

Planning the internal audit process

In the process of planning, internal audits, areas, and processes to be audited have to be clearly defined, specific objectives and expected outcomes have to be set up accordingly, and necessary resources have to be allocated. Methods and instruments to be used in the audit process must be developed and a clear timeline, including key milestones and deliverables, must be set up.

It is advisable to develop an internal audit program – a comprehensive plan for implementing the internal audit procedure – which specifies how the audit is to be conducted, who is going to perform it, and what the various steps to be followed are.

Together with the internal audit checklist – which is a reference point for the collection of evidence to identify non-compliance, and improvements regarding the procedures and processes under review – these audit tools help ensure that internal audits will be properly executed and address the necessary requirements. (see also Annex 15: Example of internal audit tools/MCAST).

¹ <https://asq.org/quality-resources/auditing>

Conducting the internal audit

Conducting internal audit, the fieldwork implies:

- Gathering evidence: documentation and data on policies, regulations, and procedures related to the respective areas, records of stakeholders' feedback, teaching-training-assessment materials, etc.
- Conducting interviews: with teaching and administrative staff, students, and partner companies' representatives to collect insights from different perspectives.
- Observing processes: observing the VET institution's regular activities and practices and assessing their compliance with the procedures and regulations in place.

Evaluating and communicating the results of the internal audit

In the evaluation phase, all evidence and data collected will be analysed and findings will be compared against the expected outcomes and defined targets. Specific attention should be paid to identifying patterns or trends that may indicate weaknesses or irregularities.

All documentation should be recorded, including interviews' reports, observations, and weaknesses as well as good practices identified. An Internal Audit Report, presenting the findings and underlying the strengths and weaknesses of the audited areas/departments, will be elaborated. It should be fair, evidence-based, clear, and concise but should provide sufficient detail to support the decision-making process. It should go beyond the surface symptoms, by underlying the root causes of the identified non-conformities and problems. Based on this, the Internal Audit Report should provide concrete recommendations to address the identified weaknesses and non-conformities and improve the audited processes. These recommendations will be prioritised based on their importance and urgency, to support the decisions made in addressing the most critical issues first.

The Internal Audit Report will be communicated to the management and the staff in a transparent and clear way and the internal audit team/officer should support them in developing an adequate approach towards improvement.

Following up the internal audit

To follow up, the internal audit team/officer should monitor the implementation of the audit recommendations – corrective actions taken to eliminate the causes of an existing nonconformity, defect, or other undesirable situation in order to prevent recurrence – and track the progress in addressing them.

It is extremely important to customise the internal audit to fit the specific needs and size of the VET institution. The form, timeline, and the extent of internal audit must be adapted to the specificity of the VET organisation. It is essential to ensure a balance between the frequency of internal audits needed to maintain compliance and address risks and the allocation of sufficient time for the implementation of the recommendations and the monitoring of improvement initiatives.

In less experienced organisations, internal audit should be introduced gradually, prioritising the interventions according to their importance, minimising the staff effort, and being outcomes- and improvement-oriented.

3.2.3. Linking internal audit to the EQAVET indicators-based self-assessment of VET institutions

Internal audit complements the self-assessment process, by evaluating deeper specific educational and operational areas/departments/processes of VET, to identify potential problems in early stages and to provide the department coordinators and the management team with recommendations for quick solutions. Therefore, it is proposed for Malta VET providers to connect their internal audits with their EQAVET indicators-based self-assessment process. Here they can follow one of the two options below:

Option 1

As stated before, VET institutions should use a holistic approach in their self-assessment exercise and evaluate also the functional elements connected to the indicators in order to get more reliable and objective evaluation results. For this purpose, at the beginning of the self-assessment process, the institutions need to identify – by using the guiding evaluation questions specified in Table 3 above or the template included in Annex 6 – what dimensions (structures, approaches, processes, procedures, practices, etc.) of the institutional operation are covered by the particular EQAVET indicator.

In case the self-assessment identifies a negative result (e.g., decreasing trend, underachievement of target) for a particular EQAVET indicator relevant for Malta VET providers and the subsequent cause analysis reveals that there is a problem with one of the institutional processes related to that particular indicator, it is recommended that the VET institution perform an internal audit of that process in question.

During this process audit it should be examined and verified:

- how far the process corresponds to the institution's internal regulations,
- whether the process is being implemented as designed, i.e., in compliance with the process descriptions/written procedures,
- how efficiently and effectively the process is managed and controlled,
- how the process interconnects and interacts with other processes of the VET institution,
- how far the process promotes the realisation of the goals/objectives/targets set by the institution.

If there is more than one process affected by the deteriorating indicator result, the institution should primarily focus on the key processes, which are critical to the attainment of the organisation's strategic goals/objectives and to meeting/enhancing partners' (especially learners') satisfaction (see also Annex 16: Structure of processes/MCAST Malta and Annex 17: The VET institutions process model/Hungary).

On the other hand, besides finding the failures and non-conformities and defining opportunities for improvement, the internal process audit also helps identify the positive achievements and the good practices and reinforces the strengths within the educational and operational processes of the VET institution, backed up by outstanding indicator values.

The results of the individual process audits will make it possible to draw conclusions on the functioning of the entire internal quality assurance system of VET providers within the framework of the self-assessment of the institutional operation.

Option 2

In preparation for the institutional self-assessment, the processes associated with the individual EQAVET indicators relevant for Malta VET providers are defined.

It is also known that according to the MFHEA regulations, each provider should monitor, every year as a minimum, the following four indicators: 3, 4, 5 and 8. In line with this requirement, all VET institutions should conduct the internal audit of their processes related to these four mandatory indicators every year.

In the case of the internal audit of the processes belonging to the remaining four indicators (2, 6, 9 and 10), several scenarios can be available and followed:

- Some VET institutions (e.g., the larger and experienced ones) will be able to immediately implement the internal audit of all their processes related to all eight indicators every year.
- VET institutions with limited capacities or new and small ones can gradually implement in full their internal process audit system to examine the processes covered by the remaining four indicators.

For example, the VET institution conducts the internal audit of the processes related to

1. the four minimum indicators + one more in the first year,
2. the four minimum indicators + three more in the second year, and
3. all eight indicators in the third year.

This means that the full cycle of the implementation of the EQAVET indicators-based internal process audit system covering all the processes related to all the eight indicators is three years.

To conduct an effective process(-based) internal audit, which is widely recognised as a best practice auditing methodology, VET institutions should implement the process management approach – i.e., organising the operations of the VET institution into processes and effectively managing these processes – which is fundamental for any quality assurance system to function satisfactorily.

3.3. Collection of feedback from stakeholders

The VET institutions can perform their activities in an effective and efficient way if they put the needs, expectations, and satisfaction of their stakeholders (in the education and training sector often referred to as partners) in the focus of attention. Therefore, collecting feedback from stakeholders is a crucial component of any quality assurance approach. It is essential for VET institutions, in order to adapt their provision to the needs of the learners, the employers and society at large and, eventually, to improve their professional work and performance.

Partnership in focus is considered as a basic value of quality assurance and quality improvement. This approach focuses on the development of an organisational culture where institutions identify their partners and regularly assess their needs and demands, set objectives and targets as well as continuously develop and improve their operations based on the analysis of these demands. By following this logic, institutions incorporate the EQAVET Quality Assurance and Quality Improvement Cycle into their everyday work thus creating a feedback culture.

The stakeholders'/partners' needs and satisfaction survey – where the partners are asked about how well the VET institution is doing – helps VET institutions to identify how they can respond to the demands facing them and balance the present and future needs of different stakeholders with the available resources. The final aim is to improve and achieve the institution's goal of continuous pedagogic and professional development.

Collecting stakeholders' feedback must be:

- Systematic and rigorous.
- Respectful of the stakeholders' rights.
- Conducted in a way that enables protection of privacy and of personal data (observing the GDPR rules).
- Linked to and the results considered in the self-assessment and internal audit processes and, whenever appropriate, embedded in the Self-Assessment Report and the Internal Audit Report, and in the Improvement Plans.

3.3.1. Identification of the VET institution's stakeholders/partners

VET institutions have a wide range of internal and external stakeholders that play an important role in influencing the quality of their provision. They have a direct or indirect contribution in the overall performance of the VET institutions. The key stakeholders in VET institutions include:

Internal stakeholders:

- **Learners:** as they are at the heart of the teaching and training process, they should be at the heart of the self-assessment process. If their feedback is properly collected, learners provide an honest, fair, and valuable insight into their learning experiences, needs, and expectations.
- **Parents:** actively engaging parents in their child's education and personal development can be a powerful determinant to their success and is highly relevant in reducing the risk of early leaving.
- **VET institution staff** (management, teachers, trainers, support staff, other staff): being directly involved in the teaching and training processes, they can provide valuable feedback on the quality of the VET programmes' design and delivery and on the effectiveness of the support services as well as on the operational aspects of the institution.

External stakeholders:

- **Companies, enterprises providing external practical training sites, apprenticeship places, dual training**
- **Employers' and industry representatives:** as direct beneficiaries of the VET graduates, they can provide relevant feedback on the extent to which VET programs address the needs of the labour market.
- **Public bodies and Government Agencies:** being responsible for setting up VET policies and regulations, they have a wider view of the VET landscape and can provide valuable feedback from this perspective.

- **Community organisations:** they can offer feedback on the VET institutions' success in providing an inclusive learning environment and having a social impact.

The institution should put in writing the partners identified and their representatives as well as the frequency of reviewing the stakeholders' database, which contains the following information:

Partner	Way / channel of communication	Frequency of communication	Contact person name, position, contact details	
			Institution	Partner

Table 4: Template on partners' information

The institution may also rank/prioritise their potentially relevant stakeholders based on their role, importance, potential impact on and the closeness of the relationship with the institution, using the template provided for stakeholder analysis in Annex 5.

The following three main stakeholder groups/categories can be identified:

- **Key stakeholders:** those who can significantly influence the quality assurance effort, e.g., national/local authorities, VET institutions, social partners.
- **Primary stakeholders:** those who are directly affected by the quality assurance effort, e.g., learners, teachers and trainers, employers.
- **Secondary stakeholders:** individuals/groups with an interest or intermediary role in the quality assurance process, e.g., society at large (taxpayers, media).

3.3.2. The process of surveying the needs and satisfaction of the VET institution's stakeholders (partners)

The aim of the process is to achieve – by identifying and understanding the needs and demands – a set of shared values and mutual commitment between the VET institution and its stakeholders (partners) for the sake of effective cooperation.

The proposed main steps of the process of conducting stakeholders' surveys are:

1. Review of the identified partners, representatives, and contact details in the stakeholders' database.
2. Definition of the survey/feedback objectives.
3. Definition of the scope of stakeholders – relevant partners, respondents – to be involved in the survey (e.g., learners, parents, employees (teachers and trainers, other staff), dual training institutions, companies employing the graduates).
4. Definition of the areas of the institutional operation to be surveyed. Views can be collected from each partner group about the wide range of aspects related to the institution's activities, e.g., in the field of management/leadership as the management of partnerships, management of human resources,

management of operations; education – teaching – training as curriculum quality, teaching methods, support services, facilities, training delivery, and assessment and evaluation.

5. Definition of the criteria/aspects to be used for the partner needs and satisfaction surveys.
6. Definition/selection and development of the methods and instruments to be used for the partner needs and satisfaction surveys.

In planning the collection of stakeholders' feedback, appropriate methods and instruments should be developed, such as:

- **questionnaire-based surveys:** are the most used tool for collecting feedback; ideally these should be used via online user-friendly platforms, to provide stakeholders with a convenient and accessible way to share their feedback and for ease of distribution, data collection, and analysis. In order to support data collection for both quantitative and qualitative indicators, they should include both structured feedback (rating scales, multiple-choice questions) and open questions. Ensure the survey is user-friendly, concise, and focused on the specific areas of interest of each category of stakeholders.
- **focus groups and interviews:** they complement general surveys, by gathering in-depth insights of selected stakeholders, who can offer valuable details on specific topics.
- **meetings with representatives of national VET bodies:** members of national bodies, especially of those with responsibilities in QA in VET, can give a valuable input on specific topics or initiatives.
- **observations of lessons and workplace training:** allow gathering real-time feedback and facilitate interactions with stakeholders in their workplace environment.
- **complaint and appeal forms:** offer stakeholders (especially learners and staff) the possibility to present their concerns and suggestions. It is essential that they are developed in a way that ensures confidentiality and anonymity.
- **social media and online forums:** complement more formal instruments for collecting stakeholders' feedback and offer the possibility to capture real-time opinions on different aspects of VET provision.

The methods and instruments selected for the collection of partners' feedback must ensure that the results are valid, reliable, and accurate.

VET institutions can use/adapt the instruments for collection of stakeholders' feedback included in Annex 18: Lecturer's Appraisal Form/Future Focus Ltd. Malta, Annex 19: Student Feedback Form/FRANKS Make-up Academy, Malta, Annex 20: Student Survey/NEFERTITI Beauty Academy, Malta, Annex 21: Student satisfaction Survey on teaching and training/Romania, and Annex 22: Employers Survey of VET School Graduate/Romania.

A short description of the most frequently used methods in the process of collecting feedback from the VET institution's stakeholders can be found in Annex 23.

7. Definition of the sample size and the composition of the sample with regard to its representativity; (see also Annex 24).

Total number of students	Students	Parents	Staff
up to 300	100%, but at least 75%	100%, but at least 75%	100%
between 300 and 500	50%, but at least 33%	50%, but at least 33%	100%
above 500	33%, but at least 25%	33%, but at least 25%	75%, but at least 50%
above 1000	10%	10%	50%

Table 5: Proposed representative sample size

8. Definition of the acceptable response rate, i.e., the minimum percentage of the questionnaire replies received/questionnaires returned to ensure the validity of the survey.
9. Setting targets: definition of satisfaction rates to be achieved per area of operation and per partner group.
10. Defining the frequency of the surveys for each partner group (e.g., to be completed yearly by parents, students, and employees and by the companies - external practical training sites every two years.)

It is recommended to align the frequency of the collection of the feedback from stakeholders with the self-assessment cycles and integrate the results in the Self-Assessment Report.

11. Conducting the partners' needs and satisfaction survey.

Partner surveys can be conducted on paper, but the use of electronic questionnaire editing and evaluation software is recommended.

Before starting to implement the feedback instruments, it is important to inform stakeholders on the purpose of collecting feedback and how their feedback will be utilised to drive improvements and enhance the quality of VET provision, to provide guidance/clear instructions in filling out different forms, and to ensure the clarity and relevance of the feedback requests.

12. Data recording and processing, data analysis, and presentation of data.

Data collected should be organised in a systematic manner for easy analysis. Quantitative data should be categorised according to relevant attributes and statistics on frequencies and percentages should be made to identify trends and patterns. Qualitative analysis should focus on identifying common issues or suggestions.

To ease the workload associated with the analysis of a significant load of information, systems for collating information gathered through the consultations and for capturing and evaluating the core messages from feedback should be developed and used.

Stakeholders' feedback should be summarised in short reports, incorporating tables, graphs and charts that offer a concise perspective on trends and patterns.

13. Feeding back the results to stakeholders / partners.

To assure accountability and transparency of the process, it is essential to communicate to all the stakeholders that provided their feedback the outcomes of the survey and how their input was used to support VET institution's continuous improvement. This will lead to their motivation in participation in future surveys.

14. Using the results of the partner surveys.

The feedback process is used as a foundation for continuous improvement efforts. Based on the results, action plans are prepared and implemented. The results of stakeholders' feedback analysis should be used in subsequent self-assessment and internal audit exercises to assess the efficiency and effectiveness of the internal processes, consequently they should clearly be reflected in the Self-assessment Report and the Internal Audit Report and in the Improvement Plans. They can also be used in the performance evaluation of teachers and trainers and organisational decision-making processes.

When designing the mechanism for collecting and using stakeholders' feedback, it is essential to elaborate a written procedure which includes and describes the above process steps and as such ensures that the stakeholders' needs and satisfaction survey will be conducted based on a regulated process (defining who is doing what, when, how, and why) and that the results of these consultations are reflected in the Self-Assessment Report and the Internal Audit Report as well as in the Improvement Plans.

Self-assessment based institutional quality improvement

4.1. Improvement Plan

Self-assessment should not be an end in itself but rather a means of ensuring continuous improvement. An improvement plan builds on the results of the self-assessment, aiming to address weaknesses, enhance the strengths, and implement other necessary changes identified through the self-assessment process.

Development of an improvement plan needs careful consideration, as it is estimated that 70-80% of improvement initiatives fail because of poorly thought-out improvement plans. A good improvement plan is meant to ensure that change really happens and that the envisaged improvement process is monitored and evaluated to check if the intended effects have been achieved.

The improvement plan should specify actions to be undertaken, together with indicators and targets to measure if the intended effects are really achieved, with assigned responsibilities for carrying out the required actions, resources and tools needed to undertake the planned actions, and clear deadlines by which the actions are completed. (See Annex 25 for the Improvement plan template). Appropriate arrangements should be in place for monitoring the implementation of agreed actions, for measuring and evaluating outcomes, and judging the effectiveness of the self-assessment and improvement planning process.

After approval by management of the VET institution, the improvement plan should be communicated to the key stakeholders, to foster transparency and accountability.

4.2. Setting up the Improvement Areas

Improvement plans must be manageable in terms of their scope. It is expected that, especially in the initial stages of applying the QA cycle, self-assessment will generate many potential areas for improvement and attempts to address every area may prove unrealistic. Priorities should therefore be set, and those areas for improvement first selected that:

- have a direct impact on learners' learning experience and achievements,
- consolidate strengths and address weaknesses within a reasonable timeframe,
- reflect national and/or local priorities.

The proposed average number of improvements to be launched is 3 – 6.

4.3. Defining objectives and targets for Improvement

Based on the identified improvement areas, VET institutions should set specific objectives for improvement with clearly defined targets, together with measures for judging whether the agreed actions have been successful. Similar to the other institutional goals/objectives, the improvement objectives and targets should also be SMART, meaning that they should be clearly defined, capable of being measured, achievable and results-oriented, and time-bound with associated deadlines. (See also chapter 2.2.2. above.) It is a good practice for VET institutions to carry out benchmarking activities when setting their targets.

4.4. Specifying actions for achieving Improvements

Improvement plans must specify all the activities and tasks necessary to achieve the proposed targets for improvement. Activities should be defined at a level of detail necessary for the effective implementation of the plan and should be ordered into a logical sequence with realistic deadlines.

The activities defined in the improvement action plans should be properly costed and resourced, by estimating the number of staffing days and other resources required for each task. The total cost for the whole action plan should finally be identified and a budget made available at the VET institution level.

Responsibilities for carrying out the proposed actions also need to be clearly defined in the improvement plan. The person with overall responsibility should be identified and other team members appointed to carry forward the proposed changes. Their roles should be defined. It is important to ensure that everyone understands their roles and responsibilities in implementing the improvement strategies. Responsibilities for monitoring the plan and evaluating outcomes must also be clearly defined. Appropriate training and development should be given to ensure that staff have the required knowledge and skills to carry out this work.

4.5. Monitoring and evaluating Improvements

VET institutions will need to set specific timescales for completion of each activity or task, and milestones should be set for assessing progress to ensure that the improvement plan stays on track.



The implementation of the improvement plan needs to be carefully monitored by checking that staff are fully involved in the process, that actions taken conform to the plan, and that relevant actions are taken to update or modify the plan, if needed. Amendments to the improvement plan need to be approved by the VET institutions' management team and properly recorded.

Following the implementation of the improvement action(s), it is necessary to evaluate – usually in the course of the subsequent self-assessment exercise – the effectiveness of the improvements implemented, i.e., whether they have achieved the improvement objectives/targets originally set. This is a very important step, but usually missing from the QA practice of VET institutions.

In evaluating the outcomes of improvement initiatives VET institutions must consider:

- the results achieved,
- how far the results meet the targets set,
- unintended outcomes (positive or negative),
- evidence of year-on-year improvements in performance,
- measures for rewarding improvements in performance,
- opportunities for sharing findings, experiences, and best practice.

If the job was done well, the areas for improvement will become strengths during the next self-assessment.

It is important to share successes, challenges, and lessons learnt while monitoring improvements and to celebrate achievements and recognise the contributions of individuals and teams involved in the improvement efforts.

Abbreviations list

EQAVET	European Quality Assurance Reference Framework for Vocational Education and Training
ESG	European Standards and Guidelines
EU	European Union
GDPR	General Data Protection Regulation
IIA	Institute of Internal Auditors
LOs	Learning outcomes
MCAST	Malta College of Arts, Science and Technology
MFHEA	Malta Further and Higher Education Authority
NQAF	National Quality Assurance Framework
NRP	National Reference Point
QA	Quality Assurance
QAS	Quality Assurance System
QMS	Quality Management System
VET	Vocational Education and Training

List of tables

1. The reference set of EQAVET indicators
2. The set of quality assurance indicators relevant for Malta VET institutions
3. Possible dimensions of the VET institution's operation covered by the EQAVET indicators relevant for Malta
4. Template on partners' information
5. Proposed representative sample size

List of figures

1. The EQAVET Quality Assurance and Quality Improvement Cycle
2. The main steps related to the process of strategic planning
3. Example of allocation of the selected EQAVET indicators relevant for Malta to the phases of the EQAVET QA cycle
4. Allocation of the EQAVET indicative descriptors-based self-assessment criteria to the phases of the EQAVET QA cycle

ANNEXES

Annex 1: Creating a mission statement

Why would you use this tool?

- To develop a mission statement that expresses why the institution/organisation exists.
- To reinforce an institution's/organisation's sense of purpose.

When would you use this tool?

- When defining the long-term strategy of the institution/organisation.
- Every year, when strategy is under review.

How to use this tool?

Steps for creating a mission statement:

1. Decide who to involve in creating the mission statement.
2. Brainstorm what the institution/organisation is doing using action verbs.
3. Define 2 to 3 competences that are critical to your long-term success.
4. Define your stakeholders (partners, customers).
5. Define where you operate geographically.

6. Build a sentence that combines points 2, 3, 4 and 5.
7. The sentence should be forward looking and credible.
8. Test reactions within the institution/organisation. This provides a reality test.
9. Communicate the mission.
10. Be explicit about how people in the institution/organisation can contribute to the mission.

How to make best use of the tool (tips and traps)?

- Time needed to use this tool depends very much on the complexity of the situation and the strategic changes the institution/organisation is going through.
- Keep the final formulation simple even though it does not embrace the whole complexity of the current situation.

What could be done next?

- Test the outcome with key stakeholders.
- Prepare an extensive communication plan for the mission.
- Ask your employees how they would express the mission to a new employee. (Ignore whether they use the exact words but listen for their understanding of the essential sense).

Annex 2: Creating a vision statement

Why would you use this tool?

- To develop a vision statement that expresses the ambition and intent of the institution/organisation.
- To give a clear direction to the institution/organisation.

When would you use this tool?

- When defining the long-term strategy of the institution/organisation.
- Every year, when strategy is under review.

How to use this tool?

Steps for creating a vision statement:

1. Identify all the stakeholders of the institution/organisation. These should include, at least, the learners, the employees (teachers and trainers and the other staff), the governing bodies, and the overall community. It is possible to identify more stakeholders – keep the ones that are critical to the future of your institution/organisation.
2. Define a time horizon. Do you want to describe your vision for the next, 5, 7 or 10 years? A 5-year vision is usually a minimum.
3. Brainstorm the vision specific to each of the stakeholders. Ask the question: In X years (the time horizon), how would the (stakeholder) like to see my institution/organisation?
4. Develop the sentence that will be your vision statement for each stakeholder.
5. Ensure that the vision statement as a whole is consistent.

How to make best use of the tool (tips and traps)?

- Time needed to use this tool depends very much on the complexity of the situation and the strategic changes the institution/organisation is going through.
- Keep the final formulation simple even though it does not embrace the whole complexity of the future situation.

What could be done next?

- Test the outcome with key stakeholders.
- Prepare a plan to communicate the vision widely.

Annex 3: Quality criteria for setting the VET institution's goals and objectives

SMART criteria

- **Specific** means: Well defined, clear, and unambiguous.

In order for a goal/objective to be effective, it needs to be specific. A specific goal/objective answers questions like:

- What needs to be accomplished?
- Who is/are responsible for it?
- What steps need to be taken to achieve it?

- **Measurable** means: Specific success criteria – e.g., measurable targets or key performance indicators – are defined that measure the progress toward the accomplishment of the goal/objective.

Quantifying your goals and objectives makes it easier to track progress and know when they are reached.

To strategic goals, there are usually impact indicators assigned, and to the organisational and quality objectives, input, output, and outcome indicators.

- **Achievable** means: Attainable and not impossible to achieve.

Your institution's goals and objectives can be reasonably accomplished by your staff.

A goal/objective is good if its achievement essentially depends on the institution.

- **Realistic** means: Within reach, realistic, and relevant.

Has realistic content and takes into account the resources available in the institution.

- **Time-bound** means: With a clearly defined timeline, including a starting date and a target date.

The time-related parameters built in the goals/objectives make the deadline for completion clear for everybody.

Other quality characteristics of a well-defined goal/objective

Furthermore, a good goal and objective

- **is non-contradictory** – Is consistent with higher level goals/objectives, is aligned with the institution's goals/objectives, and does not conflict with other goals/objectives.
- **is clear and linguistically formulated** – Everyone involved in achieving the goal/objective is clear on and understands what they are supposed to do and understands the content of the goal/objective.
- **fits into the organisational culture** – Takes into account the internal environment of the institution and the internal capabilities of the organisation.
- **is substantial and effective** – Truly moves the organisation forward, has an impact on the institution, its staff, and stakeholders (partners).
- **is motivating** – Has a positive effect on staff by encouraging actions and promoting their commitment to the institution.

Annex 4: Learners' appeal procedure / Romania

Purpose

The purpose of this procedure is to define the means by which learners can appeal against assessment outcomes.

Scope

This procedure applies to all staff and learners participating in any VET programme leading to a vocational qualification offered by the VET institution.

Responsibilities

The Lead Internal Verifier¹ (Lead IV) is responsible for ensuring that all appeals are pursued to a satisfactory outcome.

Note

The contents of this procedure are also included on the appeals form. A copy of the form is supplied to each learner in the induction process and its function explained.

Procedure

1. Appeals may arise from judgements made by an assessor as to the competence of a learner working towards a vocational qualification. If a learner is dissatisfied with an assessment outcome s/he has the right of appeal.

The main reasons for an appeal are likely to be:

- The learner does not understand why s/he is not yet competent, due to lack of or unclear feedback from the assessor.
 - The learner believes s/he is competent, and that the assessor has missed, misjudged, or misinterpreted some vital evidence.
2. Where an assessment decision has been made for any part of a unit of competence, and the learner does not concur with that decision, then the learner should write a **formal letter of appeal**. This letter must clearly indicate:
 - the points of disagreement and reasons
 - copies of the evidence in the portfolio and copies of the requirements which the learner believes are met by the evidence.
 3. It is important that the details of the qualification, units/elements, and any supporting evidence are included. Learners are advised to keep their own copies of all the documents submitted for the appeal.
 4. There are 3 stages in the appeals procedure and each stage must be exhausted before proceeding to the next one. All learners who register an appeal will receive a formal reply.

Stage 1

The learner shall forward a letter of appeal directly to the assessor who has carried out the assessment, keeping a copy for their records.

¹ An internal verifier is responsible for monitoring the activities of assessors within the VET institution.

The assessor shall raise an 'appeals form', complete the stage 1 section, including the decision taken, and sign it accordingly.

Within 10 working days of receipt of the formal letter of appeal, the assessor will advise the learner of the decision in writing and forward a copy of the appeals form to the appropriate IV.

Stage 2

If the learner is not satisfied with the decision made in stage 1, s/he can next appeal to the Internal Verifier in writing, forwarding all documentation used in stage 1.

The IV shall acknowledge receipt of the appeal and, referring to the appeals form, investigate to establish facts and evidence supporting the appeal.

The IV shall complete the stage 2 section of the appeals form, forwarding a copy to the assessor and respond to the learner within 10 working days.

Where an appeal is considered justified, the IV will ensure that the assessment records are amended accordingly and, where necessary, take remedial action to avoid repetition of such an appeal.

Stage 3

Learners who have exhausted stage 1 and stage 2 and are still not satisfied with the decision may proceed to stage 3. This appeal must be in writing to the Awarding Body and must be accompanied by copies of all the documentation used in stage 1 and stage 2.

The Awarding Body may charge an administration fee for dealing with an appeal.

The IV shall ensure that the appeals form and all supporting documents are made available to the Awarding Body upon request.

The Awarding Body, which either rejects or upholds the appeal, will consider the application. Dependent on Awarding Body procedures, some appeals may go through further stages established by the Awarding Body. The decision of the Awarding Body will be final.

5. All appeals and their outcomes shall be reported to the management team by the IV.
6. All learners should be aware of the existence of the appeals procedure and what action they need to take to make use of it.
7. All appeal forms shall be retained for audit purposes.

Annex 5: Template for stakeholder analysis for VET institutions

It identifies and ranks/prioritises the stakeholders, which may be relevant to you.

Please fill out the table with the potentially relevant stakeholders to your institution and complete columns 3-8 in accordance with the examples provided in rows 1-3.

STAKEHOLDER TYPE	STAKEHOLDER	Stake in the VET provision	Potential impact on VET provision (high, medium, low)	What does the VET institution expect from the stakeholder?	Perceived attitudes and/or risks	Stakeholder management strategy	Responsibility in the VET provision
Key stakeholder	National authority	Policy & process owner who determines institutional policy and procedures	High	Commitment to implementing change	Lack of clarity about approach	Regular updating meetings with representatives of national authority	Policy maker
Key stakeholder	Employers	Avoid mismatch between labour market needs and VET delivery	High	Input on what skills employers seek and the levels of skills they expect	Risk of seeking narrowly tailored programmes	Close coordination to develop strong institutional links and work in partnership	Stake in employability skills development of learners/trainees
Secondary stakeholder	Employment services	Brokerage functions: matching jobs and job seekers	Medium	Assistance in Identifying labour market needs	Positive link between services and (local) labour market	Regular exchange of information on available jobs	Mediating role between demand and supply
Other/s	Other/s						

Source: Booklet “The European Quality Assurance Reference Framework for VET – Training material for national reference points”, EQAVET Secretariat, 2012

Annex 6: Template for identifying the institutional dimensions that need to be examined when conducting the EQAVET indicators-based self-assessment

The template supports the identification of the institutional dimensions (structures, processes, procedures, practices, etc.) that need to be examined when conducting the EQAVET indicators-based self-assessment.

	Quality Indicator	Status of implementation of the indicator Full/ partial/no presence	What dimension(s) of the institutional operation and the VET provision does the indicator cover?	Sources of evidence present
2 Investment in training of teachers and trainers				
2a	Share of teachers and trainers participating in further training.			
2b	Amount of funds invested, including for digital skills.			
3 Participation rate in VET programmes				
3a	Number of participants in VET programmes ² , according to the type of programme and the individual criteria ³ .			
4 Completion rate in VET programmes				
4a	Number of persons having successfully completed/abandoned VET programmes, according to the type of programme and the individual criteria.			
5 Placement rate in VET programmes				
5a	Destination of VET learners at a designated point in time after completion of training, according to the type of programme and the individual criteria ⁴ .			
5b	Share of employed learners at a designated point in time after completion of training, according to the type of programme and the individual criteria.			

2 For IVET: a period of 6 weeks of training is needed before a learner is counted as a participant.

3 Besides basic information on gender and age, other social criteria might be applied, e.g., early school leavers, highest educational achievement, migrants, persons with disabilities, length of unemployment.

4 For IVET: including information on the destination of learners who have dropped out.

	Quality Indicator	Status of implementation of the indicator Full/ partial/ no presence	What dimension(s) of the institutional operation and the VET provision does the indicator cover?	Sources of evidence present
6	Utilisation of acquired skills at the workplace			
6a	Information on occupation obtained by individuals after completion of training, according to type of training and individual criteria.			
6b	Satisfaction rate of individuals and employers with acquired skills/ competences.			
8	Prevalence of vulnerable groups			
8a	Percentage of participants in VET classified as disadvantaged groups (in a defined region or catchment area) according to age and gender.			
8b	Success rate of disadvantaged groups according to age and gender.			
9	Mechanisms to identify training needs in the labour market			
9a	Information on mechanisms set up to identify changing demands at different levels.			
9b	Evidence of the use of such mechanisms and their effectiveness.			
10	Schemes used to promote better access to VET and provide guidance to (potential) VET learners			
10a	Information on existing schemes at different levels.			
10b	Evidence of their effectiveness.			

Annex 7: Collecting and using data

PROCESS	QUESTIONS YOU NEED TO ASK	CHECK
1. DATA GATHERING	Where will the data be collected from?	✓
	How will the data be collected?	
	At what point in time will data collection begin?	
	How often will the data be collected?	
	What will be the cost of collecting the data?	
	Who will collect the data?	
2. DATA STORAGE	What type of data storage system will we use?	
	How will we set it up?	
	What possible IT solutions are available?	
	How best can we meet stakeholder needs and benefit learners/trainees?	
	Will the system contain data that span many years, or will it only contain recent data?	
	Will the system help stakeholders maximize the usefulness of the information?	
3. DATA ANALYSIS	What type of data analysis will be used?	
	Who will analyse the collected data?	
	How will actual data be compared with past performance data and the relevant benchmarks?	
4. DATA USE	Who will report the information?	
	To whom will the information be reported?	
	Who will use the information?	

The template supports the process of collecting, analysis, use, and storage of data, to ensure that they are of high quality.

Source: Booklet “The European Quality Assurance Reference Framework for VET – Training material for national reference points”, EQAVET Secretariat, 2012

Annex 8: Collecting data on the selected EQAVET indicators

EQAVET INDICATORS	Where will the data be collected from?	How will the data be collected?	Starting point and frequency of data collection?	What will be the cost of collecting the data?	Who will collect the data?	What type of data analysis will be used?	Who will analyze the data?	Who will report the information and to whom?	Who will use the information?
Indicator 2									
Indicator 3									
Indicator 4									
Indicator 5									
Indicator 6									
Indicator 8									
Indicator 9									
Indicator 10									

Source: Booklet “The European Quality Assurance Reference Framework for VET – Training material for national reference points”, EQAVET Secretariat 2012

Annex 9: Data collection sheet for Enablers

Collecting data on enablers means that all the answers that might be given to the **“What and how does the organisation?”** type of questions in relation to the particular indicator should be considered.

In order to find the answers to these questions, the institution should take a thorough look at the whole range of its activities and all the stakeholders considered to be relevant.

Number and name of the indicator							
Name and description of the approaches, methods applied in the process of implementation of the above indicator	Why is this particular approach applied?	Since when has this approach been applied? What is the frequency of use?	Who apply this approach and where (in which areas)?	Example of the application of the approach	Was the relevance of the approach evaluated? When?	Example of using the results of the evaluation (e.g., for improvement)	Are the data information sufficient? Where to go for more information?

Annex 10: Linking the related processes, indicators, and partner measurements with the institutional self-assessment criteria/ Hungary

EXAMPLE PLANNING

Self-assessment area	Self-assessment criterion (EQAVET indicative descriptor)	Possible related institutional processes	Related EQAVET indicators relevant for Malta	Related partner measurements
PLANNING <i>Planning</i> reflects a strategic vision shared by the relevant stake-holders and includes explicit goals / objectives, actions and indicators	P1 European, national and regional VET policy goals/ objectives are reflected in the local targets set by the VET providers	Strategic planning Planning of a specific school year	3 Participation rate in VET programmes 4 Completion rate in VET programmes 5 Placement rate in VET programmes 6 Utilisation of acquired skills at the workplace 9 Mechanism to identify training needs in the labour market	teachers/ trainers dual training providers business organisations employing graduates
	P2 Explicit goals/ objectives and targets are set and monitored, and programmes are designed to meet them	Planning of a specific school year Institutional self-assessment Planning of vocational education and training Development of the methodological culture and toolbox Providing economic resources, procurement activity	2 Investment in the training of teachers and trainers 3 Participation rate in VET programmes 8 Prevalence of vulnerable groups	parents students teachers/ trainers dual training providers
	P3 Ongoing consultation with social partners and all other relevant stakeholders takes place to identify specific local/individual needs	Strategic planning Identification of partners, measurement of the partners' needs and satisfaction Communication with the partners Planning of vocational education and training Career guidance, enrolment, admission of students	3 Participation rate in VET programmes 5 Placement rate in VET programmes 6 Utilisation of acquired skills at the workplace 8 Prevalence of vulnerable groups 9 Mechanism to identify training needs in the labour market 10 Schemes used to promote better access to VET and provide guidance to (potential) VET learners	parents students teachers/ trainers dual training providers business organisations employing graduates

	P4 Responsibilities in quality management and development have been explicitly allocated	Human resources management Institutional self-assessment Management control Identification of partners, measurement of the partners' needs and satisfaction	3 Participation rate in VET programmes 5 Placement rate in VET programmes 6 Utilisation of acquired skills at the workplace	teachers/trainers dual training providers
	P5 There is an early involvement of staff in planning, including with regard to quality development	Strategic planning Planning of a specific school year Human resources management Management control Communication with the partners Planning of vocational education and training	2 Investment in the training of teachers and trainers 6 Utilisation of acquired skills at the workplace	t e a c h e r s / trainers dual training providers
	P6 Providers plan cooperative initiatives with relevant stakeholders.	Strategic planning Planning of a specific school year Identification of partners, measurement of the partners' needs and satisfaction Communication with the partners Planning of vocational education and training Career guidance, enrolment, admission of students	3 Participation rate in VET programmes 4 Completion rate in VET programmes 5 Placement rate in VET programmes 6 Utilisation of acquired skills at the workplace 10 Schemes used to promote better access to VET and provide guidance to (potential) VET learners	students parents teachers/trainers dual training providers business organisations employing graduates
	P7 The relevant stakeholders participate in the process of analysing local needs	Strategic planning Identification of partners, measurement of the partners' needs and satisfaction Communication with the partners Planning of vocational education and training Career guidance, enrolment, admission of students	8 Prevalence of vulnerable groups 9 Mechanism to identify training needs in the labour market 10 Schemes used to promote better access to VET and provide guidance to (potential) VET learners	teachers/trainers dual training providers business organisations employing graduates

	P8 VET providers have an explicit and transparent quality assurance system in place	Human resources management (recruitment, selection and on-the-job training of new staff, operation of the in-service training system) Institutional self-assessment Management control Identification of partners, measurement of the partners' needs and satisfaction Providing economic resources, procurement activity Complaint handling	all indicators 2 Investment in the training of teachers and trainers 3 Participation rate in VET programmes 4 Completion rate in VET programmes 5 Placement rate in VET programmes 6 Utilisation of acquired skills at the workplace 8 Prevalence of vulnerable groups 9 Mechanism to identify training needs in the labour market 10 Schemes used to promote better access to VET and provide guidance to (potential) VET learners	parents students t e a c h e r s / trainers dual training providers business organisations employing graduates
	P9 Measures are designed to ensure compliance with data protection rules	Ensuring legal requirements Measurement of the partners' needs and satisfaction Information flow Management of the institution's administrative tasks Complaint handling	2 Investment in the training of teachers and trainers 3 Participation rate in VET programmes 4 Completion rate in VET programmes 5 Placement rate in VET programmes 6 Utilisation of acquired skills at the workplace	teachers/ trainers dual training pro-viders business organi-sations employing graduates

Annex 11: Self-Assessment Report template

Self-Assessment Report

Period of validity:

1. Contact information

Name of the institution:	
Address:	
Telephone:	
E-mail:	
Website:	
Responsible person:	

2. Description of the VET institution

This section includes

- a brief description of the kind of VET provision offered
- including cooperation with other institutions / organisations, enterprises in practical training (if applicable) and
- a short description of the environment (social and economic situation, competition, challenges) in which the institution operates,
- the mission statement of the institution,
- the main strategic goals and quality objectives of the institution.

2.1 Description of VET provision

Max. 1 – 2 pages

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2.2 Mission statement

Max. 0,5 page

2.3 Main strategic goals and quality objectives of the institution

Max. 0,5 – 1 page

3. Quality assurance / quality management

In this section, please give an overview of the quality assurance policy/-ies in your institution.

If you have a quality management system in place, please briefly explain how it works (scope, structures, responsibilities, activities, etc.).

Also give an overview of the indicators you collect.

3.1 Quality assurance policy

Max. 0,5 – 1 page

3.2 Quality assurance / quality management system

Max. 1 – 2 pages

4. EQAVET indicators-based self-assessment

4.1. Assessment of the indicator*

Please assess each indicator separately.

Name of the indicator:	
Data used:	
Results:	

4.2 Assessment of the operational area(s) connected to the indicator*

Please define, describe, and assess each operational area, element connected to the indicator.

Name of the indicator:	
Operational area(s), element(s) covered by the indicator:	
Description of the institutional operational practice in the operational area(s) connected to the indicator (continuous text, max. 1 – 1,5 pages):	

4.3. Evaluation*

Here the main results of the self-assessment should be reported.

For each indicator, strengths and areas for improvement should be identified.

Sources of evidence should also be recorded briefly.

Name of the indicator:	
Strengths	Sources of evidence, explanation
1.	
2.	
3.	
4.	
5.	
...	
...	

Name of the indicator:	
Areas for improvement	Sources of evidence, explanation
1.	
2.	
3.	
4.	
5.	
...	
....	

4.4. Conclusions and follow-up

Comments, remarks, first thoughts about the possible improvement measures, etc.	
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*Copy for each indicator

4. Reflective statement on the self-assessment procedure / process

The reflective statement could deal with the following issues: What went well? What did not? What lessons were learnt? What were surprising and/or unintended outcomes and experiences? How can the self-assessment procedure be improved?

Max. 1 page

Annex 12: Strength and area for improvement in the self-assessment process

ENABLERS

In the case of the enablers (i.e., processes, procedures, approaches, methods, practices used) it can be considered as **strength** if in the operation of the institution it follows systematically the steps of the EQAVET Quality Cycle meaning that:

- in the examined area of the operation, the institution established an operation that is based on the goals/objectives of the institution and the expectations of all the internal and external stakeholders (partners); (P)
- in the examined area, the institution identified clear rules, and the elements of completing the given activity were properly identified (who should do what and how?); (P)
- the established rules were recorded in writing to the extent necessary for successful implementation at all appropriate levels in the organisation; (I)
- in the every-day operation of the institution, the given activity is performed according to the regulations and internal rules; (I)
- the good operational practice(s) established in the area in question is (are) applied in all relevant areas of the institution; (I)
- the institution assesses, evaluates (C) and reviews (R) the approaches, methods, processes, practices applied in the examined area, in the light of the results achieved and the lessons learnt. Based on this assessment, the institution defines, prioritises, plans, and implements improvement actions and sets new aims.

RESULTS

In the case of the results, **strengths** can be identified if the results of the institution:

- show a trend/tendency that improves over time,

The self-assessment should contain the data of several years to enable a well-founded, valid evaluation. To identify a trend/tendency in the development of data, at least three years' data are required.

- show close relation with the operation of the institution and the institutional goals/objectives,
- show the achievement of the preliminarily defined goals/objectives/targets set by the institution,
- are better in comparison to another (similar) institution or institutions,

The results achieved by the institution can be evaluated in comparison with the performance of others (benchmarking).

- are better than the regional and/or national average.

All the evaluation statements that are the direct opposite to these above can be regarded as **area(s) for improvement**.

Furthermore, **areas for improvement** include the area(s) of the institutional operation which is (are) not deliberately managed by the institution presently. It is also an area for improvement where the institution has no facts for the evaluation of a given activity, i.e., it is not able to support the success of the examined area, or it does not measure some of the indicators.

The institutions have to explain and back up by evidence why they consider the given practice or the given indicator as a strength of the institution or as an area for improvement.

Annex 13: Improvement workshop

1. The **primary objective** of the Improvement workshop is to **select and design on a conceptual basis the improvement actions** the organisation will launch for the purpose of its self-development/improvement. The workshop has the objective to make known the results/findings of the self-assessment for and to get them approved by the management as well as to prioritise the improvement opportunities.
2. The **participants** of the workshop are the members of the senior management of the organisation and the appointed members of the self-assessment team, and possibly the employee(s) who has (have) deeper knowledge of the self-assessment methodology. Regarding the participants, it should be emphasised that **the workshop cannot be held and is not feasible without the participation of the senior management**.
3. The **inputs** to the workshop are the results, findings, and documents of the analysis of the processed data, the Strengths and Areas for Improvement collected and identified by the self-assessment team for each indicator, and the related operational areas under scrutiny.
4. The **time requirement** of the workshop greatly depends on the size of the organisation and on the complexity of its activity, the quality of data collection and data processing by the self-assessment team as well as on the fact to what extent the management took an active part in the preparation and implementation of the self-assessment process.
5. The primary **outputs** of the workshop are the approved or modified findings/statements of self-assessment and the **agreed improvement actions** the organisation wishes to launch on the basis of the results of self-assessment.

In the table below an example for the structure of such an improvement workshop can be found.

Agenda	Objective	Duration	Responsible person
1. Introduction of the aim and the program of the workshop	Introduction, definition of the framework conditions	10 min.	Leader of the organisation
2. Overview of self-assessment - Overview of the self-assessment process - Overview of the results of data analysis - Finalising the strengths and areas for improvement identified	Overview of the work completed and results of this work, their approval by the management	30 min.	Leader of the self-assessment team, Designated member of the self-assessment team
3. Ranking/prioritising improvements - Understanding and approval of the criteria for ranking/prioritising improvements - Prioritising the approved areas for improvement - Selection of the improvements to be implemented	Selection of the improvements to be implemented	120 min.	Leader of the self-assessment team
4. Definition of improvement projects - Elaboration of the concept of the Improvement actions	Elaboration of the concepts of the Improvement actions	60 min.	Leader of the organisation
5. Summary: - Summarising the learning points of the self-assessment process - Summarising the learning points of the day - Agreeing the further tasks	Summarising the learning points, agreeing the further tasks	20 min.	Leader of the self-assessment team
	Total time:	240 min.	(breaks are not included)

Annex 14: The ranking methodology

During the Improvement workshop, different considerations can be used for ranking the areas for improvement which, taken as a whole, can be divided into two groups such as:

...**IMPORTANCE** from the point of view of the organisation's present and future,

and

... **FEASIBILITY** with the observation of the external and internal conditions.

The participants of the workshop have to agree on the exact criteria of ranking, and they have to apply them consistently throughout the Improvement workshop.

Ranking on the basis of Importance and Feasibility

There are many possible ways of assessing importance and feasibility and of using these criteria in ranking the areas for improvement. In the following, one possible method is presented, which is recommended for use in the self-assessment process.

Three criteria are worth being taken into consideration in relation to IMPORTANCE:

Objectives of the organisation – Here the impact of the improvement on the objectives of the organisation should be assessed. The higher level and more important the objectives that require improvement are, the more important the improvement can be considered for the sake of the development/improvement of the organisation.

Impact on the performance of the organisation – Here the impact of the given improvement on the performance of the organisation should be assessed. This can be determined mainly with full knowledge of the basic/main/core processes of the organisation.

Involvement of the members of the organisation – Here the extent of perception must be estimated, i.e., how much the result of the improvement will be obvious for the members of the organisation and what stakeholders/partners will be impacted on (e.g., partners of key importance, staff, other partners, stakeholders), and to what extent can the positive effect of the improvement be perceived by the partners in their own fields.

Each area for improvement must be assessed on the basis of the abovementioned three criteria, and then the scores allocated to each of these criteria must be added together. The assessment itself specifies three levels on the basis of the importance of the area for improvement: low importance (score 1), average (medium) importance (score 3), high importance (score 5). The scores aggregated this way will show the importance of each area for improvement considering all three criteria. (The following table helps such ranking.)

Areas for improvement Here the areas for improvement identified in the course of self-assessment and approved by the management should be listed.	Assessment of Importance (Here the importance of the particular area for improvement should be assessed against all the three criteria.)			Priority index (can be calculated by aggregating the individual scores)	Remark
	Objectives of the organisation	Impact on the performance of the organisation	Involvement of the members of the organisation		
	1 – low importance 3 – average (medium) importance 5 – high importance				

The higher the score an area for improvement has, the more important it is to implement it. With this process, the first 10 – 15 areas for improvement of outstanding importance can be selected from among all the areas for improvement identified in the course of self-assessment.

In the next step/phase, the 10 – 15 selected areas must be investigated further by the organisation with the aim of being able to identify the improvements, the launch of which will decisively contribute to the development/improvement of the organisation. This will be followed by the investigation of the selected 10 – 15 areas on the basis of their importance, from the point of view of their feasibility. When assessing FEASIBILITY, again three criteria are worth considering:

Scope of implementation – Here it is to be assessed to what extent the improvement can be implemented in the organisation's own scope of authority, and how much centrally provided support is required for implementation. The more the improvement is feasible in the organisation's own scope of authority, the higher the respective score will be.

Resources required for implementation – Here the resources required for the implementation of the given improvement must be assessed. In this case the low demand for resources will bring a higher score.

Predictable timeframe of perception for the expected result – Here the timeframe for achieving the expected results of the improvement has to be investigated and assessed. The faster the results of the improvement can be seen and perceived, the higher score regarding feasibility should be given.

Assessment is to be carried out in a similar system used in the case of Importance, i.e., by using the same scale of three items (low – medium – high) shown there. The following table can be used for the assessment of the Feasibility:

Areas for improvement Here the areas for improvement selected on the basis of their importance should be listed.	Assessment of Feasibility (Here the feasibility of the particular area for improvement should be assessed against all the three criteria.)			Priority index (can be calculated by adding the individual scores regarding feasibility)	Remark
	Scope of implementation	Resources required for implementation	Predictable timeframe of perception of the expected result		
	1 – difficult to implement (low) 3 – average (medium) difficulty to implement 5 – easy to implement (high)				

Also in this case, the higher the score the area for improvement has, the easier and faster the improvement can be carried out. In general, primarily the improvements which are important for the organisation and easy to implement, have to be launched.

At the same time, it is very important to point out that this ranking is merely a tool supporting the decision-making of the management. In all cases, in order to improve the organisation, it is the task and the responsibility of the management to define which improvements to launch after the preliminary preparations for decision-making. This is why the personal participation of the senior management of the organisation is so important in the Improvement workshop, as the selection of the improvements to be implemented and drawing up the concept of the improvement projects will take place here.

When selecting the improvements, it is worth considering the number of improvement actions to be launched by the organisation. As a common principle, at least three improvements are recommended to be launched in order to see the return of the efforts invested in the self-assessment in the form of the results of improvements. To determine the maximum number of improvements to be launched, the resources available at the organisation must be considered. Make sure not to launch more improvements than the organisation is capable of accomplishing beside its every day/ normal duties/operation. (The proposed average number of improvements to be launched is 3 – 6.)

Annex 15: Internal audit tools / MCAST, Malta

Internal Audits – Planning



CENTRE FOR MARITIME STUDIES INTERNAL AUDIT SCHEDULE 2022																
Process Area		CMS Procedures	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
1	4 & 5. Management Leadership, Commitment and Planning	Docs 3, 4, 10, 11, 12	A	V		A	V				A	V			A	V
2&7	8. Support to the Quality Management System 11. Measurement, Analysis and improvement	Docs 3, 4, 10, 11, 12, 14, 15, 17, 146, 159	A	V			A	V			A	V			A	V
3&6	7. Documented Information 10. Learning Materials and Equipment	Docs 3, 4, 10, 63, 64, 66, 68, 70, 147, 165	V		A				A	V			A		V	A
4&5	8. Development of Academic Courses and Programmes 9. Realisation of Educational Services	Docs 3, 4, 10, 63, 64, 66, 70, 71, 72, 146, 149, 150, 158, 185, 186, 187, 194	V		A				A	V			A		V	A

LEGEND

A: Audit

V: Verification

Audit Checklist

Audit Rep No.	Standards Ref	QAM Ref	Audit item	Compliance	Remarks
AR/CMS/ No.	TM-MSD SND/TM/MSD/ SCU/004-S3 Merchant Shipping (Training and Certification) Regulations, 2013 (Legal Notice 153 of 2013) STCW Convention SAI/6 para 2 BV Standard - Process Area 7	5.3.1	Organisation has records of Qualified Lecturers and Practical Assessors		
AR/CMS/ No.	TM-MSD SND/TM/MSD/ SCU/004-S4 Table A Merchant Shipping (Training and Certification) Regulations, 2013 (Legal Notice 153 of 2013) STCW Convention SAI/6 para 2 BV Standard - Process Area 7	5.3.1	Records reflect experience, qualification, training history and in- service training of all members of staff Check • Is this in line with TM- MSD requirements?		
AR/CMS/ No.	TM-MSD SND/TM/MSD/ SCU/004-S3&4 Merchant Shipping (Training and Certification) Regulations, 2013 (Legal Notice 153 of 2013) STCW Convention SAI/6 para 2 BV Standard - Process Area 7	5.3.1	Records are complete for every active member of staff		
AR/CMS/ No.	TM-MSD SND/TM/MSD/ SCU/004-S3 BV Standard - Process Area 7	5.3.1	Access to records is allowed to authorized personnel only		

Complied by Internal Auditor Name, Designation, Dept

Signature: _____

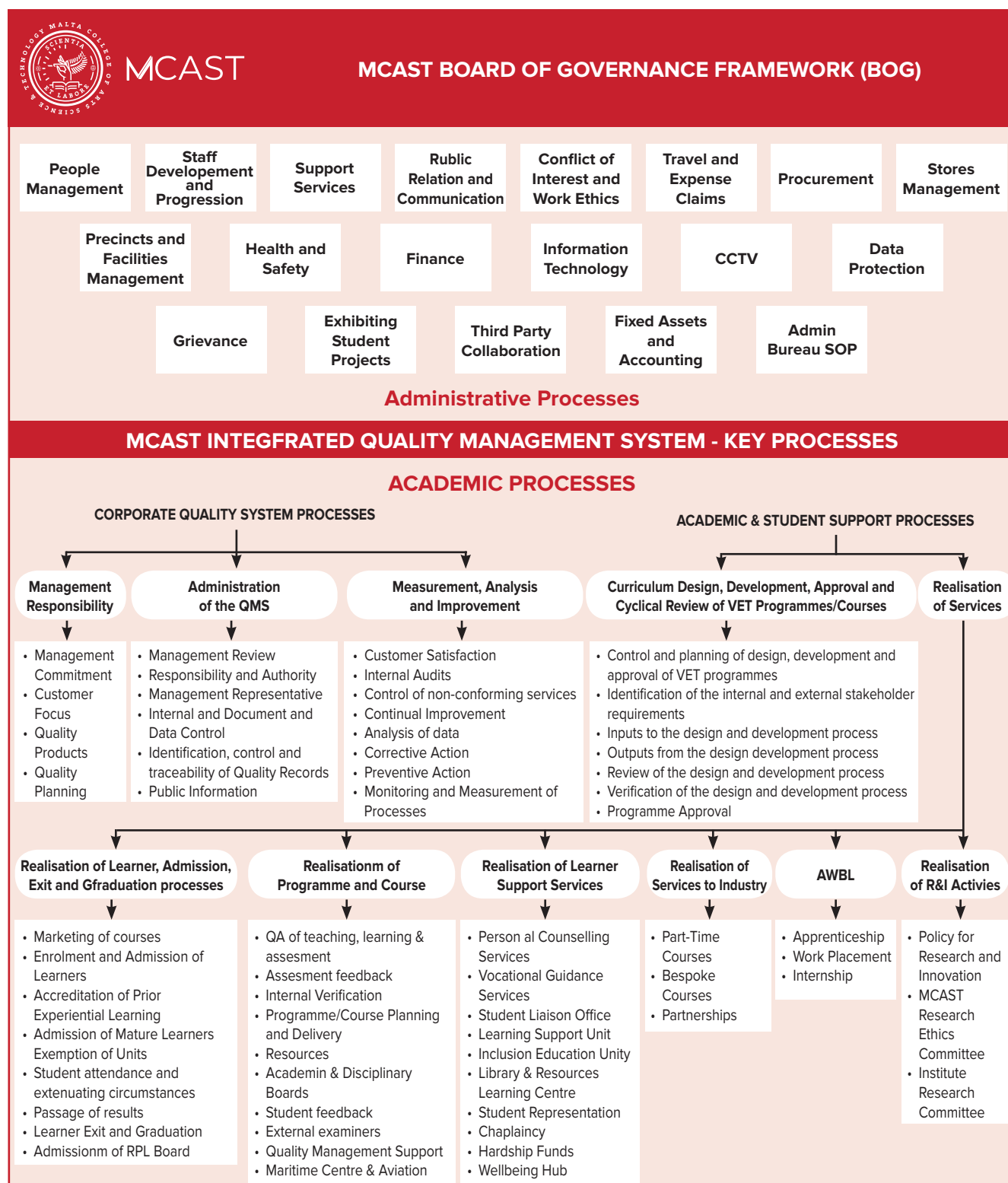
Date: _____

Endorsed by Name, Designation, Institute/Faculty/Centre

Signature: _____

Date: _____

Annex 16: Structure of processes / MCAST, Malta



Annex 17: The VET institutions' process model / Hungary

List of **processes to be mandatorily regulated by VET institutions** and other recommended processes to be included in their process model

No.	Processes of the “Leadership and management” process area
V1	Strategic planning
V2	Planning of a specific school year
V3	Human resources management (recruitment, selection and on-the-job training of new staff, operation of the in-service training system)
V4	Institutional self-assessment
V5	Management control
V6	Ensuring legal requirements
V7	Identification of partners, measurement of the partners' needs and satisfaction
V8	Communication with the partners
V9	Information flow
No.	Processes of the “Education-teaching-training” process area
SZK1	Planning of vocational education and training
SZK2	Career guidance, enrolment, admission of students
SZK3	Cooperation of teachers and trainers
SZK4	Development of the methodological culture and toolbox
SZK5	Supporting learning
SZK6	Measurement and assessment of the pupils
SZK7	Mental health promotion and prevention
No.	Processes of the “Support functions and providing resources” process area
T1	Providing economic resources, procurement activity
T2	Management of the institution's administrative tasks and of the KRÉTA system
T3	Complaint handling
T4	Operation of a tendering system
T5	Performing financial and economic activities
T6	Planning of infrastructure (building, tool, equipment) developments
T7	Ensuring an appropriate and secure working environment

Annex 18: Lecturer's appraisal form / Future Focus Ltd. Malta



Lecturer / Assessor Appraisal Form

Lecturer / Assessor

Venue

Appraiser Subject/ Level

Date

Appraisal	Acceptable or Competent	Needs Improvement	Unacceptable
Reliability			
Punctuality			
Student Engagement			
Presentation			
Flexibility			
Commitment			
Lesson Plan			
Knowledge of Subject Matter			
Discipline			
Appearance			

Strengths

Needs Improvement / Unacceptable

Appraiser's Signature

Lecturer / Assessor's Signature

Marks

--

Annex 19: Student feedback form / FRANKS Make-up Academy, Malta

We would love to know what you think about FRANKS Make-up Academy.



1. Which course are you in?

<i>Award in Advanced Make-up Artistry</i>	Date of commencement:
<i>Award in Introduction to Make-up Artistry</i>	Date of commencement:
<i>Award in Advanced Professional Make-up Artistry</i>	Date of commencement:

2. How would you rate the quality of the teaching you received?

1. Very poor	
2. Poor	
3. Ok/not sure	
4. Good	
5. Very good	

3. How did the content teaching meet your expectations?

1. Very poor	
2. Poor	
3. Ok	
4. Good	
5. Very good	

4. How would you rate the teaching facilities?

1. Very poor	
2. Poor	
3. Ok/not sure	
4. Good	
5. Very good	

5. To what extent do you feel you understood the objectives of the course before your practical assignments?

1. Very poor	
2. Poor	
3. Ok/not sure	
4. Good	
5. Very good	

6. Was the course's content useful and aligned with your expectations?

1. Yes it was great	
2. It was ok, but I wanted to learn more	
3. It was pretty poor	

7. How would you rate the structure and length of the course?

1. Very good	
2. Good	
3. Poor there should had been more lessons	

8. How would you like us to improve the Academy?

1. More topics covered	
2. More guidance by the tutor	
3. Better environment	
4. Better tools or equipment	
5. Others	

9. Did you have all the necessary tools needed to carry out this course in an effective manner?

1. Yes	
2. Yes but it could be better	
3. No (write down what tools where missing)	

10. How would you rate your overall experience?

1. Very poor	
2. Poor	
3. Ok	
4. Good	
5. Very good	

11. Would you recommend the course and FRANKS Make-up Academy to somebody else who is interested?

1. Yes I will recommend the Academy and this course	
2. No I will not recommend the Academy and this course	

12. Would you enrol in another course with us in the future?

1. Yes I will consider it	
2. I will not	

Annex 20: Student survey / NEFERTITI Beauty Academy, Malta



As part of the school's routine assessment of its achievements and commitment to students, please respond to the following questions by choosing YES, NO, or N/A for NOT APPLICABLE. Please feel free to provide additional comments in the section provided.

Please feel free to not just answer the below questions but also make suggestions to us. An additional comments section is provided at the end of the survey.

Mission Statement: „Nefertiti Beauty Academy” prepares aspiring beauty, massage and other complementary therapy professionals in an assimilated, real-time salon / spa / clinic environment through contemporary, student-centered instruction and development needed to pass the board examinations, gain entry-level employment within their chosen field of study and meet the demands of their industry.”

Is my school striving to meet the mission stated above?

- ☐ YES ☐ NO

When teaching the class, does my instructor(s) use effective delivery methods (i.e., instructor provides study materials and hands-on demonstrations)?

- ☐ YES ☐ NO ☐ N/A

Did you receive a copy of the School's Policies prior to enrollment?

- ☐ YES ☐ NO ☐ N/A

Did you sign an enrollment agreement prior to starting school?

- ☐ YES ☐ NO ☐ N/A

Did you receive a copy of your enrollment agreement?

- ☐ YES ☐ NO ☐ N/A

Are the equipment and facilities maintained in good working order?

- ☐ YES ☐ NO ☐ N/A

Do you take written tests after each unit of study?

- ☐ YES ☐ NO ☐ N/A

Was the school's website easy to navigate?

- ☐ YES ☐ NO ☐ N/A

Was the information on the school's website easy to understand?

☐ YES

☐ NO

☐ N/A

Do the instructors provide the attention you need to develop your skill?

☐ YES

☐ NO

☐ N/A

I feel safe and comfortable at school.

☐ YES

☐ NO

☐ N/A

Have you ever experienced any uncomfortable situations while at school?

☐ YES

☐ NO

☐ N/A

How happy are you with your experience at Nefertiti Beauty Academy on a scale of 1-10 (10 highest)?

If you had to make the decision again, would you choose this school?

☐ YES

☐ NO

If NO, please explain.

Please provide any additional feedback including suggestions and/or constructive comments you may have on the school's curriculum, space and facilities, student support services, and performance statistics that might help improve the school.

Thank you again for your feedback!

Annex 21: Student satisfaction survey on teaching and training / Romania

Thank you for participating in this student satisfaction survey. Your answers will be used to improve the quality of teaching and training.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I. TEACHING AND TRAINING					
1. My teachers and trainers had an adequate knowledge of the discipline's content	☐	☐	☐	☐	☐
2. My teachers and trainers used a range of teaching and training strategies to meet my specific needs	☐	☐	☐	☐	☐
3. My teachers and trainers provided opportunities to ask questions	☐	☐	☐	☐	☐
4. My teachers and trainers treated me with respect	☐	☐	☐	☐	☐
5. My teachers and trainers presented the subject content in an interesting way, whenever possible	☐	☐	☐	☐	☐
6. My teachers and trainers communicated the subject content clearly and effectively	☐	☐	☐	☐	☐
7. Teaching and training activities promoted and encouraged student-centred learning, as well as group learning and learning in different contexts	☐	☐	☐	☐	☐
II. ASSESSMENT					
8. My teachers and trainers presented clearly how I was going to be assessed	☐	☐	☐	☐	☐
9. My assessments were in direct correlation with the subjects taught	☐	☐	☐	☐	☐
10. I was informed on the results of my assessments	☐	☐	☐	☐	☐
11. My assessment was fair	☐	☐	☐	☐	☐
12. I was assessed regularly	☐	☐	☐	☐	☐
13. I received useful feedback on my assessment and on how I can improve my performance	☐	☐	☐	☐	☐

III. KEY SKILLS DEVELOPMENT					
14. I improved my capacity of problem - solving	☐	☐	☐	☐	☐
15. I feel more confident about tackling unfamiliar problems.	☐	☐	☐	☐	☐
16. I developed my ability to work as a team member	☐	☐	☐	☐	☐
17. I improved my digital skills.	☐	☐	☐	☐	☐
18. I developed my communication in foreign languages	☐	☐	☐	☐	☐
19. I am more confident about my ability to further develop personally and professionally	☐	☐	☐	☐	☐
IV. OVERALL SATISFACTION WITH THE TEACHING AND TRAINING					
20. I was satisfied with the quality of the teaching and training	☐	☐	☐	☐	☐

Annex 22: Employers survey of VET school graduate / Romania

Name of the Graduate

Full confidentiality is assured in conducting this study since data will be presented in an aggregate manner. Your cooperation is of great value and highly appreciated.

Age of Supervisor / Employer (Years): ☐ ≤ 30 ☐ 31-40 ☐ 41-50 ☐ 51 - 60 ☐ ≥61

2. Gender of Supervisor / Employer: ☐ Male ☐ Female

3. Current Job Position/Title of Supervisor / Employer:

4. Since how long have you been supervising the Graduate as your subordinate? **[Tick off (✓)]**

☐ ☐ ☐ ☐ ☐ ☐
 <3 Month ≥3 to <6 Months ≥6 to < 12Months ≥1 to <2 Years ≥2 to <5 Years > 5 Years

5. How many graduates from this school are working in your organization?

Total staff	VET graduates (male staff)	VET graduates (female staff)

6. As an employer what will be your priority in recruiting graduates from this school? **Tick off (✓)**

☐ *Very high* ☐ *High* ☐ *Medium* ☐ *Low* ☐ *Very low*

Comments (if your priority is **low** or **very low**):

.....

7. How would you rate the above graduate's job performance?

Aspects	Rating* [circle appropriate one (O)]					Comments if your rating is 1 (very low) or 2 (low)
	5	4	3	2	1	
<i>Knowledge and technical skill on given task</i>						
<i>Positive attitude towards sustainable development</i>						
<i>Language proficiency</i>						
<i>Teamwork</i>						
<i>Ability to interact with team</i>						
<i>Commitments/dedication to the work</i>						
<i>Work efficiency</i>						
<i>Work competency, including digital skills</i>						
<i>Creativity, innovation</i>						
<i>Others (specify):</i>						

* Performance rating: **5** = Very high, **4** = High, **3** = Medium, **2** = Low, and **1** = Very low.

8. In your opinion, what are the strengths of the above Graduate?

a). b). c).

9. In your opinion, what are the weaknesses / areas for improvement of the above Graduate?

a). b). c).

10. How do you see the prospect of Graduates from this School in the job market?

☐ *Very high* ☐ *High* ☐ *Medium* ☐ *Low* ☐ *Very low*

In your opinion, what should this school target in its teaching and training for its study programs to be more relevant in professional works?

a). b). c).

Annex 23: Short descriptions of the methods recommended for use in the process of collecting feedback from the VET institution's stakeholders

The VET institution, after having identified its stakeholders (partners), and determined the circle of those whose demands and expectations it intends to consider, may collect information on the expectations and satisfaction of the stakeholders in a number of ways. The most frequently used techniques are interviews, focus groups, and questionnaire-based surveys.

PERSONAL INTERVIEW

Personal interview is a tool that enables the VET institution to become acquainted with the opinions of its stakeholders (partners). It is worth choosing this method when the institution decides on interviewing only a few persons from the stakeholder groups and will generalise their opinions. This is feasible only when the fundamental principles applicable to sample selection are not harmed. In that way, a reliable picture can be attained on the (rate of) satisfaction of the institution's partners and the areas to be improved, and the recurring interviews will allow for assessing and evaluating the changes.

With the help of the interview plan, a list of questions going into the in-depth details can be prepared that the persons concerned would give a verbal answer to during the interview. An analysis of the recorded answers, and the information derived from that, gives a picture on the institution's current situation, actual conditions, and the satisfaction of its partners. These opinions can be compared with each other, or with some other information collected in a different way. When it is a smaller institution, a parents' group, a students' group, or the students of a class, it is possible to conduct a group interview, which is in fact a structured discussion along the interview questions.

The phases of the method can be summarised in a simplified way as follows:

1. Contacting the interviewees.
2. Preparing the interview plan/schedule.
3. Conducting the interviews.
4. Analysis of the information and data provided/received.
5. Documentation.

FOCUS GROUP SURVEY

Focus group survey helps effectively collect opinions on a subject matter in a group established for the discussion of the given subject. This method may be recommended for use in the exploration of the expectations and satisfaction of the different groups, after identification of the typical groups of the partners concerned.

The focus group survey is a group procedure, adopted from market research practice (a method specifically designed to obtain information) that is used to create a small group of 6-12 persons from the members of a definite target group, who, under the leadership of a moderator, discuss the given subject in a seemingly informal manner. It is not an objective of the focus group to make decisions or to create consensus in the group. The purpose of the focus group is expressly to obtain information, that is,

cognition and research. From that aspect, it could just as well be an alternative to questionnaire-based surveys.

The basic idea of the focus group is that 6-12 persons selected on the basis of pre-determined criteria informally exchange their experiences. They discuss the issues raised by the moderator and become familiar with each other's way of thinking and opinion. The informal nature of the discussion enhances communication between the participants, although it is only seemingly informal. The moderator keeps the discussion in the group along a certain guideline and prevents spontaneous deviation from the subject matter. It is advisable to record the discussion of the focus group by tape recorder or by video camera to ensure the detailed analysis at a later point of time. When planning the focus group, it is advised to distinguish between the structural content and group process related elements.

Advantages of the focus group survey include:

- The group situation (where everybody is “in the same boat” and responsibility is divided) is less challenging for a lot of people than personal interviews.
- What the participants share with the group may be motivating for others. A group situation intensifies creativity in general. Participants often further develop other participants' ideas, reaching conclusions that would not have occurred to them in a personal interview situation.
- The group situation throws a spotlight on the differences, allowing the moderator to see the broad scale of attitudes in relation to the given subject.
- A group environment, in general, encourages spontaneous responses and reactions. In contrast with the questionnaires, here people answer as they normally do in their daily life. Consequently, attitudes and reactions can be observed in their “unpolished” form.
- In a group situation, a moderator can also pay attention to the metacommunication processes (such as gestures, mimics, tone of voice, ironic tenor, etc.) that are utterly lost in a questionnaire-based survey.

Disadvantages of the focus group survey include:

- Certain types of people are not encouraged, but rather hindered by the group situation in sincerely expressing their attitudes and convictions.
- It may happen that the group gives a negative response to the moderator and the subject raised, and the atmosphere becomes fatally “frozen”.
- Loss of perspective. When the problem or subject discussed in the group becomes over-dimensional, both the moderator and the group members may lose sight of the direction in the evaluation of the potential solutions and in identifying the improvements.

QUESTIONNAIRE-BASED SURVEY

By *Questionnaire-based Survey* the VET institution can collect information on the external and internal image of the institution, in particular, on the expectations, the presumed demands, and satisfaction of its internal and external partners.



A questionnaire-based survey is commenced by determining both the objective of the survey and the areas to be surveyed. It is recommended that after the preparation, filling in, and analysis of the questionnaires, the survey findings should be processed by the teaching staff itself. The self-image evolving from the questionnaire survey may encompass areas that the institution/teaching staff considers important from the aspect of the stakeholders, and the content related findings may also form the basis of a comparison to data taken at a later point of time.

The phases of the method can be summarised in a simplified manner as follows:

1. Determination of the objective of the survey.
2. Identification of the content areas.
3. Compilation of the questionnaire.
4. Filling in the questionnaires.
5. Processing of the questionnaires: data compilation and analysis.
6. Evaluation of the results.
7. Presenting and communicating the survey results to the various stakeholders.
8. Follow-up, improvement actions.

It should be noted that the compilation of the questionnaires is time demanding and requires significant expertise. The time required for filling in the questionnaires should also be allocated.

Annex 24: Partner questionnaires used in the “EQAVET-based quality management system for formal VET institutions in Hungary”

Questionnaire	Scope of application	Sample size
Questionnaire for teachers and trainers	institutional self-assessment	100 per cent sample
Questionnaire for teachers and trainers, and the institutional VET council	self-assessment of the head of the institution	100 per cent sample
Questionnaire for students	institutional self-assessment	100 per cent sample
Questionnaire for parents	institutional self-assessment	20 per cent sample covering all sectors and grades
Questionnaire for dual training providers	institutional self-assessment self-assessment of the head of the institution performance evaluation of the VET teachers and trainers and the institutional leaders	min. 50 per cent sample covering all sectors
Questionnaire for business organisations employing graduates	institutional self-assessment self-assessment of the head of the institution performance evaluation of the VET teachers and trainers and the institutional leaders	min. 20 per cent sample covering all sectors
Questionnaire for students	performance evaluation of the VET teachers and trainers and the institutional leaders	100 per cent sample

Annex 25: Improvement plan template

OBJECTIVE							
TARGET							
Task / Activity	Person responsible for the task	Participants, contributors	Resources	Deadline	Method	Date of checking / milestone	Expected result
How to measure the attainment of the target set?							

