PEER REVIEW IMPACT GUIDELINES

**Peer Review Impact –
Ensuring the impact of Peer Reviews
to improve provision of VET in Europe**

PEER REVIEW IMPACT GUIDELINES

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PREFACE

Quality assurance and quality improvement have become increasingly important for all institutions providing vocational education and training (VET) and for education authorities throughout Europe. Different procedures and tools have been introduced and used for improving and evaluating the quality of VET. However, the results of the evaluations have not always been used very efficiently or systematically either by VET providers or at the system level.

The 'Peer Review Impact' project under the Leonardo da Vinci programme aimed to contribute to implementation of the European Quality Assurance Reference Framework for VET (EQAVET) at VET provider level by focusing on the review phase and enhancing understanding of the interplay between quality assurance systems, evaluations and improvement of VET. A further aim of the project was to improve and further develop the European Peer Review methodology by focusing on the impact and making changes as well as increasing the use of Peer Reviews at both national and European levels.

A Peer Review is an instrument of quality assurance and improvement – the external evaluation of VET institutions/providers by Peers (such as colleagues from other VET providers, practitioners in the occupations for which a VET provider is preparing its students, and/or other 'critical friends'). The evaluators provide feedback to VET providers with the expectation that providers will analyse and make use of the feedback in order to improve their provision and operations.

The European Peer Review procedure for carrying out Peer Reviews in vocational education and training was developed within a Leonardo da Vinci project entitled 'Peer Review in initial VET'. Originally designed for use in initial VET, the procedure and the European Peer Review Manual were later adapted for use in continuing VET in a project entitled 'Peer Review Extended II'. Yet another Leonardo project entitled 'REVIMP – From Review to Improvement' strove to find out which factors promote a successful review phase (where QA data is translated into actions to improve the quality of VET provision). The REVIMP guidelines contain quality assurance (QA) guidelines for the review phase, which were originally piloted within institutions providing initial VET in health care.

Development of the Peer Review Impact Guidelines started with an analysis of the impact of the 14 transnational European Peer Reviews carried out in eight European countries between 2006 and 2009, with a view to determining the particular conditions under which Peer Reviews resulted in utilisation of the Peer Review feedback (as a starting point for the VET provider's operational improvement) and in the deduction of critical success factors from these findings ('Peer Review Impact Analysis Report'). For the analysis, an adapted version of the REVIMP framework was used. The Peer Review Guidelines were also reviewed against the EQAVET, taking into account the indicative descriptors in particular. The guidelines were piloted in the partner countries and further developed on the basis of the results of the pilot phase.

The Peer Review Impact Guidelines have been developed for those organisations intending to improve **the impact of national and transnational Peer Reviews**. The main aim of the Peer Review Impact Guidelines is to help VET providers, institutions and training centres to set up and carry out Peer Reviews and help them stay focused on the impact at all phases of the Peer Review process as well as to ensure impact after the Peer Review.

The Peer Review Impact Guidelines are intended to be used together with the European Peer Review Manual for VET. The Guidelines will be complemented by a practical toolbox available from the project website at www.oph.fi, providing forms, checklists, methods, additional information and recommendations in electronic format.

We hope that you enjoy reading the Peer Review Impact Guidelines – feedback will be very much appreciated!

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INTRODUCTION

This booklet includes guidelines for maximising the impact of Peer Reviews in vocational education and training (VET) in Europe.

Why do we focus on impact?

- Studies have shown that the fourth phase of the EQAVET quality assurance cycle (Review) is in fact the weakest.
- Plenty of data from evaluations and from other feedback is available but it suggests that systematic improvement only takes place to some extent. VET institutions are either not sufficiently aware of the necessity to act upon evaluation data or they still lack the procedures, competences and know-how to instigate a systematic and successful change process. Managers cannot always lead the required change process in a systematic way.

What is the rationale for the Peer Review Impact Guidelines?

The main aim of the Peer Review Impact Guidelines is to get the maximum impact from Peer Reviews by the following means:

- providing a practical tool to promote the change process, institutional development and continuous quality improvement;
- presenting ways to encourage use of Peer Reviews;
- establishing a basis for implementing future Peer Reviews even more effectively;
- giving information about what a Peer Review is for and what it is not for;
- providing a tool for staff development for teachers, managers, facilitators and QA teams;
- offering examples of practical tools to adapt and use the EQAVET Recommendation.

The Guidelines can also be used to reflect on your practice of related procedures, such as audits, external evaluations and assessments, etc.

Who are we targeting?

The main target group of the Peer Review Impact Guidelines consists of VET providers and/or schools interested or already involved in Peer Reviews. Finally, while not all guidelines will suit all kinds of VET providers, they are also useful for non-school contexts, such as on-the-job- learning, to a certain extent. The Guidelines can also be used to promote the impact of other evaluations, including audits. The document uses the concept of 'VET providers', which mainly referred to vocational schools during the development phase of the Guidelines.

The main target groups are:
- Owners and management of VET providers
- Peer Review Facilitators
- Peers

Other target groups are:
- Parties involved in VET at a national level
- People providing professional support for VET providers

How to use the Peer Review Impact Guidelines?

The Peer Review Impact Guidelines are not an introduction to Peer Reviews. The Peer Review Procedure is described in the 'European Peer Review Manual' (see http://www.peer-review-education.net), which is the primary source of information on Peer Reviews. The Peer Review Impact Guidelines can only be applied in conjunction with the European Peer Review Manual for VET.

✔ Please familiarise yourself with the European Peer Review Manual for VET and other tools and instruments available before reading the Peer Review Impact Guidelines.
✔ Use the Peer Review Impact Guidelines together with the European Peer Review Manual for VET.
✔ Take the Guidelines into account in planning, implementation and follow-up of a Peer Review. The Guidelines can also be useful when a VET provider is considering whether a Peer Review is a suitable method for them or not.

Contexts of Peer Reviews can vary considerably as education and training systems and approaches to quality assurance also vary significantly across Europe. The Guidelines are intended as a source of information to be used flexibly by those involved in setting up and carrying out Peer Reviews. In other words, they are not meant to be a straightjacket that must necessarily be followed at all times and in every context from the first to the last guideline.

✔ Please have a look at the Guidelines and follow the guidelines that you consider most appropriate, based on your knowledge of the local context.
✔ You may decide to use all the guidelines or only part of them or some tools included in them.

The Guidelines are divided into sections based on the four phases of the Peer Review process as described in the European Peer Review Manual for VET. However, a Phase 'Zero' has been added. It includes general guidelines which are not directly connected with the phases of the Peer Review process but are important preconditions that must be met in order to ensure the impact of the Peer Review. Phase 5, 'Review', has been added to the Peer Review process too. It includes an evaluation of how successful the whole Peer Review process has been and what the strengths and improvement areas of the process are. Based on these, the process should be improved as necessary. After the Peer Review, it is important to assess its impact and analyse the results of the impact analysis to determine which improvement actions should be made before the next Peer Review.

Chapter 1   GENERAL GUIDELINES (PHASE 0)

These guidelines are important in a general sense. This means that they are not specific to only one or more of the Peer Review phases. In many cases, these guidelines are important preconditions which should be fulfilled before starting a Peer Review.

In order to promote the impact of the Peer Review results:
■ Follow the European Peer Review Manual for VET and use supporting tools and procedures (see http://www.peer-review-education.net).

■ Make sure that there are some systematic procedures for quality assurance and evaluation in place within your organisation.
  • *For example, this means that use of the Peer Review will be greatly enhanced if you have already established such procedures in your organisation. If this is not the case, it is recommended that you introduce systematic procedures for quality assurance, which include procedures for the analysis, dissemination and follow-up of evaluation results.*

■ Make sure that the Peer Review is or will be integrated with the VET provider's quality assurance and evaluation procedures.
  • *For more information, please see Chapter 3.2 (Peer Review as part of a VET provider's overall quality management and evaluation system).*

■ Ensure that the intended users of Peer Review results (such as management, teachers and students) are clear from the start.

■ Make sure that all relevant parties are involved and that their commitment is promoted at all stages of the Peer Review process.
  • *These are the intended users of the Peer Review results (see Phase 4), but also others involved in change processes, such as instructors in on-the-job learning places.*

■ In order to increase the likelihood of a successful Peer Review, make sure that parties with experience in evaluation, quality assurance and self-assessment are involved in the Peer Review process.
  • *A positive attitude of staff towards evaluation in general increases the likelihood of a successful Peer Review.*

■ Make sure that the organisation planning to carry out a Peer Review is ready for it and has realistic expectations towards it.
  • *Management should be aware of the fact that a Peer Review will point to strengths as well as improvement areas in the VET provider's operations. An external evaluation such as a Peer Review is an opportunity to improve performance and stimulate change, not just a marketing event.*
  • *On the other hand, a Peer Review will not provide overwhelmingly novel insights, since this would mean that all previous evaluations have been completely off track. Expect reinforcement of previous evaluation findings as well as some new aspects from the Peer Review.*

■ Make sure that issues such as existing internal conflicts will not make the Peer Review an unproductive effort.
  • *Please see Chapter 3.1: Peer Review – What it is and is not for* 🗔

Own findings:

Figure 1 Phases of the European Peer Review and impact of the Peer Review

Next Peer Review

Guidelines

Phase 1
Preparation (min. 3 months)
  • Getting started
  • Inviting Peers
  • Self-Evaluation and Self-Report
  • Preparing the Peer Visit

Phase 5 Review
  • Evaluation of the Peer Review process and assessment of the impact of the Peer Review
  • Improvement of the process

Guidelines

Phase 4
Putting plans into action
(6–12 months)
  • Formulating targets
  • Clarifying resources
  • Action plan and implementation
  • Initial planning of the next Review

Phase 0

Favourable preconditions: General guidelines

Guidelines

Phase 2
Peer Visit (2–3 days)
  • Collecting data
  • Analysing data
  • Oral feedback

Guidelines

Phase 3
Peer Report (4 weeks)
  • Draft report
  • VET provider's comments
  • Final report

Chapter 2   GUIDELINES FOR DIFFERENT PHASES OF THE PEER REVIEW

When starting preparation of a Peer Review, an overall plan should be drawn up, including all phases of the Peer Review: preparation of the Peer Review, Peer Review Visit, Peer Review Report and, in particular, putting plans into action.

2.1 Preparation phase (Phase 1)

Guidelines

Proper planning of the Peer Review process is one critical success factor for promoting the impact of Peer Reviews. An important part of the planning phase is clarification in terms of who will be involved (roles and responsibilities), what the goals of the Peer Review are and how the results of each step and activity will be documented.

■ Management should take the VET provider's overall strategy into account when choosing the quality areas to be evaluated (strengths and/or improvement areas can be identified).
  - *For example, this means involvement from all relevant parties in selection of quality areas, including management staff at all levels.*
  - *First determine which topics and questions are suitable for the Peer Review and which topics and questions should be tackled using other instruments, or by special experts.*

■ Make sure that the VET provider and the Peer Team have the same understanding of the content of the quality areas as well as of the terms and definitions used in the quality areas to be evaluated and the evaluation questions which can be answered.

■ When starting preparation of a Peer Review, draw up an overall plan which includes all phases of the Peer Review: preparation of the Peer Review, Peer Review Visit, Peer Review Report, and putting plans into action.
  - *Please see Appendix 2: Schedule of the Peer Review process for VET providers* 🗂
  - *Please see at Appendix 3: Schedule of the Peer Review process for Peers* 🗂

■ The management should take the follow-up of the Peer Review seriously from the start and be committed to all phases of the Peer Review.

■ Make sure that the VET provider ensures that sufficient support and resources are available during all Peer Review phases, and especially when putting the action plan into practice.

■ When planning a Peer Review, be clear about how the Peer Review results will be used:
  - *How and when will the results be disseminated internally (and perhaps also externally)?*
  - *How and when will the results be discussed and analysed?*
  - *Who will decide on which actions will be carried out?*

- *When will these decisions ultimately be taken?*
- *Who is responsible for carrying out the actions?*
- *How will the effects and impact of the actions be monitored and evaluated?*
- *Please see Appendix 1: An example of the initial information sheet* 🗀

■ The VET provider has to produce an exhaustive, high-quality self-report.

■ Make sure that the intended users have the authority and resources to act upon the results of the Peer Review or that they have the backing of those in authority.

■ Preparation of the Peer Review should include determining how to monitor the signs (early warning indicators) indicating that things are not going as expected and therefore requiring corrective actions.

Those signs could point to the following situations, for example:
- *Management is not involved in and committed to the preparation phase.*
- *People are not present during interviews or feedback sessions.*
- *Those involved in the Peer Review do not seem to have realistic expectations of the Peer Review outcomes. For example, they may expect the Peer Review to provide an overall evaluation of the VET provider's operations or solve serious internal conflicts.*

The Peer Review Agenda handed in by the Peers shows that the Peers have not understood (all of) the Self-Report and the evaluation questions (if used) correctly, because not all topics are tackled, important stakeholders are not involved, etc.

Own findings:

2.2 Peer Visit (Phase 2)

Solid preparation of the Peer Review visit requires close study of the Peer Review Manual for VET, the general guidelines and the guidelines for the preparation phase. In addition to those, we would only like to make a few further recommendations:

■ During a Peer Visit, unforeseen things tend to happen. The Peer Review Facilitator and other people involved on behalf of the VET provider should be aware that they will have to remain flexible and react adequately.
   - *Examples of things that can happen: a Peer falls sick, interviewees (esp. external ones) do not turn up, interviewees do not arrive on time, there are time lags, the agenda has to be adjusted to these time lags, etc.*

■ The Peer Review process should be monitored and readjusted continually to prevent or solve problems, such as:
   - *Non-commitment and/or non-involvement of management*
   - *Absence of people during interview sessions*
   - *Unrealistic expectations regarding Peer Review outcomes.*

■ Be aware that, due to unexpected changes, the quality of outcomes can differ from the expected outcomes. However, it should be ensured throughout the Peer Review process that the outcomes are of sufficient quality and that the organisation being reviewed can benefit from the outcomes.

■ Make sure that all relevant sources of information (that vary depending on the context and the quality area chosen) are available during the Peer Review Visit. If that is not the case, the Peer Review Facilitator and/or the manager of the VET provider should update it for the Peers.

Own findings:

2.3 Peer Review Report (Phase 3)

In addition to the content of the Peer Review Manual in terms of the Peer Review Report, we would like to make the following recommendations:

■ The VET provider should have comprehensive and transparent information and communication procedures, which include the principles and procedures for disseminating and using evaluation results.
   - *For example, it should be clear to whom and through which channels the results of the Peer Review will be disseminated and communicated.*

■ Make the Peer Review Report available to the intended users during the Peer Review process, promptly taking their needs and preferences into account (how much information they can process, and in what format).

Own findings:

2.4 Putting plans into action (Phase 4)

VET providers should be aware that the real work starts after receiving the Peer Review Report. The overall plan developed during the preparation phase (Phase 1) should now be specified in more detail in order to draw up and carry out improvement plans.

- The VET provider should have an internal follow-up procedure implemented as follows, for example:
    - *Defining indicators and the target level for each indicator for monitoring the impact of improvement actions.*
    - *Clarifying who will be responsible for specific follow-up activities and when these will be carried out.*
    - *Preparing a follow-up report.*
    - *Organising follow-up meetings.*
    - *Putting follow-up activities on the agenda at management meetings.* ⬜

- The VET provider should be aware that putting plans into action may require extra support and resources.

- The VET provider should systematically monitor whether decisions on improvement actions implemented on the basis of the Peer Review are being carried out, and how much impact they are having.

Own findings:

2.5 Review (Phase 5)

■ The VET provider has to evaluate the whole Peer Review process and its impact, analyse the results and further develop the Peer Review process and its preconditions if needed before starting a new Peer Review.

Own findings:

Chapter 3   METHODS AND TOOLS FOR PROMOTING THE IMPACT OF PEER REVIEWS

This chapter provides an introduction to some examples of the tools and methods which could promote the impact of Peer Reviews.

3.1 Peer Review – What it is and is not for

This is a kind of checklist where you can see what a Peer Review is for and what it is not for. Using this list, please check carefully whether a Peer Review is the right instrument for developing your organisation.

A Peer Review is for

■ Obtaining critical feedback for your organisation from colleagues in the field.

■ Providing you with an external perspective.

■ Ascertaining and improving the quality of the services you provide.

■ Presenting your strengths.

■ Enhancing accountability towards stakeholders.

■ Detecting blind spots and weaknesses.

■ Establishing networks and co-operation with other VET providers.

■ Obtaining an external evaluation report.

■ Improving internal awareness about your strengths and areas for improvement.

A Peer Review is not for

■ Solving conflicts within your organisation. A Peer Review is not an instrument of mediation or conflict management.

■ Glorifying your organisation. If the results of the Peer Review show that everything is perfect within your organisation, then you asked the wrong questions!

■ Blaming your organisation. If the results of the Peer Review show that everything is wrong within your organisation, then you asked the wrong questions!

■ Answering unimportant questions. Make sure that you choose quality areas which are important for your further development.

■ Producing secret documents. All relevant stakeholders should have access to the results of the Peer Review.

■ Consulting. A Peer Review shows you possible areas for improvement, but it is your challenge to put things into action.

■ If you use the Peer Review as intended, your whole organisation will benefit from the results, showing you both your strengths and areas for improvement. Seize the opportunity!

3.2 The Peer Review as part of a VET provider's overall quality management and evaluation system

The VET provider's steering and decision-making processes should be based on reliable and varied performance and evaluation data. To get optimum impact from evaluations, the VET provider should determine and outline a system and plan how to evaluate operations and assess results, covering all key objectives, policies and guidelines concerning evaluation and assessment as well as the schedules and responsibilities involved.

Information about the school owner/maintaining organisation, a preliminary clarification of their degree of involvement in the process and their expectations towards the external evaluation and the Peer Review are very important factors from the point of view of a successful Peer Review and its impact. In those countries where schools are maintained by the authorities, they are not necessarily informed prior to an individual Peer Review, nor of its results.

It is similarly important that – in connection with the maintaining organisation's expectations – the institution should also define its aims, goals and objectives and set targets in relation to the Peer Review and determine the kind of results that they would like to achieve through implementation of this external evaluation exercise.

A Peer Review may:
✔ confirm what is already known ('Are we on the right track?');
✔ provide or support ideas for improvement;
✔ detect blind spots and new areas for improvement;
✔ highlight strengths which can be utilised.

For more information, please see Chapter 3.1, 'Peer Review – What it is and is not for', where you will find a checklist.

3.3 Steps from the Peer Review Report to improvement actions and follow-up

Through documentation of all phases (by using forms and sample documents) supports evaluation of the Peer Review process and – based on experiences – shows how preparations for the next Peer Review can be improved. It also helps to improve the Peer Review process itself in terms of the impact and actions following receipt of the Peer Review Report.

In order to promote the impact of the Peer Review, a brief information session should be arranged for all staff and everyone else involved in the process. All relevant stakeholders should have access to the results of the Peer Review. Everybody needs to know what the key results of the Peer Review are, what the very first ideas are and how they will be used. It makes sense to plan the change

procedures in co-operation within the VET provider's organisation or the unit where the Peer Review has been carried out.

The change process could comprise actions at both strategic and operational levels. Change management is a systematic approach to dealing with change, both from the perspective of an organisation and on an individual level. Change management entails thoughtful planning and sensitive implementation, and above all, consultation with, and involvement of, those people affected by the changes. If you force change on people, problems arise: fear, resistance, boycott, etc. Change must be realistic, achievable and measurable.

When scheduling the actions and tasks to be performed after receiving the Peer Review Report, the tasks of the school year, yearly action plans and long-term strategic plans should be carefully aligned and harmonised. The plan and actions should be integrated with the overall development plan of the VET provider/organisation. In the course of planning, the time frames, intervals and deadlines should be defined thoroughly. Operational targets should be defined in terms of SMART targets.

S **S**pecific
M **M**easurable
A **A**ttractive
R **R**ealistic
T **T**ime-related

Adequate resources and other support should be allocated to implementation.

Follow-up of improvement plans and change procedures is also very crucial to success. Responsibility and the schedule for the follow-up should be clearly defined. Indicators provide the necessary information for that purpose. Follow-up templates are also very useful tools.

Finally, assessment of the Peer Review and the development process help us learn how we made progress and achieved our development targets. It also provides information about needs for further changes.

Figure 2 describes the process of handling the Peer Review Report. The process includes different steps and tasks.

Figure 2. Flow chart: From the Peer Review Report to Improvement

PEER REVIEW REPORT

Preparation of the information plan on analysed results and good practices

Processing of the results by the responsible body specified in the organisation's operating system

Selection of areas for improvement by the responsible body specified in the organisation's operating system

Sharing good practices

Preparing development plans and appointing responsible people:

- identifying and publishing targets
- proposals for action
- assigning responsibilities
- schedules
- resources
- support
- monitoring
- evaluation (indicators)

Monitoring and evaluation of development plans

Linking areas for improvement to key objectives

Production of indicators

Implementation of improvement measures according to schedule

Synchronising the report with other areas for improvement

Monitoring by the immediate supervisor/ at team level/by the responsible person, incl. budget

Information measures

- for stakeholders
- for partners
- for students
- for owners

Self-evaluation and provision of interim information for management; monitoring as part of the management team's work

Feedback for those involved

Necessary changes to the action plan

Results and their assessment

Analysis and marketing of achieved results according to the whole information plan

Process assessment

Ending the development work

Planning the next measure

3.4 Peer Review Impact – Improvement Workshop

1. The **primary objective** of the Improvement Workshop is to **select and design on a conceptual basis the improvement actions** that the organisation (such as a VET provider) will launch for the purpose of its self-development/improvement. The workshop aims to make the results/findings of the Peer Review known, to get them approved by management and to prioritise the improvement opportunities.

2. The **participants** in the workshop are members of the organisation's senior management team, the Peer Review Facilitator and other members of the Peer Review project team (people in charge of the Peer Review within the organisation), as well as employees (especially those who participated in the Peer Review). In terms of the participants, it should be emphasised that **the workshop** cannot be held and **is not feasible without participation from senior management.**

3. The **inputs** to the workshop are the results/findings of the Peer Review Report and the strengths and areas for improvement collected and identified by the Peers for each of the quality areas under scrutiny.

4. The **time requirement** of the workshop greatly depends on the size of the organisation, the number of quality areas chosen and on their complexity (since it influences the extent of the area to be assessed), the quality of data collection and data analysis by the Peer Team, as well as on the extent to which management took an active part in preparation and implementation of the Peer Review process.

5. Arising from the definition of the objective, the primary **output** of the workshop comprises **the improvement actions** that the organisation wishes to launch on the basis of the results of the Peer Review exercise **and the concept of these improvement actions.**

The table below shows the structure of such an improvement workshop.

Agenda	Objective	Duration	Person responsible
1. Introduction of the aim and the programme of the workshop	Introduction, definition of the framework conditions	10 min.	Leader of the organisation
2. Overview of the Peer Review - Overview of the Peer Review process - Overview of the results of the Peer Review process: strengths and areas for improvement identified	Overview of the work completed and the results of this work, their approval by management	30 min.	Peer Review Facilitator Designated member of the Peer Review 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.	Peer Review Facilitator
4. Definition of improvement actions/projects - Elaboration of the concept of an improvement action (preparation of a list of improvement actions)	Elaboration of the concepts of improvement actions	60 min.	Leader of the organisation
5. Summary: - Summarising the learning points of the Peer Review process - Summarising the learning points of the day - Agreeing on further tasks	Summarising the learning points, agreeing on further tasks	20 min.	Peer Review Facilitator
	Total time:	**240 min.**	**(breaks not included)**

Should any task be performed by separate groups in the course of the Improvement Workshop, more time needs to be reserved for the plenary discussion concerning the results of the teamwork. This may increase the time input/requirement of the Improvement Workshop.

During the Improvement Workshop, different considerations can be used for ranking 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 considering external and internal conditions.

Workshop participants have to agree the exact ranking criteria 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 when ranking areas for improvement. The following passages present one possible method recommended for use in the Peer Review process.

Three criteria are worth considering in relation to IMPORTANCE:

Objectives of the organisation – The impact of the improvement on the organisation's objectives should be assessed here. The higher the level and importance of the objectives that require improvement, the more important the improvement can be in terms of organisational development/improvement.

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

Involvement of members of the organisation – The extent of perception must be estimated here, i.e. how obvious the result of the improvement will be for members of the organisation and which partners will be impacted (such as customers, key partners, staff, or even other partners, stakeholders), and to what extent the positive effect of the improvement can be perceived by the partners in their own fields.

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

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

The higher the score an area for improvement receives, the more important it is to implement it. This process helps select the first 10–15 areas for improvement of outstanding importance from among all areas for improvement identified in the course of the Peer Review.

In the next step/phase, the 10–15 selected areas must be further investigated by the organisation with a view to identifying the possible improvements which will decisively contribute to development/improvement of the organisation. This will be followed by an analysis of the 10–15 areas selected 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 – The extent to which the improvement can be implemented within the organisation's own scope of authority should be assessed here, together with how much centrally provided support is required for implementation. The more feasible the improvement is within the organisation's own scope of authority, the higher the respective score will be.

Resources required for implementation – The resources required for implementation of the specific improvement must be assessed here. In this case, a lower demand for resources will lead to a higher score.

Predictable time frame for perception of the expected result – The time frame for achieving the expected results of the improvement has to be investigated and assessed here. The faster that the results of the improvement can be seen and perceived, the higher the score for feasibility should be.

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

Areas for improvement The areas for improvement selected on the basis of their importance should be listed here.	Assessment of feasibility (The feasibility of each particular area for improvement should be assessed here against all three criteria.)			Priority index (can be calculated by adding the individual scores regarding feasibility)	Remarks
	Scope of implementation	Resources required for implementation	Predictable time frame for 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 that an area for improvement has, the easier and faster it will be to implement. In general, the improvements that are important for the organisation and that are easy to implement will have to be launched first.

At the same time, it is very important to point out that this ranking is merely a tool supporting the management's decision-making. In all cases, it is the management's task and responsibility to define which improvements to launch after the preliminary preparations for decision-making, in order to improve the organisation. This is why it is so important for the organisation's senior management to participate in the Improvement Workshop in person, as this is where improvements to be implemented will be selected and where the concept of the improvement projects will be generated.

When selecting improvements, it is worth considering the number of improvement actions to be launched by the organisation. As a general rule, it is recommended that at least three improvements are launched in order to see a return on the efforts invested in the self-assessment and Peer Review 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 that you don't launch more improvements than the organisation is capable of accomplishing alongside everyday/ normal duties/operations. (The proposed average number of improvements to be launched is 3–6.)

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APPENDIX 1

Peer Review
Impact

Peer Review Initial Information Sheet

1) Contact information

Name of VET Provider		
Address		
Telephone, fax, e-mail		
Contact persons	Name	Contact (e-mail)
Director		
Peer Review Facilitator		
Other persons responsible		

2) Starting point (e.g. prior evaluations, national quality requirements applicable etc.)
and decision to conduct Peer Review (taken when and by whom?)

3) Aims and purpose of the Peer Review

4) External organisation	Single Peer Review Reciprocal Peer Review Peer Review in a Network

5) Internal organisation (Describe who is responsible for which tasks.)

6) Overview of the procedure and time schedule

Activity	Time frame and due dates
Self-evaluation	
Self-Report (due 1 month before Visit at the latest)	
Preparation of Peer Visit	
Peer Visit	Give 2 possible dates (reserve a whole week) Date 1: Date 2:
Peer Review Report	

Ranking / Prioritising improvements	
• Responsible for the prioritising	
Action Plan	
• Responsible for the action plan	
Improvement activities	
• Responsible for the improvement activities	
Follow-up of the action plan and improvement activities	
• Responsible for the follow-up	
Evaluation of the Peer Review process	
• Responsible for the meta-evaluation	
• Responsible for the improvement of the Peer Review process	
7) Scope of the Peer Review	whole institution parts of the institution (indicate which):
8) Quality Areas 8.1) Special evaluation questions for the Peers (if feasible) 8.2) Requests concerning the Peers – required expertise, from which institution(s) etc.	
9) Annex a list of possible Peers with name, address and contact information	
10) Further comments and requests to the possible Co-ordinating Body	

APPENDIX 2

Education and Culture DG
Lifelong Learning Programme

Peer Review
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Schedule of the Peer Review process for VET providers

Tasks to be performed	Person responsible	Participants, collaborators, contributors	Method(s) and/ or tool(s) for implementation	Result of the task	Deadline/ time frame
PHASE I – PREPARATION OF/FOR PEER REVIEW					
I.1. Getting started – Preparatory activities					
I.2. Peers and Peer Team					

Tasks to be performed	Person responsible	Participants, collaborators, contributors	Method(s) and/ or tool(s) for implementation	Result of the task	Deadline/ time frame
I.3. Conducting self-assessment and preparing the Self-assessment Report					
I.4. Preparing the Peer Visit					

Tasks to be performed	Person responsible	Participants, collaborators, contributors	Method(s) and/ or tool(s) for implementation	Result of the task	Deadline/ time frame
PHASE II – PEER VISIT					
II.1. Welcome and first session with VET provider					
II.2. Supporting Peers in collecting data					

Tasks to be performed	Person responsible	Participants, collaborators, contributors	Method(s) and/or tool(s) for implementation	Result of the task	Deadline/ time frame
II.3. Feedback session with Peers					
II.4. Meta-evaluation of the Peer Review process					

Tasks to be performed	Person responsible	Participants, collaborators, contributors	Method(s) and/ or tool(s) for implementation	Result of the task	Deadline/ time frame
PHASE III – PEER REVIEW REPORT					
III.1. Commenting on the draft Peer Review Report					
III.2. Reflection on the results of the Peer Review					

Tasks to be performed	Person responsible	Participants, collaborators, contributors	Method(s) and/or tool(s) for implementation	Result of the task	Deadline/ time frame
PHASE IV – PUTTING PLANS INTO ACTION					
IV.1. Setting goals – Definition of improvement objectives					
IV.2. Elaboration of improvement/action plans					

Tasks to be performed	Person responsible	Participants, collaborators, contributors	Method(s) and/or tool(s) for implementation	Result of the task	Deadline/time frame
IV.3. Implementation of improvement/action plans					
IV.4. Evaluation of the implementation of improvement/action plans					

APPENDIX 3

Education and Culture DG
Lifelong Learning Programme

Peer Review
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Schedule of the Peer Review process for Peers

Tasks to be performed	Person responsible	Participants, collaborators, contributors	Method(s) and/ or tool(s) for implementation	Result of the task	Deadline/ time frame
PHASE I – PREPARATION OF / FOR PEER REVIEW					
I.1. Getting started – Preparatory activities					
I.2. Peers and Peer Team					

Tasks to be performed	Person responsible	Participants, collaborators, contributors	Method(s) and/ or tool(s) for implementation	Result of the task	Deadline/ time frame
I.3. Self-assessment Report					
I.4. Preparing for the Peer Visit					

Tasks to be performed	Person responsible	Participants, collaborators, contributors	Method(s) and/or tool(s) for implementation	Result of the task	Deadline/ time frame
PHASE II – PEER VISIT					
II.1. Welcome and first session with VET provider					
II.2. Collecting data					

Tasks to be performed	Person responsible	Participants, collaborators, contributors	Method(s) and/ or tool(s) for implementation	Result of the task	Deadline/ time frame
II.3. Analysing data					
II.4. Overall assessment and feedback					

Tasks to be performed	Person responsible	Participants, collaborators, contributors	Method(s) and/ or tool(s) for implementation	Result of the task	Deadline/ time frame
II.5. Feedback session with VET provider					
II.6. Reflection on results and meta-evaluation of the Peer Review process					

Tasks to be performed	Person responsible	Participants, collaborators, contributors	Method(s) and/ or tool(s) for implementation	Result of the task	Deadline/ time frame
PHASE III – PEER REVIEW REPORT					
III.1. Elaboration of the Peer Review Report					
III.2. Finalising the Peer Review Report					

APPENDIX 4

Peer Review
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Some examples of action plans

a) Improvement actions – work plan

Area for improvement	Aim of the improvement	Specific improvement action	Expected result(s) (indicators and targets)	Relevant Actors	Time frame	Responsible for activities

b) Another example of an action plan.

Topic	Concrete activity	Timetable	Person in charge	Status

APPENDIX 5

Peer Review
Impact

List of partners

The co-ordinator of the Leonardo project 'Peer Review Impact'
was the Finnish National Board of Education (FNBE), www.oph.fi.

Finland

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The Netherlands

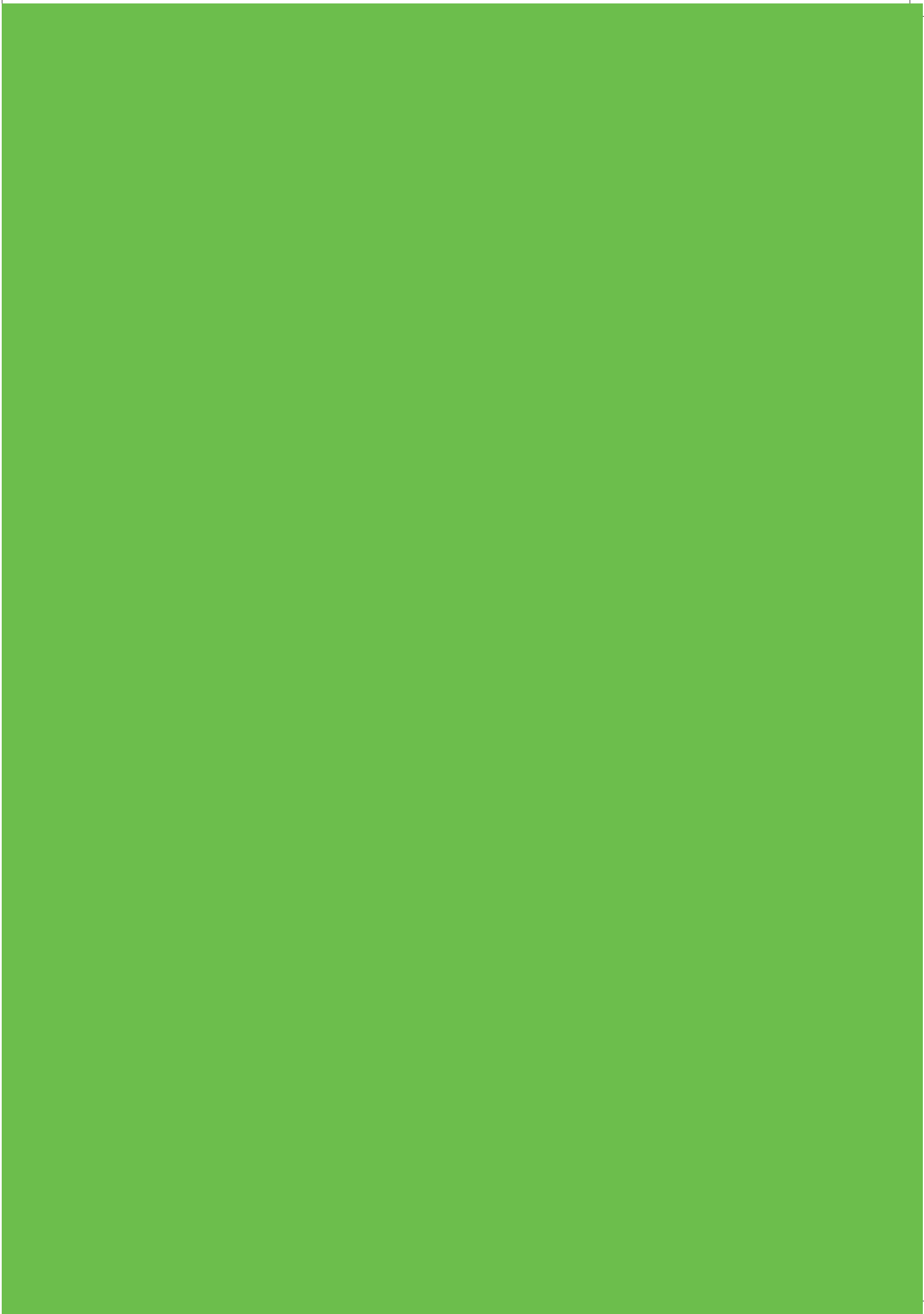**University of Twente**
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Own findings:

Own findings: