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Erasmus+ QA4VET

NATIONAL CENTER FOR PROFESSIONAL EDUCATION QUALITY ASSURANCE FOUNDATION

MOCK ACCREDITATION MANUAL

DEVELOPMENT OF QUALITY ASSURANCE SYSTEM



Green Competencies • Digital Competencies

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Project Partners

1. **Romanian Agency for Quality Assurance in Pre-University Education (ARACIP)**
2. **German Institute for Vocational Education and Training, Labour Market and Social Policy (INVOLAS)**
3. **National Centre for Professional Education Quality Assurance foundation (ANQA), Armenia**
4. **Armenian Centre for Education Policy and Management (ACEP)**
5. **Vardenis Medical-Humanities College**
6. **Yerevan Regional State College No. 2 named after N. Achemyan**

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About QA4VET Project

This Manual has been developed as part of the Erasmus+ QA4VET project "Implementing Mock Accreditation for Supporting Quality Assurance in Armenian VET Institutions". The project aims to contribute to the development of a quality assurance culture in Armenia's Vocational Education and Training (VET) system, strengthening the VET institutions' internal evaluation capacities and developing and implementing a mock accreditation methodology and tools.

The project is implemented through the cooperation of six partner organisations from Armenia, Romania, and Germany. The project is coordinated by the Romanian Agency for Quality Assurance in Pre-University Education (ARACIP). The consortium also brings together the German Institute for Vocational Education and Training, Labour Market and Social Policy (INVOLAS), Armenia's National Centre for Professional Education Quality Assurance (ANQA), the Armenian Centre for Education Policy and Management (ACEP) and two VET institutions: Vardenis Medical-Humanities College and Yerevan Regional State College No. 2 named after N. Achemyan.

As part of the project, European QA practices in VET have been examined, capacity-building and experience-sharing activities have been organised for project partners, and a mock accreditation methodology and tools tailored to the specific characteristics of the Armenian VET system have been developed. Particular emphasis has also been placed on the integration of green and digital components into the VET institutions' activities and QA processes.

The developed model and tools have been piloted in nine VET institutions, including two project partner institutions and seven associated institutions. Throughout the piloting process, institutional teams strengthened their capacities for self-evaluation and evidence-based analysis, while internal experts developed their peer review skills. The experience gained and feedback collected during the process have also informed the further refinement of this Manual and its accompanying tools.

Introduction

The QA development in Armenia's VET system requires not only the enhancement of external evaluation mechanisms but also the strengthening of VET institutions' capacities to evaluate their own activities and outcomes, identify the underlying causes of issues and implement enhancements informed by evaluation findings. From this perspective, it is essential that internal quality assurance (IQA) goes beyond the implementation of individual procedures or data collection to become an integral tool for institutional management and continuous enhancement.

Mock accreditation enables VET institutions to analyse their activities and outcomes based on evidence collected from various sources and the perspectives of various stakeholders. The institutions' self-evaluation is complemented by internal experts' peer review, helping to identify strengths, challenges and development priorities. Rather than resulting in a positive or negative accreditation decision, the process primarily aims to strengthen institutional capacities for self-evaluation and continuous enhancement.

This Manual aims to provide a common methodological framework for the implementation of mock accreditation, which can be tailored to the specific characteristics of individual VET institutions and the selected scope of evaluation. It outlines the principles and stages of the process, the roles and responsibilities of participants, as well as the tools and templates for self-evaluation, internal experts' peer review, enhancement planning and monitoring.

The Manual can be used for both a broader evaluation of institutional activities and the examination of specific criteria, processes, or development challenges. It is designed not only to support the implementation of a single mock accreditation cycle but also to enable institutions to integrate the approaches and tools developed during the process into their ongoing IQA practices.

This Manual is primarily intended for VET institutions' management staff, IQA teams, academic programme (AP) managers and heads of institutional units, teachers and internship instructors, internal experts, as well as professionals responsible for the methodological support and coordination of the process.

Development Trends in Armenian VET System

Armenian VET system has undergone reforms and modernisation in recent years. These reforms aim to improve the system's responsiveness to current and future labour market needs, enhance the education quality, strengthen the links between education and the labour market and build institutional capacities. The strategic directions of these reforms are outlined in the State Programme for the Development of RA Education until 2030. Key priorities for VET development include the preparation of specialists equipped with the skills required by the labour market needs, the development of competency-based education, the AP modernisation and the strengthening of QA systems. The State Programme also attaches importance to a greater number of graduate employment in their fields of qualification, setting a target of 90% by 2030.

The implementation of these reforms requires changes not only at the national policy level but also in the practices of VET providers. VET institutions need to build their capacities to continuously revise and enhance APs, respond to evolving labour market demands and developments in professional sectors, enhance teaching and assessment approaches, strengthen the teaching staff's competences, expand employer involvement in educational processes and track graduates' professional progression and employment. Thus, the effectiveness of system-wide reforms largely depends on the extent to which VET institutions are able to implement these changes at institutional level, evaluate their outcomes, and use the findings to support continuous enhancement.

The external quality assurance (EQA) system also contributes to institutional development and the advancement of system-wide reforms. Institutional accreditation encourages VET institutions to revise and improve their core processes, particularly through the enhancement of APs and learning outcomes, the employer engagement, the development of competency-based teaching and assessment approaches, the strengthening of research and analytical activities and the establishment of QA mechanisms. Meanwhile, periodic external review alone is not sufficient to ensure continuous enhancement. VET institutions need effective IQA systems that enable them to continuously monitor their activities and outcomes between external reviews. This requires the regular collection and analysis of data and evidence related to the labour market needs, AP implementation, achievement of learning outcomes, student progress, effectiveness of teaching and assessment, practical training, feedback from employers and other stakeholders, graduate employment and other key areas of institutional performance.

The IQA system should extend beyond data collection to support evidence-based change management. The collected data should help VET institutions identify challenges and

development needs, understand their underlying causes, determine enhancement priorities, plan appropriate actions and subsequently evaluate the outcomes of implemented changes.

This approach is also consistent with the logic of the European Quality Assurance Reference Framework for Vocational Education and Training (EQAVET), which is grounded in a continuous cycle of planning, implementation, evaluation and review. The framework attaches importance to the regular evaluation of outcomes, the use of relevant data and indicators and the identification of further development directions based on evaluation findings.

The mock accreditation model developed as part of the QA4VET project responds to this systemic need. Rather than serving solely as a one-off mock evaluation process, the model is designed as a practical tool for strengthening VET institutions' internal evaluation capacities. The model allows institutions to select a priority development area at a given stage, collect relevant data and evidence, evaluate their current practices and outcomes, identify strengths and development needs and plan enhancements based on the findings.

The regular application of the model also enables institutions to build on the findings of previous evaluations, analysing the implemented changes, the outcomes achieved and challenges unresolved. In this way, the mock accreditation model can contribute to the establishment of sustainable IQA practices, enabling VET institutions not only to respond to the requirements of external reviews and system-wide reforms but also to independently manage their continuous institutional development.

What is Mock Accreditation?

Mock accreditation is a tool designed to support VET institutions' internal evaluation and development. It follows the key principles and evaluation approaches of formal accreditation but is conducted for learning and development purposes. This process enables VET institutions to reflect on different areas of their activities through internal evaluation, evaluate the outcomes achieved, and identify needs for further development.

One of the important features of mock accreditation is the involvement of internal experts. In formal accreditation, the external review is conducted by an independent external expert panel, whereas in mock accreditation, staff members from the participating VET institutions serve as experts after the completion of relevant training.

Mock accreditation is implemented through a collaborative and developmental approach. Its purpose is not to reach a positive or negative accreditation decision, but rather to strengthen internal evaluation and analytical capacities, foster professional dialogue and identify directions for further institutional development based on the evaluation. Internal experts bring an insider's understanding of institutional practices while also adopting an evaluator's perspective. Through the examination of facts and evidence, discussions with stakeholders, and the triangulation of different perspectives, they provide a mirror reflection of institutional practices. This second perspective enables institutions to examine their current situation in greater depth and identify challenges and development opportunities that may not always be visible in day-to-day activities.

The mock accreditation's expected outcomes include:

1. Development of institutional learning capacities: The institution analyses its activities and outcomes, evaluates the effectiveness of implemented approaches and uses the experience gained to inform further development.

2. Clarification of development priorities: The triangulation of data, evidence and different stakeholder perspectives enables the institutions to identify key challenges and their underlying causes and establish development priorities accordingly.

3. Strengthening of self-evaluation capacities: The process participants develop their capacities in data collection and analysis, outcome evaluation, identification of the causes of issues and formulation of evidence-based conclusions.

4. Development of internal expert capacities: The process builds internal evaluation capacities. Internal experts develop skills to review documents and evidence, conduct interviews, triangulate information from different sources, formulation of expert conclusions and provide constructive, development-oriented feedback.

5. Strengthening of shared QA responsibility: The engagement of the institution's management staff, teachers, students, employers and other stakeholders ensures the integration of different QA perspectives into the evaluation process and joint establishment of development directions.

6. Translation of evaluation findings into follow up actions. Based on the identified challenges and development needs, a follow-up plan is developed, specifying expected outcomes, actions, timelines, responsible persons and KPIs.

7. Establishment of a sustainable internal monitoring mechanism: The mock accreditation model can serve as a regularly applied mechanism in VET institutions' IQA system. Building on the developed capacities and tools, the institution conducts annual internal monitoring of selected areas, analyses the outcomes of its activities, evaluates the effectiveness of previously implemented follow-up actions and identifies the next development priorities. Thus, the model application is not limited to a single mock accreditation cycle but is gradually integrated into the institution's governance and continuous enhancement practices.

Integration of Digital and Green Components into the Mock Accreditation Model

Technological developments, the digitalisation of the economy and the increasing adoption of sustainable development principles transform the labour market and the requirements of professional practice. As a result, the competences expected from VET graduates are also changing. Alongside professional knowledge and skills, increasing importance is placed on the use of digital technologies, effective resource management, adoption of environmentally responsible practices and operation in changing working environments. To respond to these developments, VET systems need to adapt and develop APs, teaching and assessment approaches, teachers' capacities, learning environments and resources, as well as mechanisms for employer cooperation and quality assurance.

The mock accreditation model developed as part of the QA4VET project incorporates green and digital components into various evaluation criteria rather than establishing separate criteria for these areas. Each relevant criterion examines how green and digital approaches are reflected in institutional practices. For instance, the evaluation includes their integration into APs and learning outcomes, teaching and assessment processes, teachers' professional development, resource management, cooperation with employers and IQA processes. This approach makes it possible to examine green and digital components not as isolated areas but as cross-cutting development priorities integrated into different institutional processes.

During mock accreditation, the following aspects are examined:

- **Within academic programmes:** the extent to which learning outcomes, AP content and teaching and assessment approaches contribute to the development of students' green and digital competences required for professional practice.
- **In teaching and learning:** the extent to which digital technologies and innovative educational approaches are applied, alongside work-based, project-based, case-based, and practical learning approaches.

- **In human resource development:** the extent to which teachers and internship instructors develop their green and digital competences in response to changes in professional sectors and evolving educational requirements.
- **In learning environments and infrastructure:** the extent to which available resources and technological solutions meet the AP needs and are used effectively, as well as the extent to which resource management takes into consideration sustainability, efficient resource utilisation and environmental responsibility.
- **In external cooperation:** the extent to which cooperation with employers and other partners is used to identify green and digital developments in professional sectors, reflect these developments in APs, and strengthen students' relevant competences.
- **In internal quality assurance:** the extent to which green and digital components are integrated into institutional internal evaluation processes and the extent to which evaluation findings are used to support their further development.

Through this approach, mock accreditation enables VET institutions to evaluate their readiness to respond to green and digital developments and identify enhancement areas.

Principles of Mock Accreditation

Mock accreditation is guided by a set of principles that define the key approaches to the organisation and implementation of the process. These principles also reflect the values that underpin evaluation, interaction among participants and the subsequent use of evaluation findings.

Principle 1. Development-oriented approach: The evaluation is conducted to identify institutional strengths, issues and development opportunities. The identified issues are discussed to understand their underlying causes and determine appropriate enhancement measures. The process does not aim to assign a positive or negative evaluation or to rank institutions. Rather, evaluation findings should help institutions make evidence-based decisions about future enhancement priorities.

Principle 2. Learning and capacity building: Mock accreditation is based on the principle of learning by doing. Participants learn, working directly with real data, documents and challenges. Through practical engagement, they develop capacities for self-evaluation, data and evidence analysis and internal expert evaluation. The experience and knowledge gained provide a foundation for the enhancement of future institutional practices and strengthen institutions' capacities to conduct independent internal evaluations.

Principle 3. Active stakeholder engagement: During mock accreditation, education quality is regarded as a shared responsibility among VET institutions' various stakeholders. The institutions' management staff, teachers, administrative and support staff, students, graduates, employers and other partners are involved in self-evaluation, evaluation activities and discussions on development priorities. Their practices, perspectives and feedback are collected and triangulated to develop a comprehensive understanding of institutional practices. A participatory, bottom-up approach is encouraged, ensuring that stakeholder contributions inform the identification of issues and the establishment of development priorities.

Principle 4. Continuous enhancement: Mock accreditation does not end with the presentation of evaluation findings. These findings provide the basis for follow-up actions. The planned actions should be realistic and measurable, with clearly defined responsibilities, implementation schedules, expected outcomes and KPIs. The implementation and outcomes of these actions are regularly monitored to evaluate the extent to which identified issues have been addressed and expected changes have been achieved. Based on the findings, actions are adjusted where necessary and further development priorities are identified, ensuring a continuous cycle of evaluation, enhancement, and re-evaluation.

Coordination of the Mock Accreditation Process and Assignment of Responsibilities

Mock accreditation is implemented through cooperation between ANQA and the VET institution, with a clear division of responsibilities. ANQA provides overall methodological coordination and support for the process, while the VET institution organises and carries out the activities planned at institutional level.

The key actors involved are:

- **ANQA and ANQA's coordinator:** Provide the mock accreditation methodology and tools, explain their application and organise capacity building workshops for the IQA teams and internal experts. ANQA agrees on the implementation schedule with the institution, maintains regular communication with the IQA team's coordinator and provides methodological guidance and clarification on issues arising throughout the process.
- **Institution's management staff:** Ensures staff participation in the process and allocates the necessary time and resources to support their involvement. Based on the evaluation findings, management staff approves the follow-up plan and monitors the implementation of planned actions within the established timelines.
- **IQA team:** Conducts self-evaluation, organises stakeholder participation and translates evaluation findings into follow-up actions.
- **IQA team coordinator:** Coordinates the implementation of the process within the institution and facilitates communication between the IQA team, different institutional units, and ANQA's coordinator.
- **Internal experts:** Conduct peer review and provide the institution with an independent professional perspective, offering a mirror reflection of institutional practices through the formulation of evaluation findings and recommendations.

The activities and responsibilities of each actor are described in the relevant stages of the mock accreditation process.

Mock Accreditation Stages

Stage 1. Formation of the IQA Team

For the implementation of mock accreditation, the VET institution establishes a team to organise and coordinate its activities at different stages of the process. For this purpose, an IQA team is established by an official order of the VET institution's director. The IQA team may consist of 8–10 members. When forming the team, it is advisable to ensure representation of the institution's main areas of activity and involve members with relevant knowledge and experience of various processes to contribute to self-evaluation activities.

The IQA team may include:

- representatives of management and administrative staffs;
- QA managers;
- heads of chairs and AP managers;
- teachers and internship instructors;
- representatives of relevant institutional units;
- representatives of students, graduates, employers and other stakeholders.

Once the focus and scope of evaluation have been defined, the IQA team may be reviewed and, where necessary, expanded to include specialists and stakeholder representatives directly involved in the selected area of evaluation. This allows the team to be aligned with the selected evaluation focus and ensures relevant professional practice and stakeholder participation.

Following the establishment of the IQA team, an initial working meeting is held to familarise team members with the purpose, key approaches and stages of mock accreditation. A person responsible for the overall process coordination is also assigned.

Throughout the mock accreditation process, the IQA team organises and coordinates the institution's activities.

The main responsibilities of the IQA team include:

- the analysis of available institutional data, findings from previous evaluations, identified issues to inform the selection of the focus and scope of the mock accreditation;
- the planning and coordination of institutional activities as part of mock accreditation;
- the organisation of the collection and systematisation of data and evidence required for self-evaluation;
- the analysis of data and evidence and the conduct of self-evaluation;
- the ensuring of the involvement of relevant units and stakeholders in the self-evaluation process;
- the identification of strengths, issues and development needs based on self-evaluation findings and the conduct of a SWOT analysis;

- participation in the development of a follow-up plan based on evaluation findings and the monitoring of its implementation

Expected Outcome

By the end of this stage, the institution has an IQA team formally established by the director's official order and a person responsible for the overall process coordination.

Stage 2. Selection of the Thematic Focus or Evaluation Scope for Mock Accreditation

Mock accreditation may involve the evaluation of one or more institutional or programme accreditation criteria, as well as selected thematic areas within these criteria. At this stage, the IQA team, with ANQA's methodological support, selects and justifies the focus and scope of evaluation based on the institution's challenges and development needs.

To select the focus and scope of evaluation, the IQA team analyses available institutional data and information. In particular, the following may be considered:

- the findings from previous external reviews and internal evaluations;
- the institution's strategic priorities;
- the findings from self-evaluations and monitoring activities;
- the issues identified during the AP implementation;
- the labour market trends and developments in professional sectors;
- the feedback from employers, students and graduates;
- the development needs identified through IQA processes.

Based on the analysis, the thematic focus, purpose and scope of evaluation are defined, the key evaluation questions are formulated, and the processes and key stakeholders to be included in the evaluation are identified. The evaluation scope may be narrow, focusing on a specific issue, process and thematic area, or broader, covering one or more accreditation criteria and related institutional processes. The scope is determined, taking into consideration the institution's identified issues, development needs and the purpose of mock accreditation.

The overall duration and timelines for individual stages are determined based on the selected evaluation focus, scope, and extent. Once the focus and scope of evaluation have been defined, ANQA, in agreement with the institution, develops an overall schedule for the implementation of mock accreditation. The schedule specifies the timelines for the key stages and activities of the process, including the IQA team's capacity building, the implementation of self-evaluation, the selection and preparation of internal experts, the examination of self-evaluation materials and the preparation for and the conduct of mock visit, the preparation and submission of the expert panel report, the development of the follow-up plan and other relevant activities.

The entire mock accreditation process may take **three to seven** months. The overall duration and timelines for separate phases are determined based on the selected evaluation focus, scope and extent.

Expected Outcomes

By the end of this stage, the institution has:

- a selected and justified thematic focus and scope of evaluation for mock accreditation;
- a clearly defined evaluation purpose and key evaluation questions;
- the processes and key stakeholders to be included in the evaluation;
- an overall schedule for mock accreditation implementation agreed upon between ANQA and the institution.

Stage 3. IQA team's Capacity Building

Once the focus and scope of evaluation have been defined, ANQA discusses with the IQA team the capacity building needs associated with the conduct of self-evaluation. Based on the identified needs and the specific characteristics of the selected evaluation scope, ANQA develops a capacity building programme, specifying the content and sequence of workshops.

In accordance with the agreed timeline, ANQA organises capacity building workshops, which may be conducted in person or online. The workshops introduce and provide opportunities for practical discussion of the key principles and evaluation issues related to the selected area, the data and evidence required for analysis, their potential sources and approaches to the triangulation and analysis of data and formulation of evidence-based conclusions.

The workshops are grounded in real institutional data, documents and other relevant materials. Under ANQA's guidance, the IQA team examines available data and evidence, evaluates their sufficiency for an in-depth analysis of the selected area and determines what additional data and evidence need to be collected.

During the workshops, ANQA also provides the methodological materials and practical tools required for self-evaluation, including:

- practical guidance on the interpretation and application of institutional accreditation criteria (Appendix 1);
- the SWOT analysis template with practical examples (Appendix 2).

The IQA team applies the workshops' approaches and tools when conducting the self-evaluation of its own institution. Throughout this process, ANQA provides methodological feedback, enabling the IQA team to refine its work, deepen its analysis and progressively strengthen its self-evaluation capacities.

Thus, capacity building follows the principle of **learning by doing**, whereby the IQA team develops its understanding and practical application of the methodology and tools through the analysis of real data and processes within its own institution. Capacity building does not end with workshops and continues throughout the entire self-evaluation process.

As a result of capacity building, the IQA team should be able to:

- understand the selected evaluation criteria and key questions and define the scope of analysis accordingly;

- identify the data and evidence required to address the evaluation questions and determine their potential sources;
- triangulate data and evidence from different sources and evaluate their sufficiency;
- move beyond the process description to the analysis of their outcomes and effectiveness;
- incorporate stakeholder perspectives into the analysis and triangulate them with data obtained from other sources;
- identify issues and analyse their underlying causes;
- conduct a SWOT analysis informed by the findings of the preceding analysis;
- formulate evidence-based conclusions and identify enhancement areas.

Expected Outcome

By the end of this stage, the IQA team has developed the necessary capacities to conduct self-evaluation within the selected evaluation scope and further strengthen these capacities in the subsequent activities.

Stage 4. Conduct of Self-Evaluation

The purpose of this stage is to conduct a structured and evidence-based self-evaluation within the selected evaluation scope. Applying the knowledge and tools acquired during the capacity-building stage, the IQA team conducts the institution's self-evaluation and summarises its findings through:

- a SWOT analysis and/or
- a self-evaluation report.

All conclusions drawn from the self-evaluation process should be grounded in relevant data and evidence. It is therefore essential to distinguish between the presentation of facts, their analysis and evaluative judgements. The mere existence of a document, procedure or implemented activity is not sufficient to demonstrate the effectiveness of the process under evaluation. Its practical implementation and the outcomes achieved should also be examined. Where the available evidence is insufficient to formulate evidence-based conclusions, information gaps and the need for further study should be clearly identified.

The process involves discussions among the IQA team and relevant stakeholders. These discussions provide opportunities to triangulate information from different sources, jointly analyse the current situation and develop a shared understanding of institutional strengths, challenges and development needs.

Through this process, the institution strengthens its capacity to examine and evaluate its own practices, systematically analyse data and perspectives from different sources and formulate evidence-based conclusions.

Expected Outcome

By the end of this stage, the institution will have conducted an evidence-based self-evaluation within the selected evaluation scope, identified its main strengths, weaknesses, opportunities and threats, and determined priorities for further improvement based on the findings.

Stage 5. Selection of Internal Experts

At this stage, two or three internal experts are selected from among the institution's staff to conduct peer review. The composition of the expert panel is determined based on the scope and specific characteristics of the evaluation. The panel may include staff members from different professional fields to ensure that the issues covered by the evaluation are examined from multiple perspectives.

During mock accreditation, internal experts assume the role performed by external experts in formal institutional accreditation. Within the selected scope of evaluation, they study the self-evaluation and supporting evidence, conduct a mock visit, meet with stakeholders and formulate evaluation conclusions and enhancement-driven recommendations.

The internal experts' selection is based on the thematic focus and scope of mock accreditation. The involvement of specialists with diverse professional backgrounds and relevant experience is recommended to ensure that the selected area of evaluation is examined from different perspectives.

The following factors are considered during the selection of internal experts:

- professional knowledge and experience relevant to the selected area of evaluation;
- knowledge of the institution's activities and relevant processes;
- ability to work with data and evidence and conduct analytical work;
- ability to listen to and discuss different perspectives and formulate evidence-based conclusions;
- ability to participate in the process within specified timeline.

The selection of internal experts also considers their direct involvement in the processes under evaluation. To ensure objectivity, internal experts should not be assigned to evaluate processes or areas of activity for which they are directly responsible, either in their implementation or management. When nominating candidates for internal expert roles, the institution should consider potential conflicts of interest and inform the ANQA coordinator of any such cases in advance.

Expected Outcome

By the end of this stage, an internal expert panel of two or three members has been established, with experience relevant to the selected scope of evaluation.

Stage 6. Preparation of Internal Experts

ANQA also organises capacity building workshops for the selected internal experts to prepare them for peer review. The experts learn to examine self-evaluation findings from an evaluator's perspective, triangulate information from different sources, formulate evidence-based conclusions and provide constructive, development-oriented feedback.
The internal experts' preparation focuses on the development of the key competences required for the peer review.

1. Analytical Questioning

Experts develop the ability to formulate questions that enable them to:

- clarify not only individual facts but also understand the underlying processes and causes;
- formulate hypotheses based on preliminary data and self-evaluation findings;
- identify factors affecting the effectiveness of institutional processes;
- explore stakeholders' perspectives on the process effectiveness, issues and enhancement opportunities.

2. Interviewing and Professional talks

Experts develop the ability to conduct meetings and interviews with different stakeholders, learning to:

- facilitate open and constructive professional discussions;
- ensure the participation of different stakeholders and the representation of their perspectives;
- listen actively, ask clarifying and probing questions, and, where necessary, test previously formulated hypotheses;
- foster an environment of mutual respect and learning-oriented dialogue.

3. Evidence-Based System-Level Analysis

Experts develop the ability to:

- distinguish individual cases from systemic issues and trends;
- triangulate information obtained from self-evaluation reports, documents, data, interviews, observations and other sources;
- verify the validity of conclusions drawn from the self-evaluation process;
- identify consistencies and discrepancies in information obtained from different sources;
- formulate evidence-based evaluative conclusions.

Stage 7. Mock Visit to VET Institution

The mock visit is conducted by an internal expert panel composed of the institution's staff members. ANQA's coordinator develops a one-day or half-day site visit agenda based on the selected thematic area or accreditation criterion. The agenda specifies the sequence of meetings and the stakeholder groups to be involved. The agenda is agreed upon with the VET institution, which is responsible for the organisation of the scheduled meetings. The visit may be conducted either in person at the VET institution, or online, depending on organisational arrangements, the purpose of the evaluation, and the specific characteristics of its scope.

Depending on the scope of evaluation, the agenda may include meetings with:

- institution's management staff;
- IQA team;
- teachers and internship instructors;
- heads of chairs, AP managers and dual AP coordinators;
- staff responsible for career guidance and organisation of internships;
- students;
- graduates;
- employers;
- representatives of other relevant stakeholder groups.

These discussions aim to explore how different stakeholders evaluate the processes, what challenges they identify and what enhancement opportunities they see. Their perspectives are triangulated with the data and evidence presented in the self-evaluation to ensure a comprehensive evaluation of process effectiveness.

Through the study of documents and data, observations and discussions with stakeholders, internal experts identify the causes of issues and the factors that facilitate or hinder the effectiveness of the evaluated processes and institutional development.

At the end of the mock visit, the internal experts conduct a concluding meeting with the management staff and the IQA team. During this meeting, they present their preliminary findings based on the study of documents, observations and stakeholder discussions, highlighting institutional strengths, enhancement areas, development priorities and issues requiring further analysis or clarification.

This oral feedback provides an opportunity to discuss the preliminary findings, clarify outstanding questions, and develop a shared understanding of the evaluation results. Clarifications provided and discussions held during the concluding meeting are taken into consideration in the preparation of the expert panel report.

Stage 8. Preparation of the Expert Panel Report

Within two to three weeks following the completion of the mock visit, the internal experts prepare an expert panel report in line with the established template. The internal experts organise and analyse the information collected from the peer review, triangulate data obtained from different sources and prepare the expert panel report.

The expert report should preferably be structured around the following components:

- the analytical observations on the processes under evaluation;
- the presentation of the institution's strengths;
- the identification of enhancement areas;
- the system-level observations identified during the evaluation;
- the enhancement-led practical, realistic, and prioritised recommendations.

The expert panel report should be grounded exclusively in reliable, verifiable and triangulated evidence. Its purpose is not merely to describe institutional activities but to analyse the effectiveness of the processes under evaluation, identify strengths and enhancement areas and provide evidence-based recommendations for their further development.

Enhancement-driven recommendations should be realistic, actionable and aligned with the institution's development needs, contributing to the continuous enhancement of education quality.

Stage 9. Development and Monitoring of the Follow-up Plan

Upon receipt of the expert panel report, the institution translates the evaluation findings into concrete follow-up actions. For this purpose, within two weeks, the institution develops a follow-up plan in line with the established template, drawing on the conclusions and recommendations of the expert panel report, as well as the development needs identified through self-evaluation.

The follow-up plan includes:

- the enhancement areas and actions to be implemented;
- the responsible units or individuals for each action;
- the schedule implementation;
- the required resources, where applicable;
- the expected outcomes and indicators for the evaluation of their achievement.

The follow-up plan is approved by the institution's management and integrated into its ongoing internal QA activities.

Monitoring of the Follow-up Plan Implementation

Following the approval of the follow-up plan, the IQA team regularly monitors the implementation of planned actions and the outcomes achieved. Monitoring focuses not only on the implementation of actions, but also on the resulting changes and their impact on the solution of the issues identified during the evaluation.

Based on the monitoring findings, the planned actions, implementation schedule, or approaches are adjusted as necessary. The findings are discussed within the institution's relevant governance and QA structures, serving as a basis for planning further enhancements.

Expected Outcome

The institution has an approved follow-up plan and a mechanism for monitoring its implementation and outcomes.

Methodological Package for Mock Accreditation

The methodological package has been developed as part of the QA4VET project and forms an integral part of this Manual. It comprises methodological materials, working templates and tools designed to facilitate the organisation and implementation of mock accreditation.

The methodological package aims to support VET institutions in the implementation of mock accreditation in a consistent, systematic and effective manner, providing the necessary tools for self-evaluation, evidence collection, data analysis, peer review and enhancement planning.

The package materials are designed for the use at different stages of the process. They may be applied in their entirety or adapted to the specific characteristics of the institution and the selected thematic focus or scope of evaluation. However, any adaptations should preserve methodological principles and overall process framework outlined in this Manual.

The methodological package includes:

- practical guidance on the interpretation and application of institutional accreditation criteria (Appendix 1);
- the SWOT analysis template with practical examples (Appendix 2);
- the mock visit agenda template (Appendix 3);
- the expert panel report template (Appendix 4);
- the follow-up plan template (Appendix 5).

Appendices
Appendix 1. Interpretation of the Institutional Accreditation Criteria and Practical Guidance

1. Mission and Purpose

Criterion: The Tertiary Level Institutions' policy and practices align with its mission, which is in accordance with the Armenian National Qualifications Framework (hereafter the "ANQF").

- The institution has a well-defined mission that articulates its purpose, the groups it serves and its role in the VET sector.
- The mission is not merely documented but is also reflected in the institution's actual practices, strategic objectives, APs and activities.
- The mission and purpose are periodically revised, taking into consideration institutional performance, stakeholder needs and changes in the external environment.
- The institution's key stakeholders, including students, teachers, employers, graduates and other relevant groups, participate in the development and revision of its mission, purpose and development priorities.
- The stakeholder participation is evaluated not only in terms of their engagement but also their impact on decision-making: what proposals they have submitted, which have been adopted, and what changes have resulted from their contributions.
- The institution has defined KPIs for the evaluation of the achievement of its mission and strategic objectives, thereby enabling it to monitor planned and actual outcomes.
- The KPIs may relate to graduate employment, stakeholder satisfaction, achievement of strategic objectives and other outcomes arising from the institution's mission and objectives.
- The institution periodically evaluates the achievement of its mission and objectives, analyses the collected data and uses the findings to identify strengths and development needs.
- The evaluation findings are translated into follow-up actions and governance decisions. It is important to demonstrate not only what has been evaluated but also what has changed as a result of the evaluation.
- The evaluation focuses not merely on the existence of a mission, stakeholder participation, or evaluation mechanisms, but on their practical implementation and effectiveness. Conclusions are supported by concrete data and evidence.

Practical Guidance

Frequently Asked Questions (FAQs)

1. If a VET institution has an approved mission and strategic plan, can this be presented as a strength?

The mere existence of these documents is not sufficient. The institution should demonstrate how the mission and strategic objectives are reflected in the institution's activities, the outcomes achieved and the data and evidence supporting these outcomes.

2. How should the achievement of strategic objectives be evaluated?

It is necessary to examine the objectives defined in the strategic plan, the actions planned for their achievement and the results obtained. Particular emphasis should be placed on whether the actions implemented have contributed to the achievement of the defined objectives and whether the institution has met the KPIs established in its strategic plan.

Where the expected results have not been achieved, the underlying reasons should be identified and further follow-up actions determined.

For instance, if the VET institution has set a strategic target of the achievement of a 70% graduate employment rate, it is necessary to measure the actual employment rate, determine whether the target has been met and, if not, identify the reasons for the shortfall.

3. How can stakeholder participation in strategic planning be demonstrated?

The mere organisation of meetings, discussions or surveys does not necessarily demonstrate effective stakeholder participation. It is necessary to present stakeholder proposals, indicating the accepted proposals and resulting changes.

4. What is the difference between a strength and an activity carried out?

An activity carried out demonstrates what the VET institution has done, whereas a strength reflects the positive outcome or advantage achieved as a result of that activity.

For instance, the monitoring of the strategic plan is an activity, while the solution of issues identified through monitoring and enhancements in the attainment of strategic objective may be considered strengths, provided that these are supported by relevant evidence.

5. How should a weakness be formulated?

A weakness should describe a specific shortcoming supported by data and evidence. It is necessary to clearly identify the issue, the evidence supporting its existence, its possible causes and impact on institutional activities and outcomes.

6. How can SWOT analysis findings be translated into follow-up actions?

Based on the identified issues, the institution should set follow-up priorities and define appropriate actions, responsible persons, implementation schedule and expected outcomes. Subsequently, it is necessary to evaluate the resulting changes.

Common Mistakes to Avoid

1. Mere presentation of a document as a strength.

For instance: "The VET institution has an approved strategic plan".

The existence of a strategic plan alone does not provide evidence of its effective implementation.

2. Equation of implemented activities with achieved outcomes.

For instance: "The implementation of the strategic plan was monitored four times during the year". It is important to demonstrate the issues identified through monitoring, the decisions made and the changes resulting from these decisions.

3. Formulation of strengths without supporting evidence.

For instance: "The VET institution successfully achieves its strategic objectives".

Such a statement should be supported by data on the achievement of strategic objectives, the outcomes obtained and their analysis.

4. Description of weaknesses in general terms.

For instance: "Stakeholder participation needs enhancement".

It is necessary to specify which stakeholder groups have limited participation, how this limitation is manifested, and what data and evidence support this conclusion.

5. Development of follow-up actions to address issues and weaknesses identified through SWOT analysis.

It is not sufficient to merely list the institution's strengths and weaknesses during SWOT analysis. It is necessary to examine the underlying causes of identified issues and plan concrete actions to address them, defining responsible persons, implementation schedules and expected outcomes.

For instance, if the institution identifies the non-achievement of certain strategic objectives as a weakness, it should analyse the reasons and develop appropriate actions to ensure their achievement.

2. Governance and Administration

Criterion: The TLIs' system of governance, administrative structures and their operations are effective and directed towards the achievement of its mission and purposes, adhering to the governance code of ethics.

- The institution has an effective governance structure with clearly defined functions and responsibilities, and its various governance bodies contribute to the achievement of institutional objectives.
- Governance decisions are made through clear and transparent mechanisms, while their implementation is monitored and evaluated to determine the extent to which these decisions lead to the intended outcomes.
- The institution has the human, material and financial resources required for its activities and evaluates not only their availability but also their adequacy and effective utilisation.

- The planning and allocation of financial resources are aligned with the institution's strategic objectives and priorities, while resource utilisation contributes to the achievement of the intended outcomes.
- The institution ensures the meaningful participation of teachers and students in decision-making. Emphasis is placed not only on their representation in governance bodies but also on the extent to which their proposals and perspectives influence decisions.
- The institution undertakes short-, mid- and long-term planning, ensuring that plans at different levels are interconnected and aligned with its strategic objectives.
- The implementation of plans is subject to regular monitoring and performance evaluation. Reports not only document activities carried out but also analyse outcomes achieved, unmet objectives and the reasons for their non-achievement.
- The institution regularly examines internal and external factors affecting its activities, collects and analyses relevant data and makes decisions based on reliable evidence.
- Data collection is not an end in itself. Their findings are used to enhance governance decisions, APs and other institutional processes. Particular importance is attached to the establishment of a clear link between the collected data, their analysis, and the decisions made.
- The institution manages its policies and procedures through the Plan–Do–Check–Act (PDCA) cycle. Processes are planned and implemented, their effectiveness is evaluated and enhancements are introduced based on the evaluation findings.
- The institution has mechanisms for the evaluation of the effectiveness of information collection, analysis and use. This includes collected data, their usefulness and application to inform enhancements.
- The institution collects and analyses data on its performance, including graduate employment, student progress, and final assessment results and uses these findings to enhance educational and governance processes.
- The institution publishes comprehensive, up-to-date, and objective information on its APs and awarded qualifications and evaluates the effectiveness of the information made publicly available.
- The institution develops and implements VET-level policies and approaches that support the development of students' green and digital competences, integrating them into APs, learning environments, resource utilisation and institutional development processes.
- The institution's governance ensures continuous development and progress. Governance decisions, planning, resource allocation and monitoring contribute to the solution of issues and lead to visible and measurable enhancements in institutional performance.
- The evaluation focuses not merely on the existence of governance bodies, plans, procedures and mechanisms, but on the governance effectiveness and its impact on

institutional development. Particular attention is given to the identification of the issues addressed, implemented changes, the outcomes achieved and the progress made by the institution.

Practical Guidance

Frequently Asked Questions (FAQs)

1. If a VET institution has an approved governance structure, regulations and job descriptions, can these be presented as strengths?

The mere existence of a governance structure and regulations is not sufficient. It is necessary to demonstrate how clearly staff responsibilities are distributed, how different governance bodies cooperate, how the implementation of decisions is monitored, and what outcomes are achieved.

For instance, if data collected by the Career Centre indicate that graduate employment in their field of qualification is low, it is necessary to examine how the relevant units cooperate to address this challenge. The AP managers should analyse the data and organise discussions with employers and representatives of relevant professional sectors to identify the causes of low employment. Based on the findings, decisions may be made to revise APs, enhance teaching and assessment methods, or strengthen teachers' professional capacities. It is also important to monitor the implementation of these decisions and evaluate whether the changes introduced have contributed to the enhancement of graduates' employment in their field of qualification.

2. How should the effectiveness of a VET institution's governance be evaluated?

It is necessary to examine the issues identified by the institution's management staff, the decisions made to address them, the monitoring of their implementation and the outcomes achieved.

For instance, if the number of students admitted to the institution has declined over the past two years, it is necessary to determine how the management staff has studied the reasons for this decline and the decisions taken in response. If the range of qualifications offered has been revised, career guidance activities have been organised in cooperation with schools, or cooperation with new employers have been established, it is important to evaluate whether these measures have resulted in an increase in the number of applicants and admitted students.

3. How should the effectiveness of financial resource planning and utilisation be evaluated?

The evaluation should examine how the institution's financial resources are allocated in accordance with its development objectives and priorities. Particular attention should be given

to the resources allocated for planned activities, the implemented activities and the outcomes achieved.

For instance, if one of the institution's strategic objectives is to strengthen teachers' professional competences, it is necessary to determine whether appropriate financial resources have been allocated in the budget, what training activities have been conducted, and how the acquired competences have been applied in teaching practice.

4. How can student and teacher participation in the governance decision-making be substantiated?

The mere representation of students and teachers in governance bodies is not sufficient. The institution should provide evidence of the issues they have raised, the proposals they have put forward, the adopted proposals and resulting changes.

For instance, if students have proposed the revision of the schedule to allocate more time for practical classes, it is necessary to demonstrate how the proposal was discussed, the decision made and whether the changes contributed to more effective organisation of practical classes.

5. How should the effectiveness of data collection and application in a VET institution be evaluated?

The evaluation should examine not only the institution's collected data but also how these data are analysed and used to inform decision-making.

For instance, if the institution has studied the reasons for student dropout and found that some cases are related to difficulties in balance between study and employment, it is necessary to demonstrate the decisions made to address the issue. If the timetable or student support approaches have been revised, it is necessary to evaluate whether these changes have contributed to a reduction in the number of dropout students.

6. How should the effectiveness of enhancements introduced into the governance system be evaluated?

It is necessary to examine the changes introduced into governance processes, the issues these changes were intended to address and the outcomes achieved. It is important to compare the situation before and after the changes through relevant data.

For instance, if the institution has introduced a new procedure for handling student requests and complaints, the evaluation should determine whether the time required to address them has decreased, the number of resolved issues has increased and student satisfaction has improved. These data enable the institution to evaluate the effectiveness of changes.

Common Mistakes to Avoid

1. Mere presentation of governance bodies and regulations as evidence of effective governance.

For instance: "The VET institution has an operational Governing Council and approved regulations".

It is necessary to demonstrate the issues the governance bodies have discussed, the decisions they have taken, the oversight of the implementation of these decisions and the outcomes achieved.

2. Justification of governance effectiveness solely by the number of sessions held and decisions made.

For instance: "During the year, the Governing Council held 10 sessions and adopted 25 decisions". The number of sessions and decisions does not, in itself, provide evidence of effective governance. It is important to examine the implemented decisions and the issues addressed. For instance, if the Governing Council has decided to strengthen cooperation with employers, it is necessary to demonstrate what new partnerships have been established as a result and their contribution to the organisation of students' practical training.

3. Presentation of financial expenditure as an achieved outcome. For instance: "The VET institution has allocated financial resources for teacher training." The allocation of financial resources alone is not sufficient. It is necessary to demonstrate the number of teachers participated in the training, the capacities they have developed and the application of these capacities in the teaching and learning process.

4. Justification of stakeholder participation solely by their representation in governance bodies.

For instance: "Students and teachers are represented on the Governing Council". Representation does not necessarily indicate meaningful participation in decision-making. It is necessary to demonstrate which of their proposals have been adopted and what changes have been implemented. For example, if the procedure for the organisation of class observations during the academic year has been revised following teachers' recommendations, it is necessary to explain what issues the change was intended to address and what outcomes have been achieved.

5. Presentation of data collection as evidence-based governance. For instance: "The VET institution regularly conducts surveys among students, teachers, and employers".

Surveys does not necessarily mean that the collected data are used in institutional governance. It is necessary to demonstrate the identified issues, the decisions made and the implemented changes. For instance, if employer surveys have revealed that graduates experience difficulties in the application of certain professional skills, it is necessary to examine the changes introduced into APs or the organisation of practical training based on these findings.

6. Presentation of weaknesses in the governance system without concrete evidence or follow-up actions. For instance: "The VET institution's governance system needs enhancement". Such a statement does not identify the actual issues. It is necessary to specify which governance process has a shortcoming, what data and evidence support these findings and the planned follow-up actions. For instance, if it has been established that reports on the implementation of Governing Council decisions are not submitted and some decisions remain unimplemented, this may be identified as a specific weakness. To address it, the VET institution should introduce a

mechanism for monitoring the implementation of decisions, with assigned responsible persons, clear timelines and procedures for the periodic discussion of results.

3. Academic Programmes

Criterion: The programmes are in concord with the institution's mission, form part of institutional planning and promote mobility and internationalization.

- Academic programmes are aligned with the institution's mission and strategic objectives and contribute to the achievement of its intended learning outcomes.
- Academic programmes have clearly defined intended learning outcomes that specify what students are expected to know, understand, and be able to do and apply in professional practice upon the completion of the programme.
- During the implementation, the focus is not only on compliance with state academic standards but also on the extent to which students actually achieve the intended learning outcomes.
- The institution identifies the core professional competences required for each qualification, the absence of which could significantly affect graduates' professional preparedness and their ability to perform work safely and effectively.
- The APs' teaching and learning methods are selected based on the intended learning outcomes. The evaluation examines the extent to which the methods applied actually enable students' development of the expected knowledge, skills and competences.
- The institution evaluates the effectiveness of teaching and learning methods and uses the findings for their revision and enhancement. Emphasis is placed on the complete cycle: method → evaluation → enhancement → re-evaluation.
- The student assessment system is directly aligned with the intended learning outcomes and enables the institution to determine actual achievement of the expected competences.
- Assessment methods are selected based on the intended learning outcomes, recognising that different outcomes require different assessment approaches. These methods should enable the assessment of not only knowledge but also its practical application.
- The APs have clearly defined green and digital learning outcomes that form an integral part of students' professional competences. The development of these competences is ensured through relevant modules, learning methods and practical assignments, while their achievement is verified through appropriate assessment methods.
- The institution periodically evaluates the effectiveness of its assessment methods and revises them where necessary, considering student performance, engagement, feedback and other relevant data.
- The AP enhancement is informed by data and feedback from different sources, including student performance, graduates' professional practice, employer feedback, teachers' observations and other relevant evidence.
- The AP revision is a continuous and structured process. The impact of changes grounded in evaluation and feedback is subsequently evaluated to determine whether they have led to expected enhancements.

- The APs are regularly benchmarked against comparable programmes and best practices to identify development opportunities. The impact of changes introduced as a result of benchmarking is subsequently evaluated.
- The APs support the development of students' digital and green competences, appropriately integrating them into learning outcomes, teaching and learning methods, practical assignments and assessment processes.
- The evaluation focuses not only on the formal compliance of Aps with established requirements but also on the effectiveness of programme implementation and its outcomes. Particular emphasis is placed on the competences students actually develop, the extent to which these competences meet the requirements of the professional field, the challenges identified and the resulting programme changes.

Practical Guidance

Frequently Asked Questions (FAQs)

1. If an AP complies with state academic standards, can this be presented as a strength?

Compliance with state academic standards alone is not sufficient. It is necessary to demonstrate the extent to which students actually acquire the professional competences defined in the AP and are prepared to apply them in professional practice.

2. How should the effectiveness of teaching and assessment methods be evaluated?

The evaluation should examine how the teaching and assessment methods contribute to the achievement of intended learning outcomes and whether the assessment methods enable the verification of students' actual competences.

For instance, if a learning outcome requires students to operate equipment independently, assessment through a written test alone is not sufficient. A practical assignment should be included to enable students to demonstrate the relevant competence.

3. How can it be determined whether students have acquired the necessary professional competences?

It is necessary to identify the key competences required for the profession and examine assessment results, practical assignments and employer feedback related to their achievement.

For instance, in the AP "Nursing", it is important to determine whether students can independently and safely perform essential professional procedures rather than merely describe the sequence of steps involved.

4. How should the effectiveness of changes introduced into an AP be evaluated?

It is necessary to demonstrate what issues prompted the AP revision, what specific changes were introduced, and what outcomes have been achieved.

For instance, if practical training hours have been increased based employer recommendations, it is necessary to determine whether students' practical competence assessment results have improved.

Common Mistakes to Avoid

1. Presentation of the formal compliance of an AP as evidence of its effectiveness.

For instance: "The AP complies with state academic standards".

It is also necessary to demonstrate the extent to which students actually achieve the intended learning outcomes.

2. Presentation of a list of teaching methods as evidence of effective teaching.

For instance: "Teachers use interactive and practical teaching methods".

It is necessary to specify the applied methods, the learning outcomes they are intended to support, and the data and evidence demonstrating their effectiveness.

3. Equation of high student grades with the achievement of professional competences.

For instance: "90% of students received passing grades".

It is necessary to examine the types of assignments used to assess students and their contribution to the evaluation of the required professional competences.

4. Presentation of changes introduced into an AP without evaluation of their outcomes.

For instance: "The AP has been revised and practical hours have been increased".

It is necessary to explain what issues the change was intended to address, how many additional hours have been introduced, in which modules, and to what extent these changes have contributed to the development of students' practical competences.

4. Students

Criterion: The TLI provides student support services to ensure the effectiveness of the learning environment.

- The institution has clear and transparent mechanisms for student recruitment, selection, and admission and regularly analyses trends in applicant numbers, admissions and demand for different fields of study to inform relevant decisions.
- The institution provides career guidance services that help applicants make informed choices about their future professions and choose relevant academic programmes.
- The institution regularly identifies and analyses students' learning needs and uses the findings to improve learning conditions, educational processes and student support services.
- The assessment of student needs is not limited to surveys. Particular attention is given to the changes based on student feedback and how the resulting changes are communicated back to students.
- The institution provides opportunities for additional classes, consultations and other forms of academic support that facilitate effective student learning, with particular attention to students experiencing learning difficulties.
- The effectiveness of academic and advisory support provided to students is regularly evaluated, considering not only the availability of services but also their utilisation and impact on student learning and academic progress.

- The institution has clear, accessible and transparent procedures for students to contact administrative staff and receive timely and effective responses.
- The institution provides career development services and cooperates effectively with employers to expand opportunities for internship, work-based learning and future employment.
- The effectiveness of career support is evaluated based on actual student and graduate outcomes, including access to internship and employment opportunities, graduate employment data and the results of cooperation with employers.
- The institution has effective mechanisms for the protection of students' rights. Students are informed about their rights, the procedures for the submission of requests and complaints and are able to use these mechanisms in practice.
- The institution ensures student participation in institutional life and decision-making processes, creating opportunities for them to express their opinions, submit proposals, raise concerns and have a meaningful impact on decisions.
- The institution regularly evaluates the quality and effectiveness of educational, advisory, career and other student support services and translates the evaluation findings into concrete enhancements.
- The evaluation focuses not merely on the existence of student support services but on their accessibility, utilisation and impact. Particular attention is given to the number of students benefitting from these services, the issues addressed, the outcomes achieved and the changes introduced based on evaluation findings.

Practical Guidance

Frequently Asked Questions (FAQs)

1. If a VET institution has student support and counselling services, can these be presented as strengths?

The availability of these services alone is not sufficient. It is necessary to demonstrate the extent to which students are informed about them, how many students have used the services, what issues have been addressed and what outcomes have been achieved.

2. How should the effectiveness of student support services be evaluated?

It is necessary to examine how the VET institution identifies students' learning needs, what support is provided and the resulting changes.

For instance, if some second-year students experience difficulties in mastering professional modules and additional classes are organised for them, it is necessary to evaluate whether their

academic performance has improved and whether the number of students experiencing learning difficulties has decreased.

3. How should the effectiveness of career guidance activities be evaluated?

It is necessary to examine not only the conducted activities but also their outcomes, including internship opportunities, graduates' employment in their field of qualification and the results of cooperation with employers.

For instance, if the VET institution has organised meetings with employers and job fairs, it is necessary to determine how many students have gained internship or employment opportunities as a result of these activities.

4. How can student participation the enhancement of VET institution's activities be demonstrated?

The mere existence of a Student Council or student surveys are not sufficient. It is necessary to demonstrate what issues students have raised, what proposals they have submitted and what changes have been introduced based on their feedback.

For instance, if students have raised concerns about the organisation of internships, it is necessary to demonstrate how the VET institution has responded and whether the implemented changes have improved internships.

Common Mistakes to Avoid

1. Presentation of the student support services as evidence of effective support.

For example: "The college has a Career Centre and student support services".

It is necessary to demonstrate the number of students used these services, the issues addressed and the extent to which the services have met student needs.

2. Equation of the number of activities organised for students with their effectiveness.

For instance: "During the year, 15 career guidance meetings were organised".

It is necessary to evaluate the extent to which these meetings have helped applicants make informed career choices and their impact on interest in relevant APs and admission outcomes.

3. Presentation of high student satisfaction rates without evaluation of identified issues.

For instance: "90% of students are satisfied with the institution's learning conditions".

It is also necessary to examine which aspects students have expressed dissatisfaction with, the identified issues and the actions implemented to address them.

4. Presentation of student participation without evaluation of the impact of their proposals.

For instance: "The institution has a Student Council whose members participate in various meetings".

It is necessary to demonstrate which student proposals have been discussed and adopted, what decisions have been made and the resulting changes.

5. Faculty and Staff

Criterion: The TLI has academic and supporting staff equipped with necessary professional qualifications to fulfil its mission and implement the goals set for academic programmes.

- The institution has clear policies and procedures for the recruitment, selection and retention of teaching and support staffs, ensuring that APs are delivered by specialists with the required qualifications and skills.
- The teacher selection is based not only on formal qualifications but also on the professional, pedagogical and practical competences required to deliver the relevant AP and module.
- For each AP and module, the institution clearly defines the competences needed to support the achievement of the intended learning outcomes, ensuring that these requirements are aligned with the objectives and learning outcomes of the respective modules.
- For teachers delivering professional and practical modules, particular importance is attached to up-to-date professional experience and familiarity with actual working environments to ensure that teaching is closely aligned with current professional practices.
- Teachers delivering technological, laboratory-based and other relevant professional modules have the digital competences and skills required to use the equipment and technologies necessary for effective module delivery.
- The institution has a clear and transparent system for the periodic evaluation of the teaching staff, including their professional and pedagogical performance and its link with learning outcomes.
- Teacher evaluation goes beyond student satisfaction surveys or class observations. Data from different sources are triangulated and analysed and the findings are used to identify teachers' professional development needs and inform relevant decisions.
- Considering the findings of internal and external evaluations, the institution regularly identifies teachers' professional development needs and plans relevant development activities.
- Teacher training is organised based on identified needs. The evaluation focuses not only on the completed training or the number of participated teachers, but also on its relevance and effectiveness, including newly developed capacities and their application in teaching practice.
- The institution provides opportunities for continuous professional development and allocates the necessary resources and financial support for teachers' capacity building.
- Particular emphasis is placed on the development of teachers' green and digital competences, enabling them to integrate these competences into professional teaching, practical assignments and the development of students' professional competences.
- The institution ensures the teaching staff's stability required for the AP delivery, analysing staff turnover, the proportion of full-time and adjunct teachers, student–teacher ratios,

teaching workloads and the availability of sufficient and appropriately qualified teaching staff for each AP.

- The institution has mechanisms for teachers' professional advancement and recognition, supports the professional development of novice teachers and promotes generational renewal of the teaching staff.
- The capacities of administrative and support staff are aligned with their responsibilities and the institution's strategic objectives. Their performance is regularly evaluated, development needs are identified and appropriate professional development and recognition measures are implemented.
- The evaluation considers both the adequacy of teaching and support staff and the effectiveness of their professional performance, with particular attention to the relevance of their qualifications and competences, their continuous development and its impact on students' learning outcomes.

Practical Guidance

Frequently Asked Questions (FAQs)

1. How can the strengths of teaching staff be substantiated in a SWOT analysis?

The number of teachers, their diplomas, and professional experience alone are not sufficient. It is necessary to use data from class observations, student assessment results, employer feedback and other evaluations to demonstrate teacher contribution to students' professional preparation.

2. How can teachers' professional development needs be identified based on evidence?

It is necessary to triangulate data from class observations, student surveys and learning outcomes to identify which teaching capacities require further development. For instance, if class observations indicate that students mainly play a passive, observational role during practical classes, while practical assessment results reveal difficulties in performing assignments independently, the underlying causes should be examined and the relevant areas for teachers' professional development should be identified.

3. How should the effectiveness of teacher training be evaluated?

Teaching methods and student learning outcomes should be compared before and after the training. For instance, if teachers have received training in formative assessment, class observations and reviews of student work should be used to determine whether teachers provide more specific feedback and create opportunities for students to identify and correct their mistakes.

4. How should weaknesses related to teaching staff be presented in a SWOT analysis?

Weaknesses should be specific and supported by relevant data and evidence. For instance, instead of making a general statement, e.g. "Teachers' professional development is insufficient",

it is necessary to specify the competences that require improvement, the evidence that supports these findings and the impact of these issues on student learning.

Common Mistakes to Avoid

1. Presentation of teachers' qualifications as sufficient evidence of effective teaching.

For instance: "90% of teachers have higher education qualifications."

This information describes the formal qualifications of teaching staff but does not, in itself, demonstrate teaching effectiveness. Additional evidence related to teaching practices and student learning outcomes is required.

2. Incorporation of general, unsubstantiated statements into the SWOT analysis.

For instance: "The VET institution has highly qualified and experienced teaching staff".

It is necessary to clarify how this strength is demonstrated in practice and the supporting data and evidence.

3. Presentation of the number of trainings as an outcome of professional development.

For instance: "During the year, 20 teachers participated in trainings".

It is necessary to demonstrate what professional development needs the training was intended to address, what capacities teachers have developed and how these capacities have been applied in their teaching practices.

4. Failure of planning follow-up actions to address identified weaknesses.

For instance: "Teachers do not sufficiently apply practical teaching methods".

It is necessary to specify the data and evidence supporting this finding, its underlying causes and the actions planned to address it.

6. Research and Development

Criterion: The TLI ensures the implementation of research activities and their link with teaching and learning.

- The institution has well-defined research areas and a common understanding of the nature and scope of research in the VET context.
- Research activities are aligned with the institution's APs, contribute to students' professional development and respond to the needs of relevant professional sectors and the country's socio-economic development.
- Research in VET is regarded as an applied process in which students examine professional practices, collect and analyse data, identify patterns and use the findings to determine and pilot enhancements.
- Research is embedded in the teaching and learning process rather than being treated solely as a separate activity.

- Student assignments provide opportunities to examine professional practices, collect and analyse data, compare different working methods, formulate conclusions, select the most effective solutions and evaluate their outcomes.
- Students' research engagement contributes to the development of their ability to analyse professional challenges and make evidence-based decisions in their practice.
- Teachers examine new developments, innovations and international practices relevant to their professional fields.
- The findings of studies and research conducted by teachers are used to enhance teaching and learning processes.
- The institution has the necessary policies, organisational framework and resources for research activities and supports the research engagement of students and teachers.
- Research findings are used to enhance APs, teaching and learning processes and professional practices.
- The evaluation places emphasis not only on the research activities but also on the extent to which their findings are applied in practice and contribute to enhancements. Particular attention is given to the areas investigated, the data collected and analysed, the conclusions drawn, the changes introduced based on research findings and the outcomes achieved.

Practical Guidance

Frequently Asked Questions (FAQs)

1. What can be considered research in a VET institution?

Research in VET is not limited to the publication of scientific articles or participation in conferences. It can be conducted within a professional module when students examine the process or outcomes of their own work, collect and analyse data, compare different working methods and use the findings to improve their results.

For instance, an Information Technology (IT) student may compare two methods of completion of the same task, measure the time required and record the number of errors to select the more effective data-based approach.

2. How can the strengths of research activities be substantiated with evidence in a SWOT analysis?

It is not sufficient to state that the VET institution conducts research or project-based activities. It is necessary to demonstrate in which APs and modules students examine professional issues,

what data they collect, what conclusions they draw, and how they use the findings to improve their work.

Evidence may include student assignments, records of observations and measurements, benchmarking, assessment results and data from repeated testing.

3. How can the development of students' research competences be evaluated based on evidence?

It is necessary to examine students' work and assessment results to determine the extent to which they can independently examine professional processes, collect and analyse data, identify patterns, and use the findings to justify professional decisions.

For instance, students' initial and subsequent assignments can be compared to determine whether they have become more independent in data collection, comparison of different working methods, and justification of their choices.

4. How should the outcomes of research activities be evaluated?

It is necessary to demonstrate the data collected during the research, the identified, the changes proposed based on the findings and specify whether repeated testing supported the enhancement.

For instance, if a student has examined material consumption in a production process and proposed an alternative method of using materials, it is necessary to compare material consumption before and after the change while also evaluating the maintenance of the required product quality.

Common Mistakes to Avoid

1. Presentation of independent works and the reproduction of information as evidence of the development of research competences.

For instance: "Students prepare independent works and presentations on professional topics".

It is necessary to demonstrate how students examine actual professional practices, collect and analyse data, formulating evidence-based conclusions.

2. Presentation of the strengths of research activities without concrete data and evidence.

For instance: "Students' research competences are highly developed".

Such a statement should be supported by evidence from students' work, assessments of research assignments and data on achieved outcomes.

It is important to demonstrate what proportion of students can independently collect and analyse data and use the findings to justify professional decisions.

3. Presentation of assumptions without supporting data as research conclusions.

For instance: "Students have found that the new working method is more effective".

It is necessary to specify the indicators used to compare the working methods, data obtained, and how the analysis of these data demonstrated the effectiveness of the selected approach.

4. Conclusion of research activities without testing the proposed enhancement and evaluation of its outcomes.

For instance: "Students have examined the issues and proposed a new method for their solution".

Proposing a solution alone is not sufficient. Where possible, the proposed change should be tested, additional data collected and the initial and final results compared.

If no enhancement is observed, the findings should be analysed and the selected solution revised where necessary.

7. Infrastructure and Resources

Criterion: The TLI has necessary resources to create learning environment and effectively support the implementation of its stated mission and goals.

- The institution has the teaching and learning facilities, laboratories, equipment, materials and other resources necessary for the delivery of APs. The adequacy of these resources is evaluated in relation to the intended learning outcomes of each AP.
- The key question in resource evaluation is whether the available resources enable students to achieve the intended learning outcomes and apply their professional competences in real or simulated working environments.
- Resource analysis is not limited to the number of available facilities and equipment. It evaluates their adequacy, accessibility, usability and alignment with the AP needs.
- The institution provides sufficient financial resources for the acquisition, maintenance, upgrading and operation of equipment, materials and other resources required for the AP delivery.
- Financial planning considers not only initial acquisition costs but also expenses related to maintenance, repairs, consumable materials and the safe operation of resources.
- Resource allocation is based on the identified and justified needs of APs. Particular importance is attached to a clear link between AP needs → resource priorities → budgeting → procurement.
- The institution's resource base is aligned not only with the educational process, but also with its strategic development priorities and the evolving needs of APs.
- The institution ensures effective information and document management. Data on the AP implementation and outcomes are maintained, accessible to authorised users and available for the evaluation of programme effectiveness.
- The institution ensures a safe, healthy and accessible learning environment. Safety requirements are considered not only in relation to general building conditions but also in terms of the specific occupational risks associated with each professional field.
- The learning environment and available resources enable students to develop and demonstrate competences in safe working practices, hygiene, risk prevention and occupational safety relevant to their professional field.
- The institution provides the digital resources, technologies and appropriate learning environments for the AP delivery, supporting the development of students' digital professional competences.

- The institution ensures access to digital environments, software tools and technologies required for the students' development of professional competences through both its own resources and, where necessary, the facilities and digital environments of employers and partner organisations. These resources enable students to learn and acquire practical skills in real or simulated professional environments.
- Resource planning and utilisation follow the principles of green and sustainable development, including efficient resource utilisation, responsible use of materials, waste reduction and the development of green practices relevant to each professional field.
- The institution regularly evaluates the utilisation, accessibility, adequacy and effectiveness of its resources informed by student and teacher feedback, resource utilisation data, observations and learning outcomes.
- Resource evaluation findings are used to improve the institution's resource base and plan future investments. Emphasis is placed not only on the acquisition of new resources but also on the evaluation of changes in student learning or professional preparedness as a result of their use.
- The evaluation places particular emphasis on the resources required to achieve the key intended learning outcomes of each AP, their availability and adequacy, and the remaining gaps.

Practical Guidance

Frequently Asked Questions (FAQs)

1. If a VET institution has classrooms, laboratories and the necessary equipment, can these be presented as strengths?

The mere availability of resources is not sufficient. For each AP, it is necessary to evaluate the extent to which these resources are adequate and accessible to students, their use in practical classes and contribution to the development of professional competences.

For instance, if a VET institution has 10 sewing machines, it is necessary to determine the number of students participating in practical classes simultaneously, how much time each student spends working independently with the equipment and whether students are able to complete the practical assignments required by the AP.

2. How can the adequacy of resources be evaluated based on evidence?

It is necessary to compare the AP requirements with the available resources, considering the number of students, the nature of practical assignments, the technical condition of equipment and the frequency of its utilisation.

For instance, if the assessment results of students' practical work indicate that some students are unable to perform professional tasks independently, it is necessary to examine whether one of the underlying causes is the insufficient availability of equipment or materials required for practical training.

3. How should the effectiveness of resource acquisition and utilisation be evaluated?

It is necessary to demonstrate what identified needs formed the basis for resource acquisition, how the resources have been used, and the changes observed in student learning outcomes.

For instance, if a VET institution has acquired new laboratory equipment, it is necessary to compare the situation before and after the acquisition to determine whether students have gained more opportunities to perform practical tasks independently and whether their assessment results in the relevant professional competences have improved.

4. How should strengths and weaknesses related to resources be presented in a SWOT analysis?

It is necessary to use data from resource inventories, equipment utilisation records, class observations, student and teacher surveys and practical assessments.

For instance, instead of using a general statement such as "Laboratory equipment is insufficient," it is necessary to specify which APs lack specific equipment, the number of students affected, and professional competences difficult to develop as a result.

Common Mistakes to Avoid

1. Presentation of the resource availability as evidence of their adequacy and effectiveness.

For instance: "The institution has modern laboratories and the necessary equipment".

It is necessary to demonstrate the extent to which the resources meet the AP requirements, are accessible to students and used for the development of professional competences.

2. Presentation of the number of resources without comparison with student and AP needs.

For instance: "The institution has 20 computers".

This information alone does not demonstrate resource adequacy. It is necessary to specify which APs use the computers, how many students have access to them, and whether they enable the completion of relevant practical assignments.

3. Presentation of the acquisition of new resources as evidence of improved learning outcomes.

For instance: "The institution has acquired new equipment and modernised its learning environment".

It is necessary to demonstrate the issues addressed through the resource acquisition, how the new equipment is used, and what data and evidence support enhancements in students' practical competences.

4. Failure of planning follow-up actions to address resource-related issues identified through SWOT analysis.

For instance: "The institution's material-technical resources need enhancement".

It is necessary to specify the affected APs, particular resource-related issues, supporting data and evidence and its impact on student learning. Based on these findings, concrete follow-up actions should be planned.

For instance, if the institution lacks equipment required to develop certain professional competences, it may plan to acquire the necessary equipment or, through cooperation with employers, provide students with practical training opportunities in appropriate working environments. These actions should include clearly defined responsibilities and responsible persons, implementation timelines and expected outcomes.

8.Societal Responsibility

Criterion: The TLI is accountable to the government and society for the education it offers, the research it conducts and the resources it uses.

- The institution is accountable to the state, society and its stakeholders for the education it provides, the activities it undertakes and the resources it uses. Public accountability requires the institution to operate in an open, transparent and accountable manner.
- The institution has well-defined accountability procedures and mechanisms. It regularly prepares and presents reports on its activities and financial performance and ensures that these reports are accessible to relevant stakeholders.

- Accountability goes beyond report preparation. Particular attention is given to the information the institution is accountable for, to whom it is accountable, the extent to which stakeholders are informed about institutional activities and outcomes and the mechanisms to ensure continuous accountability.
- The institution ensures the transparency of its processes and procedures, making relevant information on APs, regulations, procedures, decisions and institutional performance publicly available.
- Published information is comprehensive, up-to-date, accessible and understandable to different stakeholder groups, including students, applicants, parents, employers, graduates and other members of society.
- The institution has established sustainable mechanisms for communication and feedback with external stakeholders, including surveys, discussions, meetings and other forms of engagement to systematically collect their views and recommendations.
- Stakeholder feedback is not merely collected but is also analysed and used to inform decision-making and follow-up actions. Particular importance is attached to the stakeholders' contribution to changes in institutional practices.
- The institution makes its professional knowledge and practice publicly available through the organisation of professional, educational, awareness-raising, advisory, community-based and other initiatives.
- The institution's public engagement activities build on its professional capacities and APs, contributing to the development of the local community, relevant professional sectors, or stakeholder groups.
- The institution evaluates the outcomes and impact of its public and community engagement activities, considering not only the number of conducted activities but also who has benefited from them, the challenges addressed and the public value.
- The institution effectively uses digital platforms and communication channels to engage with society, ensuring information access, raise stakeholder awareness and provide feedback opportunities.
- The evaluation focuses not merely on the existence of a website, publications, reports, meetings, or events, but on their effectiveness and impact, particularly the extent to which they contribute to stakeholder awareness, transparency, meaningful feedback and public value.

Practical Guidance

Frequently Asked Questions (FAQs)

1. How should the effectiveness of a VET institution's internal reporting and accountability system be evaluated?

It is necessary to examine to whom the institution's structural units submit reports, what information these reports cover, and how frequently they are submitted. It is particularly essential to determine whether the reports are discussed by the management staff, the identified issues and the decisions made based on the findings.

2. How can annual work plans and reports be aligned with the strategic plan?

Annual work plans should be derived from strategic objectives and the established KPIs. Reports should demonstrate the implemented activities, the extent to which the planned KPIs have been achieved and the issues encountered.

For instance, if the strategic plan sets a target of increasing graduates' employment in their field of qualification to 70%, the Career Centre's annual work plan should include actions contributing to this objective. The annual report should present the actual employment rate, compare it with the planned target of 70%, and, where the target has not been achieved, analyse the underlying reasons.

3. How can the strengths of the accountability system be substantiated with evidence in a SWOT analysis?

It is not sufficient to state that the institution has an internal reporting and accountability system. It is necessary to demonstrate the extent to which the units implement their plans, what outcomes they achieve, what issues they identify in their reports, and the enhancements introduced based on the findings.

Evidence may include annual work plans, reports, KPI achievement data, meeting minutes and the results of decisions made.

4. How should the accessibility and transparency of information about a VET institution's activities be evaluated?

It is necessary to determine the extent to which students, teachers, applicants and other stakeholders are informed about the institution's activities, APs, admission requirements, their rights and key institutional outcomes.

Information may be provided through the institutional website, information platforms, meetings, and other communication channels. Particular attention should be given not only to the provision of information but also to its accessibility, accuracy, relevance and clarity.

Common Mistakes to Avoid

1. Mere presentation of reports as evidence of effective accountability.

For instance: "All units submit annual reports".

It is necessary to demonstrate what outcomes and issues have been presented in these reports, how the findings have been discussed and the decisions based on them.

2. Preparation of annual plans and reports without linking them to strategic objectives and KPIs.

For instance: "During the year, 15 career guidance meetings were organised".

The number of activities conducted alone is not sufficient. It is necessary to demonstrate which strategic objective these activities were intended to support, which KPIs they were expected to improve and what actual outcomes were achieved.

3. Presentation of only completed activities without evaluation of their outcomes.

For instance: "Class observations, surveys and trainings were conducted".

It is necessary to demonstrate the identified issues, the conclusions drawn, the implemented changes and the extent to which the intended outcomes were achieved.

4. Failure to plan follow-up actions to address accountability-related issues identified through SWOT analysis.

For instance: "Reports prepared by units lack sufficient analytical depth".

It is necessary to substantiate with evidence what is missing from these reports and plan appropriate follow-up actions.

For instance, if a study of reports has revealed that units present only lists of completed activities without evaluation of KPI achievement, the reporting template should be revised to include planned and actual outcomes, the underlying reasons for deviations and further follow-up actions.

9. External Relations and Internationalization

Criterion: Through external relations, the TLI promotes exchange of practice and enhancement, thus promoting internationalization.

- The development of external relations and the establishment of a foundation for internationalisation are aligned with the institution's strategic objectives and linked to the development priorities of its APs and the institution as a whole.
- The institution has a staff with clearly defined responsibilities for external relations and internationalisation and evaluates the outcomes of the conducted activities.
- The institution strengthens cooperation with employers, engaging them in the AP development and revision, student internships, assessment processes and work-based learning.
- Cooperation with employers contributes to the expansion of internship opportunities, access to real professional environments and shared resources and APs' alignment with labour market needs.

- The institution cooperates with other VET institutions and HEIs through the exchange of practice, joint educational and professional activities, shared use of resources and dissemination of best practices.
- The institution strengthens international cooperation through participation in international programmes and projects, the exploration and application of international good practices, the implementation of joint initiatives with international partners and the mobilisation of additional educational, material-technical resources.
- The outcomes of external and international cooperation are used to enhance teaching and learning, supporting the introduction of modern approaches, work-based learning and innovative teaching and learning methods.
- External relations contribute to the capacity building of teaching and administrative staff through training activities, professional development programmes, local and international experts' teaching practice and the enhancement of foreign language proficiency.
- The institution evaluates the outcomes and impact of external relations and international cooperation, examining the changes they have brought about in APs, students' professional competences, graduates' competitiveness in the labour market, and the institution's level of internationalisation.
- The evaluation places emphasis not merely on the number of partners, cooperation agreements or activities undertaken, but also on the tangible outcomes of cooperation. Particular attention is given to the stakeholders involved, the nature of their participation, the jointly conducted activities, the changes introduced and the results achieved. Likewise, institutional strengths should be presented not simply in terms of the existence of "good external relations", but through evidence-based examples of effective cooperation and its demonstrated impact.

Practical Guidance

Frequently Asked Questions (FAQs)

1. If a VET institution has numerous cooperation agreements, can these be presented as a strength?

The number of cooperation agreements alone is not sufficient. It is necessary to evaluate how many of these agreements are active, what activities have been implemented, how many students or teachers have benefited from the cooperation opportunities and what outcomes have been achieved.

For instance, if the institution has partnerships with 15 employers, it is necessary to determine how many of them actually provide internship opportunities for students, participate in the AP revision, or contribute to student assessment.

2. How should the alignment of external relations with a VET institution's development objectives be evaluated?

The external relations development plan should be aligned with the institution's strategic objectives and relevant KPIs. It is necessary to compare planned and actual outcomes to determine how cooperation activities have contributed to the development of APs and the institution as a whole.

For instance, if the institution has planned to increase the proportion of students undertaking internships with employers, data from the previous and current years should be presented to evaluate changes in this KPI. If the target has not been achieved, the underlying reasons should be analysed.

3. How can the effectiveness of external cooperation be substantiated with evidence in a SWOT analysis?

It is necessary to demonstrate not only the meetings and activities conducted but also the resulting changes.

For instance, if practical assignments within professional modules have been revised based on employer recommendations, it is necessary to demonstrate the identified issues, the specific changes and evaluate the enhancement of students' professional competencies.

Evidence may include cooperation reports, internship results, employer feedback, student assessment data and the changes introduced into the APs.

4. How should the outcomes of international cooperation and exchange of practice be evaluated?

It is necessary to determine the knowledge and experience gained through participation in international projects and training, their application in the institution and the outcomes achieved.

For instance, if teachers have explored new approaches to practical training through international experience-sharing activities, it is necessary to demonstrate the approaches introduced into their teaching practices and the resulting changes.

Common Mistakes to Avoid

1. Presentation of the number of cooperation agreements as evidence of effective external relations.

For instance: "The institution has 20 cooperation agreements".

It is necessary to demonstrate the number of active agreements, the activities implemented under them, and the outcomes achieved.

2. Planning of external relations without linking them to strategic objectives and KPIs.

For instance: "The institution plans to expand cooperation with employers".

It is necessary to specify the purpose of expansion of cooperation, the expected outcomes and the KPIs that will be used to evaluate its implementation.

3. Presentation of participation in international projects and events as an achievement without evaluation of their outcomes.

For instance: "Five teachers from the institution participated in international training".

It is necessary to demonstrate how the knowledge and experience gained have been applied to enhance teaching practices or APs.

4. Presentation of strengths and weaknesses related to external relations in a SWOT analysis without supporting evidence or follow-up actions.

For instance: "The institution has effective external relations" or "International cooperation is insufficiently developed".

Such statements should be supported by data and evidence related to cooperation outcomes, participants involved, activities implemented and their impact.

Where a weakness has been identified, it is necessary to examine its underlying causes and plan concrete follow-up actions, with clearly defined responsibilities and responsible persons, implementation timelines and expected outcomes.

10. Internal Quality Assurance System

Criterion: The TLI has an internal quality assurance system that promotes continuous enhancement of all its processes and the formation of quality culture.

- The institution has an IQA policy, procedures and an operational system aligned with its strategic objectives and the AP enhancement. Emphasis is placed not merely on their formal documentation but also on their practical implementation and outcomes.
- Internal quality assurance operates as a continuous improvement cycle: data collection → analysis → decision-making → action → impact evaluation.

- The IQA system regularly collects and analyses reliable and relevant data on institutional activities and APs to identify challenges, evaluate outcomes and support evidence-based enhancement decisions.
- The institution provides the human, material and financial resources for the effective functioning of the IQA system. The QA staff responsibilities are clearly defined and the system's functioning is neither limited to nor dependent solely on the work of one individual.
- Students, teachers, employers, graduates and other relevant stakeholders are involved in QA processes. Their participation extends beyond feedback. Particular emphasis is placed on their impact on decision-making and enhancements.
- The stakeholders' data and feedback are used for the AP enhancement, teaching and assessment methods, internships, resources and other institutional processes. A clear link should be between feedback or data → analysis → decision → change.
- The IQA system evaluates the extent to which green and digital components are integrated into the APs and other institutional processes and whether students develop relevant professional competences. Evaluation findings are used to support further enhancements in these areas.
- The institution regularly revises and enhances not only its APs and institutional processes but also the IQA system itself and related tools, including questionnaires, class observation forms, monitoring and reporting templates and other mechanisms.
- The revision of QA tools is based on an evaluation of their effectiveness, considering challenges identified through the use of a particular tool, the changes introduced and whether the revised tools generate more useful data.
- Through its IQA processes, the institution ensures that data are collected continuously and systematically so that the institution's self-evaluation and external review draw on existing, regularly used, and reliable data rather than documents prepared at the last minute specifically for evaluation purposes.
- Data from different sources, including surveys, class observations, internship monitoring, employer feedback, graduate employment, AP outcomes and student performance, are triangulated and analysed to formulate evidence-based conclusions.
- Information on QA outcomes is accessible and understandable to stakeholders. The institution not only makes relevant information publicly available but also demonstrates the enhancements implemented as a result of evaluations and stakeholder feedback.
- The IQA system enables the institution to evaluate progress at both institutional and AP levels, comparing data over time and demonstrating the enhancements made, the challenges addressed and the outcomes achieved.

- The evaluation focuses not merely on the existence of surveys, class observations, monitoring activities, reports, or QA documentation but on their effectiveness and impact. Particular attention is given to the data collected and analysed, those responsible for the analysis, the decisions made, the actions taken and the resulting enhancements.
- The evaluation of this criterion primarily focuses on the extent to which the IQA system functions as an effective mechanism for institutional governance and continuous enhancement, ensuring that collected data are translated into decisions, actions and measurable enhancements.

Practical Guidance

Frequently Asked Questions (FAQs)

1. If a VET institution has a QA policy, procedures and a designated QA manager, can these be presented as strengths?

The mere existence of documents and a designated QA manager is not sufficient. It is necessary to demonstrate how the system operates in practice, what data are collected and analysed, the issues identified and the decisions made based on the findings.

For instance, if class observations have revealed challenges in the organisation of practical training, it is necessary to demonstrate the decisions made, the implemented changes and identify whether subsequent observations have shown enhancements.

2. How should the effectiveness of the QA system be evaluated?

It is necessary to examine the extent to which findings from surveys, class observations, monitoring and other evaluations are used to inform decision-making and follow-up actions.

For instance, if student surveys have revealed issues in the organisation of internships, it is necessary to determine whether these issues have been discussed with the responsible staff, what changes have been introduced, and how their effectiveness has been evaluated.

3. How can the strengths and weaknesses of the QA system be substantiated with evidence in a SWOT analysis?

It is necessary to use annual QA reports, survey and class observation findings, follow-up actions, data on the implementation of decisions and the achievement of relevant KPIs.

For instance, if the institution identifies as a strength that its QA system contributes to the AP enhancement, it should demonstrate the issues identified through evaluations, the number of issues addressed through follow-up actions, and the outcomes achieved.

4. How should enhancements to the QA system itself and its tools be evaluated?

It is necessary to examine the extent to which the institution's questionnaires, class observation forms, monitoring tools and reporting templates enable the collection of relevant data and the identification of actual issues.

If it has been found that a class observation form mainly records teachers' activities but does not enable the evaluation of student engagement and the development of practical competences, the tool should be revised. Subsequently, it is necessary to evaluate whether the revised tool provides more useful data.

Common Mistakes to Avoid

1. Mere presentation of QA procedures and documents as evidence of an effective operational system.

For instance: "The institution has a QA policy, regulations and an annual work plan".

It is necessary to demonstrate how these mechanisms are implemented in practice, what outcomes they produce, and what enhancements they lead to.

2. Presentation of the number of surveys and class observations as QA outcomes.

For instance: "During the year, 10 surveys and 25 class observations were conducted".

What matters is not merely the number of conducted activities, but the analysis of the collected data, the identified issues, the decisions made based on the findings and the enhancements implemented.

3. Inclusion of general statements in the SWOT analysis without supporting data and evidence.

For instance: "The institution has an effective QA system".

It is necessary to substantiate the issues identified through QA processes, the decisions made and the actual changes achieved.

4. Failure to evaluate the outcomes of actions to address issues identified through QA and the implemented enhancements.

For instance: "The organisation of practical training has been improved based on student survey findings".

It is necessary to demonstrate what specific issues were identified, the changes introduced and what data and evidence support the enhancements.

If the issues persist after the implemented changes, it is necessary to review the actions taken and plan additional measures.

Appendix 2. SWOT Analysis Template with Practical Examples

VET Institution:	
Criterion:	

The SWOT analysis helps the institution identify internal strengths and weaknesses, as well as external opportunities and threats, based on evidence. Each table contains guiding questions followed by a completed example and blank rows for institutional use.

- Identify one factor per row. Make each statement clear, specific and concise.
- In the "Comments" column, explain why the factor is a strength, weakness, opportunity or threat and how it affects the institution or academic programme.
- In the "Evidence / Source" column, provide specific facts, quantitative data or documented findings. Include references or hyperlinks where available.
- In the "Next Steps" column, indicate the actions the institution plans to take in response to the identified factor.

1. Strengths

Positive internal factors: What is the institution doing well? What has been achieved, and what evidence demonstrates its effectiveness?

Strengths	Comments	Evidence / Source	Next steps
What is the institution doing well?	Why is this a strength? What positive results have been achieved?	What data or evidence demonstrate these results?	How will this strength be maintained or further developed?
Example — Nursing academic programme Practical skills training in the Nursing academic programme has been enhanced based on employer feedback.	Employers identified that students had difficulty independently administering injections while following the required sequence and safety procedures. In response, the college introduced additional independent practice in a simulated environment and used assessment checklists. Subsequent assessment results demonstrated improvement in students' practical performance.	Employer survey findings and minutes of academic programme revision meetings. The proportion of students correctly performing all mandatory steps increased from 60% to 85%, according to practical assessment results.	Continue reviewing practical assignments with employers and regularly assess students' independent performance and compliance with safety requirements.

2. Weaknesses

Internal areas requiring improvement: What is not working effectively? Which processes, resources or outcomes need improvement?

Weaknesses	Comments	Evidence / Source	Next steps
What specific problem or gap has been identified?	Why is this a weakness? How does it affect institutional or programme performance?	What data or evidence demonstrate the problem?	What actions will be taken to address the weakness?
Example — Nursing academic programme Assessment results are not systematically analysed to identify gaps in students' achievement of intended learning outcomes.	Although practical assessments are conducted regularly, their results are mainly used to assign grades. The college does not consistently analyse which professional procedures students find most difficult or use these findings to plan improvements in teaching and assessment.	Review of practical assessment reports and academic programme meeting minutes. Assessment results are recorded, but systematic analysis of recurring student difficulties and documented follow-up actions is limited.	Introduce regular analysis of practical assessment results by learning outcome, identify recurring difficulties and use the findings to revise practical assignments and teaching methods.

3. Opportunities

Positive external factors: Which external developments, partnerships, resources or changes could support institutional development?

Opportunities	Comments	Evidence / Source	Next steps
What external opportunity has been identified?	How could this opportunity benefit the institution or academic programme?	What external information or evidence confirms this opportunity?	What actions will the institution take to make use of this opportunity?
Example — Nursing academic programme A regional medical centre has expressed willingness to provide additional clinical training placements for students of the Nursing academic programme.	During a meeting with the college, representatives of the medical centre expressed their willingness to accept 10 additional students per semester for supervised clinical training in the internal medicine and surgical departments. This would allow the college to expand clinical training opportunities and strengthen students' practical competences in real healthcare settings.	Minutes of the meeting with the medical centre (15 September 2025); written confirmation indicating the availability of 10 additional clinical training placements per semester.	Contact the medical centre's nursing director, agree on the number of placements and supervision arrangements, and sign a cooperation agreement specifying the training schedule, expected learning outcomes and responsibilities of clinical mentors.

4. Threats

External risks: Which developments or external conditions could negatively affect institutional performance or programme implementation?

Threats	Comments	Evidence / Source	Next steps
What external risk or challenge has been identified?	How could this threat negatively affect the institution or academic programme?	What data or external evidence indicate that this risk exists?	What actions will be taken to reduce or manage the risk?
Example — Nursing academic programme A shortage of qualified nursing professionals in local healthcare institutions may reduce the availability of clinical mentors for students.	Limited availability of experienced nurses could restrict students' access to supervised practical training, reduce opportunities for individual feedback and affect the achievement of intended professional learning outcomes.	Regional healthcare workforce reports, employer surveys and documented feedback from partner healthcare institutions identifying staffing shortages.	Cooperate with additional healthcare institutions, coordinate practice schedules in advance and strengthen simulation-based training to reduce the impact of limited clinical placement opportunities.

Reminder

- Strengths and weaknesses are internal factors related to the institution's activities, resources, processes and outcomes.
- Opportunities and threats are external factors arising from the labour market, partnerships, demographic changes, legislation or other developments beyond the institution's direct control.
- Each factor should be supported by evidence. Avoid general statements that cannot be demonstrated.
- Next steps should be realistic, specific and linked to the identified factor.

Note: Examples are illustrative. The figures of 60% and 85% are retained from the original Nursing example; all example findings and evidence sources must be replaced with the institution's own verified data when completing the template.

Appendix 3. Template for the Mock Visit Agenda

No.	Meeting / Activity	Launch	End	Duration
1	Meeting with the director and vice-directors	10:00	10:50	50 minutes
2	Meeting with AP managers and teachers	10:55	11:45	50 minutes
3	Meeting with students	11:50	12:30	40 minutes
4	Meeting with employers	12:35	13:15	40 minutes
5	Meeting with the IQA manager	13:25	14:00	35 minutes
6	Close meeting of the expert panel	14:20	14:35	15 minutes
7	Summary	14:40	15:00	20 minutes

Appendix 4. Template for the Expert Panel Report

NATIONAL CENTRE FOR PROFESSIONAL EDUCATION QUALITY ASSURANCE FOUNDATION

NATIONAL CENTER FOR PROFESSIONAL EDUCATION QUALITY ASSURANCE FOUNDATION

Expert Panel Report on Online Mock Visit to (name of the institution) as Part of Erasmus+ Project "Implementing Mock Accreditation for Supporting Quality Assurance in Armenian VET Institutions"

Yerevan 202-

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Introduction

This expert panel report has been prepared based on the findings of the mock accreditation conducted at [name of VET Institution].

Mock accreditation was conducted within the scope of [specify the selected evaluation focus / criterion / criteria] chosen by the institution, through a developmental and evidence-based peer review approach. The evaluation aimed to complement the institution's self-evaluation with professional observations by internal experts, identifying strengths, enhancement areas and directions for further development.

The report is based on the triangulation of the institution's self-evaluation findings, the data and evidence submitted and information obtained through discussions with different stakeholders and other sources during the peer review.

The findings presented in the report are developmental in nature and do not entail a positive or negative accreditation decision. They are intended to support the institution's planning of follow-up actions and the further development of internal quality assurance system.

Organisation, Scope and Methodology of the Evaluation

This section briefly describes the organisation of mock accreditation, the selected evaluation scope and the methodology applied.

- The selected evaluation focus and scope of mock accreditation.
- The internal experts who conducted the peer review.
- The date, format and duration of the mock visit.
- The main documents, data and other evidence examined during the evaluation.
- The stakeholder groups participating in meetings during the visit.
- Where relevant, the processes, learning environments or other sources observed.

Context of the VET Institution

This section provides a brief profile of the VET institution under evaluation, giving an overview of its activities, learning environment and specific development characteristics.
The following information is presented:

- The year of establishment, legal status and mission of the institution.
- The key areas and fields of study of the APs offered.
- A total number of students and, where necessary, their distribution across APs.
- Key available information on graduate employment.
- Main areas of cooperation with employers and other stakeholders.
- Principal forms of external cooperation and, where applicable, international partnerships.
- Other characteristics relevant to institutional development that may help interpret the expert evaluation findings.

Summary of Mock Visit Findings

➢ Academic Programmes ➢ Faculty and Staff ➢ Infrastructure and Resources	
Strengths	Present 3–5 of the most significant strengths and their impact.
Enhancement areas	Present 3–5 main gaps or issues, indicating their impact.
Recommendations	Provide concrete and feasible recommendations for the solution of the above-mentioned issues.

➢ Mission and Purpose ➢ Governance and Administration ➢ Internal Quality Assurance System	
Strengths	Present 3–5 of the most significant strengths and their impact.
Enhancement areas	Present 3–5 main gaps or issues, indicating their impact.
Recommendations	Provide concrete and feasible recommendations for the solution of the above-mentioned issues.

➢ Students ➢ Research and Development ➢ Societal Responsibility ➢ External Relations and Internationalization	
Strengths	Present 3–5 of the most significant strengths and their impact.
Enhancement areas	Present 3–5 main gaps or issues, indicating their impact.
Recommendations	Provide concrete and feasible recommendations for the solution of the above-mentioned issues.

Appendix 5. Template for the Follow-up Plan

For each recommendation or identified area for improvement, specify a concrete action, expected outcome, measurable indicator or supporting evidence, implementation deadline, and responsible person or unit.

№	Recommendation / Area for Improvement	Planned Action	Expected Outcome	Indicator / Supporting Evidence	Required Resources	Deadline	Responsible Person / Unit
1.	**Example**- Minimum achievement thresholds and critical requirements have not been clearly defined for the key professional learning outcomes across all academic programmes. As a result, assessment does not consistently demonstrate whether every student has acquired the essential knowledge and practical competences required for their profession.	Define minimum achievement thresholds and mandatory critical requirements ("red lines") for the key professional learning outcomes of all academic programmes. Specify what every student must know and be able to perform in practice, and integrate these requirements into theoretical and practical assessment criteria and tools, in cooperation with employers.	All academic programmes have clearly defined minimum competency requirements, enabling the institution to reliably determine whether students have achieved the essential professional learning outcomes. Students cannot successfully complete the relevant assessment without meeting the mandatory critical requirements.	100% of academic programmes have documented minimum achievement thresholds and critical requirements for their key professional learning outcomes. The requirements are reflected in assessment tools, and their achievement is verified through student assessment records and practical assessment checklists.	Academic programme managers, teachers, employer representatives and QA staff.	June 2027	Deputy Director for Academic Affairs, academic programme managers and QA officer, in cooperation with employers.