

EQAVET NRP PROJECT

Guidance to VET institutions on how to plan and implement improvements within the institution

National Reference Point

Methodological support for institutional quality improvement

Transposing the "Review" component of the EQAVET quality assurance cycle into practice



EQAVET



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Introduction

Quality assurance and quality improvement are becoming increasingly important both for VET institutions and for authorities managing education and VET across Europe. Different procedures and tools have been introduced and applied in order to improve and assess the quality of vocational education and training. However, further exploitation of the results of the assessments and evaluations is not always efficient or systematic, neither at system level, nor at VET provider level.

These findings are also supported by the results of the survey carried out every two years across the 34 member countries of the EQAVET Network: the weakest component of the Quality Assurance Cycle of the EQAVET Framework is the “Review” phase, i.e. VET institutions do not typically give feedback on or use (or they give only marginal feedback or only partially use) the data arising from their quality assurance activity – the data obtained from internal or external measurements, checks and assessments – in order to improve their education and training activities.

In order to promote the implementation of the Review Phase of the EQAVET Framework at VET institution level, the topic was included into the three main priorities of the EQAVET Network Work Program 2016-2017, and the Network has developed a number of activities to support the better understanding of the linkage and interactions between quality assurance systems, evaluations and improvements.

The importance of this theme is also highlighted by the Riga Declaration, adopted on 22 June 2015, in which one of the five medium-term deliverables of VET by 2020 (Priority area 2) encourages and reinforces the successful implementation of the Review Phase by calling for further development of quality assurance mechanisms in the field of vocational education and training, in line with the European Quality Assurance Reference Framework for Vocational Education and Training (EQAVET) Recommendation and expects that as part of quality assurance systems, continuous information and feedback loops in initial VET and continuing VET systems based on learning outcomes will be established.

In this respect, the EQAVET NRP (National Reference Point) operated within the National Office of Vocational Education and Training and Adult Learning has developed and delivered training courses of 2x1 days, as well as developed this methodological guidance document in order to help all related development and to encourage the deepening of a culture of continuous quality improvement in VET institutions by transposing the indicative (qualitative) characteristics constituting the “Review” phase of the EQAVET Quality Assurance Cycle into practice.

Improved EQAVET framework: EQAVET+

After the adoption of the EQAVET Recommendation in 2009, a number of policy initiatives, developments and priorities aiming at and supporting the (quality) improvement of VET, have emerged, and these are arguably either not or not sufficiently reflected in the initial form of the EQAVET Recommendation. Certain elements and themes preferred by the policy were missing from the Framework, such as the “learning outcomes” approach; or they were neither sufficiently clear nor highlighted in that report, for example work-based learning and training or the issues of further training and the cooperation of teachers, vocational trainers and company-based instructors, as well as the relevant quality assurance aspects.

In response to this, and in line with EQAVET Recommendation’s call for the Member States to further develop not only the European Quality Assurance Reference Framework, but also the quality criteria detailed in it and the indicative descriptors

as well as the reference indicators, the European Commission decided to further develop EQAVET. In the first semester of 2016, a European working group developed the technical document entitled “EQAVET+ indicative descriptors – Supplement to the EQAVET Framework, developed by the European Network for Quality Assurance in Vocational Education and Training”, which supplements and completes the EQAVET Recommendation, and seeks to guide the Member States in further strengthening their quality assurance approaches in line with the Recommendation.

The “review” component of the EQAVET+ framework

The table below shows the further developed indicative descriptors of the „Review” component of the EQAVET+ Framework. The additions are written in red and highlighted.

Quality Criteria	Indicative descriptors at VET system level	Indicative descriptors at VET provider level
Review	<p>Procedures, mechanisms and instruments for undertaking reviews are defined and used to improve the quality of provision at all levels</p> <p>Processes are regularly reviewed and action plans for change devised. Systems are adjusted accordingly</p> <p>Information on the outcomes of evaluation is made publicly available</p>	<p>Learners’ feedback is gathered on their individual learning experience and on the learning and teaching environment. Together with teachers’, trainers’ and all other relevant stakeholders’ feedback this is used to inform further actions</p> <p>Information on the outcomes of the review is widely and publicly available</p> <p>Procedures on feedback and review are part of a strategic learning process in the organisation, support the development of high quality provision, and improve opportunities for learners.</p>

The focus is put on systematic feedback and continuous quality improvements, with considerations such as:

- How does the VET institution generate and deal with the necessary feedback on the basis of the analysis of external and internal measurements, checks and assessments?
- How does the institution analyse, assess and use the partners’ feedback, as well as the results of the measurements, checks and assessments carried out by the institution (including the results of the assessments of the improvements) in order to improve its training activities and operation?
- How does the institution plan and realise improvement activities, how does it renew the targets and the processes, and how does it create added value for pupils/students and other stakeholders?
- How does the institution control the implementation of the improvement plans, and how does it assess the achievement of the expected results?

Continuous improvement means organisational and operational improvement. Thus, one potential impact arising from organisational improvement is operational improvement.

The ability to cause continuous improvement is the set of competences (1) is built on the analysis of the data obtained from the partners and from the regulation of processes, (2) is based on the methodological preparation and on the involvement of the staff, and (3) is necessary for carrying out a consistent organisational and operational improvement work. Having a continuous improvement/development approach and the competences to apply it enables the organisation to be able to adapt successfully (flexibly and rapidly) to its ever-changing external and internal expectations and needs.

The ability to realise continuous improvement and its operational criteria are dependent on the following:

- Continuous implementation of a situational assessment system (periodical self-assessments, measurement and analysis of the partners’ needs, carrying out trend tests).
- Taking into account the results and the experience gained from situational assessments and outcome reviews during the definition and the correction of the institution’s strategic objectives.
- Identification and realisation of the operational changes and corrections deemed necessary on the basis of the results and the experience.
- Continuous development of staff competences and broad training provision for the staff in order to implement the changes deemed necessary.
- Staff being aware of and able to accept that continuous improvement is integrated into the organisation’s operational patterns; they should be familiar with PDCA logic.
- Involvement and empowerment of the staff in the operation and the improvement of the processes.
- Feedback: tracing back the information gained in the control and assessment phase to the planning phase. Hence, it will be possible to improve and develop organisational processes continuously.

To ensure continuous improvement, the management of the institution has to design and operate measurement, control and assessment systems supporting the identification of improvement opportunities. In doing so, it also has to organise the consistent gathering of facts and data that allow for the monitoring of the evolution of the partners’ needs and satisfaction, as well as the assessment of the operation (the efficiency, the effectiveness) of institutional processes. The obtained data should be assessed by benchmarking it alongside the institution’s own plans and targets, on the one hand, and alongside other institutions’ results, on the other.

Since the quality assessment practices of Hungarian public education/VET institutions are strongly based on self-assessment, this guidance document presents the process of continuous quality improvement based on an institution’s self-assessment.

The presentation of the improvement activity following self-assessment starts at the step entitled “Identification of the improvements to be realised” of the self-assessment process.

Systematic feedback and continuous quality improvement based on the results of an institution's self-assessment

1. The logic of institutional quality improvement

The methods to be applied are chosen on the basis of the objectives, and those methods are introduced and applied in order to achieve the objectives set by each institution, and the results of the application of those methods are then measured and assessed during the self-assessment. The assessment of the results serves as the basis for giving feedback both on the objectives and on the methods, i.e. the results inform us about the appropriateness of the objectives and of the institution's practice. This implies that either our objectives must be changed because wrong objectives have been set, or that the application of the methods must be changed. So the assessment of the results identifies the improvements to be initiated in the institution for us.

2. Improvement activity do be undertaken after self-assessment

Indeed, the realisation of self-assessment itself ends with the preparation and the evaluation of the so-called self-assessment material, i.e. with the identification of an institution's strengths and the areas to be improved. However, the process must not end at this point, since the institution has made certain often substantial efforts in order to initiate improvements and thereby to improve its operation and performance.

The value and the benefits of self-assessment are minimal if it is not followed by any improvement or intervention based on the results of self-assessment; neither if the results are not presented regularly to the teaching staff and to the other partners.

The steps of the preparation and realisation of the improvement activity do be done after self-assessment are presented below.

2.1 Identification of the improvements to be realised

The purpose of the identification of the improvements to be realised is the hope that the institution specifies the improvements that it intends to instigate at a later stage on the basis of the areas to be improved identified during and as a result of the self-assessment. In order to do this, it has to establish a ranking of the areas to be improved.

In order to identify and to rank the improvement tasks, it is necessary that after the analysis of the self-assessment the institution possesses a list containing the key strengths and areas to be improved at the institution's level, established on the basis of the self-assessment (A comprehensive list of the strengths and of the areas to be improved at the institution's level).

The purpose of the ranking of the areas to be improved is to provide guidance on the following: which area/areas to be improved should be treated by the institution as first priorities.

When designating the orientations and areas to be improved, the institution ranks the tasks depending on:

- the extent to which they affect the daily operation of the institution or the partners' satisfaction,
- the ability to solve them with the available human resources,

- their urgency and/or importance, or the efforts needed.

The ranking may take place in several ways, the description and the form of a possible ranking methodology can be found in Annex No. 1 to this Guidance.

It should not be forgotten that many small improvements may already be made at this stage with very little effort, and these may even significantly contribute to the improvement of the operation and the effectiveness of the institution, and may quickly provide a sense of success to those who are involved in the broad improvements.

The question may arise as to why the other areas to be improved need to be identified, if the institution does not or cannot initiate improvements in reaction to those. Here, the areas to be improved need to be noted from a methodological point of view, so that the institution can focus on a realistic range and select the relevant improvements.

As a result of the ranking, the order of the areas to be improved included in the "Comprehensive list of the strengths and of the areas to be improved" is established, and thus the "Short list of the areas to be improved" is drawn up.

Based on the short list, the self-assessment team should then suggest 3 to 6 areas to be improved, for which the institution will set objectives and then take action. In general, 3 to 6 improvements are suggested to be initiated after the self-assessment. The initiation of at least three improvements is justified by the fact that if an improvement fails for some reason, the institution should still have the opportunity to reach success with the two other. Setting a maximum of six is due to the limited nature of most institutions' resources, since improvement experiences from other programmes has shown that realising more than six improvements would take up too many resources from the organisation. When selecting the improvements, it is worth considering the existing and on-going improvements within the institution, as well as their timing, since those improvements (may) limit the number of the improvements that may be initiated.

2.2 Presentation of the proposals for teaching staff's decision-making

The purpose of the presentation of the proposals for the teaching staff reflects the hope that the staff become aware of the areas to be improved which must be dealt with by the institution on the basis of the information identified by the self-assessment, and hence guide them to decide about the improvement(s) to be initiated within the institution.

When presenting the proposals for the teaching staff, the results and the main findings of the self-assessment are also presented to the staff. The self-assessment team has to suggest 3 to 6 areas to be improved for which they wish to take action.

Before making the proposal, on the basis of the institution's self-assessment documents and of the analysis thereof, the self-assessment team determines, with the involvement of the head of the institution, the information and the form of this information to be shared with the teaching staff, in order to designate the improvement orientations jointly, efficiently and reasonably. In any case, the staff have to receive the short list of the areas to be improved (ranked list) before the presentation of the proposals to the teaching staff.

Besides adopting the results of the self-assessment and of the presented situational picture of the institution, the teaching staff have to decide about the selection of the areas to be improved for which they would then set targets and initiate improvements.

2.3 Definition of improvement objectives, targets

After the staff have defined and agreed (during the presentation of the teaching staff's proposals) which areas to be improved will be dealt with by the institution first, and bearing in mind that after they have selected the improvements to be realised, specific targets must be set for those improvements. N.B. this step must be preceded by the identification and the analysis of the causes of the problems.

The formulated target should be accurate, concrete and achievable and should truly result in the eradication of the problematic area to be improved, if the institution carries out a cause analysis about any given problem (area to be improved), i.e. if it defines the factors that trigger the given problem, and if it then analyses those reasons. The staff can also acquaint themselves with a number of cause analysis techniques from literature, there is no unique best solution for that; the institution itself decides which methods it will use for the identification and the analysis of the causes of earlier problems. Some examples of such methods are the Ishikawa (Fishbone diagram), the Tree diagram or the KJ method.

In order to carry out such cause analysis, it is absolutely necessary to review the functional element of the institution related to the area to be improved, i.e. identify which activity of the institution is shown to be effective in terms of the given result. In this case, the institutional practice must be examined, i.e. the possible reasons for the planned improvement (negative result) should be investigated. Thus, in connection with the area to be improved, the institution must examine and rethink how the achieved (negative) result relates to the institutional practice.

It is important to address the problem, i.e. to gather all the information and data in connection with the area to be improved, and to examine the institutional practice in the problematic areas thoroughly.

The improvement objectives, targets may be grouped into two main categories:

- Well-defined tasks to be carried out (in the short term).
In the case of these improvement objectives, the institution is well aware of the reason why improvement is necessary, therefore the institution's related tasks can be precisely defined. Of course, in such cases, there is no sense in carrying out a cause analysis, since the tasks and the steps to be taken by the institution can be defined easily. For instance, such an improvement objective could be the development of the staff satisfaction measurement system.
- Tasks requiring more in-depth analysis and problem solving, creative group work:
In the case of these improvement objectives, targets, the institution is not clearly aware of the reason why improvement is necessary, therefore the institution's tasks cannot be defined. In such cases the institution needs further analyses in order to identify the reason behind the problem(s) and to develop the improvement steps. To initiate these improvements it is not possible to immediately develop a detailed improvement plan, therefore their addressing requires special attention. Accurate estimation becomes particularly important in the case of these improvements for the determination of the duration of the improvement work and any other necessary conditions. Such an improvement target could, for example, be the aim to decrease of the rate of dropping out from 17% to 8%.

On the basis of the above it can be said that the formulation of the objectives, definition of the targets is not easy. In any case, it is recommendable that it should take place in several rounds, by formulating several variations. Since the objectives may be formulated at different levels within the institution, and since they may also be diverse in terms of their time horizon, efforts should be made in order to formulate the objectives at the appropriate institutional level and competence. It is obvious that the formulation of the strategic objectives affecting the whole institution is mainly the task of the head of the institution, whereas, for instance, the reduction of the weaknesses arising from the lack of knowledge of the pupils or the definition of the objectives concerning their catching up may also be undertaken by a specific (non-management) team active in that area.

One of the essential criteria linked to the improvement-related objectives, targets is that they are accurate, real, accomplishable and quantifiable. An objective, target is accurate if the area and the type of change intended to be achieved by the institution are evident. From this respect, measurability is very important, and this also makes it possible to check whether the set objectives, targets have been achieved.

The internal and external communication of the objectives, targets is a critical issue for quality improvement. In general, it can be said that in order to get support from all the partners interested in meeting the new targets, we have to inform all concerned about our plans and about the planned time for the introduction of the changes.

In connection with the formulation of the objectives, attention must be drawn to two frequent issues:

1. Objectives get mixed with tasks, or tasks are formulated as objectives. As a basic rule, it can be said that the objective is descriptive and lays down a desired solution, whereas the task specifies the path and the things to be done in order to achieve the objective, target. Accordingly, the target answers the question "Where are we going?", whereas the task answers the question "What has to be done in order to get there?" An objective which is formulated in such a way so that it contains or details an activity, is "suspicious". For instance, the formulation of a target is not appropriate if we say that: "Our target is to strengthen the supervision in our apprentice workshop." Instead, the following sentence may be proposed, using the results of the analysis: "Our target is to finish the school year such that no accidents occur in the apprentice workshop". Indeed, this latter objective offers a much wider scope for intervention than the former.
2. The objectives set at different levels are not built upon each other. The objectives directed at daily operation and formulated in the teaching staff-room must be consistent with the strategic goals of the institution. Therefore, when formulating the objectives of each action plan, it is important to match them with the institution's goals included in the strategic documents (Mission Statement, Pedagogical Programme, application for the institution's management, Institutional Quality Management Programme etc.). The coordination of the objectives, targets and the modification of the strategic objectives are the responsibility of the head of the institution.

In conclusion, it can be said that the criteria of a "good target" are the following: accurate, evident for everybody, real, achievable, quantifiable, the deadline for its achievement is specified, uncontroversial (consistent with the objectives, targets set at higher levels), attainable, motivating, triggering action, and such that it takes account of the internal environment of the institution, the internal conditions of the organisation, it truly takes the institution forward, and that it has an impact on the institution, its staff and other partners. For instance, a target is accurate if it unequivocally includes the area, the timeline and the type of change intended to be achieved by the institution. In this respect, measurability is very important, which also makes it possible to check whether the institution has achieved its set targets.

In order to achieve the targets, the institution has to draft an action plan (2.4. Drafting of action plans and making them visible) and has to carry out the tasks included in it, then it has to assess the realisation of the plan (2.5. Implementation and assessment of action plans).

2.4 Drafting of action plans and making them visible

In order to design and implement the designated improvement tasks, action plans must be drawn up and they must be made visible to the teaching staff. The purpose of drafting action plans is to develop the detailed modalities of achieving the set targets.

It is opportune to schedule the self-assessment in such a way that the institution can take into account the improvements developed on the basis of the outcomes of the self-assessment in the preparation of the annual work plan.

Recording action plans in the institution's work-plan also fosters the development of the institution's planning technique, since the institution learns to plan the steps necessary to achieve broader targets in advance, and it learns to assign responsible persons and to provide resources for the action steps of the task. In addition, aligning the action plans with the annual work plan necessarily helps the methodological and technical improvement of annual planning.

Action plans provide novelty as opposed to staff sticking to the institution's regular work plan, since these plans detail not only the tasks and the responsible persons assigned to them, but they also plan the path leading to the implementation of the actions (resources and responsible persons are assigned to these) and they integrate necessary steps in the work plan, thus the institution is able to plan its annual work far more profoundly. More precise planning may foster the predicting of the potential bottlenecks in the institution's work (e.g. semester and end of year, launching of institutional work) or even suggest a more efficient use of the available resources.

So, a detailed and planned sequence of actions leading to the achievement of the target(s) provides the algorithm and a good overview of the improvement tasks, and also helps in identifying, assessing and planning the necessary resources (human, financial, material, etc.), the necessary duration of each sub-task, as well as in assigning the responsible persons.

The management of the institution implements (orders the implementation of) the solutions proposed in the action plans and checks their realisation.

The implementation process of the action plan must include control points in order to be able to make sure that the implementation of the action sequence progresses in line with the plan.

On this basis, the action plan must include or identify the following elements:

- the tasks necessary to successfully realise the improvement; steps in the sequence of implementation;
- the expected results of carrying out the tasks;
- the scheduling of the tasks (activities, time needed to carry out each task, beginning and end of each task);
- the persons responsible for carrying out the tasks;
- the main milestones and control points of the improvement;
- the planning of the resources needed to realise the improvement:
 - human resources (project manager, members of the self-assessment team),
 - infrastructural resources (e.g. computers, printers).

If the institution wishes to use external expertise in the process of the implementation of the actions, the tasks of the external expert must also be defined in the action plan.

It is absolutely worth involving the other staff members of the institution in the drafting and implementation of the action plans, as well as establishing new improvement teams. It is useful that a member of each self-assessment team is also involved in the improvement teams in order to ensure good coordination of the tasks.

The action plan is the basic document of an improvement project. Accordingly, the basic elements of the realisation of the improvement need to be re-thought and the framework of the improvement must be specified. On the basis of those considerations, in addition to the above content elements, the following must also be re-thought and specified in writing for the action plans:

- Identification (name and/or number) of the action plan.
This must be specified so that the given action is precisely identifiable and so that it is possible to refer to them unequivocally in the course of the internal assessments.
- Definition of the expected outcome of the implementation of the action.
In this case, the institution must specify the expected outcome/outcomes of the successful implementation of the improvement. The extent of the changes resulting from the action must be quantified, and this will make it possible to check the success of the action. Concrete data must be specified, or the expected outcomes may be summarised in a short text. It is important that the results to be achieved are measurable.
- Action project manager (name and function).
The person responsible for the implementation of the action plan within the institution must be identified here. It is necessary to designate the responsible person, rather than identifying a (vague) group. This does not mean that the implementation of the action is the task of the improvement project manager, but rather that the distribution of the different tasks, the coordination of the implementation and the continuous monitoring of the project are his/her responsibilities.
- Participants involved in the action project (name and function).
The persons involved in the implementation of the given action plan must be identified here, i.e. the persons on whom the project manager may rely during the implementation.
- Date of launching the action plan.
The date of launching the given implementation project must be specified here. It needs to be specified because, having regard to the institution's agenda, it is not necessary to launch the different actions immediately, but it is also possible to launch each improvement at different dates. This ensures that the improvements are scheduled in a planned way, having regard to the institution's agenda as well.
- Expected date of the end of the improvement project.
The expected end of the given implementation project must be specified here. This is necessary so that the institution can plan the expected date of the comprehensive check related to the end of the implementation of the action plan in advance, as well as the expected date of the assessment of the improvement.

These elements may usually be specified in the header of the action plans, but any other format is also acceptable.

2.5 Implementation and evaluation of action plans

The purpose of the implementation and evaluation of action plans is to ensure that the improvements selected on the basis of the self-assessment are integrated into the daily routine and everyday practices of the institution.

In order to implement the action plans, a project organisation is needed – one which manages, coordinates and verifies the implementation, as well as decides, at regular meetings, about:

- the tasks to be carried out,
- the necessary resources,
- the conformity of actions carried out previously.

It is important that in the course of the implementation of the action plan(s) regular feedback and information are provided to interested parties/all staff on the progress and on the effectiveness of the improvement team's work. This continuous information provision enables the staff to get involved in the improvements at any time, thereby helping the implementation of the improvements.

The effectiveness of the improvements may/must be measured retroactively alongside the subsequent self-assessment, in case the action ends before the next self-assessment and its results can be measured. In doing so, it is possible to measure the progress, the improvement of the institution compared to itself, but we must also be aware of the fact that in the course of the new self-assessment plan it is also possible to correct the action plan and to identify new areas to be improved. At the same time, the continuous monitoring of the effectiveness of the improvement projects should not be forgotten either. We can get very surprising results at the end of longer improvements if we do not assess the results of the project's progress from time to time during its implementation.

Successful results must be documented, and the experience or the results must also be shared with others. If the targets are achieved, the work and the success of the team should then be acknowledged by the management.

If the changes implemented were not successful or failed to fulfil expectations, the underlying reasons and the improvement processes themselves must be re-formulated.



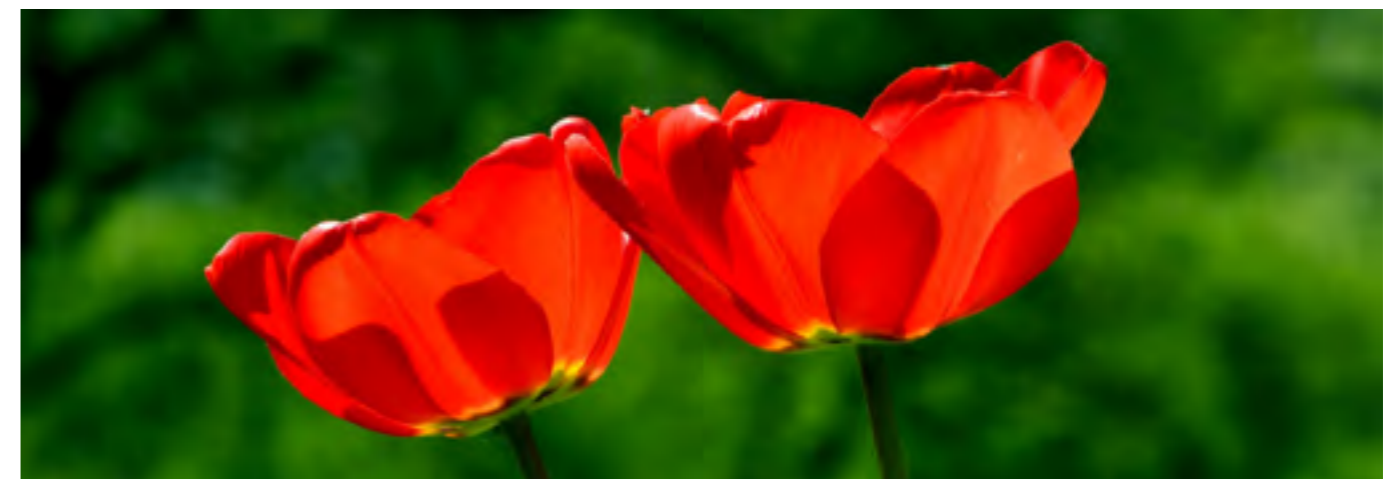
The ranking methodology

Completing an individual ranking table:

1. Record the areas to be improved in the first column.
2. Assess the impact of the areas to be improved individually, on a scale from 0 to 5 (possible values: 0, 1, 2, 3, 4 or 5), then assess the feasibility of the area equally on a scale from 0 to 5. The ranking criteria and the assessment scales can be found after the description below.
3. Multiply the values of the impact and the feasibility of the area, and write the score in the column (A x B).
4. Establish the ranking on the basis of the scores (the area with the highest score is then in the first place).
5. If there are areas with identical scores, assess the urgency of the area to be improved, on a scale from 0 to 3 (possible values: 1, 2 or 3), and determine their individual ranking.

Completing a group's ranking table:

1. After completing the individual ranking tables, the group's members must record the individual rankings on the group's summary sheet, in the last columns of the table.
2. If the ranking is not evident or if there are significant discrepancies between the individual values (for instance, the same area to be improved has been ranked in 3rd place by one colleague, but in 6th place by another colleague), find the reasons for those discrepancies, check whether they were higher in terms of the impact, the feasibility, or eventually the urgency. In that case, the group has to reach a consensus. In reaching the consensus, the group must debate the issue (for instance, this gives results to the partners, which is more important than the other improvement concerning the staff).
3. Finally, they must specify the final ranking established by the group. The area having the highest score specified by the group's consensus must be ranked in first place.



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