European Statistical System Peer Reviews

Self-assessment questionnaire on the implementation of the European Statistics Code of Practice

Final version
as approved by the ESSC on 14 November 2013

Self - Assessment Questionnaire on the implementation of the European Statistics Code of Practice

(NSI Version[1])

Explanatory notes/Guidelines for the preparation of the self-assessment:

I. General presentation of the peer review exercise

1. The European Statistical System (ESS) is a partnership between the European Union statistical authority, which is the Commission (Eurostat), and the national statistical institutes (NSIs) and other national authorities (ONAs) responsible in each Member State for the development, production and dissemination of European statistics. This Partnership also includes the EEA and EFTA countries.

2. According to article 1 of Regulation (EC) No 223/2009 on European statistics, European statistics are statistics necessary for the performance of the activities of the European Union. These are developed, produced and disseminated in conformity with the statistical principles as established in the European Statistics Code of Practice (CoP) and determined by the European statistics multiannual and annual work programmes.

3. The European Statistics Code of Practice sets 15 standards for developing, producing and disseminating European statistics. It builds upon a common ESS definition of quality in statistics and targets all relevant areas for the production and dissemination of European statistics (from the institutional environment, the statistical production processes to the output). A set of indicators for each of the 15 principles operationalizes and provides a reference for assessing the implementation of the Code.

4. The European Statistics Code of Practice was adopted by the Statistical Programme Committee on 24 February 2005 and was revised by the European Statistical System Committee in September 2011. The ESS has committed itself to respect the principles of the Code and to work towards its implementation following a self-regulatory approach.

5. Together with the new version of the Code of Practice, the European Statistical System Committee adopted the Quality Assurance Framework (QAF). The Quality Assurance Framework serves as guidance on how to implement the European Statistics Code of Practice. Therefore, while the CoP sets the Principles and Indicators as standards by which the compliance by National and Community statistical authorities will be assessed through Peer Reviews and other forms, the QAF describes, for each Indicator, activities/tools/methods that facilitate and assist the implementation of the CoP.

6. Regulation (EC) No 223/2009 specifies in Article 5(1) that all activities at national level for the development, production and dissemination of European statistics are to be coordinated by the NSI designated by each Member State. As part of its coordinating role, the NSI acts as a national contact point for Eurostat on statistical matters.

7. Member States are free to organise their own administration and to distribute tasks that arise from obligations set out in Union legislation. Therefore, Member States may decide that, apart from the NSI, ONAs should be responsible for the development, production and dissemination of specific parts of European statistics. However, in performing this responsibility, both the NSI and all ONAs must respect the statistical principles of Regulation 223/2009 and comply with the Code of Practice, as well as with the established quality requirements.

8. NSIs and Eurostat were subject to a peer review during 2006-2008, assessing compliance with the Code, in particular in the areas related to the institutional environment and dissemination of statistics (principles 1-6 and 15 of the Code of Practice).

9. A more ambitious round of peer reviews has just started. It will cover all 15 principles of the CoP. National Statistical Institutes and the most relevant ONAs are also under the scope of the peer review. The exercise will start with a self-assessment including, among others, a questionnaire on implementation with the CoP. In a second step, peer reviewers will visit the

[1] NSI could decide to use this version for some Other National Authorities

country to interview the NSIs and, if necessary, some of the ONAs having completed the self-assessment questionnaire.

II. The Self- assessment questionnaire (SAQ)

Rationale for a Self-assessment questionnaire

10. The Self-assessment Questionnaire (SAQ) for NSI has been prepared as the starting point for the 2014/2015 round of Peer Reviews of implementing the European Statistics Code of Practice, 2011. It allows for an effective identification of the activities that document and supports the CoP implementation. It raises awareness on the strengths of the organization and on the areas where improvement is still needed. It is an effective instrument for identification of relevant improvement actions. Furthermore it increases the awareness and interest about issues of quality of statistics and about the CoP implementation and communication throughout the organization. Therefore replying to the SAQ is mandatory since it is a pre-condition for an exercise of peer review following an audit-like approach.

The Scope of the questionnaire

11. The NSI SAQ covers the 15 principles of the CoP and its indicators, except those to be replied to only at Eurostat level (indicators 3.2, 3.3 and 3.4). The SAQ is greatly anchored in the ESS Quality Assurance Framework (QAF) as developed by the Sponsorship on Quality and endorsed by the ESSC (2011) which can be used as a useful guidance to compile the SAQ. F**o**r the Principles 1-3 which are self-explanatory the SAQ includes specific questions in support of the indicators. For Principles 5 and 6 not covered by the QAF the Task Force on the methodology of the Peer Reviews has developed a similar set of good practices to support the associated indicators. Therefore the SAQ has been prepared from this enlarged version of the QAF.

12. Activities presented as good practices in the QAF at the level of indicator have been transformed into statements, and NSIs are invited to undertake a self-assessment exercise with regard to these statements using the SAQ. It uses a standardized format for activities in support of each indicator and provides common options which in turn will allow for comparison by the peer reviewers. Each statement of the SAQ is identified, for the mentioned principles, in relation to the associated enlarged QAF activity, thereby facilitating its understanding and location.

Structure of the questionnaire

13. NSI is asked to assess its experience in relation to each statement of the enlarged QAF for the activities at Institutional level throughout the whole questionnaire. This assessment is done according to a three-level common scale. Answers to the three-level scale as well as to the "Please specify" field is mandatory. In cases where the answer to the "Please specify" is the same as the one already provided in a different question there is no need of repeating the answer and the reply "See answer to question …." would be enough.:

- Not implemented: the activity has not been implemented and therefore there is no evidence related to its implementation. An explanation for future plans for implementation or any reason why the implementation of the activity is not applicable (see as well 6.) should be given under "Please specify".
- Yes, partly implemented: this intermediate scale ("partly") can be used in cases where the activity is implemented in some areas only or is implemented, but not systematically, throughout the organization. Making use of the Plan - Do – Check - Act philosophy might be an appropriate approach for the NSI's self-assessment. Relevant areas are identified as those based upon their importance/relative weight in the annual or multiannual statistical programme, their resource allocation, or according to their strategic nature or identified as such by the NSI. It is worth noting that in the context of an audit-like approach, it is not sufficient to indicate that the activity is implemented if no supporting evidence is available. It is possible that Peer Reviewers ask during the country visit for clarification and evidence in relation to the replies given on the SAQ and this should be made available to them upon request. No requirement for providing and forwarding all evidence in advance is made.

- Yes, fully implemented: the activity is systematically implemented throughout the organization and there is strong and clear evidence that supports and documents its implementation.

Further explanation on degree of implementation

14. In general terms it is mandatory to provide an answer to each question/statement/group of statements in the SAQ. For activities of the QAF at Product/Survey level, please note that these are included in the questionnaire for reference only. NSI's are requested to reply Yes or No and can give details of the activities in place under "Please specify". Again, it might be the case that Peer Reviewers ask during the visit for further clarification and evidence related to the replies given in this part of the SAQ In the rare case[2] where the activity is not applicable, the "Not Implemented" option should be chosen and the appropriate explanation provided under "Please specify".

15. As stated above, the difference between "partly implemented" and "fully implemented" should take into account the coverage and application level of the activity throughout the organization and the systematic implementation of the activity/approach (plan–do–check–act cycle). For both options it is crucial to clearly describe under "Please specify" the activities in place, using examples and key words as referred to in the SAQ, to explain how the approach works and the level of implementation throughout the organization (providing references/links to supporting documentation or any type of evidence, e.g. websites, electronic tools, etc., if available, should be provided). Please bear in mind that the space to report/describe the NSI approach and experience for activities at institutional level is limited to 1500 characters, i.e. around half a page and to 3000 characters for activities at Product/Survey level.

Additional issues

16. For each principle, the questionnaire concludes with four sections offering the possibility to highlight particular issues. Statistical authorities are requested to reflect upon improvement actions, to describe good practices, innovative activities and to indicate a follow-up time frame towards full implementation of the CoP (principles and indicators). These four sections are: i) Strengths and weaknesses; ii) good practices and innovative activities, or others beyond the ones referred to in the SAQ ; iii) developments since the previous peer review; iv) follow-up actions with particular emphasis on issues to be developed at national and European level and timetable.

17. The reply to the questionnaire to a maximum intent is essential as a basis for the peer review visit. Leaving out answers can cause subsequent efforts to the peer review team. If a question is misleading or need clarification, you can contact ESTAT-ESS-PEER-REVIEWS@ec.europa.eu. The reply to the full questionnaire is mandatory for reasons of comparability.

Electronic questionnaire

18. SAQ is offered as a web-questionnaire (electronic questionnaire through the platform provided by Eurostat) that allows for i) a broad involvement throughout the NSI at different levels of management and staff; ii) a process of filling in and of providing evidence at different moments throughout the organization; and iii) the possibility of working in batch mode or locally by different experts before final submission on-line. Pre-determined tabulations for overall views at NSI, NSS and European level as well as for assisting reviewers are greatly facilitated when using an electronic questionnaire.

[2] Concrete cases where this option makes sense for NSI are: Indicator 5.2 activity 2.b; Ind. 6.1, activity 2a.

III. Examples of reply / material / evidence

As an illustration of a possible reply in the SAQ to Principle 4, Indicator 4.1 *("Quality policy is defined and made available to the public. An organizational structure and tools are in place to deal with quality management"),* a comprehensive response might include the following elements:

- Links to the NSI's Quality Declaration, Quality Policy, Quality Manual (internal guidelines), and information about its Quality Management System including any internal directives related to relevant quality issues such as 'adding value', 'managerial processes', and 'resources'.
- Links to the NSI's Vision and Mission statements, and statements of shared values.
- Information about the organizational arrangements for monitoring and managing quality, including reporting lines and committee structures, responsibilities and accountabilities
- Information about the processes of updating processes, procedures and documentation related to quality.
- A summary of training provided within the NSI about its approach to quality management, and external training received by those responsible for quality management throughout the organization.

Examples of replies elaborated from the SAQs associated to pilot peer reviews:

Principle 4

Indicator 4.1; statement 2

		There is a clear organizational structure for managing quality within the NSI. QAF Method: 4.1.2 at institutional level
		Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☒ Please specify (e.g., type – central/decentralized unit - and function of such organization, obstacles and difficulties to implementation): There are 2 structures for managing quality: 1. **Department Strategy and Integrated Management System** - dealing with Quality management on system level (Director of the dept. is the "management representative" (required by ISO 9001 standard); it equals Quality Manager) 2. **Unit General Methodology and Registers** - dealing with Quality management on individual statistics level. Both structures report directly to the President of the Office. The functions are specified in the *Organisational Order* and in the *Statute of Quality Manager*. The *Organisational order* (part: Quality Management System) also defines responsibilities of the **Process Owner** – in relation to outputs and effectiveness of the process he/she manages. Note: Documents in *italics* will be presented as evidence during the peer review visit if requested by the review team.

Indicator 4.4; statement 12b

		Quality Reviews (such as Auditing and Self-Assessment) are implemented for key statistical outputs and systematically in the case of processes reengineering. QAF Method: 4.4.1 at institutional level
		Not implemented ☐ Yes, partly implemented ☒ Yes, fully implemented ☐ Please specify (e.g., support documentation, periodicity, statistical processes/domains, obstacles and difficulties to implementation): **Internal system audits** are conducted every three years by sampling (also regarding key outputs) according to *Internal audits programme* for respective year and *Plan of individual internal audit*. **Self-assessments** of all statistical surveys have been launched for all surveys (based on *self-assessment questionnaire*) **Methodological audits** of individual statistics are in preparation – they will cover all statistical surveys and related key outputs. Note: Documents in *italics* will be presented as evidence during the peer review visit if requested by the review team..

Indicator 4.4; statement 14

		Internal auditors are trained in auditing techniques and behavior. QAF Method: 4.4.3 at institutional level
		Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☒ Please specify (e.g., support documentation of training, obstacles and difficulties to implementation): All internal auditors are trained in line with the internal directive *Conduct of internal audits of the QMS*. *Content of the training* covers **conduct of audits incl. techniques and behaviour** as well as **requirements of the implemented QMS**. Participants are awarded a special *certificate*. Note: Documents in *italics* will be presented as evidence during the peer review visit if requested by the review team.

Principle 1 - Professional Independence

Professional independence of statistical authorities from other policy, regulatory or administrative departments and bodies, as well as from private sector operators, ensures the credibility of European Statistics.

Indicator 1.1: **The independence of the National Statistical Institutes and Eurostat from political and other external interference in developing, producing and disseminating statistics is specified in law and assured for other statistical authorities.**	
1.	**The independence of the NSI, from political and other external interference in developing, producing and disseminating official statistics is laid down in law.** Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. citation of the relevant law, any other support documentation and related content, obstacles and difficulties to implementation):*
Indicator 1.2: **The heads of the National Statistical Institutes and of Eurostat and, where appropriate, the heads of other statistical authorities have sufficiently high hierarchical standing to ensure senior level access to policy authorities and administrative public bodies. They are of the highest professional caliber.**	
2.	**The head of the NSI is at the level of the highest (non-political) public servants in your country.** Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. title and ranking, nomination/selection criteria, obstacles and difficulties to implementation):*
Indicator 1.3: **The heads of the National Statistical Institutes and, where appropriate, the heads of other statistical authorities have responsibility for ensuring that statistics are developed, produced and disseminated in an independent manner.**	
3.	**The head of the NSI has responsibility for ensuring that statistics are developed, produced and disseminated in an independent manner.** Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. support documentation and related content, obstacles and difficulties to implementation):*
4.	**Such independence is ensured by Law.** Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. citation of the relevant law, any other support documentation and related content, obstacles and difficulties to implementation):*

Indicator 1.4: **The heads of the National Statistical Institutes and, where appropriate, the heads of other statistical authorities have the sole responsibility for deciding on statistical methods, standards and procedures, and on the content and timing of statistical releases.**	
5.	**The responsibility of the head of the NSI for deciding on statistical methods, standards and procedures, and on the content and timing of statistical releases is set up in law.** Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. citation of the relevant law, any other support documentation of evidence, procedures of implementation, obstacles and difficulties to implementation):*
6.	**The choice of statistical methods, standards and procedures is free of Ministerial approval / interference.** Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. support documentation of evidence, procedures of implementation, examples of interference if not implemented):*
7.	**The content of statistical releases is free of Ministerial approval.** Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. support documentation of evidence, procedures of implementation, examples of interference if not implemented):*
8.	**The timing of statistical press releases is free of Ministerial approval / interference.** Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. support documentation of evidence, procedures of implementation, examples of interference if not implemented):*
Indicator 1.5: **The statistical work programmes are published and periodic reports describe progress made.**	
9.	**The NSI has an annual statistical work programme which is made public.** Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. documentation stating this provision - by law, by procedures-, link to annual Programme if available on the website, obstacles if not implemented):*
10.	**The NSI has a progress report on the statistical work programme which is made public.** Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. documentation that states this provision and periodicity - by law, by procedures-, link to Report if available in the website, obstacles and difficulties to implementation).*

Indicator 1.6: **Statistical releases are clearly distinguished and issued separately from political/policy statements.**	
11.	**Statistical releases (e.g. press releases, press conferences, reports), are clearly identified as products of the NSI.** Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. type of product, recognizable logo design and format associated exclusively with the NSI, obstacles and difficulties to implementation):*
12.	**Statistical releases are issued separately from political/policy statements.** Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. procedures and pre-announced calendar practice, examples if not implemented/reasons why, bottlenecks):*
Indicator 1.7: **The National Statistical Institute and, where appropriate, other statistical authorities, comment publicly on statistical issues, including criticisms and misuses of statistics as far as considered suitable.**	
13.	**The NSI has a policy to intervene publicly on statistical issues:**
a	**In cases of criticism of official statistics** Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. support documentation and related content, examples, if not implemented reasons why, bottlenecks):*
b	**In cases of misuses of official statistics** Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. support documentation and related content, examples, if not implemented reasons why, bottlenecks):*
c	**In cases of misinterpretation of official statistics** Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. support documentation and related content, examples, if not implemented reasons why, bottlenecks):*

Indicator 1.8: **The appointment of the heads of the National Statistical Institutes and, where appropriate, of other statistical authorities, is based on professional competence only. The reasons on the basis of which the incumbency can be terminated are specified in the legal framework. These cannot include reasons compromising professional or scientific independence.**	
14.	**The selection process for recruitment of the head of NSI is established in Law.** Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. statistical law/general law for all civil servants, obstacles and difficulties to implementation, and description of the process otherwise):*
15.	**The selection process for recruitment of the head of NSI is transparent, rigorous and appropriate.** Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. process and responsible body, obstacles and difficulties to implementation):*
16.	**The head of the NSI is appointed for a fixed term.** Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. contract terms, procedures, obstacles and difficulties to implementation):*
17.	**The appointment of the head of the NSI is renewable.** Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. contract terms, procedures, obstacles and difficulties to implementation):*
18.	**The reasons on the basis of which the incumbency can be terminated are specified in the legal framework.** Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. support documentation, legal framework, obstacles and difficulties to implementation):*
19.	**The reasons on the basis of which the incumbency can be terminated never compromise professional or scientific independence.** Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. support documentation, legal framework, obstacles and difficulties to implementation):*

Strengths and weaknesses:	
20.	**Please state below the main area of *strength* with regard to your organisation's Professional Independence.**
21.	**Please state below the main area of *weakness* with regard to your organisation's Professional Independence.**
Innovative practices:	
22.	**Please state below the innovative practices, i.e. genuinely new ways which have made a difference in implementing the CoP, with regard to Professional Independence within your organisation.**
Development since the previous peer review:	
23.	**How do you assess the compliance with this Principle of your organisation compared to 5 years ago?**
24.	**How do you assess the compliance with this Principle of the national statistical system as a whole compared to 5 years ago?**
Follow up:	
25.	**On the basis of the above mentioned indicators please list below actions you would like to take which are suited to improve your organisation's Professional Independence:** Actions and time frame
26.	**Please identify below possible actions at European level suited to improve your organisation's Professional Independence:** Actions and time frame

Principle 2 - Mandate for Data Collection.

Statistical authorities have a clear legal mandate to collect information for European statistical purposes. Administrations, enterprises and households, and the public at large may be compelled by law to allow access to or deliver data for European statistical purposes at the request of statistical authorities.

Indicator 2.1: **The mandate of the statistical authorities to collect information for the development, production and dissemination of European Statistics is specified in law.**	
1.	**The mandate of the NSI to collect information for the development, production and dissemination of European Statistics is specified in law**. Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. legal framework and related content, obstacles and difficulties to implementation):*
Indicator 2.2: **The statistical authorities are allowed by law to use administrative data for statistical purposes.**	
2.	**The NSI is allowed by law to use administrative data for statistical purposes.** Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. legal framework and related content, obstacles and difficulties to implementation):*
3.	**Public institutions are mandated to provide data on the basis of their specific legislation.** Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. legal framework and related content, obstacles and difficulties to implementation):*
4.	**The NSI shall have free access to administrative data for statistical purposes.** Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. legal framework and related content, obstacles and difficulties to implementation):*
Indicator 2.3: **On the basis of a legal act, the statistical authorities may compel response to statistical surveys.**	
5.	**The obligation to reply to surveys is stipulated by law.** Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. legal framework and related content, obstacles and difficulties to implementation):*

6.	**In case of refusal to reply to a survey, there is a system of sanctions in place.** Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. legal framework and related content, procedures for sanctioning, obstacles and difficulties to implementation):*
Strengths and weaknesses:	
7.	**Please state below the main area of *strength* with regard to your organisation's Mandate for Data Collection.**
8.	**Please state below the main area of *weakness* with regard to your organisation's Mandate for Data Collection.**
Innovative practices:	
9.	**Please state below the innovative practices, i.e. genuinely new ways which have made a difference in implementing the CoP, with regard to Mandate for Data Collection within your organisation.**
Development since the previous peer review:	
10.	**How do you assess the compliance with this principle of your organisation compared to 5 years ago?**
11.	**How do you assess the compliance with this principle of the national statistical system as a whole compared to 5 years ago?**
Follow up:	
12.	**On the basis of the above mentioned indicators please list below actions you would like to take which are suited to improve your organisation's Mandate for Data Collection:** Actions and time frame
13.	**Please identify below possible actions at European level suited to improve your organisation's Mandate for Data Collection:** Actions and time frame

Principle 3 - Adequacy of Resources.

The resources available to statistical authorities are sufficient to meet European Statistics requirements.

Indicator 3.1: **Staff, financial and computing resources, adequate both in magnitude and in quality, are available to meet current statistical needs.**	
1.	**Please provide the following measures for 2012:** a. Total permanent staff (average person's year): b. Temporary field interviewers (average person's year): c. Total annual budget including administrative expenses (in Euros): d. Total annual budget including administrative expenses (in Euros) per: 100,000 population (in Euros) GDP e. Comparison of total budget for 2012 with 2007: Stable Higher Lower (In real terms, i.e. adjusted for inflation and special occurrences or tasks – e.g. population census)
2.	**Adequacy of the resources to meet current national statistics needs.** Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. magnitude of staff resources, quality of staff resources, magnitude of financial resources, magnitude of computing resources, quality of computing resources, bottlenecks):*
3.	**Adequacy of the resources to meet current European Statistical Programme.** Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. magnitude of staff resources, quality of staff resources, magnitude of financial resources, magnitude of computing resources, quality of computing resources, bottlenecks):*
Strengths and weaknesses:	
4.	**Please state below the main area of *strength* with regard to your organisation's Adequacy of Resources.**
5.	**Please state below the main area of *weakness* with regard to your organisation's Adequacy of Resources.**

Innovative practices:	
6.	**Please state below the innovative practices, i.e. genuinely new ways which have made a difference in implementing the CoP, with regard to Adequacy of Resources within your organisation.**
Development since the previous peer review:	
7.	**How do you assess the compliance with this principle of your organisation compared to 5 years ago?**
8.	**How do you assess the compliance with this principle of the national statistical system as a whole compared to 5 years ago?**
Follow up:	
9.	**On the basis of the above mentioned indicators please list below actions you would like to take which are suited to improve your organisation's Adequacy of Resources:** Actions and time frame
10.	**Please identify below possible actions at European level suited to improve your organisation's Adequacy of Resources:** Actions and time frame

Principle 4 - Commitment to Quality.

Statistical authorities are committed to quality. They systematically and regularly identify strengths and weaknesses to continuously improve process and product quality.

Indicator 4.1: **Quality policy is defined and made available to the public. An organizational structure and tools are in place to deal with quality management.**	
1.a	**A Quality Commitment Statement is made publicly available.** *(QAF Method: 4.1.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. support documentation, link to website if publicly available, obstacles and difficulties to implementation):*
1.b	**The Quality Commitment Statement lays out the principles and commitments related to quality in statistics which are consistent with the goals set out in the Mission and Vision statements.** *(QAF Method: 4.1.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. support documentation, obstacles and difficulties to implementation):*
2.	**There is a clear organizational structure for managing quality within the NSI.** *(QAF Method: 4.1.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. type – central/decentralized unit – and function of such organization, obstacles and difficulties to implementation):*
3.	**Guidelines are in place on how to implement quality management within the statistical production process.** *(QAF Method: 4.1.3 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. support documentation, obstacles and difficulties to implementation):*
4.	**Quality guidelines, as defined above, are made available to all users at least in a summary version.** *(QAF Method: 4.1.4 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. support documentation, link to Website if publicly available, obstacles and difficulties to implementation):*

5.	**An appropriate infrastructure is in place in order to ensure updated documentation on quality.** *(QAF Method: 4.1.5 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. functions of such infrastructure and related procedures, IT solutions if applicable, obstacles and difficulties to implementation):*
6.	**Specific training courses support the quality policy and are available to relevant staff.** *(QAF Method: 4.1.6 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. indicators of training plan on quality and selection criteria, regularity, obstacles and difficulties to implementation):*
Indicator 4.2: **Procedures are in place to plan and monitor the quality of the statistical production process.**	
7.	**Methodological and technical support and general tools are provided by specialized / dedicated units, namely Quality, Methodology and IT, for implementing process quality monitoring/quality assurance plan.** *(QAF Method: 4.2.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. functions of such organization, obstacles and difficulties to implementation):*
8.	**Are other activities, methods or tools implemented within this indicator?** Examples of those activities, methods and tools: 1. Procedures are in place to monitor the quality of different stages of the statistical production. (QAF Method: 4.2.2 at product/survey level) 2. A quality assurance plan, or any other similar and elaborated scheme, is in place. (describing the working standards, the formal obligations, such as laws and internal rules, and the set of quality control actions to prevent and monitor errors, to evaluate quality indicators and to control different points at each stage of the statistical process). (QAF Method: 4.2.3 at product/survey level) Yes ☐ No ☐ **Please specify**:

Indicator 4.3: **Product quality is regularly monitored, assessed with regard to possible trade-offs, and reported according to the quality criteria for European Statistics.**	
9.a	**Procedures based on quality reporting are in place to internally monitor product quality.** *(QAF Method: 4.3.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. support documentation/procedures, obstacles and difficulties to implementation):*
9.b	**Results are analyzed and senior management is informed in order to decide on improving actions.** *(QAF Method: 4.3.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. support documentation/procedures, regularity of analyses, obstacles and difficulties to implementation):*
10.a	**User Satisfaction Surveys or other indirect methods are implemented.** *(QAF Method: 4.3.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. describe approach, periodicity, obstacles and difficulties to implementation):* If score is Not implemented, go to question 11
10.b	**The results of User Satisfaction surveys are made public and results (in QAF) are incorporated where useful in Quality Reports.** *(QAF Method: 4.3.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. support documentation, link to website if publicly available, obstacles and difficulties to implementation):*
11.	**Are other activities, methods or tools implemented within this indicator?** Examples of those activities, methods and tools: 1. User-oriented quality reports are made available to the public. (QAF Method: 4.3.3 at product/survey level) 2. Producer-oriented quality reports are published, bearing in mind the standards for reference metadata and quality indicators, in particular the Single Integrated Metadata Structure (SIMS). (QAF Method: 4.3.4 at product/survey level) 3. Users and producers' quality reports are used for quality monitoring over time. (QAF Method: 4.3.5 at product/survey level) Yes ☐ No ☐ **Please specify**:

Indicator 4.4: **There is a regular and thorough review of the key statistical outputs using also external experts where appropriate.**	
12.a	**An appropriate Plan for implementing Quality Reviews (such as Auditing and Self-Assessment) is defined.** *(QAF Method: 4.4.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. support documentation, describe approach, obstacles and difficulties to implementation):*
12.b	**Quality Reviews (such as Auditing and Self-Assessment) are implemented for key statistical outputs and systematically in the case of processes reengineering.** *(QAF Method: 4.4.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. support documentation, periodicity, statistical processes/domains, obstacles and difficulties to implementation):*
13.	**An appropriate structure for carrying out Quality Reviews is in place for internal audits and self-assessments.** *(QAF Method: 4.4.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. describe approach/structure, selection of reviewers/auditors, obstacles and difficulties to implementation):*
14.	**Internal auditors are trained in auditing techniques and behavior.** *(QAF Method: 4.4.3 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. support documentation of training, obstacles and difficulties to implementation):*
15.	**Quality reviews have reference documentation.** *(QAF Method: 4.4.4 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. of reference documentation: Quality guidelines/quality assurance plan, or a similar scheme; Producer oriented quality reports and/or user oriented quality reports; Self-assessment questionnaires filled by producers; Reports from audit interviews; Questionnaires completed by respondents and/or users; any other satisfaction survey; obstacles and difficulties to implementation):*

16.	**The findings of the quality reviews result in action plans.** *(QAF Method: 4.4.5 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. support documentation, examples of action plans, obstacles and difficulties to implementation):*
17.	**Feedback from different users is used as input to action plans (making use of User Satisfaction Surveys or Focus groups).** *(QAF Method: 4.4.6 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. support documentation, examples of such an approach, obstacles and difficulties to implementation):*
18.	**Outside experts are deployed to review key statistical domains (e.g. Data Review of Standards and Codes (ROSC) by the IMF).** *(QAF Method: 4.4.7 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. support documentation, statistical processes/domains, specify outside experts, obstacles and difficulties to implementation):*
19.	**Benchmarking on key statistical processes with other statistical authorities is carried out to identify good practices.** *(QAF Method: 4.4.8 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. support documentation, statistical processes/domains, periodicity, counterparts, obstacles and difficulties to implementation):*
Strengths and weaknesses:	
20.	**Please state below the main area of *strength* with regard to your organisation's Commitment to Quality.**
21.	**Please state below the main area of *weakness* with regard to your organisation's Commitment to Quality.**

Innovative practices:	
22.	**Please state below the innovative practices, i.e. genuinely new ways which have made a difference in implementing the CoP, with regard to Commitment to Quality within your organisation and/or other initiatives beyond the QAF.**
Development since the previous peer review:	
23.	**How do you assess the compliance with this principle of your organisation compared to 5 years ago?**
24.	**How do you assess the compliance with this principle of the national statistical system as a whole compared to 5 years ago?**
Follow up:	
25.	**On the basis of the above mentioned indicators please list below actions you would like to take which are suited to improve your organisation's Commitment to Quality:** Actions and time frame
26.	**Please identify below possible actions at European level suited to improve your organisation's Commitment to Quality:** Actions and time frame

Principle 5 – Statistical Confidentiality

The privacy of data providers (households, enterprises, administrations and other respondents), the confidentiality of the information they provide and its use only for statistical purposes are absolutely guaranteed.

Indicator 5.1: **Statistical confidentiality is guaranteed in law.**	
1.	**Clear provisions exist in the statistical law, as regards the observance of statistical confidentiality.** *(Method: 5.1.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. Citation of relevant law, main obstacles for creating legal provisions):*
Indicator 5.2: **Staff sign legal confidentiality commitments on appointment.**	
2.a	**Commitments for the observance of statistical confidentiality exist within the statistical authorities and are signed by all staff.** *(Method: 5.2.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. Description and legal nature of commitments, who signs and when, obstacles for bringing commitments in force):*
2.b	**Commitments for the observance of statistical confidentiality exist within the statistical authorities and are signed by external parties who undertake work on behalf of the statistical authority.** *(Method: 5.2.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. Description and legal nature of commitments, who signs and when, obstacles for bringing commitments in force):*
2.c	**In case of modification, such agreements should be updated and signed again by all staff or parties concerned.** *(Method: 5.2.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. Description of updated procedures, periodicity of renewing, bottlenecks):*

Indicator 5.3: **Penalties are prescribed for any willful breaches of statistical confidentiality.**	
3.	**There are national provisions in place in the statistical law or other legal provisions on administrative, penal and disciplinary sanctions for violation of statistical confidentiality.** *(Method: 5.3.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. Citation of relevant laws, obstacles to create such laws, trade-off to other laws):*
4.	**Users of confidential information are aware of the existing provisions on sanctions for violation of statistical confidentiality as this information is publicly available and accessible to them.** *(Method: 5.3.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. Link to information, relevant documents, obstacles and difficulties to implementation):*
Indicator 5.4: **Guidelines and instructions are provided to staff on the protection of statistical confidentiality in the production and dissemination processes. The confidentiality policy is made known to the public.**	
5.	**A confidentiality policy is made publicly available, laying out principles and commitments related to statistical confidentiality which are consistent with the goals set out in the Mission and Vision statements.** *(Method: 5.4.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. Link to policy, relevant statements in mission and/or vision statement, deficiencies in vision/mission statements):*
6.	**An appropriate organizational structure provides guidelines, recommends appropriate methodologies and periodically examines the methods used for data protection and to ensure confidentiality.** *(Method:5.4.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description of the structure, work place descriptions, coverage if not fully implemented):*

7.	**The statistical authority prepares and provides the staff with written instructions and guidelines in order to preserve statistical confidentiality when dissemination of disaggregated statistical data occurs.** *(Method: 5.4.3 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. relevant documents, obstacles and difficulties to implementation):*
8.a	**The ongoing research in the field of confidentiality is observed permanently.** *(Method: 5.4.4 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. groups or persons involved in these activities, resource problems, deficiencies in qualification of staff):*
8.b	**The methods in use are selected in a way to counteract the trade-off between the risk of identification and the loss of information in an optimal way.** *(Method: 5.4.4 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. Description of methods in use , work flows, resource problems):*
9.	**Respondents are informed prior to or during data collection that the statistical authority commits fully to data protection and statistical confidentiality and that the data are only used for statistical purposes and personal data are put forward under no circumstances.** *(Method: 5.4.5 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. Accompanying letters to surveys, information policy, obstacles and difficulties to implementation):*
10.	**Are other activities, methods or tools implemented within this indicator?** Examples of those activities, methods and tools: 1. Provisions, including a clear definition of responsibilities, are in place to ensure that prior to the release of statistical information (aggregate data and microdata), requisite statistical disclosure control methods are applied. (Method: 5.4.6 at product level) 2. Whenever access to statistical information takes place in a secure environment (e.g. remote access, safe centre, remote execution), all output is checked for disclosure before release. Processes are in place preventing the release of researcher output without checking for disclosure. (Method: 5.4.7 at product level) Yes ☐ No ☐ **Please specify**:

Indicator 5.5: **Physical, technological and organisational provisions are in place to protect the security and integrity of statistical databases.**	
11.	**The statistical authority has appropriate physical and logical security measures and processes in place to check that data security is ensured and to prevent data breaches and violation of statistical confidentiality.** *(Method: 5.5.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. Description of the measures/processes, resource problems):*
12.	**An IT security "policy" for the protection and security of personal data is in place, covering the whole business, technical, legal, and regulatory environment in which the statistical authority operates. The "policy" is widely known to the staff of the statistical authority.** *(Method: 5.5.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. Relevant documents, accessibility of policy, internal dissemination, obstacles and difficulties to implementation):*
13.	**Systematic security audits on the data security system of the statistical authority are carried out. The audit evaluates every tool and safeguard there is to protect the security and integrity of statistical databases.** *(Method: 5.5.3 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description of audit procedures, protocols of audits, periodicity, legal and other obstacles for performing such audits):*
14.a	**All statistical data is stored in secured environments that prevent access by unauthorized persons.** *(Method: 5.5.4 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. Description of IT security, technical problems):*
14.b	**All access to statistical databases is strictly monitored and recorded.** *(Method: 5.5.4 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. Description of relevant procedures, technical problems):*

14.c	**User rights are recorded and kept up-to-date to prevent unauthorized access.** *(Method: 5.5.4 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. Description of relevant procedures, technical problems):*
14.d	**Names and addresses or other personal identifiers are deleted as early as possible.** *(Method: 5.5.4 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. relevant guidelines, obstacles and difficulties to implementation):*
Indicator 5.6: **Strict protocols apply to external users accessing statistical microdata for research purposes.** **Please note that the answers to the methods related to this indicator may be close to those under indicator 15.4**	
15.a	**Clear conditions for granting researcher access to confidential data for scientific purposes are set in the statistical law or relevant regulations.** *(Method: 5.6.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. Citation of relevant laws, obstacles for creating such provisions)* If score is "Not implemented", go to statement 16
15.b	**These conditions are publicly available on the website of the statistical authority.** *(Method: 5.6.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. Relevant links):*
16.a	**The statistical authority assures that all legal, methodological, technical and logical safeguards are in place to protect confidential information.** *(Method: 5.6.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. relevant procedures/measures, obstacles and difficulties to implementation):*

16.b	**Users have to sign an agreement on rules of usage of microdata. These rules include measures to prevent duplication of data (data illegally copied or not deleted after use).** *(Method: 5.6.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. Legal status of relevant agreements, legal obstacles to create such agreements, description of measures):*
17.	**Are other activities, methods or tools implemented within this indicator?** Example of those activities, methods and tools: 1. The use of microdata sets is monitored, to identify any circumstance in which data confidentiality may be breached. Procedures are in place to ensure immediate corrective action (Method:5.6.4 at product level) Yes ☐ No ☐ **Please specify**:
Strength and weaknesses:	
18.	**Please state below the main area of *strength* with regard to Statistical Confidentiality within your organisation.**
19.	**Please state below the main area of *weakness* with regard to Statistical Confidentiality within your organisation.**
Innovative practices:	
20.	**Please state below the innovative practices, i.e. genuinely new ways which have made a difference in implementing the CoP, with regard to Statistical Confidentiality within your organisation and/or other initiatives.**
Development since the previous peer review:	
21.	**How do you assess the compliance with this principle of your organisation compared to 5 years ago?**
22.	**How do you assess the compliance with this principle of the national statistical system as a whole compared to 5 years ago?**
Follow up:	
23.	**On the basis of the above mentioned indicators please list below actions you would like to take which are suited to improve the situation concerning Statistical Confidentiality within your organisation:** Actions and time frame

24.	**Please identify below possible actions at European level suited to improve the situation concerning Statistical Confidentiality within your organisation:** Actions and time frame

Principle 6 – Impartiality and Objectivity

Statistical authorities develop, produce and disseminate European Statistics respecting scientific independence and in an objective, professional and transparent manner in which all users are treated equitably.

Indicator 6.1: **Statistics are compiled on an objective basis determined by statistical considerations.**	
1.a	**Guidelines for assuring impartiality and objectivity exist at the statistical authority and are made known to statistical staff.** *(Method: 6.1.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. link to relevant documents, resource problems):* If score is Not implemented go to statement 2
1.b	**The implementation of the guidelines is monitored.** *(Method: 6.1.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. monitoring procedures, periodicity, bottlenecks, resource problems):*
2.a	**The criteria for the selection of external partners to conduct statistical surveys/work of the statistical authority are objective.** *(Method: 6.1.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. relevant laws, procedures, any other relevant documents, obstacles and difficulties to implementation):*
2.b	**The criteria for the selection of external partners to conduct statistical surveys/work of the statistical authority are made public.** *(Method: 6.1.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. dissemination procedures, relevant links, legal obstacles to publish):*

3.	**Are other activities, methods or tools implemented within this indicator?** Example of those activities, methods and tools: 1. Sources, concepts, methods, processes and data dissemination channels are chosen on the basis of statistical considerations and national and international principles and good practices (Method: 6.1.3 at product level) Yes ☐ No ☐ **Please specify**:
Indicator 6.2: **Choices of sources and statistical methods as well as decisions about the dissemination of statistics are informed by statistical considerations.**	
4.a	**Procedures on selection of sources of statistical information are in place.** *(Method: 6.2.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** (*e.g. work flows, organizational structures, legal obstacles to access some sources, resource problems):* If score is "Not implemented" go to statement 5
4.b	**Procedures on selection of sources of statistical information are made public.** *(Method: 6.2.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. dissemination policy, legal obstacles for publishing):*
5.	**Choices of sources and statistical methods as well as decisions about the dissemination of statistics are based on generally agreed methodology and best practices.** *(Method: 6.2.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. relevant guidelines, work flows)*
6.a	**The choices of sources and statistical methods are explained in quality reports of statistical surveys/works.** *(Method: 6.2.3 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. structure of quality reports, resource problems)*

6.b	**Regular assessments statistically validate the collection mode and the methodology used.** *(Method: 6.2.3 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. work flows, periodicity, bottlenecks, resource problems)*
7.	**Non-disclosure of data is only permitted for reasons of statistical confidentiality. In case of quality concerns, the data may be published with limitations clearly identified.** *(Method: 6.2.4 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. dissemination policy, relevant laws, counter-examples)*
Indicator 6.3: **Errors discovered in published statistics are corrected at the earliest possible date and publicised.**	
8.	**The statistical authority has a clear policy as to how to deal with errors, how to react when they are discovered and how they are corrected. The error treatment policy is publicly accessible.** *(Method: 6.3.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. link to policy, relevant documents)*
9.	**Processes are in place to declare an error when found in published statistics.** *(Method: 6.3.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. work flows, responsibilities)*
10.	**Processes are in place for announcing and informing users promptly on substantial errors identified in published statistics and about when and how they will be / have been corrected. Errors are corrected as soon as possible.** *(Method: 6.3.3 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. work flows, relevant parts of error treatment or revision policy)*

Indicator 6.4: **Information on the methods and procedures used is publicly available.**	
11.	**Are other activities, methods or tools implemented within this indicator?** Examples of those activities, methods and tools: 1. All statistics are accompanied by relevant product and process-oriented metainformation. Methodological notes and metadata on methods and procedures used are available in databases (Method: 6.4.1 at product level) 2. All statistics are accompanied by relevant product and process-oriented metainformation. Methodological notes and metadata on methods and procedures used are published on the website of the statistical authority. (Method: 6.4.1 at product level) 3. The statistical authority documents its production processes. Documentation on these processes is available both for staff and users. (Method: 6.4.2 at product level) Yes ☐ No ☐ **Please specify**:
Indicator 6.5: **Statistical release dates and times are pre-announced.**	
12.	**A publicly released and easily accessible release calendar is issued and made known to users in advance.** *(Method: 6.5.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. link to release calendar, work flow, resource problems, technical deficiencies):*
13.	**Changes to the dissemination schedule, when deemed absolutely necessary, are publicly and promptly announced in advance and duly accounted for. The original schedule remains public.** *(Method: 6.5.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. procedures, work flows, responsibilities, resource problems, bottlenecks):*
Indicator 6.6: **Advance notice is given on major revisions or changes in methodologies.**	
14.	**A calendar of the regular major revisions is issued and published by the statistical authority.** *(Method: 6.6.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. link to Revision calendar, revision policy, revision policy not up to date):*

15.	**Major revisions or changes in methodology are communicated, e.g. in a calendar of revisions, in the statistical work programme, on a webpage, by a letter to specific users and/or in a user meeting.** *(Method: 6.6.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description of the channels, bottlenecks, resource problems):*
Indicator 6.7: **All users have equal access to statistical releases at the same time. Any privileged pre-release access to any outside user is limited, controlled and publicised. In the event that leaks occur, pre-release arrangements are revised so as to ensure impartiality.**	
16.a	**A formal provision is in force which specifies that statistical authorities should develop, produce and disseminate statistics in an impartial, objective, professional and transparent manner in which all users are treated equitably.** *(Method: 6.7.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. relevant laws, dissemination strategy, obstacles to create such provisions):*
16.b	**All pre-release accesses are publicized.** *(Method: 6.7.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. pre-release strategy or policy, link to relevant web-contents):*
17.	**Mechanisms are in place in the statistical authority to ensure equal access of all users to statistics at predetermined times.** *(Method: 6.7.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. publication strategy, fixed release time):*
18.	**If processes for embargo exist, they are known to the public.** *(Method: 6.7.3 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. embargo times, link to relevant web pages):*

19.	**Processes are in place to prevent leaks and to deal with them when they occur.** *(Method: 6.7.4 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. work flows, responsibilities, security deficiencies):*
Indicator 6.8: **Statistical releases and statements made in press conferences are objective and non-partisan.**	
20.	**Statistical releases issued and statements made by the statistical authority are solely based on statistical findings and results.** *(Method:6.8.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. guidelines for release statements):*
21.	**Statistical press releases are compiled following clear and standard guidelines.** *Method:6.8.2 at institutional level* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. guidelines for press releases):*
22.	**There is a policy available to the staff on norms and rules for press conferences, including guidance on objectivity and non-partisanship.** *(Method:6.8.3 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. guidelines for press conferences, training courses)*:
23.	**Press conferences take place independently of political events and are exempt from comments on political statements.** *(Method:6.8.4 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. press conference calendar, selection process, external influence, guidelines for press conferences):*
Strength and weaknesses:	
24.	**Please state below the main area of *strength* with regard to your organisation's Impartiality and Objectivity.**

25.	**Please state below the main area of *weakness* with regard to your organisation's Impartiality and Objectivity.**
Innovative practices:	
26.	**Please state below the innovative practices, i.e. genuinely new ways which have made a difference in implementing the CoP, with regard to Impartiality and Objectivity within your organisation and/or other initiatives.**
Development since the previous peer review:	
27.	**How do you assess the compliance with this principle of your organisation compared to 5 years ago?**
28.	**How do you assess the compliance with this principle of the national statistical system as a whole compared to 5 years ago?**
Follow up:	
29.	**On the basis of the above mentioned indicators please list below actions you would like to take which are suited to improve the situation concerning your organisation's Impartiality and Objectivity:** Actions and time frame
30.	**Please identify below possible actions at European level suited to improve the situation concerning your organisation's Impartiality and Objectivity:** Actions and time frame

Principle 7 - Sound methodology.

Sound methodology underpins quality statistics. This requires adequate tools, procedures and expertise.

Indicator 7.1: **The overall methodological framework used for European Statistics follows European and other international standards, guidelines, and good practices.**	
1.a	**A standard methodological document containing guidelines for statistical operations and describing the methodological framework is in place.** *(QAF Method: 7.1.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. scope, content, accessibility, coverage if not fully implemented, resource problems):* If score is Not implemented, go to statement 2
1.b	**The standard methodological document is reviewed and updated periodically.** *QAF Method: 7.1.1 at institutional level* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. frequency of update, work flows, responsibilities, bottlenecks, resource problems):*
2.	**Divergences from existing European and international methodological recommendations are explained and justified.** *QAF Method: 7.1.2 at institutional level* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. documentation standards, accessibility, coverage if not fully implemented, counter-examples):*
Indicator 7.2: **Procedures are in place to ensure that standard concepts, definitions and classifications are consistently applied throughout the statistical authority.**	
3.a	**The concepts, definitions and classifications defined by the NSI are applied in accordance with European or national legislation.** *(QAF Method: 7.2.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description of processes, counterexamples, obstacles and difficulties to implementation):*
3.b	**Concepts, definitions and classifications are documented.** *(QAF Method: 7.2.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. documentation standards, where is it documented, resource problems):*

4.a	**A methodological infrastructure, defining the statistical methods, monitoring their implementation and validating the results, is in place.** *(QAF Method: 7.2.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description of the structure, number of persons involved, responsibilities, description of alternative approach, obstacles and difficulties to implementation):* If score is Not implemented, go to question 5
4.b	**Standard tools for every stage of the business process (e.g. sampling, data collection, processing) are provided by the methodological infrastructure.** *(QAF Method: 7.2.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description of the tools, situation different for various statistical domains, description of alternative approach, obstacles and difficulties to implementation):*
5.	**Are other activities, methods or tools implemented within this indicator?** Examples of those activities, methods and tools: 1. Surveys or statistical operations benefit from the views of relevant experts and users where appropriate. (QAF Method: 7.2.3 at product level) 2. Statistical operations are covered by methodological documentation containing all pertinent information on metadata, namely concepts, methods and classifications. (QAF Method: 7.2.4 at product level) 3. The methodological documentation is made public, at least in summary form. (QAF Method: 7.2.4 at survey/product level) 4. Staff attend seminars and workshops on standards, methods and classifications at a national or international level on the application of standards, classifications, etc. (QAF Method: 7.2.5 at survey/product level) Yes ☐ No ☐ **Please specify**:

Indicator 7.3:

The business register and the frame for population surveys are regularly evaluated and adjusted if necessary in order to ensure high quality.

6. **Are any activities, methods or tools implemented within this indicator?**

Examples of those activities, methods and tools:

1. There are standard and continuous update procedures covering all relevant changes in the population of businesses mapped in the business register (i.e. change of activity, births, deaths, mergers, and acquisitions and other structural changes as well as changes of main variables). (QAF Method: 7.3.1 at product level)
2. Methods to evaluate the quality of the business register are available. (QAF Method: 7.3.2 at product level.)
3. Tools implementing those methods are available. (QAF Method: 7.3.2 at product level)
4. The quality of samples of household/population surveys is enhanced by regularly updating the population frame. (QAF Method: 7.3.3 at product level)
5. Information gathered from conducted surveys based on the business register or the population frame is used to assess the quality of the sampling frames (especially coverage). (QAF Method: 7.3.4 at product level)

Yes ☐ No ☐

Please specify:

Indicator 7.4:

Detailed concordance exists between national classifications systems and the corresponding European systems.

7. **Are any activities, methods or tools implemented within this indicator?**

Examples of those activities, methods and tools:

1. National classifications are consistent with the corresponding European classification systems. (QAF Method: 7.4.1 at product level)
2. Correspondence tables are available and up to date. (QAF Method: 7.4.2 at product level)
3. Explanatory notes and/or comments for correspondence tables are publicly available. (QAF Method: 7.4.2 at product level)

Yes ☐ No ☐

Please specify:

Indicator 7.5:

Graduates in the relevant academic disciplines are recruited.

8. **Staff is recruited openly with appropriate qualifications from relevant disciplines.**

(QAF Method: 7.5.1. at institutional level)

Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐

Please specify *(e.g. description of recruitment procedures, strategic plans, lack of financial resources):*

9.	**Appropriate qualifications requirements are specified for all posts.** *(QAF Method: 7.5.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description of recruitment procedures, work place descriptions, lack of financial resources):*
Indicator 7.6: **Statistical authorities implement a policy of continuous vocational training for their staff.**	
10.a	**Continuous vocational training is an integral part of the human resource policy.** *(QAF Method: 7.6.1. at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description of relevant parts of human resource policy, training programs, resource problems, overburdening of staff):*
10.b	**An adequate structure and relevant processes are in place for continuous vocational training.** *(QAF Method: 7.6.1. at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description of structure, responsibilities, alternative approach, obstacles and difficulties to implementation):*
11.a	**Continuous vocational training is encouraged.** *(QAF Method: 7.6.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. strategic plans, statistics on attendance, obstacles, overburdening of staff):*
11.b	**Continuous vocational training is valued in the career path.** *(QAF Method: 7.6.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description of handling of career path, career models, obstacles and difficulties to implementation):*

12.	**Staff skills are updated concerning new tools and fields of study.** *(QAF Method: 7.6.3 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. update procedure for training programme, number of staff which has followed training courses on new tools and fields of study, overburdening of staff):*
13.a	**Attendance of staff at relevant training courses is encouraged.** *(QAF Method: 7.6.4 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. ways to advertise, accessibility of relevant information, lack of communication):*
13.b	**Attendance of staff at European and other international conferences is encouraged.** *(QAF Method: 7.6.4 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. accessibility to information, ways to participate, overburdening of staff):*
Indicator 7.7: **Co-operation with the scientific community is organized to improve methodology, the effectiveness of the methods implemented and to promote better tools, when feasible.**	
14.	**There is contact with the scientific community to discuss methodological, IT and innovation developments.** *(QAF Method: 7.7.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description of information exchange, committees, forms of collaboration, possibilities for common scientific articles, periodicity, lack of contact with scientific community, handicaps to access scientific material) :*
15.	**Staff collaborates on methodological issues with colleagues at international level.** *(QAF Method: 7.7.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. international groups, meetings, lack of contact with scientific community, handicaps to access scientific material):*

16	**Regular participation and presentations at relevant national and international conferences is encouraged for exchange of knowledge and experiences.** *(QAF Method: 7.7.3 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. number of staff participating at national and international conferences per year, number of staff making presentations at national and international conferences per year, examples of conferences):*
17.a	**National and international conferences are organised by the NSI.** *(QAF Method: 7.7.4 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. examples of such conferences, strategic plans, resource problems, lack of know how):* If score is Not implemented, go to question 18
17.b	**The participation of ESS statistical authorities at conferences is encouraged** *(QAF Method: 7.7.4 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. information policies related to other ESS authorities, obstacles and difficulties to implementation):*
18.	**Are other activities, methods or tools implemented within this indicator?** Example of those activities, methods and tools: 1. Evaluations/assessments/audits of the methods used are requested from external experts where appropriate (QAF Method: 7.7.5 at product level) Yes ☐ No ☐ **Please specify**:
Strengths and weaknesses:	
19.	**Please state below the main area of *strength* with regard to the soundness of the methodology within your organisation.**
20.	**Please state below the main area of *weakness* with regard to the soundness of the methodology within your organisation.**
Innovative practices:	
21.	**Please state below the innovative practices, i.e. genuinely new ways which have made a difference in implementing the CoP, with regard to Sound Methodology within your organisation and/or other initiatives beyond the QAF**

Development since the previous peer review:	
22.	**How do you assess the compliance with this principle of your organisation compared to 5 years ago?**
23.	**How do you assess the compliance with this principle of the national statistical system as a whole compared to 5 years ago?**
Follow up:	
24.	**On the basis of the above mentioned indicators please list below actions you would like to take which are suited to improve the soundness of the methodology within your organisation.** Actions and time frame
25.	**Please identify below possible actions at European level suited to improve the soundness of the methodology within your organisation.** Actions and time frame

Principle 8 - Appropriate statistical procedures

Appropriate statistical procedures, implemented from data collection to data validation, must underpin quality statistics.

Indicator 8.1: **When European Statistics are based on administrative data, the definitions and concepts used for the administrative purpose are a good approximation to those required for statistical purposes**.	
1.	**The NSI is responsible for the statistical processing of administrative data used for European Statistics.** *(QAF Method: 8.1.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. relevant legal aspects, responsibilities, legal obstacles, missing information):*
2.a	**Statistical processing is clearly distinguished from administrative data processing.** *(QAF Method: 8.1.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description of procedures, missing information):*
2.b	**Procedures and appropriate validation rules are in place for assessing and checking the quality of administrative data.** *(QAF Method: 8.1.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. work flows, responsibilities, control mechanisms, lack of knowhow, counterexamples):*
3.	**Are other activities, methods or tools implemented within this indicator?** Examples of those activities, methods and tools: 1. The differences between administrative and statistical processes in terms of definitions, concepts, coverage, etc. are documented. (QAF Method: 8.1.3 at product level) 2. Differences between administrative and statistical concepts are thoroughly studied. (QAF Method: 8.1.4 at product level) 3. Measures to deal with these differences are taken, when appropriate. (QAF Method: 8.1.4 at product level) Yes ☐ No ☐ **Please specify**:

Indicator 8.2: **In case of statistical surveys, questionnaires are systematically tested prior to the data collection.**	
4.	**Procedures are in place for assessing and validating new questionnaires and they involve relevant experts.** *(QAF Method: 8.2.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description of procedures, percentage of surveys for which questionnaire testing is performed , examples who is testing, counterexamples, lack of knowhow):* If score is Not implemented, go to statement 6
5.	**Are other activities, methods or tools implemented within this indicator?** Examples of those activities, methods and tools: 1. Prior to data collection survey questionnaires are tested using appropriate methods and if necessary, response time is estimated. (QAF Method: 8.2.2 at product level) 2. Results of questionnaire testing are documented. (QAF Method: 8.2.3 at product level) 3. Results of questionnaire testing are taken into account when implementing the final questionnaire. (QAF Method: 8.2.3 at product level) Yes ☐ No ☐ **Please specify**:
Indicator 8.3: **Survey designs, sample selections, and estimation methods are well based and regularly reviewed and revised as required.**	
6.	**An appropriate organizational structure provides guidelines, recommends appropriate methodologies and periodically examines the methods used for survey sampling, sample selections and estimation methods.** *(QAF Method: 8.3.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description of the organizational structure, work flows, responsibilities, reference to guidelines, description of alternative approach, obstacles and difficulties to implementation):*
7.	**The statistical authority reports publicly on sample selection and estimation methods when they occur.** *(QAF Method: 8.3.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. publication standards, documentation standards, resource problems):*

8.	**Are other activities, methods or tools implemented within this indicator?** Examples of those activities, methods and tools: 1. Survey designs and sample selections are developed according to standard methods. (QAF Method: 8.3.3 at product level) 2. Sample designs are periodically renewed for recurrent surveys. (QAF Method: 8.3.4 at product level) 3. Methods for calculating the accuracy of statistical data allow for the accuracy of European Statistics to be compared. (QAF Method: 8.3.5 at product level) 4. Sampling precision is properly measured. (QAF Method: 8.3.6 at product level) 5. Sampling precision is reported to users in an adequate way. (QAF Method: 8.3.6 at product level) 6. Estimation methods, including the correction of non-response, data calibration and seasonal adjustment follow transparent methodological rules. (QAF Method: 8.3.7 at product level) Yes ☐ No ☐ **Please specify**:
Indicator 8.4: **Data collection, data entry, and coding are routinely monitored and revised as required.**	
9.	**An appropriate organizational structure provides guidelines, recommends appropriate methodologies and periodically examines the methods used for data collection, data entry and coding.** *(QAF Method: 8.4.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description of organizational structure, responsibilities, work flows, frequency of updates, description of alternative approach):*

10.	**Are other activities, methods or tools implemented within this indicator?** Examples of those activities, methods and tools: 1. Data collection is optimized in order to reduce costs and response burden. (QAF Method: 8.4.2 at product level) 2. Data collection is optimized in order to improve accuracy and reduce non-sampling errors. (QAF Method: 8.4.2 at product level) 3. Respondents of surveys are provided with all necessary documents (leaflets, letters, guidelines etc.). (QAF Method: 8.4.3 at product level) 4. These documents are regularly reviewed and updated (QAF Method: 8.4.3 at product level) 5. Data collection techniques are monitored periodically. (QAF Method: 8.4.4 at product level) 6. Interviewers are trained in dedicated training sessions. (QAF Method: 8.4.5 at product level) 7. An interviewer manual/handbook for each survey is available. (QAF Method: 8.4.5 at product level) 8. Follow-up procedures are in place and implemented in case of non-response (QAF Method: 8.4.6 at product level) 9. Data coding methods are documented and stored (QAF Method: 8.4.7 at product level) 10. Automated coding methods are reviewed periodically and revised if necessary. (QAF Method: 8.4.8 at product level) 11. Quality indicators related to data collection and coding are produced and analysed according to quality assurance plan or any similar scheme. (QAF Method: 8.4.9 at product level) 12. Respondents are given support with filling in the questionnaires (help on-line, free toll number, support from statisticians). (QAF Method: 8.4.10 at product level) 13. Procedures are in place to answer to respondents' requests and complaints. (QAF Method: 8.4.10 at product level) Yes ☐ No ☐ **Please specify**:
Indicator 8.5: **Appropriate editing and imputation methods are used and regularly reviewed, revised or updated as required.**	
11.	**An appropriate organizational structure provides guidelines, recommends appropriate methodologies and periodically examines editing and imputation methods.** *(QAF Method: 8.5.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description of organizational structure, responsibilities , work flows, description of alternative approach):*
12.	**Procedures for editing and imputation techniques are promoted and shared in order to encourage their harmonization.** *(QAF Method: 8.5.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. information platforms, strategic plans, training programs, resource problems):*

13.	**Are other activities, methods or tools implemented within this indicator?** Examples of those activities, methods and tools: 1. The effects of editing and imputations are analyzed. (QAF Method: 8.5.3 at product level) 2. The results of the analysis are used for assessing the quality of data collection (QAF Method: 8.5.3 at product level) 3. Editing and imputation techniques follow standard methodological rules. (QAF Method: 8.5.4 at product level.) 4. Editing and imputation techniques are documented (QAF Method: 8.5.4 at product level) Yes ☐ No ☐ **Please specify**:
Indicator 8.6: **Revisions follow standard, well-established and transparent procedures.**	
14.a	**Guidelines and principles relating to the revisions of published statistics exist and are applied routinely.** *(QAF Method: 8.6.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. reference to guidelines, work flow, publication strategy, areas/domains where not implemented):* If score is Not implemented, go to statement 15
14.b	**Those guidelines and principles are made known to users.** *(QAF Method: 8.6.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. publication standards, accessibility, obstacles and difficulties to implementation):*
15.	**There are permanent and regular actions to promote methodological improvements for revision procedures** *(QAF Method: 8.6.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. strategic plans, responsibilities, resource problems):*

16.	**Are other activities, methods or tools implemented within this indicator?** Examples of those activities, methods and tools: 1. Revisions are accompanied by all necessary explanations and made available to users. (QAF Method: 8.6.3 at product level) 2. Quality indicators on the revisions made are calculated regularly in accordance with current standards. (QAF Method: 8.6.4 at product level) 3. Quality indicators on the revisions made are made known to users. (QAF Method: 8.6.4 at product level) Yes ☐ No ☐ **Please specify**:
Indicator 8.7: **Statistical authorities are involved in the design of administrative data in order to make administrative data more suitable for statistical purposes.**	
17.	**A procedure is in place to monitor developments concerning regulations/legal acts which involve the use of administrative data.** *(QAF Method: 8.7.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description of procedures, work flow, internal coverage, obstacles to be involved in legal developments, obstacles and difficulties to implementation):*
18.a	**The NSI is consulted when administrative forms or files are created, reviewed or revised** *(QAF Method: 8.7.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. ways of communication, regular meetings, committees, obstacles to foster contact with relevant instances):*
18.b	**The NSI is involved in changes to the design or processing of administrative records in order to assess the continuity of the series.** *(QAF Method: 8.7.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. ways of communication, regular meetings, committees, obstacles to foster contact with relevant instances):*
19.	**A procedure is in place to investigate the potential for statistical purposes of available administrative data sources.** *(QAF Method: 8.7.3 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description of procedures, responsibilities, resource problems, lack of knowhow):*

20.	**Are other activities, methods or tools implemented within this indicator?** Example of those activities, methods and tools: 1. There are regular discussions and meetings with administrative data owners in order to be kept informed about amendments to the administrative data. (QAF Method: 8.7.4 at product level) Yes ☐ No ☐ **Please specify**:
Indicator 8.8: **Agreements are made with owners of administrative data which set out their shared commitment to the use of these data for statistical purposes.**	
21.	**Arrangements between owners of administrative data and the NSI to facilitate the use of administrative data for statistical purposes are in place.** *(QAF Method: 8.8.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. examples, policies, responsibilities, obstacles for creating such arrangements):*
22.	**Are other activities, methods or tools implemented within this indicator?** Examples of those activities, methods and tools: 1. Documentation describing the structure and content of administrative data is available to the NSI. (QAF Method: 8.8.2 at product level) 2. Documentation describing the production process of administrative data is available to the NSI. (QAF Method: 8.8.2 at product level) 3. Joint agreements concerning security of the data, the provision of files of individual data and delivery deadlines are jointly developed by the NSI and the owner of administrative data (QAF Method: 8.8.3 at product level) Yes ☐ No ☐ **Please specify**:
Indicator 8.9: **Statistical authorities co-operate with owners of administrative data in assuring data quality.**	
23.a	**Administrative data owners are kept informed about the statistical use of their data.** *(QAF Method: 8.9.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. ways of communication, regular meetings, committees, obstacles to foster contact with relevant instances):*

23.b	**Administrative data owners are made aware of all issues related to the quality of their data.** *(QAF Method: 8.9.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. ways of communication, regular meetings, committees, obstacles to foster contact with relevant instances):*
24.a	**The NSI has arrangements to deliver feedback about data quality to administrative data owners while respecting confidentiality** *(QAF Method: 8.9.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. ways of communication, regular meetings, committees, work flow, obstacles to foster contact with relevant instances):* If score is Not implemented, go to statement 25
24.b	**The NSI provides administrative data owners with tools to assess data quality while respecting confidentiality.** *(QAF Method: 8.9.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description of tools, obstacles to foster contact with relevant instances, lack of knowhow):*
Strengths and weaknesses:	
25.	**Please state below the main area of *strength* with regard to the appropriateness of the statistical procedures within your organisation.**
26.	**Please state below the main area of *weakness* with regard to the appropriateness of the statistical procedures within your organisation.**
Innovative practices:	
27.	**Please state below the innovative practices, i.e. genuinely new ways which have made a difference in implementing the CoP, with regard to Appropriate Statistical Procedures within your organisation and/or other initiatives beyond the QAF**

Development since the previous peer review:	
28.	**How do you assess the compliance with this principle of your organisation compared to 5 years ago?**
29.	**How do you assess the compliance with this principle of the national statistical system as a whole compared to 5 years ago?**
Follow up:	
30.	**On the basis of the above mentioned indicators please list below actions you would like to take which are suited to improve the appropriateness of the statistical procedures within your organisation.** Actions and time frame
31.	**Please identify below possible actions at European level suited to improve the appropriateness of the statistical procedures within your organisation.** Actions and time frame

Principle 9 – Non-excessive burden on respondents

The reporting burden is proportionate to the needs of the users and is not excessive for respondents. The statistical authorities monitor the response burden and sets targets for its reduction over time.

<table>
<tr><td colspan="2">Indicator 9.1:
The range and detail of European Statistics demands is limited to what is absolutely necessary.</td></tr>
<tr><td>1.</td><td>Procedures are in place to assess the content of the statistical work program to avoid redundancy and duplication.
(QAF Method: 9.1.3 at institutional level)
Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐
Please specify (e.g. description of procedures, work flow, resource problems):</td></tr>
<tr><td>2.</td><td>Are other activities, methods or tools implemented within this indicator?
Examples of those activities, methods and tools:
1. European and national needs of statistical information and level of detail by domain are analyzed in the Specify Needs phase of the statistical business process. (QAF Method: 9.1.4 at product level)
2. Response burden is measured periodically. (QAF Method: 9.1.5 at product level)
3. Each collected variable is duly justified. (QAF Method: 9.1.6 at product level)
4. To minimize data collection there is explicit consideration of alternative data sources, including the availability and suitability of existing survey and administrative data. (QAF Method: 9.1.7 at product level)
Yes ☐ No ☐
Please specify:</td></tr>
<tr><td colspan="2">Indicator 9.2:
The reporting burden is spread as widely as possible over survey populations.</td></tr>
<tr><td>3.a</td><td>Action plans for simplification/modernization to decrease burden on respondents are developed and implemented
(QAF Method: 9.2.2 at institutional level)
Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐
Please specify (e.g. description of the plans, strategic plans, obstacles and difficulties to implementation):
If score is Not implemented, go to statement 4</td></tr>
<tr><td>3.b</td><td>Those action plans are periodically monitored, reviewed and updated
(QAF Method: 9.2.2 at institutional level)
Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐
Please specify (e.g. trigger for updates, description of procedures, bottlenecks):</td></tr>
</table>

4.a	**Performance indicators on reporting burden are produced.** *QAF Method: 9.2.3 at institutional level* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description of indicators, lack of knowhow, obstacles and difficulties to implementation):* If score is Not implemented, go to statement 5
4.b	**Performance indicators on reporting burden are periodically analyzed by senior management.** *(QAF Method: 9.2.3 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description of procedures, responsibilities, deficiencies in internal communication channels):*
5.	**Statistical sampling methods guarantee that particular categories of the population are not unnecessarily burdened.** *(QAF Method: 9.2.4 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description of procedures, lack of knowhow, obstacles and difficulties to implementation):*
6.	**Are other activities, methods or tools implemented within this indicator?** Examples of those activities, methods and tools: 1. Reporting burden is reduced by appropriate sampling designs. (QAF Method: 9.2.5 at product level) 2. The reporting burden is calculated for the time needed: to answer the questionnaire, to retrieve the required information, to obtain internal or external expertise and to handle sensitive information. (QAF Method: 9.2.6 at product level) 3. Questions used to collect information which will not be published are limited and justified. (QAF Method: 9.2.7 at product level) Yes ☐ No ☐ **Please specify**:
Indicator 9.3: **The information sought from businesses is, as far as possible, readily available from their accounts and electronic means are used where possible to facilitate its return.**	
7.	**Manuals and technical tools (e.g. software) are developed to increase electronic means for data collection.** *(QAF Method: 9.3.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. descriptions of the tools, how they are distributed, accessibility, resource problems):*

8.	**A plan for implementing electronic data collection for businesses exists.** *(QAF Method: 9.3.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. strategic plans, policies, obstacles to push electronic data collection):*
9.	**A common web site for business data collection is in place.** *(QAF Method: 9.3.3 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. reference to the website, obstacles and difficulties to implementation):*
10.	**Are other activities, methods or tools implemented within this indicator?** Examples of those activities, methods and tools: 1. Business accounting concepts and standardized IT systems are used in data collections from businesses. (QAF Method: 9.3.4 at product level) 2. Survey managers aware of potential difficulties in obtaining information work together with business community in order to find adequate solutions. (QAF Method: 9.3.5 at product level) 3. Software tools to directly extract information from business accounting systems are in place. (QAF Method: 9.3.6 at product level) 4. Responding businesses are kept informed about the results of the survey. (QAF Method: 9.3.7 at product level) Yes ☐ No ☐ **Please specify**:
Indicator 9.4: **Administrative sources are used whenever possible to avoid duplicating requests for information.**	
11.	**Planning actions at national level are developed in order to explore and use administrative sources for statistical needs.** *(QAF Method: 9.4.2 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. strategic plans, procedures, responsibilities, resource problems, obstacles to foster relevant contacts):*
12.a	**Legal access to the administrative sources is granted.** *(QAF Method: 9.4.3 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. citation of relevant laws, obstacles to bring such laws into force):*

12.b	**The administrative authorities have the obligation to provide the administrative data if requested.** *(QAF Method: 9.4.3 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *e.g. citation of relevant laws, obstacles to bring such laws into force)*
13.	**Are other activities, methods or tools implemented within this indicator?** Examples of those activities, methods and tools: 1. Guidance on the availability and quality of administrative data is available to survey managers. (QAF Method: 9.4.4 at product level) 2. Applications for the collection of administrative data to be used for statistical purpose are developed and implemented. (QAF Method: 9.4.5 at product level) Yes ☐ No ☐ **Please specify**:
Indicator 9.5: **Data sharing within statistical authorities is generalised in order to avoid multiplication of surveys.**	
14.	**Technical tools for data sharing within the national statistical system exist.** *(QAF Method: 9.5.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description of the tools, technical problems, obstacles to foster relevant contacts):*
15.	**Are other activities, methods or tools implemented within this indicator?** Examples of those activities, methods and tools: 1. Documentation of repositories for production and archived data exists. (QAF Method: 9.5.2 at product level) 2. Data archives are shared within the NSI and in compliance with confidentiality policies. (QAF Method: 9.5.3 at product level) Yes ☐ No ☐ **Please specify**:

Indicator 9.6: **Statistical authorities promote measures that enable the linking of data sources in order to reduce reporting burden.**	
16.	**The NSI provides clear definitions of key variables that need to be shared between data processes in accordance with confidentiality rules.** *(QAF Method: 9.6.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. definition standards, information platforms, obstacles and difficulties to implementation):*
17.	**Are other activities, methods or tools implemented within this indicator?** Example of those activities, methods and tools: 1. Documentation is available on the data file structures and transmission formats required for linking data sources. (QAF Method: 9.6.2 at product level) Yes ☐ No ☐ **Please specify**:
Strengths and weaknesses:	
18.	**Please state below the main area of *strength* with regard to the non-excessiveness of response burden within your organisation.**
19.	**Please state below the main area of *weakness* with regard to the non-excessiveness of response burden within your organisation.**
Innovative practices:	
20.	**Please state below the innovative practices, i.e. genuinely new ways which have made a difference in implementing the CoP, with regard to Non-Excessive Burden on Respondents within your organisation and/or other initiatives beyond the QAF**
Development since the previous peer review:	
21.	**How do you assess the compliance with this principle of your organisation compared to 5 years ago?**
22.	**How do you assess the compliance with this principle of the national statistical system as a whole compared to 5 years ago?**

Follow up:	
23.	**On the basis of the above mentioned indicators please list below actions you would like to take which are suited to improve the non-excessiveness of response burden within your organisation.** Actions and time frame
24.	**Please identify below possible actions at European level suited to improve the non-excessiveness of response burden within your organisation.** Actions and time frame

Principle 10 - Cost Effectiveness

Resources are used effectively.

Indicator 10.1: **Internal and independent external measures monitor the statistical authority's use of resources**.	
1.a	**Indicators of human and financial resources are centrally monitored.** *(QAF Method: 10.1.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. scope, obstacles and difficulties to implementation):* If score is Not implemented, go to statement 2.
1.b	**These indicators are reported to management.** *(QAF Method: 10.1.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. frequency or latest update, obstacles and difficulties to implementation):*
2.	**Accounting systems allow allocation of resources to statistical processes.** *(QAF Method: 10.1.2 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description, level of implementation, obstacles and difficulties to implementation):*
3.a	**Human resources are evaluated in line with office-wide guidelines.** *(QAF Method: 10.1.3 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description, level of implementation, frequency, obstacles and difficulties to implementation):*
3.b	**The evaluation of human resources covers allocation, performance and training needs of staff.** *(QAF Method: 10.1.3 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. scope, obstacles and difficulties to implementation):*

4.	**Staff opinion surveys are conducted.** *(QAF Method: 10.1.4 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. frequency, scope, rate of participation, follow-up or action plan approach, obstacles and difficulties to implementation):*
5.	**IT infrastructure is reviewed.** *(QAF Method: 10.1.5 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. frequency, reporting period, scope, obstacles and difficulties to implementation):*
6.	**Ex-ante cost calculation procedures are available for statistical processes.** *(QAF Method: 10.1.6 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description, level of implementation, obstacles and difficulties to implementation):*
Indicator 10.2: **The productivity potential of information and communications technology is being optimised for data collection, processing and dissemination.**	
7.a	**Centralized IT and methodological units provide for pooling resources and investments.** *(QAF Method: 10.2.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description, level of implementation, obstacles and difficulties to implementation):*
7.b	**Centralized IT and methodological units provide for identification of innovation/modernization potential.** *(QAF Method: 10.2.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. level of implementation, obstacles and difficulties to implementation):*

8.	**An appropriate IT architecture and strategy exists and is regularly updated.** *(QAF Method: 10.2.2 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. scope, level of implementation, latest update, obstacles and difficulties to implementation):*
9.	**Policies, procedures and tools exist to promote automatic techniques for data capture, data coding and validation.** *(QAF Method: 10.2.3 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. scope, level of implementation, obstacles and difficulties to implementation):*
10.	**Are other activities, methods or tools implemented within this indicator?** Example of those activities, methods and tools: 1. The use of automated processing techniques is reviewed. (QAF Method 10.2.4 at product/survey level) Yes ☐ No ☐ **Please specify**:
Indicator 10.3: **Proactive efforts are being made to improve the statistical potential of administrative data and to limit recourse to direct surveys.**	
11.a	**Arrangements are signed with owners of administrative data.** *(QAF Method: 10.3.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. coverage, appropriateness, update frequency, obstacles and difficulties to implementation):* If score is Not implemented, go to statement 12.
11.b	**Involvement in the design of administrative data collection is sought.** *(QAF Method: 10.3.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. level of implementation, obstacles and difficulties to implementation):*

12.	**An assessment of possible administrative data sources is carried out prior to launching any new survey.** *(QAF Method: 10.3.2 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. level of implementation, obstacles and difficulties to implementation):*
13.	**Are other activities, methods or tools implemented within this indicator?** Examples of those activities, methods and tools: 1. Data linking and integration methods are pursued. Remark: These methods are subject to data security considerations. (QAF Method: 10.3.3 at product/survey level) 2. Quality indicators are developed and compiled to improve the methods for using administrative data for statistical purposes. (QAF Method: 10.3.4 at product/survey level) Yes ☐ No ☐ **Please specify**:
Indicator 10.4: **Statistical authorities promote and implement standardized solutions that increase effectiveness and efficiency.**	
14.	**Standardization programmes and procedures are defined and implemented in the main stages of statistical production areas according to the business process model.** *Examples: Sampling, registers, data collection and data exchange.* *(QAF Method: 10.4.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. scope, level of implementation, obstacles and difficulties to implementation):*
15.	**There is a strategy to adopt or develop standards in various fields.** *Examples: quality management, process modelling, statistical methods, software development, software tools, project management, document management.* *(QAF Method: 10.4.2 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. state of existence, content and level of implementation of the strategy, obstacles and difficulties to implementation):*

16.	**Are other activities, methods or tools implemented within this indicator?** Example of those activities, methods and tools: 1. A statement explaining steps taken to move towards or to comply with standardization is part of the reference metadata. (QAF Method: 10.4.3 at product/survey level) Yes ☐ No ☐ **Please specify**:
Strengths and weaknesses:	
17.	**Please state below the main area of *strength* with regard to your organisation's approach towards cost-effectiveness of your processes:**
18.	**Please state below the main area of *weakness* with regard to your organisation's approach towards cost-effectiveness of your processes:**
Innovative practices:	
19.	**Please state below the innovative practices, i.e. genuinely new ways which have made a difference in implementing the CoP, with regard to Cost Effectiveness within your organisation and/or other initiatives beyond the QAF**
Development since the previous peer review:	
20.	**How do you assess the compliance with this principle of the NSI compared to 5 years ago?**
21.	**How do you assess the compliance with this principle of the national statistical system as a whole compared to 5 years ago?**
Follow up:	
22.	**On the basis of the above mentioned indicators please list below actions you would like to take which are suited to improve your organisation's cost-effectiveness:** Actions and time frame
23.	**Please identify below possible actions at European level suited to improve your organisation's cost-effectiveness:** Actions and time frame

Principle 11. Relevance

European Statistics meet the needs of users.

Indicator 11.1: **Processes are in place to consult users, monitor the relevance and utility of existing statistics in meeting their needs, and consider their emerging needs and priorities.**	
1.	**Your Statistical Law requires user consultation.** *(QAF Method: 11.1.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. content of the law, obstacles and difficulties to implementation):*
2.a	**There are one or more national users' committees or advisory councils in which the main users are represented.** *(QAF Method: 11.1.2 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. names, responsibilities, obstacles and difficulties to implementation):*
2.b	**Procedures are in place to consult users about the statistical needs and the content of the statistical programme.** *(QAF Method: 11.1.2 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. scope, level of implementation, obstacles and difficulties to implementation):*
2.c	**Procedures are in place to consult users about the quality of the statistical output.** *(QAF Method: 11.1.2 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. scope, level of implementation, obstacles and difficulties to implementation):*

3.a	**Data on the use of statistics are analysed.** *Example: Evaluation of downloads, subscribers of reports and requests for information. (QAF Method: 11.1.3 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. level of implementation, obstacles and difficulties to implementation):*
3.b	**The result of the analysis is used to support priority setting and user consultation.** *(QAF Method: 11.1.3 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. level of implementation, obstacles and difficulties to implementation):*
4.	**Are other activities, methods or tools implemented within this indicator?** Examples of those activities, methods and tools: 1. A classification of users of a given product exists. (QAF Method: 11.1.4 at product/survey level) 2. A classification of users of a given product is made available. (QAF Method: 11.1.4 at product/survey level) 3. An list of key users and their data uses is available for each statistic. (QAF Method: 11.1.5 at product/survey level) 4. The list of key users includes unmet user needs. (QAF Method: 11.1.5 at product/survey level) 5. Procedures for user consultation for each statistic are in place. (QAF Method: 11.1.6 at product/survey level) 6. Quality indicator(s) on relevance are assessed. (QAF Method: 11.1.7 at product/survey level) Yes ☐ No ☐ **Please specify**:
Indicator 11.2: **Priority needs are being met and reflected in the work programme**.	
5.	**Procedures are in place to prioritise between different users' needs in the work programme.** *(QAF Method: 11.2.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. level of implementation, obstacles and difficulties to implementation):*

6.a	**Strategic goals and programme plans are in place.** *(QAF Method: 11.2.2 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. scope, update frequency, obstacles and difficulties to implementation):* If score is Not implemented, go to statement 7.
6.b	**Strategic goals and programme plans are published.** *(QAF Method: 11.2.2 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. frequency, availability, accessibility, obstacles and difficulties to implementation):*
7.	**Service Level Agreements or similar arrangements are established with your most important users.** *(QAF Method: 11.2.3 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. existence, scope, obstacles and difficulties to implementation):*
8.	**Periodic evaluation of the work programme is carried out to identify negative priorities and emerging needs.** *(QAF Method 10.2.4 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. level of implementation, obstacles and difficulties to implementation):*
Indicator 11.3: **User satisfaction is monitored on a regular basis and is systematically followed up**.	
9.	**User satisfaction surveys or similar studies with an office-wide scope are carried out.** *(QAF Method: 11.3.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. frequency, scope, methodology namely if there is a customer satisfaction index, obstacles and difficulties to implementation):*

10.	**User satisfaction surveys are followed up by improvement actions.** *(QAF Method: 11.3.2 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. level of implementation, obstacles and difficulties to implementation):*
11.	**Are other activities, methods or tools implemented within this indicator?** Example of those activities, methods and tools: 1. Measures are in place to assess the satisfaction of key users of particular statistics. (QAF Method: 11.3.3 at product/survey level) Yes ☐ No ☐ **Please specify**:
Strengths and weaknesses:	
12.	**Please state below the main area of *strength* with regard to your organisation's approach towards Relevance of your statistics:**
13.	**Please state below the main area of *weakness* with regard to your organisation's approach towards Relevance of your statistics:**
Innovative practices:	
14.	**Please state below the innovative practices, i.e. genuinely new ways which have made a difference in implementing the CoP, with regard to Relevance within your organisation and/or other initiatives beyond the QAF**
Development since the previous peer review:	
15.	**How do you assess the compliance with this principle of the NSI compared to 5 years ago?**
16.	**How do you assess the compliance with this principle of the national statistical system as a whole compared to 5 years ago?**
Follow up:	
17.	**On the basis of the above mentioned indicators please list below actions you would like to take which are suited to improve the Relevance of the statistics of your organisation:** Actions and time frame

18.	**Please identify below possible actions at European level suited to improve the Relevance of the statistics of your organisation:** Actions and time frame

Principle 12 - Accuracy and Reliability
European Statistics accurately and reliably portray reality.

Indicator 12.1: **Source data, intermediate results and statistical outputs are assessed and validated.**	
1.a	**Systems for assessing and validating *source* data are implemented.** *(QAF Method: 12.1.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description, level of implementation, obstacles and difficulties to implementation):*
1.b	**Systems for assessing and validating *intermediate results* are implemented.** *(QAF Method: 12.1.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description, level of implementation, obstacles and difficulties to implementation):*
1.c	**Systems for assessing and validating *statistical output* are implemented.** *(QAF Method: 12.1.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description, level of implementation, obstacles and difficulties to implementation):*
2.	**Internal procedures and guidelines for data quality assessment exist.** *Remark: These procedures and guidelines address accuracy and reliability issues.* *(QAF Method: 12.1.2 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description, level of implementation, obstacles and difficulties to implementation):*

3.	**Are other activities, methods or tools implemented within this indicator?** Examples of those activities, methods and tools: 1. Results are compared with other existing sources of information in order to ensure validity. Explanation: Validity in this context is the degree to which there is no bias or systematic error. (QAF Method: 12.1.3 at product/survey level) Yes ☐ No ☐ **Please specify**:

Indicator 12.2:

Sampling errors and non-sampling errors are measured and systematically documented according to the European standards.

4.a	**Internal procedures and guidelines to measure errors are in place.** Examples: ▪ Identification of the main sources of error for key variables; ▪ Quantification of sampling errors for key variables; ▪ Identification and evaluation of main non-sampling error sources in statistical processes; ▪ Identification and evaluation in quantitative or qualitative terms of the potential bias; ▪ Special attention to outliers as well as their handling in estimation; ▪ Quantification of potential coverage errors; ▪ Quantification of potential measurement errors (comparison with existing information, questionnaire design and testing, information on interviewer training, etc.); ▪ Quantification of non-response errors, including systematic documentation for technical treatment of non-response at estimation stage and indicators of representativeness; ▪ Quantification of processing errors; ▪ Analysis of the differences between preliminary and revised estimates. *(QAF Method: 12.2.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. descriptions, level of implementation, obstacles and difficulties to implementation):*
4.b	**Internal procedures and guidelines to reduce errors are in place.** *(QAF Method: 12.2.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. descriptions, level of implementation, obstacles and difficulties to implementation):*

5.	**Are other activities, methods or tools implemented within this indicator?** Examples of those activities, methods and tools: 1. Periodic quality reporting on accuracy is in place (serving both producer and user perspectives). Explanation: Reporting both to users and producers. (QAF Method: 12.2.2 at product/survey level.) 2. Quality reporting on accuracy is guided by ESS-recommendations. Explanation: ESS-recommendations are Euro SDMX Metadata Structure (ESMS), ESS Handbook for Quality Reports (EHQR) and the Single Integrated Metadata Structure (SIMS). (QAF Method: 12.2.3 at product/survey level) 3. Methods and tools for preventing and reducing errors are in place. Explanation: It concerns both sampling and non-sampling errors. (QAF Method: 12.2.4 at product/survey level) Yes ☐ No ☐ **Please specify**:
Indicator 12.3: **Revisions are regularly analysed in order to improve statistical processes.** **Please consider only statistics for which this indicator is relevant**.	
6.a	**A revision policy exists.** *Explanation: The revision policy states principles, procedures, the timing of revisions, their reasons and nature.* *(QAF Method: 12.3.1 and 12.3.2 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. scope, frequency, obstacles and difficulties to implementation):*
6.b	**A revision policy is made public.** *(QAF Method: 12.3.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. frequency, obstacles and difficulties to implementation):*
7.	**Are other activities, methods or tools implemented within this indicator?** Examples of those activities, methods and tools: 1. The revision policy follows standard and transparent procedures in the context of the survey. (QAF Method: 12.3.3 at product/survey level) 2. Information on the size and direction of revisions for key-indicators is provided and made public. (QAF Method: 12.3.4 at product/survey level) 3. An analysis of revisions is used to improve the statistical process. (QAF Method: 12.3.5 at product/survey level) Yes ☐ No ☐ **Please specify**:

Strengths and weaknesses:	
8.	**Please state below the main area of strength with regard to your organisation's approach towards Accuracy and Reliability of the statistical output.**
9.	**Please state below the main area of weakness with regard to your organisation's approach towards Accuracy and Reliability of the statistical output.**
Innovative practices:	
10.	**Please state below the innovative practices, i.e. genuinely new ways which have made a difference in implementing the CoP, with regard to Accuracy and Reliability within your organisation and/or other initiatives beyond the QAF**
Development since the previous peer review:	
11.	**How do you assess the compliance with this principle of the NSI compared to 5 years ago?**
12.	**How do you assess the compliance with this principle of the national statistical system as a whole compared to 5 years ago?**
Follow up:	
13.	**On the basis of the above mentioned indicators please list below actions you would like to take which are suited to improve Accuracy and Reliability of the statistical output of your organisation.** Actions and time frame
14.	**Please identify below possible actions at European level suited to improve Accuracy and Reliability of the statistical output of your organisation.** Actions and time frame

Principle 13 - Timeliness and Punctuality

European Statistics are released in a timely and punctual manner.

Indicator 13.1: **Timeliness meets European and other international release standards.**	
1.	**There is compliance with international standards on timeliness.** *(QAF Method: 13.1.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. a list of the standards, obstacles and difficulties to implementation):*
2.	**A release calendar is published covering all statistics, for which timeliness standards are established within European regulations or agreements at international level.** *(QAF Method: 13.1.2 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. coverage of the release calendar, period and statistical outputs, description of processes for updating the calendar, obstacles and difficulties to implementation):*
3.a	**Divergences from European and international timeliness targets are monitored.** *(QAF Method: 13.1.3 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. frequency of monitoring, time of the latest update, obstacles and difficulties to implementation):*
3.b	**An action plan is developed if European and international timeliness targets are not met.** *(QAF Method: 13.1.3 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. reference to the document and short description of the content, obstacles and difficulties to implementation):*
4.	**Are other activities, methods or tools implemented within this indicator?** Examples of those activities, methods and tools: 1. Quality indicator(s) on timeliness are regularly calculated. (QAF Method: 13.1.4 at product/survey level) 2. Quality indicator(s) on timeliness are published. (QAF Method: 13.1.4 at product/survey level) 3. Quality indicator(s) on timeliness are analyzed and assessed to improve the statistical process, if relevant. (QAF Method: 13.1.5 at product/survey level) Yes ☐ No ☐ **Please specify**:

Indicator 13.2: **A standard daily time for the release of European Statistics is made public**.	
5.a	**A release policy is defined.** *(QAF Method: 13.2.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. release principles or contents of the release policy, obstacles and difficulties to implementation):*
5.b	**A release policy is published.** *(QAF Method: 13.2.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. reference to the release policy, obstacles and difficulties to implementation):*
5.c	**The release policy distinguishes between different kinds of publications (e.g. press releases, specific statistical reports/tables, general publications) and their corresponding release procedures.** *(QAF Method: 13.2.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. a list of the types of publications and their corresponding release procedures, obstacles and difficulties to implementation):*
6.	**Releases are published at a standard daily time.** *(QAF Method: 13.2.2 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. the release time of electronic output and printed output, obstacles and difficulties to implementation):*
Indicator 13.3: **The periodicity of statistics takes into account user requirements as much as possible.**	
7.	**The statistical authority consults users on periodicity.** *(QAF Method: 13.3.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. principles of consultation or short description of the consultation process, frequency of consultation, time of the latest consultation, obstacles and difficulties to implementation):*

Indicator 13.4: **Divergence from the dissemination time schedule is publicized in advance, explained and a new release date set**.	
8.	**A release calendar is published.** *(QAF Method: 13.4.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. frequency of publishing the calendar, time of the latest publication, obstacles and difficulties to implementation):*
9.	**Punctuality of every release is monitored and assessed.** *(QAF Method: 13.4.2 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. frequency of monitoring and assessment, time of the latest assessment, reference to the document and short description of the content, obstacles and difficulties to implementation):*
10.a	**Divergences from the pre-announced time are published in advance.** *(QAF Method: 13.4.3 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. reference to the regulating document, description of processes, obstacles and difficulties to implementation):*
10.b	**The reasons for divergences from the pre-announced time are explained.** *(QAF Method: 13.4.3 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. reference to the document, description of processes, examples of occurrence, obstacles and difficulties to implementation):*
10.c	**A new release time is announced.** *(QAF Method: 13.4.3 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. reference to the document, description of processes, examples of occurrence, obstacles and difficulties to implementation):*
11.	**Are other activities, methods or tools implemented within this indicator?** Examples of those activities, methods and tools: 1. Quality indicator(s) on punctuality for preliminary and final results are calculated and monitored. (QAF Method: 13.4.4 at product/survey level) 2. Quality indicator(s) on punctuality for preliminary and final results are disseminated. (QAF Method: 13.4.4 at product/survey level) Yes ☐ No ☐ **Please specify**:

Indicator 13.5: **Preliminary results of acceptable aggregate accuracy can be released when considered useful**.	
12.	**Are any activities, methods or tools implemented within this indicator?** Examples of those activities, methods and tools: 1. The possibility of disseminating preliminary results is reviewed taking into account the data accuracy. (QAF Method: 13.5.1 at product/survey level) 2. When preliminary results are released, appropriate information is provided to the user about the quality of the published results. (QAF Method: 13.5.2 at product/survey level) 3. Key outputs, or groups of key outputs, which are subject to scheduled revisions have a published policy covering those revisions. (QAF Method: 13.5.3 at product/survey level) Yes ☐ No ☐ **Please specify**:
Strengths and weaknesses:	
13.	**Please state below the main area of *strength* with regard to your organisation's approach towards Timeliness and Punctuality of the statistical output:**
14.	**Please state below the main area of *weakness* with regard to your organisation's approach towards Timeliness and Punctuality of the statistical output:**
Innovative practices:	
15.	**Please state below the innovative practices, i.e. genuinely new ways which have made a difference in implementing the CoP, with regard to Timeliness and Punctuality within your organisation and/or other initiatives beyond the QAF**
Development since the previous peer review:	
16.	**How do you assess the compliance with this principle by the NSI compared to 5 years ago?**
17.	**How do you assess the compliance with this principle by the national statistical system as a whole compared to 5 years ago?**
Follow up:	
18.	**On the basis of the above mentioned indicators please list below actions you would like to take which are suited to improve Timeliness and Punctuality of your organisation's statistical output:** Actions and time frame
19.	**Please identify below possible actions at the European level suited to improve Timeliness and Punctuality your organisation's statistical output:** Actions and time frame

Principle 14 - Coherence and Comparability

European Statistics are consistent internally, over time and comparable between regions and countries; it is possible to combine and make joint use of related data from different sources.

Indicator 14.1: **Statistics are internally coherent and consistent (i.e. arithmetic and accounting identities observed).**	
1.	**Procedures and guidelines to monitor internal coherence are developed and carried out in a systematic way. Where appropriate, they should deal with consistency between preliminary and final data (i.e. continuity), between microdata and aggregated data, between annual, quarterly and monthly data, between statistics and National Accounts, and also with non-deterministic consistency (e.g. consistency between economic growth and employment, also called plausibility).** *(QAF Method: 14.1.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. reference to the document and short description of the content, description of procedures and guidelines, obstacles and difficulties to implementation):*
2.	**Are other activities, methods or tools implemented within this indicator?** Example of those activities, methods and tools: 1. Process-specific procedures and guidelines ensure that outputs obtained from complementary sources are combined so as to assure internal coherence and consistency. (QAF Method: 14.1.2 at product/survey level) Yes ☐ No ☐ **Please specify**:
Indicator 14.2: **Statistics are comparable over a reasonable period of time**.	
3.	**Significant changes in reality are reflected by appropriate changes to concepts (classifications, definitions and target populations).** *(QAF Method: 14.2.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. reference to the document and short description of the content, description of processes, examples of occurrence, obstacles and difficulties to implementation):*

4.	**Are other activities, methods or tools implemented within this indicator?** Examples of those activities, methods and tools: 1. Changes in methods are clearly identified and their impact measured to facilitate reconciliation. (QAF Method: 14.2.2 at product/survey level) 2. Breaks in the series are explained. (QAF Method: 14.2.3 at product/survey level) 3. Methods for ensuring reconciliation over a period of time are made publicly available. (QAF Method: 14.2.3 at product/survey level) Yes ☐ No ☐ **Please specify**:
Indicator 14.3: **Statistics are compiled on the basis of common standards with respect to scope, definitions, units and classifications in the different surveys and sources.**	
5.	**A common repository of concepts or a mechanism to promote coherence and consistency is used.** *(QAF Method: 14.3.1 at institutional level)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. reference to the repository, description of processes, obstacles and difficulties to implementation):*
6.	**Are other activities, methods or tools implemented within this indicator?** Examples of those activities, methods and tools: 1. An assessment of compliance with standards on definitions, units and classifications is carried out. (QAF Method: 14.3.2 at product/survey level) 2. Results of periodic assessments are reflected in quality reporting. (QAF Method: 14.3.2 at product/survey level) 3. Deviations from standards on definitions, units or classifications are made explicit and the reasons for deviating are explained. (QAF Method: 14.3.3 at product/survey level) Yes ☐ No ☐ **Please specify**:
Indicator 14.4: **Statistics from different sources and of different periodicity are compared and reconciled**.	
7.	**Are any activities, methods or tools implemented within this indicator?** Examples of those activities, methods and tools: 1. Statistical outputs are compared with other statistical or administrative data that provide the same or similar information on the same domain/phenomenon. (QAF Method: 14.4.1 at product/survey level) 2. Divergences originating from different sources are identified. (QAF Method: 14.4.2 at product/survey level) 3. Reasons for divergences are clearly and publicly explained. (QAF Method: 14.4.2 at product/survey level) 4. Statistical outputs are reconciled whenever possible. (QAF Method: 14.4.3 at product/survey level) Yes ☐ No ☐ **Please specify**:

Indicator 14.5: **Cross-national comparability of the data is ensured within the European Statistical System through periodical exchanges between the European Statistical System and other statistical systems. Methodological studies are carried out in close co-operation between the Member States and Eurostat**.	
8.	**An assessment of comparability is institutionalized.** *(QAF Method: 14.5.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. frequency of assessment, description of processes and institutions involved, time of the latest assessment, obstacles and difficulties to implementation):*
9.	**Methodological studies are conducted in collaboration between Member States and Eurostat.** *(QAF 14.5.2 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. examples of occurrence, description of processes, obstacles and difficulties to implementation):*
10.	**Are other activities, methods or tools implemented within this indicator?** Examples of those activities, methods and tools: 1. An analysis of asymmetries is carried out where possible. (QAF 14.5.4 at product/survey level.) 2. Reports on mirror statistics between Member States are made available to the public. (QAF 14.5.4 at product/survey level) 3. Discrepancies in mirror statistics are identified and corrected whenever possible. (QAF 14.5.5 at product/survey level) Yes ☐ No ☐ **Please specify**:
Strengths and weaknesses:	
11.	**Please state below the main area of *strength* with regard to your organisation's approach towards Coherence and Comparability of the statistical output:**
12.	**Please state below the main area of *weakness* with regard to your organisation's approach towards Coherence and Comparability of the statistical output:**
Innovative Practices:	
13.	**Please state below the innovative practices, i.e. genuinely new ways which have made a difference in implementing the CoP, with regard to Coherence and Comparability within your organisation and/or other initiatives beyond the QAF**

Development since the previous peer review:	
14.	**How do you assess the compliance with this principle by the NSI compared to 5 years ago?**
15.	**How do you assess the compliance with this principle by the national statistical system as a whole compared to 5 years ago?**
Follow up:	
16.	**On the basis of the above mentioned indicators please list below actions you would like to take which are suited to improve the Coherence and Comparability of the statistical output of your organisation:** Actions and time frame
17.	**Please identify below possible actions at the European level suited to improve the Coherence and Comparability of the statistical output of your organisation:** Actions and time frame

Principle 15 - Accessibility and Clarity

European Statistics are presented in a clear and understandable form, released in a suitable and convenient manner, available and accessible on an impartial basis with supporting metadata and guidance.

Indicator 15.1: **Statistics and the corresponding metadata are presented, and archived, in a form that facilitates proper interpretation and meaningful comparisons**.	
1.a	**A Dissemination Policy, defining dissemination practices, is in place.** *(QAF Method: 15.1.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. content and topics covered in the dissemination policy, obstacles and difficulties to implementation):*
1.b	**The Dissemination Policy is made public.** *(QAF Method: 15.1.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. reference to dissemination policy, obstacles and difficulties to implementation):*
1.c	**Procedures are in place to review the standards for the dissemination of statistical results.** *(QAF Method: 15.1.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description of procedures, obstacles and difficulties to implementation):*
2.	**Users are consulted (e.g. through focus groups, Customer Satisfaction Surveys) about the most appropriate forms of dissemination.** *(QAF Method: 15.1.2 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. frequency of consultations, list of forms of consultations, time of three latest consultations for each form of consultation, obstacles and difficulties to implementation):*
3.a	**Training courses for interpretation of statistics are conducted for users.** *(QAF Method: 15.1.3 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. number of training courses and number of participants in these courses since last Peer Review, obstacles and difficulties to implementation):*

3.b	**Training courses for writing press releases are conducted.** *(QAF Method: 15.1.3 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. number of training courses and number of participants in these courses since last Peer Review, share of statisticians who write press releases and have attended the training course on writing press releases, obstacles and difficulties to implementation):*
4.a	**A policy for archiving statistics is in place.** *(QAF Method: 15.1.4 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. reference to the policy, short description of the content, obstacles and difficulties to implementation):*
4.b	**A policy for archiving metadata is in place.** *(QAF Method: 15.1.4 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. reference to the policy, short description of the content, obstacles and difficulties to implementation):*
5.	**Are other activities, methods or tools implemented within this indicator?** Example of those activities, methods and tools: 1. Meaningful comparisons are clearly included in publications, when appropriate. (QAF Method: 15.1.5. at product/survey level) Yes ☐ No ☐ **Please specify**:
Indicator 15.2: **Dissemination services use modern information and communication technology and, if appropriate, traditional hard copy**.	
6.	**The website and statistical data bases conform so far as it is possible to universal web content accessibility guidelines.** *(QAF Method: 15.2.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. reference to the website and statistical data base, results of the relevant assessment, time of the latest assessment, obstacles and difficulties to implementation):*
7.a	**The website and statistical data bases are the main means for disseminating statistical results.** *(QAF Method: 15.2.2 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. reference to the document, reference to the website and statistical data base, obstacles and difficulties to implementation):*

7.b	**The website and statistical data bases facilitate self-tabulation in the most appropriate formats (e.g. XLS, HTML).** *(QAF Method: 15.2.2 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. reference to the website and statistical data base, obstacles and difficulties to implementation):*
8.	**An information service/call centre service composed of knowledgeable staff is available for answering requests and clarifications of statistical results.** *(QAF Method: 15.2.3 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. reference to the contact information of the centre and description of the qualifications of the staff, obstacles and difficulties to implementation):*
9.	**A publication catalogue is available to users.** *(QAF Method: 15.2.4 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. reference to the document, obstacles and difficulties to implementation):*
10.	**Statistical results are disseminated using tools and formats that facilitate re-dissemination by the media by means of, for example, press releases, readymade tables, charts, maps connected to statistics, metadata.** *(QAF Method: 15.2.5 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. reference to the web page, obstacles and difficulties to implementation):*
11.	**Are other activities, methods or tools implemented within this indicator?** Example of those activities, methods and tools: 1. Various forms of dissemination are considered (e.g. optical discs, web-based tools and applications, hard copies) that would allow for better understanding and comparisons of particular results and would better facilitate their use in decision-making. (QAF Method: 15.2.6 at product/survey level) Yes ☐ No ☐ **Please specify**:

Indicator 15.3: **Custom-designed analyses are provided when feasible and the public is informed.**	
12.	**The possibility and terms of custom-designed analyses are clearly communicated.** *(QAF Method: 15.3.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. reference to the document, obstacles and difficulties to implementation):*
13.	**Custom-designed outputs are provided on request.** *(QAF Method: 15.3.2 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description of processes, examples of occurrence, obstacles and difficulties to implementation):*
14.	**Custom-designed analyses are made public where possible.** *(QAF Method: 15.3.3 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. reference to the document, examples of occurrence, obstacles and difficulties to implementation):*
15.	**An information service is available to enable users to make requests for custom-designed analyses.** *(QAF Method: 15.3.4 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description of processes, reference to the contact information of the service, obstacles and difficulties to implementation):*
Indicator 15.4: **Access to microdata is allowed for research purposes and is subject to specific rules or protocols.** **The answers to the methods related to this indicator may be close to those under indicator 5.6**	
16.	**Researchers are consulted about the rules or protocols for access to microdata, about their effectiveness and about the effective access.** *(QAF Method: 15.4.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description of processes, forms of consultation - user surveys, seminars, feedback given to user support, etc, obstacles and difficulties to implementation):*

17.	**The rules or protocols for access to microdata are made publicly available.** *(QAF Method: 15.4.2 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. reference to the document, obstacles and difficulties to implementation):*
18.	**Researchers are able to access microdata in a secure environment (e.g. Safe Centres).** *(QAF Method: 15.4.3 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. conditions for access, obstacles and difficulties to implementation):*
19.	**Remote access facilities are available with appropriate controls.** *(QAF Method: 15.4.4 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. conditions for access, obstacles and difficulties to implementation):*
Indicator 15.5: **Metadata are documented according to standardized metadata systems.**	
20.	**All statistical results are disseminated together with the respective metadata allowing for a better understanding of the results.** *(QAF Method: 15.5.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. reference to statistical results and metadata, obstacles and difficulties to implementation):*
21.	**Metadata are available and, if separate from the statistical product, clear links are presented.** *(QAF Method: 15.5.2 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify:** *(e.g. reference to metadata, obstacles and difficulties to implementation)*
22.a	**Metadata are structured in accordance with European Standards.** *(QAF Method: 15.5.3 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. list of standards, structure of metadata, obstacles and difficulties to implementation):*

22.b	**Metadata are disseminated in accordance with European Standards.** *(QAF Method: 15.5.3 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description of processes, obstacles and difficulties to implementation):*
23.	**Metadata of statistical results are available independently of the format of publication (e.g. online, hard copies).** *(QAF Method: 15.5.4 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description of the metadata database or information system, obstacles and difficulties to implementation):*
24.	**Metadata are updated and procedures to ensure their updating are available.** *(QAF Method: 15.5.5 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. frequency of updating, time of the last update, reference to processes, obstacles and difficulties to implementation):*
25.	**An information service/ call centre service is able to answer users' enquiries about metadata issues.** *(QAF Method: 15.5.6 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. description of processes, reference to the contact information of the centre, obstacles and difficulties to implementation):*
26.	**Training courses on metadata are provided for the staff.** *(QAF Method: 15.5.7 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. frequency of training courses, number of participants, description of the training course, obstacles and difficulties to implementation):*
Indicator 15.6: **Users are kept informed about the methodology of statistical processes including the use of administrative data.**	
27.	**Standardized up-to-date user-oriented quality reports and methodological documents are produced.** *(QAF Method: 15.6.1 at institutional level.)* Not implemented ☐ Yes, partly implemented ☐ Yes, fully implemented ☐ **Please specify** *(e.g. frequency of production, description of processes, obstacles and difficulties to implementation):*

28.	**Are other activities, methods or tools implemented within this indicator?** Example of those activities, methods and tools: 1. User-oriented quality reports and methodological documents are made available to the public. (QAF Method: 15.6.2 at product/survey level) Yes ☐ No ☐ **Please specify**:
Indicator 15.7: **Users are kept informed about the quality of statistical outputs with respect to the quality criteria for European Statistics.**	
29.	**Are any activities, methods or tools implemented within this indicator?** Examples of those activities, methods and tools: 1. User-oriented quality reports on statistical outputs are made publicly available. (QAF Method: 15.7.1 at product/survey level) 2. User oriented quality reports are defined according to ESS standards and guidelines for quality reporting. (QAF Method: 15.7.2 at product/survey level) Yes ☐ No ☐ **Please specify**:
Strengths and weaknesses:	
30.	**Please state below the main area of strength with regard to your organisation's approach towards Accessibility and Clarity of the statistical output:**
31.	**Please state below the main area of weakness with regard to your organisation's approach towards Accessibility and Clarity of the statistical output:**
Innovative practices:	
32.	**Please state below the innovative practices, i.e. genuinely new ways which have made a difference in implementing the CoP, with regard to Accessibility and Clarity within your organisation and/or other initiatives beyond the QAF**
Development since the previous peer review:	
33.	**How do you assess the compliance with this principle by the NSI compared to 5 years ago?**
34.	**How do you assess the compliance with this principle by the national statistical system as a whole compared to 5 years ago?**

Follow up:	
35.	**On the basis of the above mentioned indicators please list below actions you would like to take which are suited to improve the Accessibility and Clarity of the statistical output of your organisation:** Actions and time frame
36.	**Please identify below possible actions at the European level suited to improve the Accessibility and Clarity of the statistical output of your organisation:** Actions and time frame