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COURSE BROCHURE

Benchmarking and Proven Practice Transfer Training Course

3 – 7 October 2027
Amman

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Registered in the United Kingdom and Saudi Arabia

Benchmarking and Proven Practice Transfer Training Course

Ref: 789_29912 **Date:** 3 – 7 October 2027 **Location:** Amman **Fees:** 3300 GBP

Benchmarking and Proven Practice Transfer is a 1-week training course for performance, quality and operations improvement managers who must compare their processes with stronger performers and move what works into their own units, ending with a practice transfer adoption plan. Multi-site organisations keep repeating solved problems. Jupiter Prime Training delivers this course in benchmarking and proven practice transfer.

Why Benchmarking and Proven Practice Transfer Matters Now

Three forces push benchmarking up the agenda. Boards ask units to justify cost and cycle times against credible peers. Experienced staff leave with undocumented know-how. An organisation that benchmarks well closes gaps quickly and copies methods that fit; one that benchmarks badly imports practices that fail elsewhere. The course draws on knowledge management principles reflected in ISO 30401 Knowledge management systems - Requirements and on established benchmarking codes of conduct.

Who Gains Most from Benchmarking and Proven Practice Transfer

- Continuous improvement leads who select comparison metrics and run gap studies across units
- Quality managers who verify that a borrowed method meets process and customer requirements
- Operations managers who host or visit peer sites and decide which routines to replicate
- Performance analysts who normalise data so that partners are compared on equal terms
- Knowledge managers who capture source-site know-how and support receiving teams

Multi-site groups gain most when a source unit and a receiving unit send members together.

Benchmarking and Proven Practice Transfer Capabilities

Participants leave able to run a benchmarking study from partner choice to replicated routine.

- Specify benchmarking metrics and normalisation rules — for executives approving a study
- Assess candidate partners against fit, access and data quality criteria — for the study sponsor
- Calculate performance gaps and trace them to process enablers — for unit heads setting targets
- Design a site visit protocol with question sets and observation notes — for host and visiting teams
- Weigh the transferability of a practice against local constraints — for the receiving unit manager
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Build an adoption plan with owners, milestones and sustainment checks — for the steering group

Key Benchmarking and Proven Practice Transfer Terms

- Benchmarking partner — An organisation or unit whose process performance is studied under an agreed information exchange.
- Performance gap — The measured difference between a unit's result and the partner's result on the same normalised metric.
- Process enabler — A method, skill or routine that explains a partner's stronger result.
- Normalisation — Adjusting raw figures for size or mix so units of different scale compare fairly.
- Absorptive capacity — A receiving unit's ability to take in and apply a practice developed elsewhere.
- Source unit — The site or team where a proven practice originated and from which it is transferred.

Benchmarking and Proven Practice Transfer Day by Day

Day 1: Benchmarking Types and Study Scope

- Internal, Competitive and Functional Benchmarking — Choosing the Right Comparison Type
- Study Charter and Sponsor Agreement — Defining Scope, Timing and Decision Rights
- Process Selection Matrix — Prioritising Processes With the Largest Improvement Potential
- Benchmarking Code of Conduct — Handling Confidentiality, Reciprocity and Legal Limits
- Current-State Process Mapping — Establishing the Baseline Before Comparison

Day 2: Metrics, Partners and Data Collection

- Metric Tree and Operational Definitions — Ensuring Every Partner Measures the Same Thing
- Normalisation Rules for Scale and Mix — Making Unequal Units Comparable
- Partner Screening Scorecard — Ranking Candidates on Fit and Access
- Data Exchange Questionnaire — Collecting Figures and Practice Descriptions Consistently
- Peer Network and Clearinghouse Options — Sourcing Partners Beyond the Organisation

Day 3: Gap Analysis and Site Visits

- Gap Quantification and Parity Charts — Sizing the Distance to the Partner
- Enabler Root-Cause Tracing — Linking Gaps to Methods, Skills and Systems
- Site Visit Protocol and Question Sets — Preparing Host and Visiting Teams
- Observation Notes and Debrief Matrix — Turning Visits Into Verified Findings
- Target Setting From Benchmarks — Agreeing Stretch Levels Unit Heads Accept

Day 4: Transferring Practices Between Units

- Transferability Assessment Grid — Testing Context Fit Before Copying a Practice
- Tacit Know-How Capture From Source Units — Documenting What Experts Do
- Absorptive Capacity Check — Judging Receiving Unit Readiness and Support Needs
- Adapt Versus Replicate Decision — Protecting Core Elements While Fitting Local Conditions
- Transfer Champions and Communities of Practice — Sustaining Peer Support After Handover

Day 5: Practising the Practice Transfer Adoption Plan

- Benchmarking Study Rehearsal — Applying Metrics and Partner Choices to a Live Case
- Gap Findings Briefing — Presenting Enablers and Targets to a Sponsor Panel
- Transfer Route Simulation — Moving a Practice From Hospital Ward to Ward
- Sustainment Indicators and Recheck Cycle — Confirming Gains Hold After Rollout
- Practice Transfer Adoption Plan — Owners, Milestones and Sustainment Checks

Applying Benchmarking and Proven Practice Transfer After the Course

- Lead a normalised comparison of one process across two sites and share the parity chart.
- Run a transferability assessment on one proven practice and agree its adoption plan with the receiving unit manager.

Benchmarking and Proven Practice Transfer Questions FAQ

What is benchmarking and proven practice transfer and why does it matter now?

Benchmarking and proven practice transfer is the discipline of comparing processes with stronger performers and moving the methods behind their results into your own units. It matters now because boards expect peer-based targets and departing staff take local know-how with them.

Which roles gain most from benchmarking and proven practice transfer?

Improvement, quality and operations managers gain most from benchmarking and proven practice transfer. Analysts and knowledge managers in plants and hospital networks also benefit.

How does benchmarking and proven practice transfer differ from a lean or process improvement course?

Benchmarking and proven practice transfer looks outward to partners before changing a process. A lean course improves a process from within; this one finds who performs better and moves their method across units.

What do you bring back from benchmarking and proven practice transfer?

You bring back a tested benchmarking and proven practice transfer method. It includes a metric tree, partner scorecard, site visit protocol and a drafted adoption plan.

Benchmarking and Proven Practice Transfer: The Way Forward

The practice transfer adoption plan gives the steering group its first decision: which unit receives the proven practice and who owns each milestone. Receiving unit managers and champions use it to schedule handover. After the first rollout, revisit the absorptive capacity of the receiving unit, since it shapes how much the next practice can be adapted.