

Guidelines
on
Stage 4 – Periodic Review
of
Four-stage Quality Assurance Process

version 1.1

June 2009

Table of Contents

<u>Content</u>	<u>Page</u>
Preamble	1
1. What is Periodic Review?	2
2. Who is Eligible to Apply for Periodic Review?	2
3. The Guiding Principles of HKCAAVQ Accreditation	2
4. How to Get Prepared for Periodic Review?	4
5. What are the Accreditation Criteria, Standards and Evidence for Periodic Review?	5
6. How is the Accreditation Process Conducted?	8
7. What can be the Accreditation Outcomes?	12
8. What is the Possible Follow-up after the Periodic Review?	13
9. How is Feedback Collected?	14
10. What are the Accreditation Timeline and Fees?	15
<hr/>	
Appendix 1 Guidance Notes on the Preparation of Accreditation Documents through a Self-Evaluation Process	17
Appendix 2 Roles of Accreditation Panel Members	21
Appendix 3 Roles and Responsibilities of Operators in Accreditation	23
Glossary	25

Preamble

1. The Hong Kong Council for Accreditation of Academic and Vocational Qualifications (HKCAAVQ) is established under the HKCAAVQ Ordinance (Chapter 1150) as a statutory body responsible for conducting accreditation activities generally or as authorised under any other local enactment. In particular, the HKCAAVQ has the statutory powers under the provisions of the Accreditation of Academic and Vocational Qualifications Ordinance (AAVQO) (Cap 592) to perform the roles of the Accreditation Authority and the QR Authority. Qualifications of learning programmes that have been granted accreditation status by the Accreditation Authority may be entered into the Qualifications Register (QR) for recognition under the Qualifications Framework (QF) in Hong Kong.
2. These Guidelines provide a general reference for operators who wish to seek Periodic Review to maintain the granted programme area accreditation status under the QF. These Guidelines also serve as reference for the accreditation panel (panel) which is established by the HKCAAVQ to be responsible for the accreditation exercise pursuant to the principle of 'peer review'. The panel can exercise its professional judgement according to the principles set out within these Guidelines.
3. These Guidelines are applicable to operators operating local learning programmes. Operators with non-local learning programmes wishing to apply for accreditation should refer to the Guidelines on Accreditation of Non-local Learning Programmes available on the HKCAAVQ website at <http://www.hkcaavq.edu.hk>.
4. These Guidelines are by no means exhaustive. The Guidelines also supersede any prior guidance notes, other guidelines or handbook that the HKCAAVQ or the former Hong Kong Council for Academic Accreditation (HKCAA) has published or issued previously regarding Periodic Review.
5. Whilst the HKCAAVQ endeavours to ensure the accuracy of the information contained herein, the HKCAAVQ reserves the right to delete, suspend or edit all information at any time in its absolute discretion without giving any prior notice. To obtain the most up-to-date information, users may look up the electronic version of these Guidelines from the HKCAAVQ's website at <http://www.hkcaavq.edu.hk>.
6. A general overview about the Four-stage Quality Assurance (QA) Process that underpins the Qualifications Framework (QF) is available in the Section entitled Four-stage QA Model on the HKCAAVQ's website at <http://www.hkcaavq.edu.hk>.
7. For enquiries, please contact the HKCAAVQ at info@hkcaavq.edu.hk or by phone at Tel: 3658 0000.

1. What is Periodic Review?

- 1.1 *Periodic Review* (PR) is the final stage of the Four-stage Quality Assurance Process. This Process is for the Hong Kong Council for Accreditation of Academic and Vocational Qualifications (HKCAAVQ) to ascertain whether operators granted with programme area accreditation status continue to have the capacity and capability to operate and quality assure learning programmes in the approved programme area(s) at specified Qualifications Framework (QF) level(s) as well as the ability to determine QF levels of the qualifications of the learning programmes concerned. The purpose of this Process is for operators to be approved to maintain the same scope of programme area(s) and QF level(s) of qualification(s) for a newly defined timeframe (validity period).
- 1.2 *Periodic Review* is a cyclical exercise repeated on a regular basis. The timing of the review depends on the validity period of the programme area accreditation (PAA) status and whether substantial changes have taken place since the granting of the PAA status or the previous Periodic Review exercise.

2. Who is Eligible to Apply for Periodic Review?

- 2.1 Operators with the programme area accreditation status are subject to *Periodic Review* on a regular basis. The operator should approach the HKCAAVQ for an initial consultation at least **six months** before formal application for the *Periodic Review* exercise.

3. The Guiding Principles of HKCAAVQ Accreditation

- 3.1 The guiding principles for the Four-stage Quality Assurance Process are as follows.
- Peer review
 - Fitness for purpose
 - Evidence-based
 - Threshold standard

- 3.2 Under the principle of ‘peer review’, accreditation decisions are made by the HKCAAVQ on the basis of recommendations put forth by peers involved in the exercise as members of an accreditation panel (panel). The panel will have a cross-sectoral representation covering the full spectrum of institutional management, quality assurance and operation of relevant programme area(s). The panel members are academic and professional experts with relevant expertise and experience in areas such as institutional and programme area management, programme delivery and management, quality assurance and QF matters. The role of the panel is to assess the capability and capacity of the operator in continuously managing and quality assuring the learning programme(s) in the approved programme area(s) for the purpose of meeting the QF standards, to evaluate evidence and to form a judgment as to whether the operator and its programme area(s) (discipline/s) meet the required accreditation standards.
- 3.3 Under the principle of ‘fitness for purpose’, the operator and programme area(s) (discipline/s) are accredited on the basis of their stated objectives, and taking into consideration differences in nature, size, operational complexity and scope of expertise in respective programme area(s) (discipline/s) of the operator.
- 3.4 Accreditation decisions are to be made on the basis of evidence provided by the operator in support of its claim that it meets the PR accreditation standards stipulated in these Guidelines. Judgment will be made independently of any other previous accreditation decision(s) made on the same operator and/or its programme area(s) and / or its learning programme(s).
- 3.5 Accreditation decisions are made by threshold standard. ‘Threshold standards’ refer to the minimum quality requirements stipulated in these Guidelines for the purpose of continuous quality enhancement, drawing reference from prevailing education system in Hong Kong and the learning outcomes requirements laid down in the Generic Level Descriptors (GLD) as well as any other relevant policy intention / regulation / guidelines / common descriptors / specification of competency standards (SCS) promulgated by the Hong Kong SAR Government.

4. How to Get Prepared for the Periodic Review?

- 4.1 *Periodic Review* (PR) should begin with a critical and comprehensive self-evaluation by the operator, against the purpose of the *Periodic Review* exercise, and the accreditation criteria and standards stipulated in these Guidelines. The self-evaluation will form the basis of the accreditation document to be submitted for the PR exercise. Guidelines on the Preparation of Accreditation Documents through a Self-evaluation Process are available at Appendix 1.
- 4.2 In the self-evaluation, operators should evaluate the effectiveness of the internal quality assurance and other mechanisms as well as the management procedures in place at institutional and programme area levels since the last PAA / PR exercise to enable the operators to ensure and determine that the programmes in the approved programme area(s) are meeting the standards required under the QF. Should major changes have been introduced during the validity period of the approved PAA status or are planned to be introduced in the new validity period, operators should highlight such changes with succinct account of the rationale and decision-making process involved.
- 4.3 The four questions, which guide quality assurance of operators with granted PAA status are as follows.
- What are the purposes (objectives) and outcomes of its education provision? (What does it want to achieve?)
 - What systems and activities support the achievement of its purposes and outcomes? (How does it achieve them?)
 - What are the indicators of success? (How does it know it is doing well and let others know too?)
 - How does it seek feedback and adjust itself for its future performance so as to ensure continuous enhancement at both the institutional and programme area levels? (How does it apply what it knows?)

5. What are the Accreditation Criteria, Standards and Evidence for Periodic Review?

5.1 To complete *Periodic Review* successfully, operators have to demonstrate with adequate evidence in the following five areas their quality assurance and management capabilities to continuously meet the QF standards in the approved programme area(s) since the last PAA / PR exercise. The panel's assessments will be on the basis of the accreditation document and any other relevant evidence gathered through the accreditation process, according to the guiding principle of "fitness for purpose".

- Institutional management and Strategic Planning
- Academic Development and Programme Development & Management
- Staffing and Staff Development
- Other Resources and Support Services
- Quality Assurance

5.2 The evidence provided should reflect effective quality assurance and management procedures and mechanisms to meet the operator's stated objectives and to continuously enhance its education and training provision. This should be supported with appropriate evidence such as relevant paper on updated quality assurance framework, policy direction, policies, review reports, action plans, etc. The provision of an updated strategic plan for at least the next three years and an academic development plan for at least the next 3 years is a requirement. The onus of providing sufficient and appropriate documentary evidence for accreditation decision lies with the operator. The following possible sources of documents are for reference and are not meant to be exhaustive. When preparing the accreditation document, the operator is only expected to enclose what it has been using for management purpose and / or on a daily operational basis and what is necessary to support the claims in the accreditation document. As operators are diverse in nature and operational mode, it is likely that some may have different written / printed documentation from others.

5.2.1 Institutional Management and Strategic Planning

Operators should demonstrate that the management procedures at institutional level remain effective in supporting the development and management of the programme area(s) / discipline(s) with a view to continuously enhancing its / their quality and delivering the learning outcomes at the approved QF level(s) meeting the respective QF standards:

- There are appropriate mechanisms and processes to ensure that their policies on academic development, quality assurance and resource allocation continue to be coherent, appropriate and responsive to changes and are consistent with the overall mission, aims and objectives of the entire organisation prevailing at the time of review.

5.2.2 Academic Development and Programme Development & Management

Operators should demonstrate at the institutional level that the mechanism and process for academic development¹ as well as the formulation of strategic plans at both the institutional and programme area levels continue to remain effective to meet the stated objectives since the last PAA / PR exercise. Programme development², management and review mechanisms and processes in practice should continue to remain effective for determining that the programmes within the approved programme areas meet the QF standards and for continuous quality enhancement so as to address the following quality issues.

- effectiveness of curriculum design in terms of level, coherence, balance and progression;
- continuing effectiveness of the curriculum and student assessment in relation to the intended learning outcomes;
- assurance that the programmes remain current and valid in the light of developments in the related field of study or employment; and
- appropriate benchmarking of the outcome standards and quality with the claimed QF level(s).

¹ Academic development refers to the planning and development of the blueprint of the operator's academic provision with details about the academic model including but not limited to programme objectives, programme structure, principles underpinning decisions for programme delivery, curriculum design and assessment policies supported by appropriate staffing and resources plans. Source: HKCAAVQ Guidelines on PAA.

² Programme development refers to the processes adopted by the programme area including but not limited to outcome-based programme design tools, QF level determination mechanisms and the programme development plan for at least the next 3 to 5 years

5.2.3 Staffing and Staff Development

Operators should demonstrate that within the programme area(s) there are effective staffing and staff development mechanisms to deliver the quality outcomes to meet the QF standards at the approved QF level(s):

- The appointment and deployment of teaching and supporting staff are effective to ensure that they have appropriate academic, vocational or professional qualifications with relevant and up-to-date experience / knowledge and skills in the development, management, delivery and assessment of outcome-based learning programmes and in reviewing and quality assuring such programmes.;
- The current policy and practices in appraising and developing staff at various levels are effective and efficient;
- There are concerted efforts to monitor teaching load vis-à-vis the demand for increased productivity and the implementation of cost efficiency measures.

5.2.4 Other Resources and Support Services

Operators should demonstrate within the approved programme area(s) that there are effective mechanisms to ensure appropriate deployment of resources and support services to deliver the learning outcomes meeting the QF standards at the approved QF level(s). The provision of the resources and support services within the approved programme area(s) should be reflected in the institutional resource allocation policies and financial budgets.

- Their financial resource plans are effective to ensure the sustainability of the delivery of their programmes meeting the QF standards at the approved QF level(s). Decisions on such plans are made with the support of relevant and sufficient data and information.
- Decisions on the allocation of resources to support teaching, learning and assessment within the programme area(s) have aptly taken into account feedback obtained through various channels, with a view to long-term development of their programmes.
- Appropriate resource allocation has been made to ensure adequate support be provided to the students for the purpose of effective and independent learning. Such support may include but not limited to library resources, teaching accommodation, laboratories and other workshop facilities and access to information technology resources;

5.2.5 Quality assurance

Operators should demonstrate the maintenance of effective and robust quality assurance systems and mechanisms at the institutional and approved programme area(s) levels, as appropriate, to ensure and determine that the learning programmes in the approved programme area(s) meet the respective QF standards:

- The policies on admission, assessment, measurement of quality of learning outcome, programme approval, staff quality, review and feedback mechanism, resources and support facilities at institutional level are effective and relevant to the approved programme area(s);
- New policies and procedures in regard to the approved programme area(s) are approved through appropriate processes, and implemented through involvement of internal and external personnel as appropriate;
- Systems and structures are effective in benchmarking and ensuring the operating programmes and new programmes developed within the approved programme area(s) are outcome-based to meet the stipulated QF standards;
- The feedback from all sources/channels has resulted in improvement actions for the approved programme area(s);
- Staff members responsible for managing, delivering and assessing the programmes are taking effective actions to address weaknesses, build on strengths, and generally develop a culture of continuous improvement.

6. How is the Accreditation Process Conducted?

Initiating the Process

- 6.1 The operator should approach the HKCAAVQ for an initial consultation at least **six months** before formal application for the *Periodic Review* exercise. At the initial consultation, the operator will be briefed on the accreditation process and the preparation required for the accreditation exercise.

- 6.2 Upon signing the Service Agreement, the operator should proceed to prepare the self-evaluative accreditation document for submission to the HKCAAVQ by the stipulated deadline. Where necessary, the operator who plans to undergo the Periodic Review exercise may be invited to attend an Operators workshop to make preparation for the self-evaluative accreditation document and the on-site visit.

The Panel

- 6.3 An accreditation panel will be formed in accordance with the guiding principle of peer review. The panel consists of members with the requisite profiles and expertise. The HKCAAVQ has full authority in the selection of membership of the panel for a particular exercise, after seeking views from the operator on any conflict of interests of the potential panel members. The panel will include a HKCAAVQ professional staff member as the Panel Member-Secretary. Panelists are subject to the HKCAAVQ's Code of Conduct which stipulates compliance with code of confidentiality and declaration of conflict of interests. The roles of panel members are outlined in **Appendix 2**.

Initial Examination of Accreditation Document

- 6.4 The HKCAAVQ may conclude upon an initial examination of the accreditation document that the information provided is inadequate such that it is unlikely to conduct a meaningful accreditation process by the HKCAAVQ according to the scope of the Terms of Reference of the exercise specified in the Service Agreement. In this event, the HKCAAVQ may terminate the accreditation exercise and any unused accreditation fee will be refunded to the partnership.
- 6.5 If the HKCAAVQ considers that the operator's accreditation document contains necessary information for the Periodic Review exercise, the operator will be notified of the arrangement of the on-site visit as specified in the Service Agreement. After reviewing the accreditation document, the panel may seek further clarification and / or ask for other supporting documents and information as evidence during the Stage of Initial Comments. The supporting documents and information requested can be made available to the panel either prior to the site visit or on-site.

Preparing for Accreditation

- 6.6 A thorough understanding of what is required of the operator in the accreditation process is the first step to successful accreditation. The roles and responsibilities of operators in accreditation are outlined in **Appendix 3**.

- 6.7 Accreditation is conducted by the HKCAAVQ on the assumption that the operator concerned is involved in a continuous process of self-evaluation. Before seeking the accreditation service, the operator should undertake an internal self-evaluation for the purpose of assessing its own readiness to meet the intended purpose of the accreditation exercise and undertaking any necessary reforms and changes to any aspects of its structure, systems and processes.
- 6.8 The process of self-evaluation should be a constructive one, and should enable the operator to identify its own strengths and weaknesses, and to formulate improvement plans for enhancement and institute any necessary enhancement. The preparatory / self-evaluation stage can be shorter or longer depending on the circumstances of the individual operator and the internal procedures adopted, etc.
- 6.9 It is important that the process involves personnel at the senior management and programme area levels and senior members of staff members responsible for quality assurance as well as other staff members who are involved / may be affected by any changes brought about by the Periodic Review. It is a good practice to involve advisers, students and other stakeholders such as employers in the self-evaluation.
- 6.10 The preparation of self-evaluative accreditation document is outlined in Section 4 of these Guidelines.

The On-site Visit

- 6.11 The on-site visit will be planned by the HKCAAVQ in consultation with the Panel Chair. The visit provides an occasion for interaction between the panel and relevant personnel from the operator and other stakeholders including but not limited to students, graduates, employers, external examiners and advisers. Representatives to be met by the panel normally include appropriate management representatives at institution and programme area(s) levels and quality assurance personnel who have particular responsibilities in the programme area(s) under review, as well as other key staff, students, employers, external advisers of the programme area(s). The panel may also inspect the facilities; and review student works and other relevant records and supporting documents.
- 6.12 The timeframe for the on-site visit will be agreed with the operator and included in the Service Agreement.
- 6.13 The HKCAAVQ will determine the criteria for the selection of people to be interviewed, and the size of the interview groups for efficient interaction with the panel.

- 6.14 It is the responsibility of the operator to ensure that there are suitable facilities available to the panel during the on-site visit, including availability of a private meeting room with sufficient space for the panel and the interviewees, access to documents, and the provision of reasonable refreshments. As the interviews are part of the evidence needed for the panel to make the accreditation recommendations, it is the responsibility of the operator to ensure that the requested interviewees are available to meet the panel.
- 6.15 The precise visit programme, including the schedule of persons to be met, will be determined in the light of the panel's examination of the accreditation document. The content of the visit programme will be designed to enable the panel to pursue any relevant issues according to the accreditation criteria and standards of the Periodic Review.
- 6.16 The panel will evaluate the evidence provided both in the accreditation document and at the on-site visit. It will form a judgement as to whether the operator continues to satisfy the required standards for maintaining PAA status in the programme area(s) under review and put forth such recommendations to the HKCAAVQ for decision.
- 6.17 The panel will organise an exit meeting with the senior management representatives of the operator to share with the operator its observations and findings, which will be consolidated into recommendations on accreditation outcome to the HKCAAVQ.

Preparation of Accreditation Report

- 6.18 On the basis of the findings and observations put forth by the panel on completion of the on-site visit, the HKCAAVQ will make accreditation decisions to be presented in an accreditation report in the capacity of the Accreditation Authority as provided for under Cap 592. A report with positive outcome will also specify the validity period of an accreditation decision and the condition(s) or restriction(s), if any, subject to which the decision is to have effect.
- 6.19 If the operator considers that there is any material factual inaccuracy in the draft report, there will be an opportunity to draw this to the attention of the HKCAAVQ.
- 6.20 Upon clearance of factual accuracy, the finalised accreditation report will be released to the operator.

- 6.21 The HKCAAVQ may vary or withdraw the accreditation report if it is satisfied that the report has been produced in reliance on any misleading or false statement, representation or information, either oral or in writing, and / or if the operator is no longer competent to ensure and determine that its learning programmes in the relevant programme area(s) meet the QF standards and that it has determined within the stipulated conditions and restrictions specified in the accreditation report that its learning programmes meet relevant QF standards.

7. What can be the Accreditation Outcomes?

- 7.1 Having regard to the terms of reference of the accreditation as stipulated in the signed Service Agreement and in the capacity of the Accreditation Authority as provided for under Cap 592, the HKCAAVQ will consider the accreditation panel's recommendation(s) and make accreditation decisions in respect of the operator seeking continued PAA status via Periodic Review. The accreditation outcomes can be approval, approval with pre-condition(s) and/or requirement(s), and non-approval in regard to the programme area(s) (and the relevant QF level(s)) under review. The new validity period of the approved PAA status will be specified except for a non-approval outcome. Other conditions and restrictions may also be specified.
- 7.2 Pre-condition(s) is / are to be fulfilled prior to the expiry of the validity period of the formerly granted PAA status or the PAA status will lapse. Requirements are to be fulfilled by the stipulated deadline(s) within the new validity period, failing which the PAA status will lapse. As the operator is expected to have already reached a stage of QA competency and maturity when PR application is considered, it is anticipated that pre-conditions and / or requirements, if stipulated, should rarely be related to major and fundamental quality issues.
- 7.3 Restrictions such as those laid down on the scope of the approved programme area(s) may be specified in the decision. Under such circumstances, the operator is expected to comply with the restriction(s) on an on-going basis unless otherwise advised by the HKCAAVQ.
- 7.4 A Statement of Accreditation confirming the continual granting of the accreditation status to the operator will be issued together with the accreditation report for approval cases, or upon satisfactory fulfilment of all of the pre-condition(s) for relevant cases with pre-condition(s). Should the operator fail to meet the pre-condition(s) prior to the expiry of the originally granted PAA status, the PAA status will lapse.

- 7.5 Qualifications of quality assured learning programmes covered under the granted PAA status may be / continue to be entered into the QR in accordance with the terms and procedures stipulated by the QR Authority.
- 7.6 If the PAA status is not approved after the Periodic Review, the operator's validated learning programmes within the programme area concerned will continue to be subject to periodic cycles of revalidation by the HKCAAVQ.

8. What is the Possible Follow-up after the Periodic Review?

- 8.1 Operators having successfully completed the *Periodic Review* exercise will have its PAA status (within the programme area(s) and QF level(s) concerned) maintained and valid until the end of the new validity period as stated in the Accreditation Report. They are subject to the next cycle of *Periodic Review* exercise before the expiry of the new validity period in order to maintain the PAA status.

Fulfillment of Pre-condition(s) and Requirement(s)

- 8.2 Where pre-condition(s) and / or requirement(s) apply, the fulfilment of the pre-condition(s) and / or requirement(s) within a specified timeframe is mandatory to obtain and to maintain valid PAA status.

Appeal

- 8.3 An operators who is aggrieved by the accreditation outcome can lodge an appeal to the Appeal Board against the accreditation decision, the validity period of the decision, the condition(s) or restriction(s) as stated in the Accreditation Report. Details of the Appeal Procedures are published in accordance with Part 3 (Section 13) of the AAVQO and can be accessed from the QF website at <http://www.hkqf.gov.hk>.

Substantial Changes to Accreditation Status

- 8.4 It is the responsibility of the operator to inform the HKCAAVQ of any intended substantial change(s) (either in terms of the programme area or the QF level) to the accreditation status before the change is made. In case of doubt, the operator should consult the HKCAAVQ on the need for seeking approval on substantial change(s) as soon as feasible, and prior to making any changes. Guidelines on Substantial Change to Accreditation Status are available on the HKCAAVQ website at

<http://www.hkcaavq.edu.hk>. The PAA status will lapse if substantial changes have been introduced without the HKCAAVQ's prior approval.

Advertisements Relating to the QF and the QR

- 8.5 The operator is required to comply with section 18 of Cap 592 when publishing advertisements that relate to the QF and the QR.

Entry of Qualifications of Quality Assured Learning Programmes Covered by the PAA Status

- 8.6 Information about how to enter the qualification(s) of quality assured learning programme(s) to be covered under the granted PAA status into the QR is available on the QR website at <http://www.hkqr.gov.hk>.

Expiry of PAA Status

- 8.7 Operators who fail to continue to maintain the PAA status must apply to have their learning programmes covered by the formerly granted PAA status revalidated by the HKCAAVQ prior to the expiry of the validity period of the PAA status concerned. If revalidation is not successfully completed by the expiry date, the registration of the related qualification(s) of the relevant learning programme(s) will be indicated as expired. The revalidation process is the same for Stage 2 Programme Validation, taking into account the findings of the previous validation exercise as well as follow-up actions taken by the operator. Guidelines on Programme Validation are available on the HKCAAVQ website.

9. How is Feedback Collected?

- 9.1 The HKCAAVQ will seek feedback on its main services. Feedback will typically be collected via the following formal means with respective stakeholders with a view to continuously enhancing the HKCAAVQ's services:
- Panel's opinion survey at the end of the accreditation exercise
 - Invitation for operators to meet with the HKCAAVQ to clarify points made in the final Accreditation Report
 - Annual survey of operators using the accreditation services.

10. What are the Accreditation Timeline and Fees?

10.1 The schedule for Periodic Review normally takes 24 weeks to complete after submission of accreditation document by the operator, depending on the number of programme area(s) to be involved per exercise and the complexity of the exercise. The following are the steps for a Periodic Review exercise.

Steps	Action	Responsible Parties
Preparation Stage I	Liaison with operators on the timeline for Periodic Review	HKCAAVQ
	Submission of Statement of Intent	Operators
	Operators' Training Workshop	HKCAAVQ Operators
	Signing of Service Agreement	HKCAAVQ Operators
	Preparation of Accreditation Document	Operators
	Formation of Panel	HKCAAVQ, Operators
Initial Examination	HKCAAVQ's initial examination of the adequacy of the accreditation document and state of readiness of the Operator to confirm that the accreditation can proceed.	HKCAAVQ
Initial Comments	Panel's Initial Comments and Operators' Responses	HKCAAVQ, Operators
On-site Visit	On-site Visit	HKCAAVQ, Operators
Accreditation Report Drafting	Drafting of Accreditation Reports	HKCAAVQ
Verification of Factual Accuracy of Accreditation Report	Checking of Factual Accuracy	Operators
Release of Accreditation Report	Release of Accreditation Report	HKCAAVQ

10.2 The HKCAAVQ is a statutory, not-for-profit self-financed body. Accreditation fee is levied on a full cost recovery principle. The HKCAAVQ's charges for carrying out *Periodic Review* are outlined in the fee schedule, as approved by the Secretary for Education, on the HKCAAVQ website at <http://www.hkcaavq.edu.hk/en/main.asp>. The fee level varies according to the QF level of the programme area under

review and the exact accreditation fee for the exercise planned for the operator will be specified in the Service Agreement.

**Guidance Notes on the Preparation of Accreditation Documents
through a Self-Evaluation Process**

Preamble

1. These Guidance Notes are for the reference by operators who plan to take part in an accreditation exercise of the Hong Kong Council for Accreditation of Academic and Vocational Qualifications (HKCAAVQ).
2. These Guidance Notes provide specific reference to the preparation of accreditation documents, building on the good practices of a self-evaluation process for the purpose of continuous quality enhancement and development.

Self-evaluation and Quality Assurance

3. Effective management of any business involves a cycle of planning, implementation and evaluation; evaluation of what has been done is essential in ensuring that activities remain fit for purpose, and that continuous improvement occurs. Evaluation is primarily an internal process; hence it is often referred to as self-evaluation.
4. Self-evaluation lies at the heart of quality assurance processes, whether at the level of institutional systems, programme area management or individual programmes. The primary context for these Guidance Notes is the preparation of an accreditation document as a first step in the process of accreditation by HKCAAVQ. However, such preparation will be a lot easier if it is built on a practice of regular internal self-evaluation of systems and programmes. These Guidance Notes are primarily intended to assist the preparation of an accreditation document based on the good practices of internal self-evaluation.

The Purpose of a Self-evaluation Process

5. A self-evaluation process involves making an assessment of whether an operator, its programme area or a programme of learning is fit for purpose. As such, the process has three main functions.
6. First, it enables the operator to evaluate the quality of its systems, its quality assurance mechanisms, its management or of the learning opportunities offered to students and the outcomes achieved by them. It provides an opportunity to reflect on 'what do we do?', 'why do we do it', 'why do we do it in the way that we do?' and 'how do we know if we are succeeding?' A good self-evaluation process will

include careful self-analysis. This should involve an evaluation of perceived strengths, with reference to the evidence which justifies the statements made; and of weaknesses, where these are recognised.

7. Where weaknesses are acknowledged, these should be discussed, together with the steps being taken to bring about improvements. Acknowledgement of a weakness, so long as effective improvement measures are in hand, should be welcomed. An unacknowledged weakness is more likely to result in an adverse judgement by a review team; it suggests that either the operator is unaware of the weakness, or that nothing has been done about it.
8. Second, the self-evaluation process provides a framework for a process of review. Review is based on the testing and verification of statements made in the self-evaluation document. The document should reflect on current provision in a manner that evaluates both strengths and weaknesses, indicate the changes that have taken place since any earlier review, and consider what changes may be necessary in the future.
9. A self-evaluation process should be constructively self-critical in discussing both strengths and weaknesses of provision, as perceived by the operator. It is an opportunity for the operator to demonstrate how the strengths of the provision identified in previous reviews have been built upon, and how any weaknesses identified have been addressed. Where weaknesses remain, plans for addressing these should be summarised. Credit will usually be given for appropriate remedial plans that address effectively any acknowledged weaknesses.
10. A high quality, reflective process draws upon robust evidence is more likely to lead to a positive outcome. An inadequate process that is poorly organised and which is based on description rather than being evaluative, is less likely to produce a successful result.
11. The self-evaluation should indicate where supporting evidence may be found, e.g. within other documentation. This allows such documents to be called for if needed, and avoids the need for merely descriptive material to be included in an evaluative document.
12. Thirdly, the self-evaluation process provides the input for the self-evaluation document in the case of an internal exercise, and or the basis of an accreditation document to HKCAAVQ as part of an external exercise. If used as an accreditation document, it will usually be necessary to augment the document to include some of the factual material required by HKCAAVQ, and it may be helpful for operators to structure the document so as to address each of the accreditation criteria in the order in which they appear in the relevant HKCAAVQ Guidelines for accreditation. In particular, the document should reflect on the threshold standards specified in the Guidelines.

Preparing An Accreditation Document for Periodic Review

13. A good accreditation document will address each of the criteria for accreditation of operators and relevant programme area(s) specified in respective accreditation guidelines, which are available on the HKCAAVQ website.
14. Under each heading of the accreditation document, it will discuss the matters raised in the Accreditation Criteria and Standards, set out in the Guidelines.
15. Some of the information required is largely factual. What differentiates a good accreditation document from one that is not so good is the extent to which there is genuinely evaluative commentary, as opposed to mere description. The following are some of the areas where it is possible to include the type of evaluative commentary that will make the difference between a good and a not-so-good document.
16. A good accreditation document will explain how the operators are effective in developing outcome-based learning programmes that deliver learning outcomes commensurate with the specified QF level(s) and meet their objectives. A not-so-good document would merely describe the operators' policy and systems, without explaining why they work, or discussing strengths and possible areas for enhancement.
17. A good accreditation document will explain how the education and training services provided by the operators in specified programme area(s) are consistent with the wider mission of the operator(s). A not-so-good document would not explain why the operators wish to provide educational opportunities in the way as claimed / planned.
18. A good accreditation document will discuss the decision making process within the operators, explaining how decision making takes account of such factors as internal control and external accountability, including but not limited to the quality assurance of the learning programmes to meet the QF standards. An accreditation document would address also the effectiveness and efficiency of the mechanisms used for programme approval and review, including the extent to which learning outcomes are delivered at the claimed QF level(s) supported by appropriately designed student assessment as evidence. A not-so-good document would merely describe the decision making powers, process and division of responsibility, without providing any rationale for it, or evaluating its effectiveness.
19. A good accreditation document will identify the measures used to assess the success of the operation, explaining why each measure is important, before presenting relevant figures. A not-so-good document would offer statistics alone, without adequate explanation of the significance of them.

20. A good self-evaluation document should identify **supporting information** that can be made available if required. This can include both quantitative data and qualitative feedback.
21. Quantitative data might include:
- statistics on student achievement in all forms of summative assessment;
 - profile of students' entry qualifications;
 - progression and completion rates;
 - first employment destinations and employment rates.

Qualitative data might include:

- student feedback;
- staff feedback;
- external verifiers' and examiners' reports;
- employers' views on the competency of the graduates whom they have recruited;
- accreditation and monitoring reports by any professional body with an interest in all or part of the programme;
- internal reports on the approval, monitoring and review of the programme;
- internal reports on remedies / enhancement made to the programme area(s) / learning programme(s) on the basis of feedback collected.

What is a Quality Accreditation Document?

22. An accreditation document should contain adequate information to address each of the accreditation criteria of an accreditation exercise. However, a document that is too long will lose focus. Not all of the factual information may need to go into the accreditation document. The document can refer the reader to other information that is available. As a rule of thumb, the document should be self-contained, include key facts and make cross references to data in supporting documents with clear indication of the reference drawn from relevant parts of the supporting documents. It should be **evaluative**, rather than merely descriptive. It should give the reader a clear picture of what the institution, or the programme area, or a programme is like in a succinct, precise and concise manner.
23. Within these broad Guidelines, succinct, concise, self-contained and evaluative is always better than long and descriptive.

Roles of Accreditation Panel Members

1. Accreditation is conducted under the “peer review” principle. By peer review, accreditation decisions are made by the HKCAAVQ on the basis of recommendations put forth by peers involved in the exercise as members of an accreditation panel. Therefore panel members are important assets of the HKCAAVQ and play a significant part in the formulation of accreditation decisions.
2. The panel members are academic and professional experts with expertise and experience in areas relevant to the accreditation exercise, such as institutional management, programme delivery and management, quality assurance and QF matters. A professional staff member of the HKCAAVQ performs the role panel secretary but is also a full member of the panel.
3. The panel is expected to provide expert advice to the HKCAAVQ in an accreditation exercise according to the accreditation guidelines, accreditation standards and procedures as well as the code of conduct stipulated by the HKCAAVQ and the Terms of Reference of the exercise as specified in the Service Agreement.
4. The role of the panel is to assess the institutional capability and capacity of the operators and the quality of the non-local learning programme(s) under consideration, evaluate evidence and form a judgement as to whether the operators and the programme area(s) meet the required accreditation standards.
5. In order to perform their duties effectively and efficiently, panel members are expected to be able to afford the time to make the necessary preparation for the accreditation exercise, including but not limited to attending relevant training and briefing session(s), making themselves familiar with HKCAAVQ accreditation requirements and processes, reading thoroughly the accreditation documents and materials supplied by the operators, making initial comments on the accreditation documents and materials against the required evidence, accreditation criteria and standards, participating in the whole on-site visit, sharing views and putting forward recommendations to the HKCAAVQ as an accreditation panel. Panel members are also expected to share their views on the draft Accreditation Report as well as on fulfilment of pre-condition(s) / requirement(s) by the operator(s) as and when appropriate.

6. The panel chairman as the leader of the panel is also expected to provide overall guidance in order to achieve a satisfactory completion of the exercise. It is the Panel Secretary cum Member's duty in consultation with the panel chair to ensure that all pertinent issues relevant to the accreditation are fully addressed during the visit and that decisions/ recommendations made by the panel are consistent within the HKCAAVQ.
7. Accreditation is also conducted under the principle of "fitness for purpose". It is understood that operators differ in nature, size, operational complexity and scope of expertise. Therefore, there is no one single model that fits all in quality assurance. Accordingly the panel members are expected to respect academic autonomy while making judgement and recommendations on the basis of evidence-based accreditation standards and requirements so as to maintain professional standards in accreditation.
8. Accreditation has a dual purpose. On the one hand an accreditation exercise should ensure that minimum standards are met and on the other hand provide input to the continuous improvement of the operators and their learning programmes. An open mind and a supportive attitude are part of the professional behaviour expected of panel members without compromising quality. Furthermore the panel should work under the "no surprise" principle, by giving the operator adequate opportunity to present its evidence and supplement evidence to bridge any identified gap.

Appendix 3

Roles and Responsibilities of Operators in Accreditation

1. Accreditation is voluntary and initiated at the request of the operators. The service agreement signed by both the Council and the operator provides the terms and conditions including the roles and responsibilities of the parties. The operator accepts to participate in the accreditation exercise thus cooperate with the HKCAAVQ and its panel so as to ensure that the process is as smooth as possible.
2. Accreditation is conducted on a trust basis but is evidence-based with the onus of proof lying with the operator. It is the responsibility of the operator to provide evidence to demonstrate that it meets the accreditation standards as well as any statutory requirements in Hong Kong. The operator is responsible for the full and frank disclosure of all relevant documents as requested for assessment by the Council, throughout the accreditation process. Limited disclosure will therefore be considered by the panel as lack of evidence. The Council understands that some of the information requested may be sensitive and of a confidential nature. All panel members sign a confidentiality statement and any confidential documents will be treated as such by the panel.
3. The operator is expected to perform the following responsibilities in the exercise:
 - To submit an accreditation document of a self-evaluative nature and that addresses the standards promulgated in the accreditation guidelines relevant for the exercise.
 - To provide with the accreditation document supporting documents as necessary as well as additional documents at the panel's request before and during the on-site visit.
 - To prepare the on-site visit, in line with the stipulated requirements as contained in these Guidelines as well as under further advice by the HKCAAVQ Secretariat. This responsibility includes making the necessary meeting arrangements for the on-site visit including but not limited to the invitation and briefing of the proposed representatives whom the panel will be meeting. The requirements and arrangements will be stipulated by the accreditation panel, before and during the on-site visit as deemed appropriate. As the discussions during the on-site visit form part of the evidence underpinning the accreditation exercise, the operator is required to ensure that all the requested interviewees in sufficient numbers are available for the panel to meet. The operator(s) will be invited to give an input to the visit programme prior to finalisation.
 - To participate in the interview sessions and engage in the discussions with the panel during the on-site visit.

- To provide the basic protocol and logistical support including making meetings room available which are big enough to accommodate the number of people to be interviewed at any given time, reasonable refreshments, car parking facilities, if any. Details will be put forth to the operator by the HKCAAVQ Secretariat before the on-site visit.
- To provide feedback on factual accuracy of the draft Accreditation Report.

Glossary

Term	Definition
Accreditation Document	A self-evaluative document, with supporting evidence, prepared by an operator to address the accreditation criteria.
Accreditation Panel	A panel consisting of experts with the requisite profiles and expertise formed for the purpose of the Periodic Review. A HKCAAVQ staff member will play the role of the Panel Member cum Secretary.
Condition	A condition is part of the accreditation decisions to be fulfilled by the operator in Programme Area Accreditation prior to the start of the validity period of the accreditation status (pre-condition) or by specified deadline(s) during the validity period (requirement).
Criteria	The elements for consideration during an accreditation exercise. These elements are related to the “input”, “process”, “output”, “context” and “outcome” of the subject of accreditation and are expressed as the five areas for accreditation assessment under Periodic Review in Section 5.
Evidence-based	It is one of the principles of accreditation which means that accreditation decisions are to be made on the basis of evidence provided by the operators to support their claim that they meet the accreditation standards stipulated in these Guidelines.
Fitness for Purpose	It is one of the principles of accreditation which means that the operator and the programme area(s) are accredited on the basis of their stated objectives, in view that operators are different in nature, size, operational complexity and scope of expertise.
Learning Programme	A programme of studies or training defined by a curriculum (which may consist of one or more modules, units, subjects or courses or any combination of those elements) and includes, where the context permits, any proposed programme of such studies or training.

Learning Outcome	A student's attained knowledge, skills and application ability as a result of completing the learning programme.
On-site Visit	A visit to the partnership's premises in Hong Kong which is an integral part of an accreditation exercise conducted primarily to collect evidence for evaluating whether the accreditation criteria are met.
Operator	A person, school, institution, or organisation or other body, the whole or part of the business of which includes the operation of any learning programmes or any part of a learning programme.
Peer Review	It is one of the principles of accreditation which means involving academic and professional experts with relevant expertise and experience as panel members in the accreditation.
Pre-condition	A pre-condition is part of the accreditation decisions to be fulfilled by the partnership prior to the start of the validity period of the accreditation status.
Programme Area Accreditation (PAA)	The <i>Programme Area Accreditation</i> (PAA) process is the third stage of the Four-stage Quality Assurance Process adopted by the HKCAAVQ to underpin the QF. Upon successful PAA, an operator may develop and operate learning programmes within an approved scope of programme area (breadth) at specified QF level(s) (depth) for an approved period of time (validity period) and have the qualifications of its learning programmes entered into the QR for QF recognition without going through the normal route of prior programme validation or revalidation by the HKCAAVQ. The title of the programme area is determined with reference from the list of 21 Areas of Studies and Training and Programme Areas attached to the Guidelines on PAA available on the HKCAAVQ website at http://www.hkcaavq.edu.hk .

Periodic Review (PR)	The PR process is the fourth Stage in the Four-stage Quality Assurance Process adopted by the HKCAAVQ to underpin the QF. Operators with granted PAA status in specified programme area(s) at approved QF Level(s) must proceed with <i>Periodic Review</i> to maintain its PAA status, if successful. PR is to ascertain whether the internal quality assurance processes of an operator with the PAA status continues to be effective and sound.
QF Level	The level of the learning programme pitched against the Generic Level Descriptors (GLD) published by the Government at http://www.hkqf.gov.hk/guie/HKQF_GLD.asp .
QF Standards	In respect of a learning programme, the skills, knowledge or experience acquired on the completion of the learning programme that commensurate with the requirements under the specified level of the QF.
Qualification	A formal award in recognition of the skills, knowledge and experience acquired by an individual on satisfactory completion of a learning programme which meets specified QF standard and which is granted on the basis of formal assessment. It does not include Statement of Attendance.
Requirement	A requirement is part of the accreditation decisions to be fulfilled by the partnership by specified deadline(s) during the validity period of the approved accreditation status.
Restriction	A restriction is a limit set to the accreditation status within which the status will continue to be effective within the validity period as specified in the accreditation report.
Scope of Programme Area	The core area of study operated by the operator for a specified programme area under accreditation. This will form the boundary of the intended programme area.

Standards	The qualitative or quantitative benchmarks under individual accreditation criteria for the panel's assessment as to whether the accreditation subject (i.e. the operator / programme area) meets the quality requirements. The standards can refer to QF standards, competency standards, learning programme standards, academic / vocational standards, educational standards, accreditation standards in context. They are expressed in greater details under each accreditation criterion in Section 5.
Statement of Accreditation	It confirms the granting of the accreditation status to the operator. It will be issued together with the Accreditation Reports for approval cases, or upon satisfactory fulfilment of all of the pre-condition(s) for relevant cases with pre-condition(s).
Substantial Change	Any changes which may have an impact on meeting the criteria for accreditation. For details, please refer to <i>Guidelines on Substantial Change to Accreditation Status</i> available on the HKCAAVQ website.
Threshold Standard	It refers to the minimum quality requirements stipulated in these Guidelines and to prevailing requirements for operating relevant learning programmes in Hong Kong such as the Generic Level Descriptor in the QF as well as any other relevant policy intention / regulations / guidelines / common descriptors / specification of competency standards (SCS) promulgated by the Hong Kong SAR Government.
Validity Period	The period of time in which an approved accreditation status is effective as stipulated in the accreditation report.