



香港學術及職業資歷評審局  
Hong Kong Council for Accreditation of  
Academic & Vocational Qualifications

# Guidance Notes on Accreditation of Assessment Agencies

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# Preamble

1. The Hong Kong Council for Accreditation of Academic and Vocational Qualifications (HKCAAVQ) was established under HKCAAVQ Ordinance (Cap 1150) and may perform functions stipulated under section 4 therein viz., conducting accreditation tests generally or as authorised under any other local enactment. HKCAAVQ performs also the statutory roles of the Accreditation Authority and the Qualifications Register (QR) Authority under the Accreditation of Academic and Vocational Qualifications Ordinance (AAVQO) (Cap 592).
2. These Guidance Notes are developed for the use by persons, schools, institutions, organisations or other bodies having been nominated by the relevant Industry Training Advisory Committee (ITAC) / Cross Industry Training Advisory Committee (CITAC) and referred by the Qualifications Framework Secretariat (QFS) to be accredited for the purpose of serving as appointed assessment agencies under the Accreditation of Academic and Vocational Qualifications Ordinance (AAVQO) (Cap 592). These Guidance Notes detail the quality assurance process of accrediting Assessment Agencies (AAs).

# 1. Introduction

- 1.1 These Guidance Notes contain the accreditation standards for accreditation of Assessment Agencies (AAs). They give an overview of the accreditation timeframe and procedures and suggest possible types of evidence that can be presented to demonstrate that the body can meet the standards for the purpose of accreditation. These Guidance Notes also serve as a reference for the Accreditation Panels (the Panels).

## Roles of an Appointed AA under the Qualifications Framework (QF)

- 1.2 An accredited AA refers to a person, school, institution, organisation or other body who is appointed by the Secretary for Education (SED) to assess the skills, knowledge or experience acquired by individuals in relation to an industry or a branch of an industry and grants qualifications in recognition of such assessed skills, knowledge or experience. The qualifications granted in this respect are recognised via the Recognition of Prior Learning (RPL) mechanism under the Qualifications Framework (QF). The RPL mechanism operates on the basis of the Specifications of Competency Standards (SCSs) formulated by the Industry Training Advisory Committees (ITACs) or the Cross-Industry Training Advisory Committee (CITAC) of respective industries to ensure its credibility.

## Accreditation of AAs

- 1.3 Accreditation of AAs is a quality assurance process of HKCAAVQ that underpins the RPL mechanism of the QF. During accreditation, the AA is assessed to see if it is competent to assess the skills, knowledge or experience acquired by individuals and grant qualifications in recognition of such assessed skills, knowledge or experience. Prior to seeking service from HKCAAVQ to undergo an AA accreditation exercise for a relevant industry, the interested AA must be referred by the QFS with the support from the relevant industry (such as nomination by the relevant ITAC/CITAC).
- 1.4 The accreditation decision presented in the format of an Accreditation Report will form the basis for the SED's consideration of the appointment of accredited AA.
- 1.5 Accreditation is conducted by HKCAAVQ on the assumption that the AA concerned is involved in a continuous process of self-evaluation. Before seeking the accreditation service, an AA should undertake an internal self-evaluation for the purpose of assessing its own readiness to meet the intended purpose of the exercise and to undertake reforms and changes to the structure and processes of the institutional management, RPL mechanism and assessment, quality assurance and / or resource planning as necessary.
- 1.6 The AA should proceed to prepare a self-evaluative Accreditation Document for submission to HKCAAVQ by the stipulated deadline. The Accreditation Document prepared by the AA should address the accreditation standards specified in Section 3 of the Guidance Notes. The Guide to Preparing Accreditation Documents through a self-evaluation process is available in **Appendix 1**.
- 1.7 A thorough understanding of what is required of the AA in the accreditation process is the first step to successful accreditation. The roles and responsibilities of AAs in accreditation are outlined in **Appendix 2**.

## Self-evaluation and the Accreditation Document

- 1.8 The Accreditation Document should be prepared via a self-evaluation process. The process of self-evaluation should be a constructive one, and should enable the AA to identify its own strengths and weaknesses, to formulate improvement plans for changes and to institute necessary changes.

- 1.9 It is important that the process should involve personnel from both the management and the frontline staff responsible for the RPL process. It is advisable that other members of staff who may be affected by any changes brought about by the accreditation are also involved in the process. It is a good practice to involve advisers and industry representatives such as employers and employees in the self-evaluation process.
  
- 1.10 The Accreditation Document prepared through a self-evaluation process should reflect on the AA's competency to assess the skills, knowledge and experience acquired by individuals in relation to the relevant industry or a branch of the industry so as to grant qualifications in recognition of the outcomes of assessment for the purposes of the QF. The AA undergoing the accreditation exercise is required to present evidence to support its claim.

## 2. Guiding Principles of HKCAAVQ Accreditation

- 2.1 HKCAAVQ follows four guiding principles for accreditation of AAs:
- Threshold standard
  - Peer review
  - Fitness for purpose
  - Evidence based
- 2.2 The accreditation is conducted based on the 'threshold standard', which means that an AA must demonstrate that it can offer assessments that meet the requirements stipulated in these Guidance Notes, drawing reference from the prevailing SCS formulated by the ITAC/CITAC of the relevant industry as well as any other relevant policy intentions / regulations / guidelines promulgated by the Hong Kong SAR Government.
- 2.3 The principle of 'peer review' is enacted through the engagement of sector / industry experts who have expertise and experience in the relevant industry / quality assurance to form the Accreditation Panel. The role of the Accreditation Panel is to assess the competency of AAs, collect and evaluate evidence, and to form a judgment as to whether the AA meets the required standards and stated aims. Details of the roles and responsibilities of Accreditation Panel Members in the accreditation process are listed in **Appendix 3**.
- 2.4 'Fitness for purpose' means that the accreditation is based on the AA's stated objectives in regard to the RPL mechanism of the QF.
- 2.5 The accreditation is evidence-based. 'Evidence-based' means the Accreditation Panel conducts the review and forms a judgment by reference to the evidence provided by the AA to support its claim that it meets the threshold accreditation standards and its own objectives.
- 2.6 As AAs differ in size, complexity of operation and scope of expertise, HKCAAVQ will take these differences into account. The standards that must be met by all AAs remain the same, but the types of evidence used to demonstrate how they are met may differ.
- 2.7 The Accreditation Panel's assessment will be guided by the standards set out in the Guidance Notes and will be in line with the requirements of the prevailing SCS formulated by the ITAC/CITAC of the relevant industry and any other relevant documents.

### Transparency in Accreditation

- 2.8 Accreditation is also undertaken using a transparent approach throughout the process so that all parties involved (i.e. the AAs and the Accreditation Panel) have a common understanding of the process and relevant issues that may arise. Throughout the accreditation process, an AA is required to respond to any questions / concerns raised by the Accreditation Panel and provides evidence to support its responses to such questions / concerns.
- 2.9 The rationale for the Accreditation Panel's recommendations regarding the accreditation determination and decisions together with the supporting evidence collected by the Accreditation Panel throughout the accreditation process are documented in an accreditation report that is prepared by the Panel Secretary and confirmed by the Panel. HKCAAVQ finalises the accreditation report following consideration of the Accreditation Panel's recommendations and makes the accreditation determination and decisions. Accreditation Panels or AAs may seek clarification regarding the accreditation determination and decisions contained in the accreditation report from the Heads of the Accreditation Areas at HKCAAVQ.

## 3. Accreditation Standards

- 3.1 In view of the expected role of the appointed AA in RPL (paragraph 1.2), the AA under accreditation is anticipated to possess the knowledge, skills and experience relevant to the related industry as well as required for assessing individuals' competencies for the related industry, and the appropriate systems and mechanisms encompassing assessment requirements and the industry competency standards to facilitate such RPL work. The AA under accreditation is hence expected to constantly keep abreast of the development of the related industry and the associated RPL mechanism and process so as to make necessary changes and enhancement to its RPL work for the related industry as and when appropriate.
- 3.2 Accreditation decisions will be made on the basis of evidence provided by the AA in the Accreditation Document and other relevant information gathered throughout the entire accreditation process up to the end of the site visit, according to the guiding principle of 'fitness for purpose'.
- 3.3 The standards to be considered in accreditation of AAs are as follows:
- Governance and Organisational Structure
  - Financial Resources and Financial Arrangements
  - Quality Assurance
  - Communication with Stakeholders
  - Assessment Strategy and Assessment Methods
  - Assessment Materials
  - Staffing
  - Information Management Systems for Records
- Criteria to be considered for each standard and the possible sources of evidence relating to those criteria are available in **Appendix 4**.
- 3.4 Whilst the standards for accreditation of a new AA and re-accreditation of an existing AA are the same, the focus of the accreditation exercises and the required evidence are different.
- 3.5 An AA undergoing the accreditation exercise for the first time may not have all its systems fully operational at the point of accreditation. In such cases, the Panel will look for a demonstration of competency, rather than an established track record. The accreditation outcome may be subject to a pre-condition(s) and / or a requirement(s) to ensure that the AA is competent to play its roles throughout the validity period of the approved accreditation status, if granted.
- 3.6 During re-accreditation, the AA is required to provide evidence that shows effective implementation of the policies, processes and outcomes of its RPL work during the validity period. The AA is expected to demonstrate continuous improvement as a result of the operation of its internal QA procedures since the last (re-)accreditation. It is essential that the AA can provide evidence that it can effectively assess the skills, knowledge or experience acquired by individuals in relation to the SCS formulated for the relevant industry or a branch of the industry. Moreover, the AA should provide evidence of changes made to the RPL mechanism as a result of the operation of its internal quality assurance system during the validity period. Specific evidence for re-accreditation can also be found in **Appendix 4**.
- 3.7 The key issues listed in the appendix are indicative rather than exhaustive. Other matters may be explored if they appear relevant to a particular industry or a branch of the industry. The possible sources of evidence are also indicative of what will be required. It is open to the AA to offer other evidence that is effective in demonstrating that a standard is met. Guidance Notes on Good Practices for Assessment Agencies are in **Appendix 5**.

## 4. Timeline and Process

- 4.1 It normally takes 25 weeks to complete the accreditation process after the AA has submitted its Accreditation Document. The accreditation schedule will be specified in the Service Agreement signed between HKCAAVQ and the AA.

### Initiating the Process

- 4.2 HKCAAVQ may hold a briefing for the relevant ITAC/CITAC upon invitation by the QFS. The briefing will provide an overview of accreditation of the AA for the relevant industry or a branch of the industry. The ITAC/CITAC may invite the interested AA to attend the briefing. At the end of the briefing, the ITAC/CITAC and the AA concerned should be able to assess for themselves their readiness to proceed with accreditation.
- 4.3 An interested AA, upon referral by the QFS with the support from the industry to proceed with accreditation, should return a duly completed and signed Statement of Intent (SoI) to HKCAAVQ to indicate that it is ready to undergo accreditation. The SoI should include documentation of referral by the QFS with the support from the industry to proceed with accreditation.
- 4.4 In accordance with the SoI, HKCAAVQ will enter into a Service Agreement with the AA, setting out the time schedule, the terms of reference, the accreditation fee and the payment terms for the accreditation exercise.
- 4.5 HKCAAVQ will engage sector / industry experts with expertise and experience in the relevant industry / quality assurance to form the Accreditation Panel. HKCAAVQ has full authority in the determination of membership of the Panel for a particular accreditation exercise, after seeking views from the AA on potential conflicts of interest in respect of the proposed panel members. The Panel includes an HKCAAVQ professional staff member as the Panel Member cum Secretary, who has a full voting right in the panel proceedings.

### Initial Comments and AA's Responses

- 4.6 After reviewing the Accreditation Document, the Panel may seek further clarification and / or ask for other supporting documents as evidence during the stage of Initial Comments. The AA may be requested to provide the Panel with the supporting documents either before the site visit or on the site visit day.

### The Site Visit

- 4.7 The site visit provides an occasion for interaction between the Panel and the relevant personnel from the AA as well as other stakeholders such as employees and employers of the industry concerned.
- 4.8 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 standards. It is likely that the visit programme will provide for:
- Meetings with the senior management of the AA, assessors, external stakeholders such as potential users of the RPL services, employers and industry representatives
  - Review of documentary evidence
  - Review of facilities and equipment
  - Demonstration of RPL procedures
  - The Panel's private meetings during which representatives of the AA are required to withdraw from the Panel's meeting room

- 4.9 HKCAAVQ will determine the standards for selection of participants for the respective meeting sessions as well as the sizes of the meeting groups for efficient interaction with the Panel.
- 4.10 The Panel will organise an exit meeting with the senior management representatives of the AA to provide feedback on its observations during the accreditation exercise.
- 4.11 The following table shows an indicative timeline for and the main steps in an AA accreditation exercise:

Time	Main Steps
<b>Preparation Stage</b>	<p><b>Initial Consultation</b></p> <ul style="list-style-type: none"> <li>• HKCAAVQ holds a briefing to the relevant ITAC/CITAC and / or the interested AA upon invitation by the QFS.</li> <li>• An AA indicates its intention to seek accreditation by returning to HKCAAVQ a completed and signed Statement of Intent (SoI) together with evidence of nomination by the relevant ITAC/CITAC and referral by the QFS.</li> </ul> <p><b>Service Agreement</b></p> <ul style="list-style-type: none"> <li>• HKCAAVQ issues a Service Agreement to the AA. After signing the Service Agreement and making payment of the initial / full accreditation fee, the AA is required to submit the Accreditation Document to HKCAAVQ on or before the date specified in the Service Agreement.</li> </ul> <p><b>Accreditation Document</b></p> <ul style="list-style-type: none"> <li>• To prepare the Accreditation Document, the AA is advised to conduct a self-evaluation making reference to the respective accreditation criteria and standards.</li> </ul> <p><b>Panel Formation</b></p> <ul style="list-style-type: none"> <li>• HKCAAVQ forms an Accreditation Panel, which includes an HKCAAVQ staff member as the Panel Member cum Secretary.</li> <li>• The AA checks for potential conflict of interest regarding the engagement of the proposed panel members and confirms the result with HKCAAVQ in writing.</li> </ul>
<b>Weeks 1-6</b>	<p><b>Review of the Accreditation Document</b></p> <ul style="list-style-type: none"> <li>• HKCAAVQ examines the Accreditation Document and the state of readiness of the AA to ascertain that the accreditation exercise can proceed.</li> <li>• The Panel reviews the Accreditation Document.</li> </ul>
<b>Weeks 7-9</b>	<p><b>The Panel's Initial Comments and the AA's Responses</b></p> <ul style="list-style-type: none"> <li>• The Panel provides initial comments on the Accreditation Document and requests additional information / support documents or clarification from the AA as necessary.</li> <li>• The AA provides written responses to the Panel's initial comments along with additional information /supporting documents, if any,</li> <li>• Further information / clarification from the AA may be needed.</li> </ul>
<b>Week 10</b>	<p><b>Site Visit or Meeting</b></p> <ul style="list-style-type: none"> <li>• A site visit to the AA is conducted by the Panel or a meeting between the AA and the Panel is held at the HKCAAVQ office.</li> <li>• The Panel typically meets representatives of the governance body, representatives of the management staff, key staff members and other representatives of the AA, assessors and industry representatives; inspects facilities and equipment of the</li> </ul>

	<p>assessment venue(s); and examines records and other support documents.</p> <ul style="list-style-type: none"> <li>• In the exit meeting, the Panel meets the senior management representatives of the AA to provide them with a general overview of the Panel's key observations.</li> </ul>
<b>Weeks 11–24</b>	<p><b>Interim and Accreditation Reports</b></p> <ul style="list-style-type: none"> <li>• HKCAAVQ issues an interim report to the AA to inform the AA of the Panel's recommended outcome for the accreditation exercise.</li> <li>• HKCAAVQ draws up the accreditation report after considering the Panel's recommendations. HKCAAVQ makes the final determination of the accreditation outcome.</li> <li>• The AA checks factual accuracy of the accreditation report.</li> </ul>
<b>Week 25</b>	<p><b>Notification of Outcome</b></p> <ul style="list-style-type: none"> <li>• HKCAAVQ issues the accreditation report to the AA.</li> </ul>
<b>Specified deadlines as stated in the accreditation report</b>	<p><b>Follow-up Actions</b></p> <ul style="list-style-type: none"> <li>• If conditions (i.e. pre-conditions and/or requirements) and/or restrictions are stipulated in the accreditation report, the AA must provide evidence of having fulfilled them by the specified deadlines. After considering the evidence, HKCAAVQ may request further information or seek clarifications, if necessary.</li> </ul>
<b>Normally 3 months from the specified fulfilment dates</b>	<p><b>Fulfilment of Conditions</b></p> <ul style="list-style-type: none"> <li>• If the AA cannot fulfil / comply with the conditions and/or restrictions within the allowable time period, HKCAAVQ may deem that the AA is no longer competent to assess the skills, knowledge or experience acquired by individuals in relation to the relevant industry or branch of industry and the accreditation report may be varied or withdrawn.</li> <li>• HKCAAVQ will normally issue a notification letter on the fulfilment of conditions within 3 months from the specified deadlines.</li> </ul>

4.12 Pursuant to the terms of the Service Agreement signed between the AA and HKCAAVQ, HKCAAVQ has discretion to terminate the accreditation exercise under certain circumstances. In particular, HKCAAVQ may decide to terminate the accreditation exercise if HKCAAVQ has come to the conclusion that, upon an initial examination of the Accreditation Document, the information provided is inadequate and / or the state of readiness of the AA is such that it is unlikely that the Panel will be able to conduct a meaningful accreditation exercise. Clause 4 of the Service Agreement includes the specific provisions governing early termination. In the event that the accreditation exercise is terminated pursuant to the Service Agreement, no relevant accreditation tests will be conducted and no accreditation report will be produced or issued by HKCAAVQ.

4.13 HKCAAVQ may vary or withdraw the Accreditation Report if it is satisfied that any of the grounds set out in section 5 (2) of the AAVQO apply. This includes where HKCAAVQ is satisfied that the AA is no longer competent to assess the skills, knowledge or experience acquired by individuals in relation to the relevant industry or branch of industry (whether by reference to the AA's failure to fulfil any conditions and/or comply with any restrictions stipulated in this Accreditation Report or otherwise) or where at any time during the validity period there has/have been substantial change(s) introduced by the AA after HKCAAVQ has issued the accreditation report(s) to the AA and which has/have not been approved by HKCAAVQ. Please refer to the 'Guidance Notes on Substantial Change to Accreditation Status' in seeking approval for proposed changes. These Guidance Notes can be downloaded from the HKCAAVQ website. The accreditation status of the AA will lapse immediately upon the expiry of the validity period or upon the issuance of a notice of withdrawal of the Accreditation Report.

## 5. Possible Outcomes

5.1 In the capacity of the Accreditation Authority as provided for under the AAVQO (Cap 592) and HKCAAVQ Ordinance (Cap 1150), HKCAAVQ makes an accreditation determination after considering the Accreditation Panel's recommendation(s) and taking into account the Terms of Reference of the accreditation exercise as specified in the signed Service Agreement and the available evidence. The possible determinations of the process are:

- Approval
- Approval with conditions (i.e. pre-condition(s) and / or requirement(s)) and/or restrictions
- Non-approval

Where approval is granted, a validity period will also be specified along with the accreditation decision in the accreditation report.

5.2 Any pre-condition that forms part of the determination must be fulfilled prior to the commencement of the validity period imposed on an accreditation status. A requirement must be fulfilled by the stipulated deadline within the validity period.

5.3 A recommendation can also form part of the accreditation determination. It has a continuous improvement purpose and is directly related to the accreditation standards. It is non-binding in nature, but the AA should explain if and how the recommendations have been addressed at the time of re-accreditation. Advice is an opinion of the Panel for the improvement of the AA. It provides for the sharing of good practices. It is non-binding and the AA is not required to report follow-up actions taken, if any, to HKCAAVQ.

5.4 Restrictions may be specified in the determination. Under such circumstances, the AA is expected to comply with the restriction(s) on an on-going basis unless otherwise advised by HKCAAVQ.

5.5 Fulfilment of the condition(s) and compliance with restriction(s) are **mandatory for obtaining and maintaining a valid accreditation status**.

5.6 AAs shall ensure that they obtain all approvals and registrations necessary for the operation and shall maintain and comply with the terms of all such approvals and registrations for the duration of the validity period.

5.7 A Statement of Accreditation Approval confirming the granting of the accreditation status to AAs is issued together with accreditation report when no pre-condition is stipulated, or upon satisfactory fulfilment of all the pre-conditions.

### Appeals

5.8 If an AA is aggrieved by the determination made in an accreditation report, then pursuant to Part 3 of the AAVQO the AA has a right of appeal to the Appeal Board. Any appeal must be lodged within 30 days of the receipt of the accreditation report.

5.9 If an AA is aggrieved by a decision to vary or withdraw an accreditation report, then pursuant to Part 3 of the AAVQO, the AA has a right of appeal to the Appeal Board. Any appeal must be lodged within 30 days of the receipt of such variation or withdrawal. The AA should be aware that such a notice is not of itself an accreditation report and the right to appeal against the substantive determination regarding accreditation only arises from the accreditation report.

5.10 A decision to terminate the accreditation exercise pursuant to the Service Agreement is not subject to appeal.

5.11 Details of the Appeal Procedure are laid down in section 13 of the AAVQO and can be accessed from the QF website at <http://www.hkqf.gov.hk>.

## 6. Possible Follow-up Actions

### Appointment by Secretary for Education (SED) as an Appointed Assessment Agency

- 6.1 An AA which has successfully obtained the accreditation status without any condition or after fulfilling the stipulated pre-condition(s) may apply to SED via the QFS for appointment as an Appointed Assessment Agency, subject to any other considerations of SED.

### Substantial Changes to the Accreditation Status

- 6.2 It is the responsibility of the AA to inform HKCAAVQ of any substantial change(s) to its accreditation status that might impact its competency to continue to meet the relevant accreditation standards before any change is made. In case of doubt, the AA should consult HKCAAVQ on the need for approval on the substantial change(s) as soon as feasible, and prior to implementing any change. HKCAAVQ may vary or withdraw the accreditation report during the validity period if there are substantial changes made that have not been approved by HKCAAVQ. Please refer to the “Guidance Notes on Substantial Change to Accreditation Status” in seeking approval for proposed changes. The SED will be notified of such unapproved changes for his decision regarding the continuous appointment of the appointed AA.
- 6.3 The possible outcomes of an application for substantial change are approval or non-approval. Where deemed necessary, HKCAAVQ may stipulate condition(s) (i.e. pre-condition(s) or requirement(s)) and/or restrictions to an approval for the substantial changes.
- 6.4 The Guidance Notes on Substantial Changes to Accreditation Status are available on the HKCAAVQ website at <http://www.hkcaavq.edu.hk>.

### Expiry of the Validity Period

- 6.5 The AA should submit a Statement of Intent (Sol) for re-accreditation **at least eleven months** before the expiry date of the validity period of its accreditation status. If re-accreditation is not completed by the expiry date, the accreditation status will automatically lapse. The SED will be notified of such changes for his decision regarding the continuous appointment of the appointed AA.

### Entry of RPL Qualifications into the QR

- 6.6 Information on how to enter the qualification(s) granted by an AA into the QR is available on the QR website at <http://www.hkqr.gov.hk>.

### Advertisements Relating to the QF and the QR

- 6.7 The AA is required to comply with section 18 of the AAVQO when publishing advertisements that relate to the QF and the QR. The Guidelines for Promoting Accredited Programmes and Programmes undergoing Accreditation are available on the HKCAAVQ website at <http://www.hkcaavq.edu.hk>.

## 7. Feedback Collection from Stakeholders

7.1 HKCAAVQ seeks feedback on its services. Feedback from respective stakeholders is usually collected via the following formal means with a view to continuously enhancing HKCAAVQ's services:

- The Accreditation Panel's opinion survey after the issuance of the accreditation report or the outcome letter for each accreditation exercise;
- The annual survey of AAs using the accreditation services;
- Meeting with the AAs on various occasions, e.g. meetings to clarify points made in the accreditation reports; and
- Online collection of comments and suggestions from the public at the HKCAAVQ website: <http://www.hkcaavq.edu.hk/en/contact-us>

## 8. Fees

8.1 The HKCAAVQ is a statutory, not-for-profit self-financed body. Accreditation fee is levied on a full cost recovery principle. HKCAAVQ's accreditation fee schedule, as approved by the Secretary for Education, is available on the HKCAAVQ website at <http://www.hkcaavq.edu.hk>. The exact accreditation fee for a specific exercise will be specified in the Service Agreement.

## 9. Points to Note

9.1 These Guidance Notes are by no means exhaustive. They supersede any previous guidance notes, other guidelines or handbooks that HKCAAVQ or the former Hong Kong Council for Academic Accreditation (HKCAA) has published or issued previously regarding accreditation of assessment agencies.

9.2 As the QF evolves, these Guidance Notes will from time to time be revised. Whilst HKCAAVQ endeavours to ensure the accuracy and currency of the information contained in these Guidance Notes, HKCAAVQ reserves the right to delete, suspend or edit any information at any time in its absolute discretion without prior notice. To obtain the most up-to-date information, users may refer to the electronic version of these Guidance Notes on the HKCAAVQ website at <http://www.hkcaavq.edu.hk>.

9.3 Assessment Agencies are expected to put in place arrangements to respond to new government initiatives. Assessment Agencies are also required to demonstrate the implementation of the new government initiatives and their effectiveness.

9.4 For enquiries, please contact HKCAAVQ by email at [info@hkcaavq.edu.hk](mailto:info@hkcaavq.edu.hk), or by phone at (852) 3658 0000.

## Guide to Preparing Accreditation Documents through a Self-Evaluation Process

### Self-Evaluation for Assessment Agencies

1. Assessment Agencies (AAs) are requested to complete a critical and comprehensive self-evaluation before undertaking accreditation. The purpose of self-evaluation is for the AA to assess its own readiness to meet the accreditation standards, and to explore potential avenues where further improvement / enhancement can be made. Based on the findings of the self-evaluation, the AA should implement necessary improvements and changes to its structure, policies and processes.
2. For new AAs where the RPL process is newly developed, it is understood that some of the evidence mentioned in these Guidance Notes may not be available yet (e.g. evaluation of the effectiveness of the RPL procedures). Under such circumstances, the AA is expected to present the planned RPL mechanism and procedures and evaluate them against the assessment criteria and competency standards for the relevant SCS.
3. Self-evaluation lies at the heart of quality assurance, whether at the level of institutional systems or assessment of individuals. The AA's ongoing practice of self-evaluation shall form the basis for preparation of the Accreditation Document for the purpose of (re-)accreditation of the AA by HKCAAVQ.

### Accreditation Document

4. The Accreditation Document should provide background information about each standard, present the findings of self-evaluation, and incorporate documentary evidence to support the findings. **Appendix 4** gives an overview of the use of documentary evidence and suggests some possible examples of evidence. AAs are advised to structure the Accreditation Document such that it addresses each accreditation standard in the order in which the accreditation standards appear in the relevant HKCAAVQ Guidance Notes. In particular, the document should reflect on the threshold standards specified in the Guidance Notes.
5. 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 document and a not-so-good document.
6. A good Accreditation Document will explain how the AA is effective in delivering good quality RPL assessment services for the relevant industry or a branch of the industry. A not-so-good document would merely describe the AA's policies and systems, without explaining why they work, or discussing strengths and possible areas for enhancement.
7. A good Accreditation Document will explain how the RPL assessments are validly conducted on the basis of the SCS formulated for the relevant industry and the wider mission of the AA. A not-so-good document would not explain why the AA wishes to provide RPL services in the way as claimed / planned.
8. A good Accreditation Document will discuss the decision making process within the AA, explaining how decision making takes account of such factors as internal control and external accountability, including but not limited to the awarding powers of the AA, and its knowledge and application of the SCS for the relevant industry or a branch of the industry. A good Accreditation Document would also address the effectiveness and efficiency of the mechanisms used in assessing knowledge, skills and experience of individuals. A not-so-good document would merely describe the decision making powers, process and division of responsibilities, without providing any rationale for it, or evaluating their effectiveness.

9. 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.

### **What is a Quality Accreditation Document?**

10. An Accreditation Document should contain adequate information to address each of the accreditation standards applicable to the accreditation exercise. However, a document that is too long will make the reader 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 AA is like in a succinct, precise and concise manner.
11. Within these broad guidelines, being succinct, concise, self-contained and evaluative is always better than being unnecessarily lengthy and descriptive.

### Roles and Responsibilities of Assessment Agencies in Accreditation

1. Accreditation is voluntary and initiated at the request of the AA. The Service Agreement signed by both HKCAAVQ and the AA provides the terms and conditions including the roles and responsibilities of the two parties. The AA accepts to participate in the accreditation exercise and shall thus cooperate with HKCAAVQ and the Accreditation Panel so as to ensure that the accreditation 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 AA. It is the responsibility of the AA to provide evidence to demonstrate that it meets the accreditation standards as well as any statutory requirements in the Hong Kong Special Administrative Region. The AA is responsible for the strict compliance with all the relevant and applicable laws and obtaining the necessary prior approvals and registrations. The AA is responsible for the full and frank disclosure of all relevant documents as requested for accreditation by HKCAAVQ throughout the accreditation process. Limited disclosure will therefore be considered by the Panel as lack of evidence. HKCAAVQ understands that some of the information requested may be sensitive and of a confidential nature. All panel members will have signed a confidentiality statement and any confidential documents will be treated as such by the Panel.
3. The AA is expected to perform the following responsibilities in the exercise:
  - To submit an Accreditation Document of a self-evaluative nature that addresses the standards promulgated in the accreditation Guidance Notes relevant to the exercise.
  - To include supporting documents in the Accreditation Document as necessary, respond to the Panel's Initial Comments, and provide additional documents at the Panel's request before and / or during the site visit as requested.
  - To prepare for the site visit in line with the stipulated requirements as contained in these Guidance Notes as well as under further advice by HKCAAVQ. This responsibility includes making the necessary meeting arrangements for the site visit including but not limited to the invitation of and briefing for the proposed representatives whom the Panel will be meeting. The requirements and arrangements will be stipulated by the Accreditation Panel before and during the site visit as deemed appropriate. As the discussions during the site visit form part of the evidence underpinning the accreditation exercise, the AA is required to ensure that all the requested participants are available in sufficient numbers to meet the Panel in the respective meeting sessions. The AA will be invited to give inputs to the visit programme prior to finalisation of it.
  - To participate in the meeting sessions and engage in the discussions with the Panel during the site visit.
  - To provide the basic protocol and logistical support including making suitable meeting arrangements and providing suitable meeting facilities. These include but are not limited to provision of a private meeting room with sufficient space for the Panel to exchange with the participants in the respective meeting sessions, arrangements for access to documents and facilities regarding the RPL assessments, provision of reasonable refreshments, car parking facilities, if any, etc. Details will be put forth to the AA by the HKCAAVQ Secretariat before the site visit.
  - To provide feedback on factual accuracy of the draft Accreditation Report.

### **Roles of Accreditation Panel Members**

1. Accreditation is conducted under the 'peer review' principle. By peer review, accreditation decisions are made by HKCAAVQ on the basis of recommendations put forth by peers involved in the exercise as members of the Accreditation Panel. Panel members are therefore important assets of HKCAAVQ. They play a significant part in the formulation of accreditation decisions.
2. The Panel members are vocational, academic and professional experts with relevant expertise and experience in areas such as RPL and assessment, industry training and development, SCS requirements for the relevant industry, institutional management, quality assurance and QF matters. A professional staff member of the HKCAAVQ will perform the role of the Panel secretary but will also be a full member of the Panel. All Panel members are required to observe the Code of Conduct for Panels published by HKCAAVQ, which is downloadable from the HKCAAVQ website at <http://www.hkcaavq.edu.hk/en/services/accreditation/policies>
3. The Panel is expected to provide expert advice for HKCAAVQ in an accreditation exercise according to the accreditation Guidance Notes, accreditation standards and procedures as well as the Code of Conduct stipulated by 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 AA's competency to assess the skills, knowledge or experience acquired by individuals and grant qualifications in recognition of such assessed skills, knowledge or experience to underpin the RPL mechanism under the QF for the relevant industry or a branch of the industry, on the basis of the SCS formulated by the relevant ITAC/CITAC.
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 preparations for the accreditation exercise, including but not limited to attending relevant training and briefing sessions, familiarising themselves with the HKCAAVQ accreditation requirements and processes, reading thoroughly the Accreditation Document and materials provided by the AA, making initial comments on the Accreditation Document and materials against the accreditation standards and evidence, participating in the whole of the site visit, sharing views with and putting forward recommendations to HKCAAVQ together as an Accreditation Panel. Panel members are also expected to share their views on the draft Accreditation Report as well as on the fulfilment of the pre-condition(s) / requirement(s) by the AA as and when appropriate.
6. The Panel Chair, 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 site visit, and that decisions / recommendations made by the Panel are consistent within HKCAAVQ.
7. Accreditation is also conducted under the principle of 'fitness for purpose'. It is understood that industries or branches of industries differ in nature, size, operational complexity and scope. Therefore, there is no one single model that fits all in quality assurance. Accordingly, the Panel members are expected to pay due attention to the industry needs in terms of RPL while making evidence-based judgements and recommendations on the basis of the stipulated accreditation standards and requirements so as to maintain professional standards in accreditation.
8. Accreditation has dual purposes. On the one hand, an accreditation exercise should ensure that minimum standards are met. On the other hand, the exercise should provide inputs for continuous improvement of the AA and the RPL assessment processes. An open mind and a supportive attitude are part of the professional behaviour expected of Panel members without compromising quality.

## Accreditation Standards and Possible Sources of Evidence

1. The onus for providing sufficient and appropriate documentary evidence in the accreditation process to enable HKCAAVQ to make an accreditation decision lies with the AA.. AA should submit the accreditation documents via e-Portal.
2. The eight Accreditation Standards are listed below. Possible sources of evidence are also listed. The possible sources of evidence are indicative of what will be required. They are not meant to be exhaustive or mandatory. It is up to the AA to submit other evidence that is effective in demonstrating that a standard has been met. The Accreditation Panel may also ask for other evidence as deemed appropriate in accordance with the principles and accreditation standards set out in these Guidance Notes.

### Standard 1: Governance and Organisational Structure

The AA has effective governance arrangements that ensure sustainable operation of the AA in accomplishing its mission and its accountability for the RPL assessment services it provides.

#### Criteria

- 1.1 The AA is expected to have a mission aligned with the RPL mechanism under the HKQF, which is expressed in a mission statement.
- 1.2 The AA is expected to have a properly set up governance body with ultimate authority to make decisions, and be held responsible for such decisions, for sustainable operation and development of the AA to achieve its mission. Such decisions should be concerned with but not limited to the AA's objectives, overall directions and overarching policies; appointment of senior management staff members and management of their performance; and appointment of external members in different capacities to support the operations of the AA.
- 1.3 Where the governance body is composed of boards and committees, the terms of reference, membership composition, criteria for appointment of members and terms of office of members of these boards and committees and their reporting relationships are expected to be appropriately set, clearly defined and well documented. Checks and balances should be duly incorporated in the governance structure.
- 1.4 The AA is expected to engage qualified and competent persons in the governance body and to ensure that the persons engaged have a good understanding of their roles and responsibilities. The AA is also expected to ensure that policies and procedures are in place to avoid conflicts of interest and fraudulent activities.
- 1.5 Governance of the AA is expected to demonstrate propriety and accountability at all times.
- 1.6 The AA is expected to have an appropriate organisational structure, including a management structure, to implement the decisions made by the governing body with effectiveness and efficiency through policies and procedures.

**Possible sources of evidence to demonstrate meeting the standard (for AAs applying for accreditation for the first time)**

- Vision and mission statements of the AA
- Organisation charts showing the AA's organisational structure, key position holders and the reporting relationships among the governing boards and committees and among the key management staff members
- Terms of reference, membership composition, member appointment criteria and terms of office of members of the governing boards and committees and their interrelationships
- Appointment requirements, profiles and job descriptions of key staff members. Policy and procedure manuals including those addressing conflicts of interest, prevention of fraudulent activities, etc.
- Minutes of meetings showing the decision making process

**Possible sources of evidence to demonstrate meeting the standard (for re-accreditation)**

- Vision and mission statements of the AA
- Organisation charts showing the AA's organisational structure, key position holders and the reporting relationships among the governing boards and committees and among the key management staff members
- Terms of reference, membership composition, member appointment criteria and terms of office of members of the governing boards and committees and their interrelationships
- Appointment requirements, profiles and job descriptions of key staff members. Policy and procedure manuals including those addressing conflicts of interest, prevention of fraudulent activities, etc.
- Minutes of meetings showing the decision making process
- Documentation on the major changes in the governance arrangements that took place within the current validity period, including but not limited to changes in membership of the governing boards and committees, changes in the governing structure, etc.
- Documentation on the major decisions made by the governance body within the current validity period, e.g. changes in overarching policies.
- Plans for changes in or developments of the governance arrangements for the expected next validity period

## Standard 2: Financial Resources and Financial Arrangements

The AA has financial resources and financial arrangements for ongoing operation and for future developments.

### Criteria

- 2.1 The AA is expected to have sound financial planning to sustain its financial health. Such planning should be characterised by a good understanding of how the AA operates to provide RPL assessment services as well as insights and foresight about the AA's developments and risks. The AA is expected to make reasonable projections of incomes and expenditures and demonstrate that it is financially viable for ongoing operation.
- 2.2 The AA is expected to have financial policies and procedures for effective and efficient implementation of the financial decisions made as a result of financial planning.
- 2.3 The AA is expected to have a public liability insurance in place to cover the scope of the AA's operations throughout the validity period for its status as the Appointed AA for RPL assessments for the relevant industry.
- 2.4 All financial policies and procedures are expected to be well documented and communicated to staff.

### Possible sources of evidence to demonstrate meeting the standard (for AAs applying for accreditation for the first time)

- Documentation on financial policies and procedures
- A budget for the expected validity period with the rationales for the projections made and the risk factors addressed indicated
- Documentation of a public liability insurance covering the expected validity period

### Possible sources of evidence to demonstrate meeting the standard (for re-accreditation)

- Documentation on financial policies and procedures
- Documentation on the major changes in the financial arrangements that took place during the current validity period.
- Documentation listing the yearly incomes and expenses of the AA to demonstrate its financial health throughout the current validity period
- Records of review of the financial status of the AA and the follow-up actions taken
- A budget for the expected next validity period with the rationales for the projections made and the risk factors addressed indicated
- Documentation of a public liability insurance covering the expected next validity period
- Plans for changes in or developments of the financial arrangements for the expected next validity period

### Standard 3: Quality Assurance

The AA has appropriate quality assurance arrangements to ensure that quality standards are being met and continuous improvement is made.

#### Criteria

- 3.1 The AA is expected to have quality assurance policies and procedures to ensure that all of its operations are subject to the quality improvement cycle of planning, implementation, monitoring and review on an ongoing basis for the purpose of continuous improvement in accomplishing its mission.
- 3.2 The AA is expected to continuously monitor its operations and review its operations at regular time intervals and as necessary to ensure conformity to quality standards and alignment with the AA's mission. Irregularities and nonconformities should be identified and investigated. Findings from analyses should be used to inform decisions in the next cycle of planning, implementation, monitoring and review.
- 3.3 The AA is expected to collect feedback from stakeholders and to take stakeholders' feedback into consideration in its quality assurance decisions. There should be a policy and procedures for handling appeals and complaints in a timely manner.
- 3.4 The AA is expected to have quality assurance measures to ensure that the design and administration of its RPL assessments adhere to the principles of validity, reliability, fairness and flexibility and comply with accreditation standards, relevant EDB policies and, where applicable, relevant legislation.
- 3.5 The roles and responsibilities of the personnel to discharge QA responsibilities and the appointment requirements for quality assurance job positions and their reporting relationships are expected to be appropriately set, clearly defined, well documented and communicated to the staff concerned.
- 3.6 All the quality assurance policies and procedures are expected to be well documented and communicated to staff.

#### Possible sources of evidence to demonstrate meeting the standard (for AAs applying for accreditation for the first time)

- Documentation on the QA policies and procedures
- A QA manual detailing the QA policies, systems, processes and procedures for ensuring the quality of the RPL assessments
- Staff handbooks with details of QA roles and responsibilities of different job positions
- Documentation on the procedure for internal verification of assessment results
- Documentation on policies, methods and procedures for verifying and endorsing assessment results
- Questionnaires and other tools to collect feedback from stakeholders, including applicants, assessors and the industry, etc.
- Documentation on the policies and procedures for handling appeals and complaints
- A list of major staff members to implement the QA policies with their roles, responsibilities, appointment requirements as well as reporting relationships clearly stated

### **Possible sources of evidence to demonstrate meeting the standard (for re-accreditation)**

- Documentation on the QA policies and procedures
- A QA manual detailing the QA policies, systems, processes and procedures for ensuring the quality of the RPL assessments
- Staff handbooks with details of QA roles and responsibilities of different job positions
- Documentation on the procedure for internal verification of assessment results
- Documentation on policies, methods and procedures for verifying and endorsing assessment results
- Questionnaires and other tools to collect feedback from stakeholders, including applicants, assessors and the industry, etc.
- Documentation on the policies and procedures for handling appeals and complaints
- A list of major staff members to implement the QA policies with their roles, responsibilities, appointment requirements as well as reporting relationships clearly stated
- Documentation on the major changes in the QA arrangements that took place in the current validity period
- Recent QA reports demonstrating effective implementation of the QA cycle in the various operations for the current validity period
- Documentation on analyses of stakeholder feedback and the follow-up actions taken for the current validity period
- Statistics and documentation on appeal and complaint cases, including information on investigation and the follow-up remedial actions taken for the current validity period
- Track records of preventive and corrective actions taken as a result of issues identified from the QA procedures, e.g. internal verification of assessment results, for the current validity period
- Plans for changes in or developments of the QA arrangements for the expected next validity period

## Standard 4: Communication with Stakeholders

The AA has arrangements for effective communication with staff, assessors, applicants, prospective applicants, the relevant industry, the Education Bureau, the Accreditation Authority and other stakeholders.

### Criteria

- 4.1 The AA is expected to have policies and procedures for communication with various stakeholders in relation to administration of RPL assessments.
- 4.2 The AA is expected to communicate with staff and assessors to ensure that they understand and are able to meet their job requirements.
- 4.3 The AA is expected to communicate with applicants to ensure that they understand the purposes, processes and requirements of the RPL assessments they are to undergo, as well as their rights and responsibilities.
- 4.4 The AA is expected to make available sufficient information on the RPL assessment services it provides and to ensure that such information is easily accessible to prospective applicants.
- 4.5 The AA is expected to communicate with the relevant ITAC and the Education Bureau to report on the progress and developments of its RPL assessment services and to ensure compliance with policies of the Education Bureau concerning RPL.
- 4.6 The AA is expected to communicate with the Accreditation Authority to ensure compliance with the accreditation standards.
- 4.7 The AA is expected to communicate with different stakeholders to collect their feedback for quality assurance purposes.
- 4.8 All the communication policies and procedures are expected to be well documented and communicated to staff.

### Possible sources of evidence to demonstrate meeting the standard (for AAs applying for accreditation for the first time)

- Documentation on the communication policies and procedures
- A plan to promote the RPL assessment services for the expected validity period
- Documentation on the means and procedures for communicating with different stakeholders, e.g. procedure manuals, staff handbooks, minutes of meetings with resolutions regarding the establishment of communication channels, etc.
- Tools for collection of stakeholders' feedback, e.g. questionnaires
- A letter issued by the Qualifications Framework Secretariat confirming the relevant ITAC's recommendation of the AA for serving as the AA for RPL assessments for the relevant industry
- Documentation showing interactions between the AA and the industry in the course of development of the AA's RPL assessment services

### **Possible sources of evidence to demonstrate meeting the standard (for re-accreditation)**

- Documentation on the communication policies and procedures
- Documentation on the major changes in the communication arrangements that took place in the current validity period
- A letter issued by the QFS confirming the relevant ITAC's recommendation of the AA for continuing to serve as the AA for RPL assessments for the relevant industry
- Records of promotion of the AA's RPL assessment services in the current validity period and review of the promotion measures
- Documentation on communication with different stakeholders, e.g. meeting minutes, reports, opinion survey statistics, etc. and review of the effectiveness of the communication measures used in the current validity period
- Plans for changes in or developments of the communication arrangements for the expected next validity period

## Standard 5: Assessment Strategy and Assessment Methods

The AA has an assessment strategy and under which has developed valid and reliable assessment methods that adequately address the competency requirements of the UoC Clusters formulated for RPL for the relevant industry.

### Criteria

- 5.1 The AA is expected to engage industry inputs in determining the assessment strategy (including the principles in designing assessments and evaluating evidence provided by applicants) and methods for the UoC clusters.
- 5.2 The AA is expected to have in place a mechanism for selecting the assessment method(s) for each UoC cluster. A range of assessment methods should be considered and choices should be made based upon utmost appropriateness after taking into account the operational characteristics of the AA and the validity of the assessment methods in assessing the competences in the UoC clusters.
- 5.3 The assessment methods are expected to be accessible to prospective applicants without unnecessary barriers and regardless of the differences in the prospective applicants' backgrounds.
- 5.4 The assessment methods are expected to be in compliance with the relevant industrial safety standards and regulations.

### Possible sources of evidence to demonstrate meeting the standard (for AAs applying for accreditation for the first time)

- Documentation on the policy on RPL assessments
- Minutes of meetings on the development of the assessment strategy under the assessment policy, showing engagement of industry inputs and factors taken into account
- Minutes of meetings on the design of assessment methods, showing factors taken into account, options considered and the rationales for the choices made, etc.
- Documentation on measures taken to ensure industrial safety
- The documented policy and procedures for handling special requests from applicants

### Possible sources of evidence to demonstrate meeting the standard (for re-accreditation)

- The documented assessment policy, assessment strategy and assessment methods for the complete set of RPL UoC clusters for the industry
- Documentation on the changes in the assessment policy, assessment strategy and assessment methods that took place in the current validity period and the reasons for the changes
- Records of review of the assessment policy, assessment strategy, assessment methods and actions taken, e.g. opinions collected from applicants and assessors
- Sample assessment cases to demonstrate the effectiveness of different assessment methods used during the current validity period
- Records of handling special requests from applicants during the current validity period
- Reports on the irregularities identified in undertaking assessments during the current validity period and the follow-up actions taken
- Plans for changes in or developments of the assessment policy, assessment strategy and assessment methods for the expected next validity period

## Standard 6: Assessment Materials

The AA has demonstrated that it has the ability to develop assessment questions, standards for marking and supporting materials based on the designed assessment methods for organising and conducting RPL assessments.

### Criteria

- 6.1 The AA is expected to have in place a mechanism governing the development of assessment materials, which clearly specify the development procedures and the parties responsible for developing, reviewing and endorsing the assessment materials.
- 6.2 The AA is expected to have clearly specified requirements for appointment of writers for writing assessment questions.
- 6.3 The AA is expected to develop a volume of assessment questions with the associated standards for marking adequate to address the full set of RPL UoC Clusters for the relevant industry and to avoid frequent reoccurrence of the same questions in different rounds of assessments.
- 6.4 The AA is expected to develop supporting materials such guidelines for logistics set-ups, guidelines for conducting assessments, guidelines for collecting, evaluating and making judgments of evidence, marking templates, etc. to underpin the operation of the RPL assessments.
- 6.5 The AA is expected to conduct regular review of the assessment materials to ensure their effectiveness.
- 6.6 The AA is expected to have venues, facilities and equipment required for conducting the assessments.

### Possible sources of evidence to demonstrate meeting the standard (for AAs applying for accreditation for the first time)

- Documentation on the procedure for and progress of developing assessment questions and the associated materials
- Documentation on the requirements for appointment of writers for writing assessment materials
- A plan for developing adequate assessment questions, the associated standards for marking and supporting materials within a reasonable timeframe, etc
- List of facilities and equipment demonstrating that there are adequate resources to accommodate the assessment requirements

### Possible sources of evidence to demonstrate meeting the standard (for re-accreditation)

- Documentation on the procedure for and progress of developing assessment questions and the associated materials
- Documentation on the major changes in the mechanism for developing assessment questions and materials and the reasons for changes
- Sample assessment cases showing the effective use of the assessment materials in the course of assessment
- Records of review of assessment questions, materials, facilities and equipment and actions taken
- Plans for changes or developments regarding assessment questions and materials for the expected next validity period, e.g. development of a larger volume of assessment questions in the question bank in response to the addition of new RPL UoC clusters or the expiry of the transitional period, etc.

**Note:** For each assessment method, the AA shall submit to HKCAAVQ, as part of the Accreditation Document, two sets of sample assessment papers designed for two different RPL UoC Clusters, with one at QF Level 4 and one at another QF Level, along with the associated standards for marking and supporting materials to guide the conduct of the assessments. This is to demonstrate the AA's ability of designing appropriate assessment questions for effective assessment of applicants' competencies against the standards of the relevant RPL UoC Clusters.

## Standard 7: Staffing

The AA has engaged sufficient qualified and competent persons who possess adequate knowledge of the QF and the RPL mechanism to perform the roles of 'Assessment Manager', 'Assessment Secretary', 'Internal Verifier' and 'Assessor' as well as other supporting functions.

### Criteria

- 7.1 It is expected that the AA has clear specifications of the roles and responsibilities of different job positions.
- 7.2 The AA is expected to clearly state the appointment requirements for different job positions.
- 7.3 The AA is expected to have a performance management mechanism in place to monitor and evaluate the performance of staff.
- 7.4 The AA is expected to have policies in place for regular review of manpower needs and for ensuring that there are adequate qualified staff members to support effective operations.
- 7.5 The AA is expected to provide orientation and training for staff and have developed a policy on continuous professional development to ensure that all staff members are equipped with adequate updated and relevant knowledge and skills to discharge their duties effectively.

### Possible sources of evidence to demonstrate meeting the standard (for AAs applying for accreditation for the first time)

- An organisational chart or other documentation specifying the roles, responsibilities, appointment requirements and reporting lines of the job positions of 'Assessment Manager', 'Assessment Secretary', 'Internal Verifier' and 'Assessor' and a list of the current post holders along with their profiles
- A manpower plan to engage adequate qualified staff to fill the mentioned job positions within a reasonable timeframe
- Documentation on the policy on and plans for provision of proper training and development opportunities for staff of different roles
- A staff handbook with information on the administrative arrangements and resources that staff may draw upon to support their discharge of responsibilities

### Possible sources of evidence to demonstrate meeting the standard (for re-accreditation)

- An organisational chart or other documentation specifying the roles, responsibilities, appointment requirements and reporting lines of the job positions of 'Assessment Manager', 'Assessment Secretary', 'Internal Verifier' and 'Assessor' and a list of the current post holders along with their profiles
- Documentation on the policy on and plans for provision of proper training and development opportunities for staff of different roles
- A staff handbook with information on the administrative arrangements and resources that staff may draw upon to support their discharge of responsibilities
- Records of manpower reviews and actions taken for the current validity period
- A list of development activities undertaken by different staff members during the current validity period
- Plans for manpower changes and / or developments for the expected next validity period

## Standard 8: Information Management Systems for Records

The AA has a policy and a robust system for management of information and records that facilitate administration of the RPL assessments and safeguard integrity, security and accuracy of information and documentation it maintains.

### Criteria

- 8.1 The policy governing the operation of the information management system is in compliance with relevant legislation such as the Personal Data (Privacy) Ordinance.
- 8.2 The AA is expected to have a policy and procedures in place for collecting, maintaining, updating, releasing and using information.
- 8.3 The AA is expected to clearly define the rights to access, retrieve, update and use different types of information and documentation.
- 8.4 The AA is expected to employ appropriate measures to ensure data security.

### Possible sources of evidence to demonstrate meeting the standard (for AAs applying for accreditation for the first time)

- Documentation on the policy on information and records management, including instructions on compliance with the relevant legislation
- Staff manuals and / or guidelines for handling information and documentation, containing such information as classification and storage systems; version control; the rights of different job positions to access, retrieve, update and use different types of information and documentation including applicant data, result notices and certificates; and mechanisms for information dissemination, etc.

### Possible sources of evidence to demonstrate meeting the standard (for re-accreditation)

- Documentation on the policy on information and records management, including instructions on compliance with the relevant legislation
- Staff manuals and / or guidelines for handling information and documentation, containing such information as classification and storage systems; version control; the rights of different job positions to access, retrieve, update and use different types of information and documentation including applicant data, result notices and certificates; and mechanisms for information dissemination, etc.
- Incident reports on irregularities in data management for the current validity period
- Records of review of the information management system and actions taken for the current validity period
- Plans for changes in or developments of the policy and procedures for management of information and records for the expected next validity period

## Guidance Notes on Good Practices for Assessment Agencies

### Part 1 Assessment Guidance

1. Qualifications within the Hong Kong Qualifications Framework (QF) attest to ability that is expressed in terms of capacity or competence. A person seeking recognition of his or her prior learning in relation to a certain functional area of an industry or a branch of an industry must demonstrate the outcomes resulting from that learning. Those outcomes relate to the competence to carry out, to the required standard, the tasks that make up a job. The **Specification of Competence Standards (SCS)** set by the relevant ITAC / CITAC describes such competencies at different levels. These competency standards are what RPL qualifications are based.
2. Competence is made up of knowledge, understanding, know-how, skills, applications, behaviour and professionalism. Assessment should be designed to enable candidates to demonstrate integration of these components as required for the competence.

#### Assessment Design

3. So long as validity and reliability is adhered to, the assessment process should be designed to minimise time and cost requirements on candidates. However, the quality of assessment should be upheld and not be compromised.
4. In designing assessments, it is important to ensure that the assessment techniques chosen are:
  - **Valid:** the assessment method selected is appropriate to the performance requirements specified in the unit(s) of competency against which the assessment is to be conducted. If the assessment is to take place in a simulated environment, consideration should be given to whether the simulation resembles the actual circumstances in which the job is usually carried out. This is to enable a valid judgement to be made of the competence of the candidate. In case of doubt, appropriate arrangements should be made for the assessment to include observation of the candidate's performance in the authentic work environment.
  - **Reliable:** assessment methods and decisions should be consistent among candidates and over time, and free from any cultural bias. The verification process, therefore, plays an important role in ensuring consistency of assessment decisions.
  - **Fair:** the assessment methods used must not disadvantage any candidate because of possible bias or personal aspects, for example, a physical disability or a mental handicap, the fact that their first language is not the language being used in the assessment, or the fact that he or she obtained his or her qualifications in another country. Steps should be taken to ensure fair processes, for example, to ensure that candidates know exactly what is involved in the assessment and what they will be assessed against; to organise support and assistance to candidates who may require reasonable adjustments in the assessment; to ensure that the language, literacy and numeracy skills that candidates prefer to use for assessments are not beyond those intrinsically required by the relevant units of competency; and to build a suitable appeal procedure that is itself fair and equitable.
  - **Flexible:** the AA should ensure it allows some flexibility in its approach to assessment, especially in respect of evidence gathering, to accommodate the needs of candidates. This particularly relates to ensuring fairness in the assessment process. Flexibility, however, should not override the requirements for validity, reliability and

sufficiency.

- **Secure:** there are safeguards against plagiarism or other forms of cheating.
- **Verified:** a sample of all assessments should be verified by internal or external verifiers to ensure that assessors are applying the assessment standards consistently and there is no favouritism or other improper influence.

### Assessment Evidence

5. Assessment is likely to include a review of documentary evidence provided by the candidate, or of products or other outcomes of the candidate's work. Assessors and verifiers must ensure that all evidence taken into account in assessment decisions is:
- **Valid:** For evidence to be valid, it must be relevant to what is being assessed against. It must also demonstrate that the candidate has achieved learning outcomes at the appropriate QF level. For example, evidence that is valid for a QF level 2 qualification is usually not likely to be considered valid for a qualification at QF level 3.
  - **Authentic:** The assessor must be reasonably satisfied that the evidence is the result of the candidate's own work. Careful questioning may be needed to establish facts. Evidence may be the result of teamwork, rather than the work of the candidate alone. The contribution of the candidate must be clearly identified.
  - **Current:** Evidence must demonstrate what the candidate can do now. If the evidence was produced some time ago, the assessor needs to consider whether practices or technology have changed since then. Skills that have not been used for some time should be demonstrated to ensure that they have not weakened.
  - **Sufficient:** The whole of the evidence collected from an assessment must cover all aspects of the required competence, and must demonstrate sustained competence over time. A single piece of evidence against a standard is unlikely to be sufficient. The candidate must be able to demonstrate their ability across the normal range of different work situations, and on more than one occasion.

## Part 2 Key Personnel and Their Roles

6. There are several key staff roles in the assessment and verification process. In a small assessment centre, several roles may be combined into a single post. In a large centre, the same role can be carried out by several people. However, for the sake of avoidance of conflicts of interest, an assessor who is also an internal verifier should not take up the task of internal verification of his or her own assessments.

### Assessment Manager

7. The Assessment Manager is the person responsible for ensuring that the management, administrative and quality assurance systems are properly implemented throughout the centre.

The Assessment Manager should have:

- an appropriate background in the management, administration and quality assurance of assessment processes;
- necessary authority within the centre to ensure that procedures are implemented properly and consistently across the centre as a whole, and to provide overall directions for the assessment process;
- regular contacts with assessors and internal verifiers; and
- the responsibility for liaising with the relevant ITAC / CITAC and HKCAAVQ.

## Assessment Secretary

8. The Assessment Secretary is the person responsible for records and information management. The Assessment Secretary should have responsibilities for:
- the maintenance of processes and procedures for keeping records and management information;
  - ensuring that candidate records and details of achievement (e.g. diplomas, employment testimonies, awards obtained via competitions, foreign qualifications that may be recognised) are accurate, securely stored and available for accreditation purposes;
  - maintaining records of assessment decisions and internal verification;
  - ensuring the security of assessment materials;
  - ensuring that appropriate records, results or other evidence of achievement are released to other centres or the candidate in cases where a candidate transfers to another centre;
  - ensuring that blank certificates and certificates of competency unit, and other blank documents bearing the logo of the QF are securely stored and with proper security control;
  - issuing results and certificates to candidates;
  - providing information, on request, for external verifiers and accreditation panels; and
  - ensuring that all candidates' assessment records and centre documentation are properly completed.

## Internal Verifier

9. Internal verifiers monitor the work of all assessors involved with a particular qualification to ensure the accuracy and consistency of assessment activities and decisions. Internal verifiers are responsible for:
- ensuring that assessors follow the assessment guidance provided;
  - advising and supporting assessors to assist them in interpreting and applying the assessment requirements correctly and consistently;
  - ensuring consistency of assessment decisions by checking of a sample of at least 10% of the assessments, by such means as direct observation of assessment activities, review of assessment methods and records, etc.;
  - checking a high proportion of the assessment decisions made by new assessors and providing mentoring for such assessors;
  - providing assessors with prompt, accurate and constructive feedback on their assessment decisions;
  - maintaining up-to-date records of internal verification and sampling activities and ensuring that these are lodged with the Assessment Secretary;
  - organising regular meetings with all those involved in assessments;
  - facilitating development and training of assessors; and
  - ensuring that all candidates' assessment records and centre documentation are properly completed.

**Note:** *If internal verifiers also act as assessors, it is not acceptable for internal verifiers to verify their own assessment decisions.*

## Assessor

10. Assessors are responsible for assessing a candidate's performance and related knowledge in a range of assessment tasks for the purpose of ensuring that the competence demonstrated meets the competence standards set by the relevant ITAC / CITAC as specified by the RPL Cluster of Unit of Competencies and the AA, which awards the qualification. Assessors must have relevant occupational experience in the industry in respect of the qualification to be awarded. Their responsibilities are

- providing advice and guidance for candidates on the identification of relevant learning experience and the assembly of valid evidence;
- ensuring that candidates are aware of their personal responsibility for collection and presentation of evidence;
- agreeing with each candidate on an assessment plan;
- explaining the assessment process to candidates;
- following the assessment guidance provided by the AA, the ITAC / CITAC or HKCAAVQ;
- observing candidates' performance in the workplace and / or in simulated conditions and / or conducting assessment in other forms;
- recording all questions used and answers given for the purposes of meeting evidence requirements;
- ensuring that the evidence presented by the candidate is sufficient and making assessment decisions against the standards for awarding the qualification;
- providing candidates with prompt, accurate and constructive feedback;
- agreeing with candidates on new assessment plans where further evidence is required;
- providing advice for candidates on assessment requirements and further learning when needed;
- maintaining records of candidates' achievement using standard documentation, and lodging the records with the Assessment Secretary;
- keeping themselves up-to-date with current industrial practices, the standards against which assessments are undertaken, and the quality assurance procedures of the AA; and
- making themselves available for discussion with internal verifiers and / or external verifiers.

#### **Staff Roles in Relation to Candidate Responsibilities**

11. Candidates seeking 'recognition of prior learning' will undergo competence-based assessment. The assessment should be candidate-centred. Assessors, and / or the Assessment Secretary, must ensure that candidates understand that they are responsible for:
- confirming with assessors that they understand the assessment standards;
  - confirming with assessors that they understand the tasks that they need to perform to demonstrate competence;
  - discussing and agreeing on assessment plans with their assessors;
  - maintaining and presenting all documentary evidence in a well-organised way;
  - ensuring that the evidence provided is adequate for the purpose of assessment;
  - undertaking the assessment(s) and discussing their evidence with the assessor(s); and
  - presenting themselves for any written test and / or practical test at the specified time and date.

# Glossary

Term	Definition
Accreditation Authority	Hong Kong Council for Accreditation of Academic and Vocational Qualifications specified in Part 1 of Schedule 1 of the Accreditation of Academic and Vocational Qualifications Ordinance (Cap 592) to undertake quality assurance for the development of the QF. It is entrusted with the responsibility for assuring the quality of appointed assessment agencies, the qualifications recognised under the QF and their associated learning programmes and the providers.
Appointed Assessment Agency	An accredited Assessment Agency (AA) appointed by the Secretary for Education under the Accreditation of Academic and Vocational Qualifications Ordinance to assess the skills, knowledge or experience acquired by individuals and to grant qualifications in recognition of such assessed skills, knowledge or experience.
Assessment Agency (AA)	Any person, school, institution, organisation or other body being referred by the Qualifications Framework Secretariat (QFS) with the support from the industry (such as nomination by the ITAC/CITAC) to be accredited for the purpose of serving as an appointed Assessment Agency under the Accreditation of Academic and Vocational Qualifications Ordinance (AAVQO) (Cap 592).
Accreditation Document	A self-evaluative document, with supporting evidence, prepared by an Assessment Agency to address the accreditation standards.
Accreditation Panel	A panel consisting of specialists with the requisite profiles and expertise formed for the purpose of the relevant accreditation exercise in which an HKCAAVQ staff member plays the role of Panel Member cum Secretary.
Accreditation Report	The report that HKCAAVQ issues to the Assessment Agency on completion of the accreditation exercise stating the accreditation outcome and decisions as well as the validity period, the QF Level(s), condition(s) (including, if any, pre-condition(s) and/or requirement(s)) and restriction(s). The report also provides information on the Panel's observations and recommendations and the rationales for arriving at the accreditation decisions.
Appeal	The process under the AAVQO that gives an Operator aggrieved by the accreditation determination and decision(s) stated in an accreditation report or HKCAAVQ's decision to vary or withdraw an accreditation report the right to appeal to the Appeal Board appointed by the Secretary for Education.
Condition	A condition is part of the accreditation decisions to be fulfilled by the Assessment Agency prior to the start of the validity period of the accreditation status (pre-condition) or by the specified deadline during the validity period (requirement).
Evidence-based	It is one of the guiding principles of accreditation which means that accreditation decisions are to be made on the basis of evidence provided by the Assessment Agency to support its claim that it meets the accreditation standards stipulated in these Guidance Notes.
Fitness for Purpose	It is one of the guiding principles of accreditation which means that the Assessment Agency is accredited on the basis of its stated objectives, the QF level(s) and the SCS formulated for the industry or the branch of the industry that it intends to provide RPL services for and in, in view that the industry or the branch of the industry may differ in nature, size, operational complexity

	and scope of expertise.
Industry Training Advisory Committee (ITAC) / Cross-Industry Training Advisory Committee (CITAC)	An advisory body comprising representatives from employers, employees and professional bodies of the relevant industry(ies) to develop, maintain and update the Specification of Competency Standards (SCS), to formulate a Recognition of Prior Learning (RPL) mechanism for the industry(ies), and to promote the QF within the industry(ies).
Peer Review	It is one of the guiding principles of accreditation which means involving specialists with relevant expertise and experience as panel members in the accreditation exercise.
Pre-condition	A pre-condition (a type of condition) is part of the accreditation decisions to be fulfilled by the Assessment Agency prior to the start of the validity period of the accreditation status.
QF Level	The outcome level of the qualification for which an RPL assessment is conducted by the Assessment Agency. The outcome competency is pitched against the Generic Level Descriptors (GLD) published by the Government at <a href="https://www.hkqf.gov.hk/filemanager/en/content_13/HKQF_GLD_e.pdf">https://www.hkqf.gov.hk/filemanager/en/content_13/HKQF_GLD_e.pdf</a>
Qualification	A formal award obtainable from an appointed Assessment Agency in recognition of the skills, knowledge and experience acquired by an individual.
Qualifications Framework (QF)	The Hong Kong Qualifications Framework (HKQF) is a hierarchy of qualifications of academic, vocational and continuing education as well as qualifications attained by employees through the Recognition of Prior Learning (RPL) scheme. It consists of seven levels, which are characterised by the outcome-based Generic Level Descriptors (GLD) published by the Education Bureau (EDB).
Qualifications Register (QR)	It is a centralised online database of the QF-recognised qualifications. Qualifications in the QR are ordered by level in accordance with the Generic Level Descriptors.
Requirement	A requirement (a type of condition) is part of the accreditation decisions to be fulfilled by the Assessment Agency by the specified deadline 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.
Re-accreditation	It is the accreditation process that an appointed Assessment Agency needs to undertake prior to expiry of its accreditation status in order for HKCAAVQ to determine whether it continues to maintain its competency to execute its role as the appointed Assessment Agency.
Recognition of Prior Learning (RPL)	A mechanism under the Qualifications Framework to enable persons of various backgrounds to receive formal recognition of the knowledge, skills and experience already acquired. For details of the operation of the mechanism, please visit the HKQF website at <a href="http://www.hkqf.gov.hk">www.hkqf.gov.hk</a> .
Site Visit	A visit to the Assessment Agency's premise(s) / centre(s) in Hong Kong. The site visit is an integral part of an accreditation exercise conducted primarily to collect evidence for evaluating whether the accreditation standards are met.
Specification of Competency Standards	The industry benchmarks for the skills, knowledge and attributes required to perform specific tasks in the relevant industry / branch of the industry at various QF levels. These industry benchmarks are developed by the ITACs /

	CITAC of the relevant industries.
Standard	A benchmark for the Accreditation Panel to assess whether the Assessment Agency meets the quality requirements. Standards are expressed in detail in Appendix 4.
Threshold Standards	It refers to the minimum quality requirements stipulated in these Guidance Notes.
Validity Period	The period of time in which an approved accreditation status is effective as stipulated in the accreditation report