Guidance Notes on Periodic Review

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1. Introduction

1.1 These Guidance Notes contain the accreditation criteria and standards for Periodic Review (PR), the fourth stage of the Four-stage Quality Assurance (QA) Process. They give an overview of the purpose of PR, the review process, as well as supporting evidence that may be useful for review. These Guidance Notes also serve as a reference for the Accreditation Panels (the Panel).

1.2 PR is an external review exercise conducted every five years to determine whether Operators with valid Programme Area Accreditation (PAA) status continue to maintain robust internal quality assurance systems to self-monitor and ensure that their operations meet stated objectives, and whether they have robust internal processes in place that ensure that their learning programmes meet the Qualifications Framework (QF) standards.

1.3 The focus of a PR is the functions and activities directed at improving the quality of the learning experience for students / learners. Operators are expected to demonstrate that they have continued to improve the learning experience of students / learners at both institutional and discipline / programme area levels during the validity period.

1.4 Timing of the PR depends on the validity period of the PAA, and whether substantial changes have been made since granting PAA status or the previous PR exercise.

1.5 Operators should engage in regular internal review of their operations that aims at quality improvement and the regular review activities will feed directly into the preparation for the PR. Operators should also, if not included in the regular internal review activities, conduct a comprehensive and critical self-evaluation against, among others, the accreditation criteria and standards stipulated for PR and the scope of the approved programme area(s). The self-evaluation will form the basis of an Accreditation Document to be submitted for the PR exercise.

1.6 It is important that Operators provide evidence to demonstrate they have met the respective accreditation criteria. The responsibility for providing appropriate evidence lies with the Operator. In deciding what evidence it is relevant to submit, the emphasis should be put on its quality and relevance, not the amount. The possible sources of evidence listed in the Annex are for reference, and are not meant to be exhaustive. As Operators are diverse in nature and operational mode, it is likely that evidence will differ.

1.7 Operators with PAA status are allowed to offer inter-disciplinary learning programme(s) if the leading subject matter of the learning programme(s) is within the approved PAA scope. The leading subject matter of the learning programme(s) takes up the majority of the learning credits or students’ / learners’ intended learning time. For the non-leading subject matters, Operators should have either PAA status or learning programme(s) in the relevant subject matters accredited by Hong Kong Council for Accreditation of Academic and Vocational Qualifications (HKCAAVQ). If the Operator offers interdisciplinary programmes, such programmes will be sampled for review in the PR.
2. **Accreditation Criteria and Standards**

2.1 To complete a PR successfully, Operators have to demonstrate with supporting evidence that they meet the standards under the criteria specified below. The evidence should support the analysis in the Accreditation Document. The site visit, and/or meetings organised by HKCAAVQ with the Panel also serve as evidence. The Annex shows a list of possible supporting evidence in relation to each criterion.

2.2 The five criteria and standards for Periodic Review are presented below.

(i) **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 / training 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.

(ii) **Academic Development and Programme Development & Management**

Operators should demonstrate at the institutional level that the mechanism and process for academic / programme development 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 development, management and review mechanisms and processes in practice should continue to remain effective for determining that the learning 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 / learner assessment in relation to the intended learning outcomes;
- assurance that the learning 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).

(iii) **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 support 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.

(iv) 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 learning 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 learning programmes.

• Appropriate resource allocation has been made to ensure adequate support be provided to the students / learners 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.

(v) 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 learning programmes and new learning 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 learning programmes are taking effective actions to address weaknesses, build on strengths, and generally develop a culture of continuous improvement.
3. **Timeline and Process**

3.1 It normally takes 20 to 24 weeks to complete the PR after Operators have submitted their Accreditation Document. The accreditation schedule will be specified in the Service Agreement signed by HKCAAVQ and the Operator.

3.2 Operators should consult with HKCAAVQ at least six months before making a formal application for PR. The initial consultation serves the purpose of ensuring that Operators understand the PR requirements and the accreditation process.

3.3 There is a need for mutual dialogue and interaction between HKCAAVQ and the Operators throughout the PR process to discuss key aspects such as identifying specific review areas, and sample programmes.

3.4 The following table shows an indicative timeline of the main steps of a PR.

<table>
<thead>
<tr>
<th>Time</th>
<th>Main Steps</th>
</tr>
</thead>
</table>
| Preparation Stage | • HKCAAVQ liaises with an Operator on the timeline for PR.  
|              | • The Operator submits a signed Statement of Intent.  
|              | • HKCAAVQ and the Operator sign a Service Agreement.  
|              | • The Operator prepares the Accreditation Document.  
|              | • HKCAAVQ forms the Panel.  
|              | • The Operator checks conflict of interests of potential panel members and confirms with HKCAAVQ in writing. An Operator consults HKCAAVQ at least six months before submitting a formal application. |
| Weeks 1-4   | • HKCAAVQ examines the completeness of the Accreditation Document.                                                                       |
| Weeks 5-10  | • The Panel provides initial comments on the Accreditation Document and for the Operator’s written response.                             |
| Week 12     | • The Panel conducts a site visit to the Operator or meeting(s) with the Operator in the HKCAAVQ Office.                                 |
| Weeks 13-21 | • HKCAAVQ issues an interim report based on the Panel's recommendations.  
|              | • The panel prepares the accreditation report.  
<p>|              | • HKCAAVQ finalises the accreditation report after considering the Panel's recommendations. HKCAAVQ makes the final determination. |
| Week 22     | • The Operator checks factual accuracy of the accreditation report.                                                                       |
| End of Week 24 | • HKCAAVQ issues the accreditation report.                                                                                      |</p>
<table>
<thead>
<tr>
<th>Follow-up Actions (Up to 3 months from the specified fulfilment dates)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• If conditions (i.e. pre-conditions and/or requirements) and/or restrictions are stipulated in the accreditation report, the Operator 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.</td>
</tr>
<tr>
<td>• If the Operator cannot fulfil / comply with the conditions and/or restrictions within the allowable time period, HKCAAVQ may deem that the Operator and/or programme is no longer competent to achieve its objectives and the accreditation report may be varied or withdrawn.</td>
</tr>
<tr>
<td>• HKCAAVQ normally will issue a notification letter on the fulfilment of conditions within 3 months from the specified deadlines.</td>
</tr>
</tbody>
</table>
4. **Possible Outcomes**

4.1 In its capacity of the Accreditation Authority provided for under the Accreditation of Academic and Vocational Qualifications Ordinance (AAVQO) (Cap 592) and the HKCAAVQ Ordinance (Cap 1150), HKCAAVQ makes an accreditation determination after considering the Panel’s recommendation(s) (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 an accreditation exercise are:

- Approval
- Approval with conditions (pre-conditions and/or requirements) and/or restrictions
- Non-approval

When approval is granted, a validity period of five years will be specified in the accreditation report.

4.2 Any pre-condition(s) that forms part of the determination must be fulfilled prior to the commencement of the validity period imposed on a PAA status. Requirement(s) must be fulfilled by the stipulated deadline(s) within the validity period.

4.3 A recommendation can also form part of the accreditation determination. It has a continuous improvement purpose and is directly related to the accreditation criteria. It is non-binding in nature but Operators should explain if / how recommendations have been addressed at the time of next Periodic Review.

4.4 Advice is an opinion of the Panel for the improvement of Operators and/or learning programmes. It provides for the sharing of good practice in education and training among peers. It is non-binding and Operators are not required to report follow-up actions taken, if any, to HKCAAVQ.

4.5 Restrictions form part of the accreditation determination, to be fulfilled by Operators by the specified deadline(s) during the validity period of the approved accreditation status. Operators’ ability to fulfil the Restriction is dependent on actions taken by Third Parties.

4.6 Fulfillment of the conditions and compliance with restrictions are **mandatory for obtaining and maintaining a valid PAA status**.

4.7 A Statement of Accreditation Approval confirming the granting of accreditation status to Operators is issued together with the accreditation report when no pre-conditions are stipulated, or upon fulfilment of all of the pre-condition(s). In the latter case, the validity period will only start after fulfilment of the pre-condition(s). Should Operators fail to meet the pre-condition(s) prior to expiry of their originally granted PAA status, the PAA status will lapse.
5. Possible Follow-up Action

5.1 If a PR is successful, the learning programmes under the programme area can enter / stay on the QR for the approved validity period in accordance with the terms and procedures stipulated by the QR Authority.

5.2 Operators with PAA status are required to provide an annual return to HKCAAVQ to report the new learning programmes to be offered and the learning programmes to be phased out under the approved programme area(s). Annual returns are vetted by HKCAAVQ.

5.3 Operators who fail to maintain PAA status, but wish to have their learning programmes covered by the formerly granted PAA status recognised under the QF, must apply for Learning Programme Re-accreditation (re-LPA) prior to the expiry of the PAA status. Any new learning programmes developed after the expiry of PAA will have to go through Learning Programme Accreditation (LPA).

5.4 Operators who decide not to undertake PR, but wish to have their learning programmes covered by the formerly granted PAA status recognised under the QF, must apply for re-LPA at least ten months prior to expiry of the PAA status.
6. **Points to Note**

6.1 These Guidance Notes are by no means exhaustive. They should be read in conjunction with the *Guidelines on the Four-stage Quality Assurance Process under the Qualifications Framework* available on the HKCAAVQ website at [http://www.hkcaavq.edu.hk](http://www.hkcaavq.edu.hk).

6.2 These Guidance Notes supersede any previous guidance notes, other guidelines or handbook that HKCAAVQ or the former Hong Kong Council for Academic Accreditation (HKCAA) has published or issued previously regarding PR.

6.3 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 at 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](http://www.hkcaavq.edu.hk).

6.4 Operators are expected to put in place arrangements to respond to new government initiatives, including for example, assignment of QF credit, Award Titles Scheme, and credit accumulation and transfer. Operators are also required to demonstrate the implementation of the new government initiatives and their effectiveness.

6.5 For enquiries, please contact HKCAAVQ at info@hkcaavq.edu.hk, or by phone at (852) 3658 0000.
Annex

Accreditation Document and Sources of Evidence for Periodic Review

1. The purpose of PR is to determine whether Operators with valid Programme Area Accreditation (PAA) status continue to maintain robust internal quality assurance systems to self-monitor and ensure that their operations meet stated objectives, and whether they have internal processes in place that ensure that their learning programmes meet the Qualifications Framework (QF) standards. The focus of a PR is the functions and activities that relate directly to improving the quality of learning experience for students / learners.

2. Operators are requested to complete a critical and comprehensive self-evaluation before undertaking PR. The self-evaluation should be conducted based on qualitative data, quantitative data on student outcomes and stakeholders’ feedback collected during the validity period. Its purpose is for the Operator to assess its effectiveness of operation in relation to the PR criteria and standards, and to identify strengths and areas of improvement / enhancement. The self-evaluation provides the basis of an Accreditation Document for HKCAAVQ’s external quality assurance exercise.

Accreditation Document

3. When applying for PR, Operators are expected to provide a self-contained and evaluative document that addresses each of the accreditation criteria. The Accreditation Document should provide background information about each criterion (including the review procedures and mechanisms employed for continuous improvement), present the findings of the self-evaluation, incorporate documentary evidence to support the findings, and explain how the recommendations made in the previous accreditation exercise have been addressed.

4. The focus should be placed on providing explanations / analysis of evidence arising from the operation of the learning programme(s) within the approved programme area throughout the validity period to show how the accreditation criteria are met. Where necessary, existing programme area information shall be presented as supporting materials to facilitate the Accreditation Panel to understand the explanations / analysis of evidence. The Operator is expected to enclose what it has been using for management purposes on a daily operational basis as evidence to support the analysis in the Accreditation Document.

5. Operators are advised to structure the Accreditation Document so as to address each accreditation criterion in the order in which they appear in the HKCAAVQ Guidance Notes. In particular, the document should reflect on the threshold standards specified in the Guidance Notes. The Accreditation Document should be presented in 2 parts: a Main Submission and Supporting Materials. 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 relevant parts in the supporting documents from which reference is drawn. It should be no more than 60-70 pages (excluding attachments / annexes).

6. The onus of providing sufficient and appropriate documentary evidence lies with the Operator. In preparing evidence, the emphasis should be put on the quality and relevance of the evidence and not on the amount. The following suggestions are for reference only, and are not meant to be exhaustive. As Operators are diverse in nature and adopt different operational modes, it is likely that their documentation also differs.
Possible sources of evidence may apply to both academic and vocational Operators or to either academic or vocational Operators only. It is important that Operators provide evidence to demonstrate the implementation of the policies and processes and their effectiveness.

<table>
<thead>
<tr>
<th>Accreditation Criteria</th>
<th>Possible Sources of Evidence</th>
</tr>
</thead>
</table>
| **Institutional Management and Strategic Planning** | • Strategic plan at institutional / discipline level for the next five years to show its alignment with the organisational missions, aims and objectives  
• Actions taken throughout the validity period to show the implementation of the strategic plan  
• Quantitative and/or qualitative indicators used to measure the effectiveness in implementing the plan  
• Records of review of the strategic plan throughout the validity period to show the effectiveness of the strategic planning and possible adjustments in response to changes  
• Management records throughout the validity period to show the management’s effectiveness in monitoring operations  
• Records showing participation of students / learners in the governance / management structure to ensure proper channels are in place for student / learner feedback to the management  
• Governance and management structures, and corresponding organisational charts, terms of reference, and memberships  
• Overview of the implementation of the strategic plan throughout the validity period  |
| **Academic Development and Programme Development & Management** | • Academic / Programme Development Plan including direction, targets, implementation strategies, actions, timeline, and key performance indicators for the next five years to show its alignment with the institutional strategic plan  
• Programme Plan for the next five years to show its alignment with the institutional strategic plan, academic / programme development plan of the discipline and scope of the programme area(s)  
• Research on trends in the discipline / programme area to support the academic / programme development plan  
• Records of review of academic / programme development plan to show its effectiveness and possible adjustments in response to changes  
• Records of review of programme plan to show its effectiveness and possible adjustments in response to changes  
• Selected learning programmes* to demonstrate the effectiveness of programme development and management, and the implementation of the relevant processes  
• Samples of teaching and learning materials of selected learning programmes* |
| Staffing and Staff Development | • Overview of the development of the discipline / programme area throughout the validity period

*Remark: Learning Programmes selected for review are subject to the agreement between HKCAAVQ and the Operator

| Staffing and Staff Development | • Staffing plan for the next five years to show the sufficiency of staff for supporting the development of the discipline / programme area
• Annual budget for staff development to show its sustainability
• Staff profiles including academic, teaching / training, administrative, and support staff of the discipline / programme area to show the staff have appropriate qualifications and experience
• Staff statistics throughout the validity period, including number of staff at different ranks in the discipline / organisation and indicators such as full-time to part-time staff ratio, staff turnover / retention rate, and teaching staff-to-student / learner ratio to demonstrate the adequacy and stability of staff
• Staff development activities undertaken throughout the validity period to show the implementation of staff development plan
• Evaluation of staff development plan to show the effectiveness of staff development policy
• Staff policy including appointment, appraisal, promotion, dismissal, and staff development
• Staff appointment criteria for different capacities and at different ranks
• Policy on teaching / training load
• Staff handbook
• Publications of staff (mainly for those who teach degree programmes or above) to show the expertise of staff
• Policy on staff engagement in research and scholarly activities (mainly for staff who teach degree programmes or above)
• Professional / Vocational Awards presented to staff to show the expertise of staff

| Other Resources and Support Services | • Summary of enhancements made to facilities and equipment available to students / learners throughout the validity period to demonstrate the sufficiency and quality of physical resources
• Utilisation rates throughout the validity period to show the sufficiency of key facilities
• Summary of provision of, and improvements made to, student / learner support services throughout the validity period to enhance student learning
• Resource allocation mechanism
• Breakeven student / learner numbers
• Cost per student / learner at learning programme and institutional levels
• Overview of facilities and equipment currently available to students /
<table>
<thead>
<tr>
<th>learners, including library resources, laboratories, and workshop facilities</th>
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</thead>
<tbody>
<tr>
<td>• Policy on student / learner support services</td>
</tr>
<tr>
<td>▪ Financial aid and scholarship</td>
</tr>
<tr>
<td>▪ Academic and/or career and pastoral counselling</td>
</tr>
<tr>
<td>▪ Career planning / coaching</td>
</tr>
<tr>
<td>▪ Student / Learner amenities</td>
</tr>
<tr>
<td>▪ Workplace learning</td>
</tr>
<tr>
<td>▪ Online learning system</td>
</tr>
<tr>
<td>▪ Other support scheme(s)</td>
</tr>
<tr>
<td>• Mechanisms for reviewing adequacy and effectiveness of student / learner support services</td>
</tr>
<tr>
<td>• Student / Learner handbook</td>
</tr>
<tr>
<td>• Resource plans including finance and the procurement plan of key facilities and equipment for the next five years to support the implementation of the strategic plan and academic / programme development plan</td>
</tr>
</tbody>
</table>

### Quality Assurance

<table>
<thead>
<tr>
<th>Selected learning programmes* to demonstrate the implementation of the quality assurance mechanism related to programme quality and the quality of the student learning experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Samples of programme review reports to show the effectiveness of the programme review process</td>
</tr>
<tr>
<td>• Samples of assessment papers, marking schemes and marked scripts of selected learning programmes* to demonstrate the effectiveness of the assessment policies in ensuring the learning programmes meet the QF standard</td>
</tr>
<tr>
<td>• Samples of stakeholder feedback, including reports of external advisors / examiners, student / learner surveys, graduate surveys, and consultation with employers to show the implementation of feedback mechanism</td>
</tr>
<tr>
<td>• Summary of improvements made to the learning programmes in the programme area throughout the validity period to demonstrate feedback from all sources / channels has resulted in improvement actions</td>
</tr>
<tr>
<td>• Statistics of the learning programmes in the programme area, including number of applications, enrolment rate, retention rate, passing rate, and graduation rate to show the demand for and quality of the learning programmes</td>
</tr>
<tr>
<td>• Statistics of education and employment pathways of graduates in the discipline / programme area throughout the validity period to show the performance of the graduates</td>
</tr>
<tr>
<td>• Quality assurance policy and manual</td>
</tr>
<tr>
<td>• Committee structure for, and processes of, quality assurance, including programme development, management, and review</td>
</tr>
</tbody>
</table>
| • Policy on / model of curriculum design including internship /
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<thead>
<tr>
<th>Placement / Attachment</th>
<th>Policy on credit and demonstration of consistent implementation of the policy</th>
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<tbody>
<tr>
<td></td>
<td>Policy on assessment and progression</td>
</tr>
<tr>
<td></td>
<td>Policy on teaching / training and learning</td>
</tr>
</tbody>
</table>

*Remark: Programmes selected for review are subject to the agreement between HKCAAVQ and the Operator*
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation Document</td>
<td>Prepared by the Operator to substantiate its claim of meeting the required standards when undertaking any stage(s) of the Four-stage Quality Assurance Process.</td>
</tr>
<tr>
<td>Accreditation Panel</td>
<td>A panel consisting of specialists with expertise in the relevant discipline / industry / quality assurance issues. It is formed to assess the Operator / learning programmes in each stage of the Four-stage Quality Assurance Process under the guiding principle of ‘peer review’, with a HKCAAVQ staff member serving as the Panel Secretary.</td>
</tr>
<tr>
<td>Accreditation Report</td>
<td>A report issued by HKCAAVQ pursuant to section 5 of the AAVQO on completion of any stage of the Four-stage Quality Assurance Process after conducting the relevant accreditation tests.</td>
</tr>
<tr>
<td>Advice</td>
<td>Advice is an opinion of the Panel for the improvement of Operators and/or learning programmes. It provides for the sharing of good practice in education and training among peers. It is non-binding and Operators are not required to report follow-up actions taken, if any, to HKCAAVQ.</td>
</tr>
<tr>
<td>Condition</td>
<td>A condition forms part of the accreditation determination(s), to be fulfilled by the Operator prior to the start of the validity period of the accreditation status (pre-condition), or by a specified deadline(s) during the validity period (requirement).</td>
</tr>
<tr>
<td>Criteria</td>
<td>The elements for consideration in an accreditation exercise, as specified in the relevant set of guidance notes on individual stages of the Four-stage Quality Assurance Process. Each stage in the process has a specific purpose and therefore requires relevant evidence corresponding to the respective accreditation criteria and standards.</td>
</tr>
<tr>
<td>Learning Outcome</td>
<td>The knowledge, skills and application ability attained by a student / learner as a result of completing the learning programme.</td>
</tr>
<tr>
<td>Learning Programme</td>
<td>A programme of study or training defined by a curriculum (which may consist of one or more modules, units, subjects or courses or any combination of those elements) that includes, where the context permits, any proposed programme of such studies or training.</td>
</tr>
<tr>
<td>Operator</td>
<td>A person, school, institution, or organisation or other body, the whole or part of the business of which includes the operation of any learning programme or any part of a learning programme.</td>
</tr>
<tr>
<td>Peer Review</td>
<td>One of the guiding principles of the Four-stage Quality Assurance Process, under which accreditation determinations are made by HKCAAVQ after the consideration of the recommendations put forth by the relevant Panel. The Panel comprises ‘peer specialists’, including a HKCAAVQ staff member who serves as the Panel Secretary.</td>
</tr>
<tr>
<td>Periodic Review (PR)</td>
<td>The fourth stage of the Four-stage Quality Assurance Process. It periodically monitors and reviews Operators with valid PAA status, and is conducted at an interval of five years.</td>
</tr>
<tr>
<td>Pre-condition</td>
<td>A pre-condition forms part of the accreditation determination, to be fulfilled by the Operator prior to the start of the validity period of the accreditation status.</td>
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</tbody>
</table>
Programme Area

A programme area is an Area of Study and Training, a Sub-area in full or a Sub-area in part, one subject matter or a combination of subject matters under the same Sub-area; but not a combination of Areas of Study and Training or Sub-areas.

Programme Area Accreditation (PAA)

The third stage of the Four-stage Quality Assurance Process. It determines whether the Operator has well-balanced and robust internal quality assurance systems in place to self-monitor, as well as to ensure that operations meet their claimed objectives, and that learning programmes meet the Qualifications Framework standards in the specified programme area(s).

Qualification

A formal award given in recognition of the skills, knowledge and experience acquired by an individual upon the satisfactory completion of a learning programme that meets specified QF standards. It is granted on the basis of formal assessment. The award title should follow the policy laid down by the EDB (http://www.hkqf.gov.hk), and should not include a Statement of Attendance.

Qualifications Framework Level

Under QF, each qualification is assigned a level to indicate its position in the hierarchy relative to others. The level of a qualification is determined in accordance with a set of GLD which specifies the outcome standards expected of the qualification at each level.

Qualifications Framework Standards

The skills, knowledge or experience acquired upon the completion of the learning programme that are commensurate with the requirements under the specified level of the QF.

Recommendation

A recommendation forms part of the accreditation determination. It has a continuous improvement purpose and is directly related to the accreditation criteria. It is non-binding in nature but Operators should explain if / how recommendations have been addressed at the time of re-accreditation or Periodic Review.

Requirement

A requirement forms part of the accreditation determination, to be fulfilled by Operators by the specified deadline(s) during the validity period of the approved accreditation status.

Restriction

A restriction forms part of the accreditation determination, to be fulfilled by Operators by the specified deadline(s) during the validity period of the approved accreditation status. The Operators’ ability to fulfil the restriction is dependent on actions taken by Third Parties.

Site visit

A visit to the Operator’s learning centre / campus used for the purpose of delivering the learning programme(s) under study. This is an integral part of an accreditation exercise, conducted primarily to collect evidence for evaluating whether the accreditation criteria are met.

Statement of Accreditation Approval

An official document issued by HKCAAVQ confirming the granting of accreditation status to an Operator. It is issued together with the accreditation report for approved cases, or upon satisfactory fulfilment of all pre-condition(s) in cases for which pre-condition(s) are set.

Substantial Change

Any changes that may impact an Operator’s competency to continue meeting the relevant accreditation standards. For details, please refer to Guidance Notes on Substantial Change to Accreditation Status, available on the HKCAAVQ website.

Threshold Standard

The minimum standards required of an Operator and learning programme in accreditation, as provided for in the Accreditation of Academic and Vocational Qualifications Ordinance (AAVQO).
| **Validity Period** | The period of time in which an approved accreditation status is effective as stipulated in the accreditation report. The validity period for Stage 1 IE is standardised as two years subject to conditions; the validity period for Stage 2 LPA and re-LPA is linked to programme quality and duration; and the validity period for Stage 3 PAA and Stage 4 PR is five years. |