



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

# **HONG KONG COUNCIL FOR ACCREDITATION OF ACADEMIC AND VOCATIONAL QUALIFICATIONS**

## **GUIDELINES ON ACCREDITING ASSESSMENT AGENCIES**

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## **Preamble**

1. The Hong Kong Council for Accreditation of Academic and Vocational Qualifications (HKCAAVQ) is established under the HKCAAVQ Ordinance (Chapter 1150) as a statutory body responsible for conducting accreditation activities generally or as authorised under any other local enactment. In particular, the HKCAAVQ has the statutory powers under the provisions of the Accreditation of Academic and Vocational Qualifications Ordinance (Cap 592) to perform the roles of the Accreditation Authority and the QR Authority.
2. These Guidelines are developed for the use of persons, schools, institutions, organisations or other bodies having been nominated by the relevant Industry Training Advisory Committee (ITAC) and referred by the Qualifications Framework Secretariat (QFS) to be accredited for the purpose of serving as appointed assessment agencies.
3. These Guidelines are by no means exhaustive. The Guidelines supersede any prior guidance notes, other guidelines or handbook that the HKCAAVQ or the former Hong Kong Council for Academic Accreditation (HKCAA) has published or issued previously regarding accreditation of assessment agencies.
4. These Guidelines serve as reference for the accreditation panel (panel) which is established by the HKCAAVQ to be responsible for the accreditation exercise pursuant to the principle of ‘peer review’. The panel can exercise its professional judgement according to the principles set out within these Guidelines as well as those stipulated in the signed Service Agreement.
5. Whilst the HKCAAVQ endeavours to ensure the accuracy of the information contained herein, the HKCAAVQ reserves the right to delete, suspend or edit all information at any time in its absolute discretion without giving any prior notice. To obtain the most up-to-date information, users may look up the electronic version of these Guidelines from the homepage of HKCAAVQ at [www.hkcaavq.edu.hk](http://www.hkcaavq.edu.hk).
6. For enquiries, please contact the HKCAAVQ at [info@hkcaavq.edu.hk](mailto:info@hkcaavq.edu.hk) or by phone at Tel: 3658 0000.

## **Abbreviation**

AA	Assessment Agency
AAVQO	Accreditation of Academic and Vocational Qualifications Ordinance
Cap 592	Accreditation of Academic and Vocational Qualifications Ordinance
HKCAA	Hong Kong Council for Academic Accreditation
HKCAAVQ	Hong Kong Council for Accreditation of Academic and Vocational Qualifications
ITAC	Industry Training Advisory Committee
QF	Qualifications Framework
QFS	Qualifications Framework Secretariat
QR	Qualifications Register
RPL	Recognition of Prior Learning
SCS	Specification of Competency Standards
SED	Secretary for Education

## **1. Who should read these Guidelines?**

- 1.1. These Guidelines detail the quality assurance process of accrediting Assessment Agencies (AAs). Any person, school, institution, organisation or other body having been nominated by the relevant Industry Training Advisory Committee (ITAC) 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) should read these Guidelines.

## **2. What are the Roles of Appointed Assessment Agencies under the Qualifications Framework?**

- 2.1 An accredited Assessment Agency (AA) appointed by the Secretary for Education (SED) assesses the skills, knowledge or experience acquired by individuals in a particular industry or a branch of the 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) of respective industries to ensure its credibility.

## **3. What is the HKCAAVQ's role in Quality Assuring the AAA?**

- 3.1 The role of the HKCAAVQ is to conduct an accreditation of the AA to determine whether it is competent to assess the skills, knowledge or experience acquired by individuals in relation to a specified industry or a specified branch of an industry for the purpose of the QF. In making the accreditation decision on the basis of the SCS of the relevant industry or the relevant branch of an industry, the HKCAAVQ may specify conditions or restrictions, if any, subject to which the decision is to have effect and the validity period of the decision.
- 3.2 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.

## **4. Guiding Principles of HKCAAVQ Accreditation**

- 4.1 The guiding principles for the accreditation of the AA are as follows.
- Peer review
  - Fitness for purpose
  - Evidence-based
  - Threshold standard

### **Peer Review**

- 4.2 Under the principle of ‘peer review’, accreditation decisions are made by the HKCAAVQ on the basis of recommendations put forth by peers involved in the exercise as members of an accreditation panel. The panel will have a cross-sectoral representation covering the full spectrum of the accreditation exercise. 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 relevant industry, institutional management, quality assurance and QF matters. The role of the panel is to assess the capability and capacity of the AA in accordance with the principles stipulated in these Guidelines, evaluate evidence and form a judgement as to whether the AA meets the required accreditation standards for the purpose of the QF.

### **Fitness for Purpose**

- 4.3 Under the principle of ‘fitness for purpose’, the AA is accredited on the basis of the stated objectives of AAA in the RPL mechanism of the QF, taking into consideration differences in nature, size, operational complexity and scope of expertise in a relevant industry or branch of an industry.

### **Evidence-based**

- 4.4 Accreditation decisions are to be made on the basis of evidence provided by the AA to support its claim that it meets the accreditation standards stipulated in these Guidelines. Judgement will be made

independently of any other previous accreditation decision(s) made on the same AA.

### **Threshold Standards**

- 4.5 Accreditation decisions are made by threshold standards. ‘Threshold standards’ refer to the minimum quality requirements stipulated in these Guidelines, drawing reference from prevailing SCS formulated by the ITAC of the relevant industry, as well as any other relevant policy intention / regulations / guidelines promulgated by the Hong Kong SAR Government.

### **Transparency in Accreditation**

- 4.6 The quality assurance process is guided by the principle of “no surprise”. This refers to adopting a transparent approach throughout the process so that all parties involved in the process (i.e. the AA and the accreditation panel) have common understanding about the process with reference to the Guidelines and there would be ample opportunities for the panel to thoroughly explore issues with the AA concerned before making a recommendation to the HKCAAVQ on the accreditation outcome. At all times, the panel has the duty to ensure that the AA has been given an appropriate opportunity throughout the accreditation process including the on-site visit to respond to the panel’s questions/concerns and to defend/justify its proposal. As such, the final accreditation outcome, when announced in the Accreditation Report, is unlikely to take the AA by surprise.

## **5. What is Accreditation of Assessment Agencies?**

- 5.1 Accreditation of AA is a quality assurance process of the 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 the HKCAAVQ to undergo an accreditation exercise of AA for a relevant industry, the interested AA must be nominated by the relevant ITAC and referred by the QFS.

### **Initiating the Process**

- 5.2 Accreditation is conducted by the 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 undertaking any necessary reforms and changes to any aspects of the structure and processes of the institutional management, RPL mechanism and assessment, quality assurance or resource planning.
- 5.3 The HKCAAVQ will hold a briefing for the relevant ITAC upon the QFS' invitation. The briefing will provide an overview of the accreditation of AA(s) of the industry. The ITAC may invite interested AA(s) to attend the briefing. At the end of the briefing, the ITAC and the AA(s) concerned should be able to assess for themselves their readiness to proceed with accreditation.
- 5.4 Interested AAs, upon nomination by the relevant ITAC and referral by the QFS to proceed with the AA accreditation exercise, should return a signed Statement of Intent (SoI) to the HKCAAVQ indicating that they are ready to undergo the accreditation exercise. The SoI should include documented support from the ITAC as well as referral by the QFS to proceed with the accreditation exercise.
- 5.5 In accordance with the SoI, the HKCAAVQ will enter into a Service Agreement with the AA, setting out the time schedule for the exercise, the terms of reference, the accreditation fee and payment terms.
- 5.6 Upon receipt of the SoI, the AA will be invited to attend a training workshop organised by the HKCAAVQ to make preparation for the accreditation exercise, including but not limited to the preparation of a self-evaluative Accreditation Document and the on-site visit.
- 5.7 Subsequent to attending the training workshop, the AA should proceed to prepare the self-evaluative Accreditation Document for submission to the HKCAAVQ by the stipulated deadline. The Accreditation Document prepared by the AA should address the accreditation criteria specified in Section 6 of these Guidelines. Guidance notes on the Preparation of Accreditation Documents through a Self-evaluation Process are available in **Appendix 1**.
- 5.8 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**.

### **The Panel**

- 5.9 An accreditation panel will be formed for each exercise. Depending on the number of AA(s) to be accredited in the exercise for one industry, the accreditation exercise may be conducted in a Collective Approach. The Collective Approach makes available accreditation services in an efficient, cost effective and consistent way so as to handle more than one accreditation request per industry or branch of an industry in a shorter period without compromising quality.
- 5.10 The accreditation panel consists of members with the requisite profiles and expertise under the “Peer Review” principle. If the accreditation exercise is conducted in a Collective Approach, depending on the number of accreditation cases in the Collective Approach, the panel may split into sub-panels to review assigned accreditation cases and conduct on-site visits. The roles and responsibilities of accreditation panel members are outlined in **Appendix 3**.
- 5.11 The HKCAAVQ has full authority in the selection of membership of the panel for a particular accreditation exercise, after seeking views from the AA on any conflict of interests of the potential 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.

### **Preparing the Accreditation Document**

- 5.12 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, and to formulate improvement plans for change and institute any necessary changes. The preparatory/self-evaluation stage can be shorter or longer depending on the circumstances of the individual AA, its stage of readiness, the plans for PPL implementation and the internal procedures adopted, etc. The higher the level of preparedness, the greater is the benefit to the accreditation process.
- 5.13 It is important that the process involves 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, industry

representatives such as employers and employees in the self-evaluation.

- 5.14 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 assessed outcomes for the purpose of the QF. The AA undergoing the accreditation exercise is required to present evidence to support its claim.

### **Initial Examination of the Accreditation Document**

- 5.15 The HKCAAVQ may conclude upon an initial examination of the Accreditation Document that the information provided is inadequate and/or the state of readiness of the AA is unlikely for the HKCAAVQ to conduct a meaningful accreditation according to the scope of the Terms of Reference of the exercise specified in the Service Agreement. In this event, the HKCAAVQ may terminate the accreditation exercise and any unused accreditation fee will be refunded to the AA in accordance with the terms and conditions stipulated in the Service Agreement.
- 5.16 If the panel concludes that there is adequate evidence contained in the Accreditation Document for it to reach a decision without conducting a meeting or on-site visit, then the HKCAAVQ may make the accreditation decisions without a meeting or on-site visit.

### **Initial Comments and AA's Responses**

- 5.17 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 supporting documents provided by the AA can be requested to be made available to the panel either prior to the site visit or on site.

### **The On-site Visit**

- 5.18 The on-site accreditation visit will be planned by the HKCAAVQ in consultation with the Panel Chair. The visit provides an occasion for interaction between the panel and relevant personnel from the AA, and

other stakeholders, such as employees and employers of the industry concerned.

5.19 The precise visit programme, including the schedule of persons to be met, will be determined in the light of the panel's examination of the Accreditation Document. The content of the visit programme will be designed to enable the panel to pursue any relevant issues according to the accreditation criteria. 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 service, employers and industry representatives
- Review of documentary evidence
- Review of facilities
- Demonstration of RPL procedures
- Panel's private meetings, during which the representatives of the AA are required to withdraw from the panel's meeting room

5.20 The HKCAAVQ will determine the criteria for the selection of participants of respective meetings, and the size of the meeting groups for efficient interaction with the panel.

5.21 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.

## **6. What are the Accreditation Criteria?**

6.1 To successfully undergo the accreditation exercise, the AA must demonstrate that it has attained the threshold standard of accreditation of AA in the four criteria outlined in paragraph 6.4.

6.2 In view of the expected role of the appointed AA in RPL (paragraph 2.1), the AA under accreditation is anticipated to have possessed the knowledge, skills and experience relevant to the related industry as well as in assessing individuals' competency for the related industry, and the appropriate systems and mechanisms including an overview about assessment requirements and the industry competency standards to facilitate such RPL work. The AA under accreditation is hence

anticipated 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.

- 6.3 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 on-site visit, according to the guiding principle of “fitness for purpose”.
- 6.4 The four criteria to be considered in the accreditation of AA are as follows:
- Institutional Status, Direction and Mission
  - Management of Assessment Process
  - Conduct of Assessment
  - Resources
- 6.5 For each criterion there is a list of key issues to be considered and an indication of the possible sources of evidence relating to those issues. Details are available in **Appendix 4**. The key issues listed are indicative rather than exhaustive. Other matters may be explored if they appear relevant to a particular industry or branch of an 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 criterion has been met. Guidance Notes on Good Practices for Assessment Agencies are in **Appendix 5**.
- 6.6 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 case, the panel will look for a demonstration of competency, rather than an established track record. Accreditation outcome may be subject to pre-conditions and / or requirement(s) to ensure that the AA is competent to play its roles before / after commencement of the validity period of the approved accreditation status, if granted.

## **7. How is an Accreditation Report Prepared?**

- 7.1 On the basis of the findings and observations put forth by the panel on completion of the on-site visit, the HKCAAVQ will make an accreditation decision in the capacity of the Accreditation Authority as provided for under Cap 592. The accreditation decision is to be

presented in an Accreditation Report. A report with a positive outcome will also specify the validity period of the accreditation decision and the condition(s) or restriction(s), if any, subject to which the decision is to have effect. The report will also contain recommendations for the AA's enhancement, which will however not form part of the accreditation decision.

- 7.2 If the AA is not approved for accreditation, the report will list the area(s) which the AA does not fulfill the accreditation criteria.
- 7.3 Before releasing the Accreditation Report, the AA will be invited to consider its draft version for the purpose of guarding against any material factual inaccuracy.
- 7.4 Upon clearance of factual accuracy, the finalised Accreditation Report will be released to the AA.
- 7.5 The HKCAAVQ may vary or withdraw the Accreditation Report if it is satisfied that the Report has been produced in reliance on any misleading or false statement, representation or information, either oral or in writing, and / or if the AA is no longer competent to assess the skills, knowledge or experience acquired by individuals in relation to the relevant industry or a branch of the industry.

## **8. What can be the Accreditation Outcome?**

- 8.1 Having regard to the terms of reference of the accreditation exercise as stipulated in the signed Service Agreement and in the capacity of the Accreditation Authority as provided for under Cap 592, the HKCAAVQ will consider the accreditation panel's recommendations and make accreditation decisions in respect of the AA concerned. Condition(s) and restriction(s) may be specified
- 8.2 The accreditation outcome will be one of the following:
  - Accreditation is approved for the AA to conduct RPL for the specified industry or a branch of the industry at specified QF Level(s) within a stipulated validity period without any

condition(s) (i.e. pre-conditions and/or requirements) to be met by the AA; or

- Accreditation is approved for the AA to conduct RPL for the specified industry or a branch of the industry at specified QF level(s) within a stipulated validity period subject to the fulfillment by the AA of certain condition(s) (i.e. pre-conditions and/or requirements) by the stipulated deadline(s); or
- Accreditation as sought is not approved.

8.3 Pre-conditions are to be fulfilled by the AA prior to the start of the validity period of the accreditation status while requirements are to be fulfilled by the AA by the specified deadline(s) during the validity period.

8.4 Restrictions may also be specified in the decision. Example of restriction can be the availability of a mechanism to avoid conflict of interests if the AA also conducts training activities for the same industry or branch of the industry. Under such circumstances, the AA is expected to comply with the restriction(s) on an on-going basis unless otherwise advised by the HKCAAVQ.

8.5 A Statement of Accreditation confirming the granting of the accreditation status to the AA concerned will be issued together with the Accreditation Report for approval cases, or upon satisfactory fulfilment of all of the pre-condition(s) for relevant cases with pre-condition(s). In the case where pre-condition(s) is/are to be fulfilled, the validity period will only commence after satisfactory fulfilment of the pre-condition(s).

## **9. What is the possible Follow-Up after Accreditation?**

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

9.1 Where pre-condition(s) and/ or requirement(s) apply, the fulfilment of the pre-condition(s) and/or requirement(s) within a specified

timeframe is **mandatory to obtain and to maintain valid accreditation status.**

### **Appointment by the SED as Appointed Assessment Agency**

- 9.2 An AA which has successfully obtained the accreditation status without condition(s) or after having fulfilled the stipulated pre-condition(s) may apply to the SED for appointment as the Appointed Assessment Agency, having fulfilled all other requirements stipulated by the SED.

### **Appeal**

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

### **Substantial Changes to Accreditation Status**

- 9.4 It is the responsibility of the AA to inform the HKCAAVQ of any substantial change(s) to the accreditation status, which might have an impact on its competency to continue to meet the criteria for accreditation, before the change is made. In case of doubt, the AA should consult the HKCAAVQ on the need for seeking approval on substantial change(s) as soon as feasible, and prior to making any change(s).
- 9.5 Possible examples of substantial changes are:
- Any material change in the institutional status, direction and mission
  - Major changes in the management and/or conduct of assessment processes leading to potential re-consideration of the AA's competency in assessing the skills, knowledge or experience acquired by individuals in relation to the approved industry or a

branch of the industry

- Changes in the Resources

9.6 Guidelines on Substantial Change to Accreditation Status are available at the HKCAAVQ website. The accreditation status of AA will lapse if substantial changes have been introduced without the HKCAAVQ's prior approval. The SED will be notified of such unapproved changes for his decision regarding the continuous appointment of the appointed AA.

#### **Advertisements Relating to the QF and the QR**

9.7 The accredited AA is required to comply with section 18 of Cap 592 when publishing advertisements that relate to the QF and the QR.

#### **Expiry of Validity Period**

9.8 The accredited AA must seek re-accreditation service by the HKCAAVQ at least six months before the expiry date of the validity period of the accreditation status unless otherwise notified. If re-accreditation is not successfully 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.

9.9 The re-accreditation process is the same for the accreditation of AA, taking into account the findings of the previous accreditation exercise as well as follow-up actions taken by the AA.

### **10. How is Feedback Collected?**

10.1 The HKCAAVQ will seek feedback on its main services. Feedback will typically be collected via the following formal means with respective stakeholders with a view to continuously enhancing the HKCAAVQ's services:

- Panel's opinion survey at the end of the accreditation exercise

- Invitation for AAs to meet with the HKCAAVQ to clarify points made in the final Accreditation Report
- Annual survey of AAs having used the accreditation services.

## 11. What are the Accreditation Timeline and Fees?

11.1 The schedule for accreditation of AAs normally takes 25 weeks to complete, depending on the number of interested AAs to be involved per industry / branch of an industry. The following is an indicative timeline.

<b>Steps</b>	<b>Action</b>	<b>Responsible Parties</b>
Preparation Stage	Briefing to ITAC and potential AAs of relevant industry or a branch of the industry	HKCAAVQ
	Submission of Statement of Intent together with evidence of nomination by the relevant ITAC and referral by the QFS to proceed with the accreditation exercise	Interested AAs
	Signing of Service Agreement	HKCAAVQ
	AAs' Training Workshop	AAs HKCAAVQ AAs
	Preparation of Accreditation Document	AAs
	Formation of Panel	HKCAAVQ, AAs

<b>Indicative Accreditation Timeline</b>		
<b>Steps</b>	<b>Action</b>	<b>Responsible Parties</b>
Week 1	Submission of Accreditation Documents to HKCAAVQ	AAs
Week 1 - 3	HKCAAVQ's initial examination of the adequacy of the Accreditation	HKCAAVQ

	Documents and state of readiness of the AAs to confirm that the accreditation exercise can proceed.	
Weeks 4 - 8	Panel's Initial Comments and AAs' Responses	HKCAAVQ, AAs
Weeks 9 - 11	On-site Visits	HKCAAVQ, AAs
Weeks 12 - 22	Drafting of Accreditation Reports	HKCAAVQ
Weeks 23 - 24	Checking of Factual Accuracy	AAs
Week 25	Release of Accreditation Report	HKCAAVQ

11.2 The HKCAAVQ is a statutory, not-for-profit self-financed body. Accreditation fee is levied on a full cost recovery principle. The accreditation fee varies according to QF Level. The standard accreditation fee schedule, as approved by the Secretary for Education, is available at the HKCAAVQ website.

## Appendix 1

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

#### **Preamble**

1. These Guidance Notes are for the reference by AAs who plan to take part in an accreditation exercise of the Hong Kong Council for Accreditation of Academic and Vocational Qualifications (HKCAAVQ).
2. These Guidance Notes provide specific reference to the preparation of Accreditation Documents, building on the good practices of a self-evaluation process for the purpose of continuous quality enhancement and development.
3. For new AAs where RPL process is newly developed, it is understood that some of the evidence mentioned in these Guidance Notes may not be available (e.g. evaluation of the effectiveness of the RPL procedures). Under such circumstances, the AAs are expected to present the planned RPL mechanisms and procedures and evaluate them against the assessment criteria and competency standards for relevant SCS.

#### **Self-evaluation and Quality Assurance**

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

#### **The Purpose of a Self-evaluation Process**

6. A self-evaluation process involves making an assessment of whether an AA is fit for purpose. As such, the process has three main functions.

7. First, it enables the AA to evaluate the quality of its systems, or of the assessment process and resources offered to individuals in seeking its RPL services. It provides an opportunity to reflect on ‘what do we do?’, ‘why do we do it?’, ‘why do we do it in the way that we do?’ and ‘how do we know if we are succeeding?’ A good self-evaluation process will include careful self-analysis. This should involve an evaluation of perceived strengths, with reference to the evidence which justifies the statements made; and of weaknesses, where these are recognised.
8. Where weaknesses are acknowledged, these should be discussed, together with the steps being taken to bring about improvements. Acknowledgement of a weakness, so long as effective improvement measures are in hand, should be welcomed. An unacknowledged weakness is more likely to result in an adverse judgement by a review panel; it suggests that either the AA is unaware of the weakness, or that nothing has been done about it.
9. Second, the self-evaluation process provides a framework for a process of review. Review is based on the testing and verification of statements made in the self-evaluation document. The document should reflect on current provision in a manner that evaluates both strengths and weaknesses, indicate the changes that have taken place since any earlier review, and consider what changes may be necessary in the future.
10. A self-evaluation process should be constructively self-critical in discussing both strengths and weaknesses of provision, as perceived by the AA. It is an opportunity for the AA to demonstrate how the strengths of the provision identified in previous reviews have been built upon, and how any weaknesses identified have been addressed. Where weaknesses remain, plans for addressing these should be summarised. Credit will usually be given for appropriate remedial plans that address effectively any acknowledged weaknesses.
11. A high quality, reflective process that draws upon robust evidence is more likely to lead to a positive outcome. An inadequate process that is poorly organised and which is based on description rather than being evaluative, is less likely to produce a successful result.
12. The self-evaluation should indicate where supporting evidence is with appropriate cross referencing, e.g. within other documentation. This allows such documents to be called for if needed, and avoids the need for merely descriptive material to be included in an evaluative document.

13. Thirdly, the self-evaluation process provides the input for the self-evaluation document in the case of an internal exercise, and/or the basis of an Accreditation Document to the HKCAAVQ as part of an external exercise. If used as an Accreditation Document, it will usually be necessary to augment the document to include all core factual materials required by the HKCAAVQ, and it is essential for the AAs to structure the document so as to address each of the accreditation criteria in the order in which they appear in the relevant HKCAAVQ Guidelines for accreditation. In particular, the document should reflect on the threshold standards specified in the Guidelines.

### **Preparing An Accreditation Document for AA Accreditation**

14. A good Accreditation Document will address each of the criteria for accreditation of AAs specified in these accreditation Guidelines, which are available in the HKCAAVQ website.
15. Under each heading of the Accreditation Document, it will discuss the matters raised in the Key Issues for Consideration, set out in the Guidelines.
16. Some of the information required is largely factual. What differentiates a good Accreditation Document from one that is not so good is the extent to which there is genuinely evaluative commentary, as opposed to mere description. The following are some of the areas where it is possible to include the type of evaluative commentary that will make the difference between a good and a not-so-good document.
17. A good Accreditation Document will explain how the AA is effective in delivering a good quality RPL assessment service for the relevant industry or a branch of the industry. A not-so-good document would merely describe the AA's policy and systems, without explaining why they work, or discussing strengths and possible areas for enhancement.
18. A good Accreditation Document will explain how the RPL assessments are validly conducted on the basis of the SCS of the relevant industry, wider mission of the AA. A not-so-good document would not explain why the AA wishes to provide RPL service in the way as claimed / planned.
19. 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 of the relevant

industry or a branch of the industry. An Accreditation Document would address also 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 responsibility, without providing any rationale for it, or evaluating its effectiveness.

20. 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?**

21. An Accreditation Document should contain adequate information to address each of the accreditation criteria of an accreditation exercise. However, a document that is too long will lose focus. Not all of the factual information may need to go into the Accreditation Document. The document can refer the reader to other information that is available. As a rule of thumb, the document should be self-contained, include key facts and make cross references to data in supporting documents with clear indication of the reference drawn from relevant parts of the supporting documents. It should be **evaluative**, rather than merely descriptive. It should give the reader a clear picture of what the AA is like in a succinct, precise and concise manner.
22. Within these broad guidelines, succinct, concise, self-contained and evaluative is always better than long 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 the HKCAAVQ and the AA provides the terms and conditions including the roles and responsibilities of the parties. The AA accepts to participate in the accreditation exercise thus cooperates with the HKCAAVQ and its panel so as to ensure that the process is as smooth as possible.
2. Accreditation is conducted on a trust basis but is evidence-based with the onus of proof lying with the 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 Hong Kong. The AA is responsible for the full and frank disclosure of all relevant documents as requested for accreditation by the HKCAAVQ throughout the accreditation process. Limited disclosure will therefore be considered by the panel as lack of evidence. The HKCAAVQ understands that some of the information requested may be sensitive and of a confidential nature. All panel members sign a confidentiality statement and any confidential documents will be treated as such by the panel.
3. The AA is expected to perform the following responsibilities in the exercise:
  - To submit an Accreditation Document of a self-evaluative nature and that addresses the standards promulgated in the accreditation Guidelines relevant to the exercise.
  - To include in the Accreditation Document supporting documents as necessary, respond to the Panel's Initial Comments, and provide additional documents at the panel's request before and during the on-site visit.
  - To prepare the on-site visit, in line with the stipulated requirements as contained in these Guidelines as well as under further advice by the HKCAAVQ Secretariat. This responsibility includes making the necessary meeting arrangements for the site visit including but not limited to the invitation and briefing of the proposed representatives whom the panel will be meeting. The requirements and arrangements will be stipulated by the accreditation panel, before and during the on-site visit as deemed appropriate. As the discussions during the on-site visit form part of the evidence underpinning the accreditation exercise, the AA is required to ensure that all the requested participants in sufficient numbers are available for the panel to meet. The AA will be invited to give an input to the visit programme prior to finalisation.
  - 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 provision of suitable meeting facilities, such as availability of a private meeting room with sufficient space for the panel and the participants of respective meetings, access to documents and facilities for the RPL assessment, where appropriate, and the provision of reasonable refreshments, car parking facilities, if any. Details will be put forth to the AA by the HKCAAVQ Secretariat before the on-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 the HKCAAVQ on the basis of recommendations put forth by peers involved in the exercise as members of an accreditation panel. Therefore, panel members are important assets of the HKCAAVQ and play a significant part in the formulation of accreditation decisions.
2. The panel members are vocational, academic and professional experts with relevant expertise and experience in areas such as RPL and assessment, industry training and development, SCS requirements for relevant industry, institutional management, quality assurance and QF matters. A professional staff member of the HKCAAVQ performs the role of panel secretary but is also a full member of the panel.
3. The panel is expected to provide expert advice to the HKCAAVQ in an accreditation exercise according to the accreditation Guidelines, accreditation standards and procedures as well as the code of conduct stipulated by the HKCAAVQ and the Terms of Reference of the exercise as specified in the Service Agreement.
4. The role of the panel is to assess the 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 relevant industry or a branch of industry, on the basis of the SCS formulated by the relevant ITAC.
5. In order to perform their duties effectively and efficiently, panel members are expected to be able to afford the time to make the necessary preparation for the accreditation exercise, including but not limited to attending relevant training and briefing session(s), making themselves familiar with HKCAAVQ accreditation requirements and processes, reading thoroughly the Accreditation Document and materials supplied by the AA, making initial comments on the Accreditation Document and materials against the required evidence, accreditation criteria and standards, participating in the whole on-site visit, sharing views and putting forward recommendations to the HKCAAVQ as an accreditation panel. Panel members are also expected to share their views on the draft Accreditation Report as well as on fulfillment of pre-condition(s) / requirement(s) by the AA as and when appropriate.

6. The panel chairman as the leader of the panel is also expected to provide overall guidance in order to achieve a satisfactory completion of the exercise. It is the panel secretary cum member's duty in consultation with the panel chairman to ensure that all pertinent issues relevant to the accreditation are fully addressed during the visit and that decisions / recommendations made by the panel are consistent within the HKCAAVQ.
7. Accreditation is also conducted under the principle of "fitness for purpose". It is understood that 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 judgement and recommendations on the basis of the stipulated accreditation standards and requirements so as to maintain professional standards in accreditation.
8. Accreditation has a dual purpose. On the one hand an accreditation exercise should ensure that minimum standards are met. On the other hand the exercise should provide input to the continuous improvement of the AA and the RPL assessment process. An open mind and a supportive attitude are part of the professional behaviour expected of panel members without compromising quality.

**Accreditation Criteria, Standards, Key Issues and Possible Sources of Evidence**

**Preamble**

1. The onus of providing sufficient and appropriate documentary evidence in the accreditation process to enable the HKCAAVQ to make an accreditation decision lies with the AA. HKCAAVQ does not request a specific format for the submission of the documentary evidence.
2. The Four Accreditation Criteria are listed below. The standards that the AA must comply with are listed in the first column against each criterion. Relevant key issues to be considered by the Panel for respective standards are listed in the second column. Required information to be attached to the Accreditation Document is listed in the third column shown as “Typical Evidence”, below which are other possible sources of evidence. The possible sources of evidence are indicative of what will be required. They are not meant to be exhaustive nor mandatory. It is up to the AAs 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 consideration of the accreditation cases concerned in accordance with the principles set out within these Guidelines.

ACCREDITATION STANDARDS	KEY ISSUES TO BE CONSIDERED	EVIDENCE
<b>Criterion 1: Institutional Status, Direction and Mission</b>		
1. The AA’s governance arrangements must demonstrate probity, accountability, awareness and management of risk, the involvement of persons with a good understanding of qualifications and assessment, and effective monitoring of performance.	<ul style="list-style-type: none"> <li>• What is the management structure of the AA and how is it governed?</li> <li>• Do those responsible for the governance of the AA demonstrate the probity required of those holding public office and due diligence in supervising the work of the AA?</li> <li>• Does the AA have long-term financial and operational stability for reasons of public accountability?</li> </ul>	<b>TYPICAL EVIDENCE</b> <ul style="list-style-type: none"> <li>• Organisation chart (showing staff positions and names, staff job descriptions, terms of reference of committees, CVs of governing body members)</li> <li>• Policies on the management of any conflicts of interest, strategic plans, and monitoring)</li> <li>• Governing body code of practice or organisation code of practice</li> </ul>

ACCREDITATION STANDARDS	KEY ISSUES TO BE CONSIDERED	EVIDENCE
		<p><b>OTHER POSSIBLE EVIDENCE</b></p> <ul style="list-style-type: none"> <li>• Minutes of governing body meetings</li> <li>• Reports on risk management</li> <li>• Reports on the performance of the Agency</li> </ul>
<p>2. The AA's management, financial controls and quality assurance arrangements are sufficient to manage existing operations and to respond to development and change.</p>	<ul style="list-style-type: none"> <li>• Is the AA's management structure effective and is the management team properly accountable?</li> <li>• Does the AA have adequate processes for risk assessment and internal review?</li> </ul>	<p><b>TYPICAL EVIDENCE</b></p> <ul style="list-style-type: none"> <li>• Current Business Plan</li> <li>• Documented management, financial and quality assurance procedures</li> <li>• An internal self-review plan, documented risk analysis, final report on an internal review</li> <li>• Current insurance policies (Evidence may be gathered at meetings with chief executive/senior managers.)</li> <li>• A documented self-evaluation of the organisation of its own readiness and performance against the criteria for accreditation</li> </ul> <p><b>OTHER POSSIBLE EVIDENCE</b></p> <ul style="list-style-type: none"> <li>• Financial report and annual certified accounts</li> <li>• Minutes of management meetings</li> </ul>
<p>3. The AA has the support of the industry it serves and effective procedures for communicating with the relevant ITAC and reporting to EDB.</p>		<p><b>TYPICAL EVIDENCE</b></p> <ul style="list-style-type: none"> <li>• Nomination for being the AA by the relevant ITAC</li> <li>• Written procedures for communicating with the relevant ITAC and reporting to EDB</li> </ul>

ACCREDITATION STANDARDS	KEY ISSUES TO BE CONSIDERED	EVIDENCE
		<b>OTHER POSSIBLE EVIDENCE</b> <ul style="list-style-type: none"> <li>• Minutes of meetings and correspondence</li> </ul>
<p>4. The AA operates within the general policies set by EDB in relation to RPL and the Qualifications Framework.</p>	<ul style="list-style-type: none"> <li>• Is the AA's stated mission and approach consistent with the Qualifications Framework and RPL policy?</li> <li>• Does the AA have the capacity to cope with any future changes in policy or procedure towards RPL?</li> </ul>	<b>TYPICAL EVIDENCE</b> <ul style="list-style-type: none"> <li>• Mission statement</li> <li>• Operational plans</li> </ul> <p>(Evidence may be gathered at a meeting with chief executive/senior managers)</p>
<b>Criterion 2: Management of Assessment Processes</b>		
<p>1. The AA has to develop, implement and review assessment policies and procedures that effectively direct and guide the assessors and other staff in the operation of its assessment services.</p>	<ul style="list-style-type: none"> <li>• Are there properly documented procedures covering the assessment process from submission of applications to potential malpractice on the part of candidates, assessors, staff or others?</li> </ul>	<b>TYPICAL EVIDENCE</b> <ul style="list-style-type: none"> <li>• Confirmed policies and procedures (can be in the form of Staff Handbook for circulation among staff to ensure understanding and consistent implementation across the agency)</li> <li>• Policies/procedures of communicating the developed implementation plan of assessment to relevant staff</li> <li>• Assessor Handbook</li> <li>• Procedure manual (for submission and initial assessment of applications, assessment of candidates, provision of information to candidates)</li> <li>• Design of the statement of attainment</li> <li>• Policies/procedures of complaints and appeals</li> <li>• Mechanism and procedures of candidate</li> </ul>

ACCREDITATION STANDARDS	KEY ISSUES TO BE CONSIDERED	EVIDENCE
		<p>feedback</p> <ul style="list-style-type: none"> <li>• Policies/procedures of the assessment verification process; quality assurance mechanisms and risk management strategies; data/information management</li> <li>• Policies/procedures covering client privacy and confidentiality, occupational health and safety requirements, plagiarism, malpractice on the part of candidates, assessors, staff or others to specify the legal and ethical responsibilities of all relevant parties</li> </ul> <p><b>OTHER POSSIBLE EVIDENCE</b></p> <ul style="list-style-type: none"> <li>• Records of staff consultation and communication activities</li> <li>• Records of review processes</li> <li>• Samples of issued statement of attainment, and documents on re-assessment, payment and refund of fees, and complaints and appeals</li> <li>• meeting minutes of assessors and other staff</li> <li>• Assessment records</li> <li>• Records of appeals made and their outcomes</li> <li>• Minutes of team meetings</li> </ul>
<p>2. The AA has an effective administrative and records management system and procedures in place that ensure the integrity, security, and</p>	<ul style="list-style-type: none"> <li>• Is there an effective records management system and are candidates' verifiable records (e.g. diplomas, employment testimony, awards obtained via competitions, foreign qualifications that may be recognised) kept in</li> </ul>	<p><b>TYPICAL EVIDENCE</b></p> <ul style="list-style-type: none"> <li>• Written procedures for verification of candidate credentials</li> <li>• Procedures for the maintenance, retrieval,</li> </ul>

ACCREDITATION STANDARDS	KEY ISSUES TO BE CONSIDERED	EVIDENCE
accuracy of its records.	a proper format, accurate, serially numbered, securely stored for verification and backup purposes and that is in compliance with the Personal Data Privacy Ordinance?	<p>storage of assessment information and records as well as record keeping of candidate information and assessment outcomes</p> <ul style="list-style-type: none"> <li>• Documented policy on privacy and access to assessment information and records</li> <li>• Policies on candidate/assessor ratios &amp; time allocation</li> <li>• Up-to-date register of all currently employed staff with verified CVs and employment history</li> <li>• Certification documents are serially numbered, verified with the signature of designated officer(s), securely stored, and with a copy fully documented available for verification/backup</li> </ul> <hr/> <p><b>OTHER POSSIBLE EVIDENCE</b></p> <ul style="list-style-type: none"> <li>• Records of units and qualifications applied for</li> <li>• Records of the range of assessment methods offered in line with policy on RPL</li> <li>• Records of candidate/assessor allocations</li> <li>• Records of candidate/assessor ratios and time allocations</li> <li>• Meeting minutes with assessors and internal verifiers.</li> <li>• Records of assessments that clearly show the unit title and the assessment result</li> <li>• Records that are dated and duly authorised</li> <li>• Records of results that are backed up, securely</li> </ul>

ACCREDITATION STANDARDS	KEY ISSUES TO BE CONSIDERED	EVIDENCE
		<p>stored and archived appropriately</p> <ul style="list-style-type: none"> <li>• Consent forms for disclosure of information</li> <li>• Recent application records and assessment records</li> <li>• Recent record of fees paid and refunds given</li> <li>• Recent register of certification issued</li> <li>• Completed certificates and assessment reports</li> </ul> <p>(Evidence may be gathered at a physical inspection of candidate files and storage facilities)</p>
<p>3. The AA has to engage and support staff to carry out all its functions and there is appropriately qualified staff to carry out the roles of ‘Assessment Manager’, ‘Assessment Secretary’, ‘Internal Verifier’ and ‘Assessor’.</p>	<ul style="list-style-type: none"> <li>• Does the AA clearly specify roles, responsibilities, and accountabilities of managers, assessors, internal verifiers and administrators?</li> <li>• Are the assessors competent in assessment in terms of academic requirements and competency level?</li> <li>• Are the AA’s assessment criteria for assessing candidates communicated effectively to assessors, internal verifiers and others who deal with candidates?</li> <li>• Is there an effective staff development plan in place to enable staff to develop assessment skills and to keep up to date with developments in their field?</li> </ul>	<p><b>TYPICAL EVIDENCE</b></p> <ul style="list-style-type: none"> <li>• Procedure for verifying staff qualifications and experience to ensure that they are appropriately qualified/competent in what they do</li> <li>• A written staff development plan to enable relevant staff to develop assessment skills, and to keep up to date with developments in their fields</li> </ul> <p><b>OTHER POSSIBLE EVIDENCE</b></p> <ul style="list-style-type: none"> <li>• Minutes of team meetings with assessors and internal verifiers</li> </ul>

ACCREDITATION STANDARDS	KEY ISSUES TO BE CONSIDERED	EVIDENCE
<p>4. The AA has to design and develop assessment strategies and materials that guide and structure effective and efficient assessment arrangements for the identified competency units.</p>	<ul style="list-style-type: none"> <li>• Has the AA documented assessment strategies, methods and plans that have been developed in consultation with industry?</li> </ul>	<p><b>TYPICAL EVIDENCE</b></p> <ul style="list-style-type: none"> <li>• Written assessment plans with the design of assessments and evaluation of evidence following principles</li> <li>• Policies and documents on assessment strategies, and selection of assessment tools and organisational arrangements including physical and human resources</li> <li>• Evidence of developing the plans and strategies in consultation with the relevant industry</li> <li>• Sample of assessment plans and materials for two clusters of units at two different QF levels, covering both knowledge and skill components of units.</li> </ul> <p><b>OTHER POSSIBLE EVIDENCE</b></p> <ul style="list-style-type: none"> <li>• Analysis of competency units</li> <li>• Samples of actual assessments</li> <li>• Meeting minutes with assessors and internal verifiers</li> </ul>
<p>5. The AA has to design and develop assessment tools for designated assessment methods and competency units, which provide both the instruments and procedures for</p>	<ul style="list-style-type: none"> <li>• Is assessment available for individual units of qualifications?</li> <li>• Have the assessors and internal verifiers declared no conflict of interest and agreed to abide by the rule of confidentiality before</li> </ul>	<p><b>TYPICAL EVIDENCE</b></p> <ul style="list-style-type: none"> <li>• Policy and procedures for assessors/verifiers to declare conflict of interest for fairness purposes</li> <li>• A list of assessment tools and instruments to be</li> </ul>

ACCREDITATION STANDARDS	KEY ISSUES TO BE CONSIDERED	EVIDENCE
<p>gathering and interpreting evidence.</p>	<p>they undertake their respective roles?</p> <ul style="list-style-type: none"> <li>• Has the AA documented a range of materials and resources to aid assessors in carrying out their roles?</li> </ul>	<p>used for gathering evidence for designated assessment methods</p> <ul style="list-style-type: none"> <li>• Templates/proformas for use in assessment (e.g., evidence or observation checklists, checklists for the evaluation of work samples submitted by the candidates, candidates' self-assessment materials/forms, a template for a candidate portfolio, employer or third party evaluation report)</li> <li>• Procedures, information and instructions for assessors and candidates relating to the use of assessment instruments and conditions of assessment</li> <li>• Sample of assessment tools for two units/ clusters of units of competency from two different QF levels (the sampled tools must cover the full scope of the three units/clusters selected and should also address both knowledge and skill components of units)</li> </ul> <p><b>OTHER POSSIBLE EVIDENCE</b></p> <ul style="list-style-type: none"> <li>• Samples of actual assessments</li> <li>• Specific documented assessment questions or activities</li> <li>• Sample mapping linking possible RPL evidence to competencies</li> </ul>

ACCREDITATION STANDARDS	KEY ISSUES TO BE CONSIDERED	EVIDENCE
<p>6. There is an effective quality assurance system in place to ensure the validity, reliability, fairness and flexibility of assessments, and the continued compliance of the AA with the accreditation criteria and the general policies set by EDB.</p>	<ul style="list-style-type: none"> <li>• Do the documented assessment resources and materials comply with the specifications in the competency units and are the resources and tools valid, reliable and sufficient?</li> <li>• Has fairness and flexibility been built into the assessment process, including an appropriate appeal process?</li> <li>• Is evidence collected in the assessment process valid, sufficient, current, and authentic?</li> <li>• Is there in place an effective system of quality assurance to maintain the validity, and reliability of individual assessment decisions, ensure continuing observance of RPL policy, monitor compliance with accreditation criteria and conditions set by HKCAAVQ and conduct periodic internal self-review?</li> <li>• Is the quality of the assessment process</li> </ul>	<p><b>TYPICAL EVIDENCE</b></p> <ul style="list-style-type: none"> <li>• Documented quality assurance procedures and sampling strategy for verification of assessment strategies, assessment materials and tools, the evidence collected by different assessors for the same units and the decisions made, and follow-up actions to maintain the quality and consistency of assessments</li> <li>• Policies/procedures on periodic self-review and monitoring of observance of RPL policy set by EDB and compliance with accreditation criteria and conditions</li> <li>• Terms of reference and membership of quality assurance personnel (external and internal)</li> </ul>

ACCREDITATION STANDARDS	KEY ISSUES TO BE CONSIDERED	EVIDENCE
	<p>closely monitored and managed?</p> <ul style="list-style-type: none"> <li>• Are the candidates and the industry satisfied with the assessment services and the quality of assessment being provided? How is this information being collected, documented and is it being used to improve services?</li> </ul>	<p><b>OTHER POSSIBLE EVIDENCE</b></p> <ul style="list-style-type: none"> <li>• Records of assessment team meetings</li> <li>• Records of internal self-reviews, records of meetings with assessors, internal verifiers and other staff</li> <li>• A checklist to evaluate the quality of evidence</li> <li>• Recommendations as a result of reviewing assessments</li> <li>• Documented outcomes of an assessment verification process (from records and minutes of verification meetings)</li> <li>• Earlier drafts of assessment tools, reports regarding changes made to assessment processes and tools</li> <li>• Sample memos/minutes of meetings explaining changes made to assessment instruments</li> </ul>
<b>Criterion 3: Conduct of Assessment</b>		
<p>1. Candidates are guided in gathering and presenting evidence of competence and the assessment process and the assessment criteria are communicated effectively to each candidate.</p>	<ul style="list-style-type: none"> <li>• Are candidates given clear and accurate information on the assessment process and the services to be provided before entering into the process?</li> <li>• Is an appeals procedure, which sets out grounds and time limits for appeals, announced for public knowledge?</li> </ul>	<p><b>TYPICAL EVIDENCE</b></p> <ul style="list-style-type: none"> <li>• Candidate Handbook or Application Kit that includes procedures on how to apply and prepare information or evidence for the application, how the assessment is conducted, the assessment criteria and preparation required by the applicant to be assessed, different types of assessment outcomes, certification process, re-assessment</li> </ul>

ACCREDITATION STANDARDS	KEY ISSUES TO BE CONSIDERED	EVIDENCE
		<p>and appeal procedures, fees and charges, including refund policy</p> <p><b>OTHER POSSIBLE EVIDENCE</b></p> <ul style="list-style-type: none"> <li>• Website information and marketing information</li> </ul>
<p>2. Assessments are planned and organised to ensure effective and efficient collection of quality evidence of competence against specified competency standards.</p>	<ul style="list-style-type: none"> <li>• Is assessment made accessible to participants of various backgrounds?</li> <li>• Is the assessment method able to assess the specific competences of the participants from various backgrounds?</li> </ul>	<p><b>TYPICAL EVIDENCE</b></p> <ul style="list-style-type: none"> <li>• Verification policies to ensure that assessors plan and organise assessment activities in accordance with the organisation’s established assessment system, that the competency standards are appropriately interpreted by assessors to confirm evidence needed to demonstrate competence.</li> <li>• Guidelines on providing clear information and advice on the assessment process</li> </ul> <p><b>OTHER POSSIBLE EVIDENCE</b></p> <ul style="list-style-type: none"> <li>• Documented analysis of competency standards</li> <li>• Assessment plans</li> <li>• Assessment tools</li> <li>• Documented consultation with candidates and other stakeholders</li> </ul>
<p>3. Assessments are conducted in</p>	<ul style="list-style-type: none"> <li>▪ Are the candidates given adequate support</li> </ul>	<p><b>TYPICAL EVIDENCE</b></p>

ACCREDITATION STANDARDS	KEY ISSUES TO BE CONSIDERED	EVIDENCE
<p>accordance with the principles of validity, reliability, flexibility and fairness, and sufficient quality evidence is gathered to make judgements about candidate's competence against the specified competency standards.</p>	<p>and opportunities to complete the RPL assessment and are they given feedback on the assessment outcomes?</p> <ul style="list-style-type: none"> <li>• Do assessors use appropriate assessment methods to put evidence together and judge it?</li> <li>• How do assessors ensure that the evidence they have collected is valid, sufficient, and authentic?</li> <li>• How do assessors manage current, recent and historical evidence provided by candidates? Do the assessors seek more evidence of current competence if they consider they do not have sufficient relevant evidence?</li> <li>• How and when do assessors give feedback to candidates?</li> <li>• Are the candidate's assessment records verified, accurate and sufficient? Is there sufficient detail for re-issue of certificates, candidate appeals and internal verification? Do the records clearly show the evidence used to determine competency against individual units of competency. Have assessment tools and aids been retained to provide a full picture of how the candidate was assessed?</li> <li>• Is feedback from candidates on the assessment process and services actively collected by the AA?</li> </ul>	<ul style="list-style-type: none"> <li>• Guidelines on using assessment methods and tools.</li> <li>• Guidelines on providing feedback to candidates regarding the assessment decision.</li> </ul> <hr/> <p><b>OTHER POSSIBLE EVIDENCE</b></p> <ul style="list-style-type: none"> <li>• A list of assessment tools, templates, checklists</li> <li>• Record of questions used and answers given</li> <li>• Documented evidence collected and assessment decisions.</li> <li>• Feedback from the candidate or assessor.</li> <li>• Feedback to the candidate with recommendations for future options</li> <li>• Completed assessment records and reports</li> </ul>

ACCREDITATION STANDARDS	KEY ISSUES TO BE CONSIDERED	EVIDENCE
<p>4. Assessments are conducted in compliance with the industrial safety regulations relevant to the industry / a branch of the industry.</p>	<ul style="list-style-type: none"> <li>▪ Are safety measures available in the RPL assessment?</li> </ul>	<p><b>TYPICAL EVIDENCE</b></p> <ul style="list-style-type: none"> <li>• Guidelines on conducting assessment for reference by Assessors</li> <li>• Candidate Handbook or Application Kit which contains policy and guidelines on safety regulations in assessments.</li> </ul>
<b>Resources</b>		
<p>1. The AA has access to staff, facilities, equipment, assessment materials and assessment tools required to provide the assessment services within its scope of accreditation and scale of operation.</p>	<ul style="list-style-type: none"> <li>• Does the AA have access to staff, facilities, equipment and materials to accommodate estimated candidate numbers, a range of candidate needs and a range of assessment methods?</li> <li>• Is the equipment used for assessment purposes current and in good working order? Does it comply with the requirements of health and safety legislation?</li> <li>• Are accommodations and facilities used for assessment purposes fit for the purposes of the types of assessment carried out?</li> <li>• Do assessors and internal verifiers have sufficient time and resources to discharge their responsibilities effectively?</li> </ul>	<p><b>TYPICAL EVIDENCE</b></p> <ul style="list-style-type: none"> <li>• Policies on workload allocations for assessors and internal verifiers to ensure sufficient time and resources to discharge their responsibilities effectively.</li> <li>• Evidence of adequate resources to meet client needs and assessment requirements.</li> <li>• Documentation on arrangements for sharing resources with other organisations</li> <li>• Evidence of keeping assessment equipment current, in good working order in compliance with the requirements of health and safety legislation.</li> <li>• Evidence of fit accommodations for the types of assessment carried out.</li> <li>• Evidence on the authenticity of simulated workplaces.</li> <li>• Evidence of ownership or lease arrangements</li> </ul>

<b>ACCREDITATION STANDARDS</b>	<b>KEY ISSUES TO BE CONSIDERED</b>	<b>EVIDENCE</b>
		<p>for fixed facilities</p> <p><b>OTHER POSSIBLE EVIDENCE</b></p> <ul style="list-style-type: none"><li>• Equipment testing and maintenance records, and health and safety inspection reports</li><li>• Evidence may be gathered at an inspection of the accommodation or premises for conducting assessments)</li></ul>

## 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 their prior learning must demonstrate the outcomes that have resulted from that learning. Those outcomes may relate to the capacity to undertake further study, or competence to carry out, to the required standard, the tasks that make up a job. The standard of competence that must be demonstrated is that of the **Specification of Competence Standards (SCS)** set by the relevant ITAC, which corresponds to the level of the QF at which a qualification is sought.
2. Competence is made up of knowledge, understanding, know-how, skill, applications, behaviour and professionalism. Assessment should be designed to enable candidates to demonstrate achievement of the knowledge and performance outcomes relating to these components of competence. Assessment should be holistic, enabling candidates to demonstrate successful integration of the components of competence.

### Assessment Design

3. So far as is consistent with validity and reliability, the assessment process should be designed so as to minimise time and cost requirements on candidates. However, quality of assessment should be upheld and not be compromised.
4. In designing the overall assessment, 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 being assessed. If assessment is taking place in a simulated environment, consideration should be given to whether the simulation is sufficiently close to the circumstances in which the job is usually carried out to enable a valid judgement to be made of the competence of the candidate. In case of doubt, appropriate arrangements should be made for assessment to include observation of the candidate in the 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 some candidates because of possible bias or some personal aspects, for example, a physical disability or a

mentally handicap, the fact that their first language is not the language being used in the assessment, or the fact that they obtained their qualifications in another country. Steps should be taken to ensure fair processes, for example, ensuring candidates know exactly what is involved and what they will be assessed against; organising support and assistance to candidates who may require reasonable adjustment; ensuring that the language, literacy and numeracy skills candidates require for assessments are not beyond those intrinsically required by the relevant units of competency; building 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 evidence gathering, to accommodate the needs of candidates. This particularly relates to ensuring fairness in the assessment process, but flexibility 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 criteria consistently, and there is no favouritism or other improper influence.

## Assessment Evidence

5. Assessment is likely to include a review of documentary evidence supplied 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 reaching assessment decisions is:

- **Valid:** For evidence to be valid, it must be relevant to what is being assessed. It must 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 unlikely to be valid for a qualification at QF level 3.
- **Authentic:** The assessor must be reasonably satisfied that the evidence is the candidate's own work. Careful questioning may be needed to establish the facts. Evidence may be the result of teamwork, rather than work of the candidate alone. The contribution of the candidate must be clearly established.
- **Current:** Evidence must demonstrate what the candidate can do now. If evidence was produced some time ago, the assessor needs to consider whether practices or technology have since changed. Skills that have not been used for some time should be demonstrated, to ensure that they have not weakened.
- **Sufficient:** Evidence must cover all aspects of the required competence, and must demonstrate sustained competence over time. A single piece of evidence against a criterion 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 conflict of interests, an assessor who is also an internal verifier should not take up the task of internal verification of their own assessments.

### **Assessment Manager**

7. The Assessment Manager is the person responsible for ensuring that 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;
- the necessary authority within the centre to ensure that procedures are implemented properly and consistently across the centre as a whole, and to provide overall direction of the assessment process;
- regular contact with the assessors and internal verifiers; and
- the responsibility for liaison with the relevant ITAC 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. diploma, employment testimony, awards obtained via competitions, foreign qualifications that may be recognised) are accurate and 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; and
- providing information, on request, to external verifiers and accreditation panel.

### **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 sampled checking of at least 10% of the assessments, including means like direct observation of assessment activities, review of assessment methods and records, etc.;
- checking a high proportion of assessment decisions by new assessors, and providing mentoring to 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 assessment;
- facilitating assessors development and training; and
- ensuring that all candidates' assessment records and centre documentation are properly completed.

**NB** If internal verifiers also act as assessors, it is not acceptable for internal verifiers to internally 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, to ensure that the competence demonstrated meets the standards set by the relevant ITAC and/or the body awarding the qualification. Assessors must have relevant occupational experience in the industry in respect of which the qualification will be awarded. Their responsibilities are

- providing advice and guidance to candidates on the identification of learning experience, and the assembly of valid evidence;

- ensuring that candidates are aware of their personal responsibility for the collection and presentation of evidence;
- agreeing an assessment plan with each candidate;
- explaining the assessment process to candidates;
- following assessment guidance provided by the Centre, the ITAC or the HKCAAVQ;
- observing candidates' performance in the workplace and/or in simulated conditions and/or conducting other forms of assessment;
- 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 the qualification;
- providing candidates with prompt, accurate and constructive feedback;
- agreeing new assessment plans with candidates where further evidence is required;
- providing advice to candidates on assessment requirements and further learning when needed;
- maintaining records of candidates' achievement using standard documentation, and lodging records with the Assessment Secretary;
- keeping themselves up to date with current industrial practice, the standards against which assessment takes place, and the quality assurance procedures of the Centre; and
- making themselves available for discussion with the internal verifier and/or external verifier.

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

11. Candidates seeking “recognition of prior learning” will usually undergo competence-based assessment. The assessment should be candidate-centered. Assessors, and/or the Assessment Secretary, must ensure that candidates understand that they are responsible for:

- confirming to assessors that they understand the assessment standards;
- confirming to 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 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 at the specified time and date.

## Glossary

<p>Accreditation Authority</p>	<p>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 the quality assurance for the development of the QF. It is entrusted with the responsibility of assuring the quality of appointed assessment agency, the qualifications recognised under the QF and their associated learning programmes and the providers.</p>
<p>Appointed Assessment Agency</p>	<p>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.</p>
<p>Assessment Agency (AA)</p>	<p>Any person, school, institution, organisation or other body having been nominated by the relevant Industry Training Advisory Committee (ITAC) 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).</p>
<p>Accreditation Document</p>	<p>A self-evaluative document, with supporting evidence, prepared by an assessment agency to address the accreditation criteria.</p>
<p>Accreditation Panel</p>	<p>A panel consisting of specialists with the requisite profiles and expertise formed for the purpose of the relevant accreditation exercise. An HKCAAVQ staff member will play the role of the Panel Member cum Secretary.</p>
<p>Accreditation Report</p>	<p>The report that the HKCAAVQ will issue to the assessment agency on completion of the accreditation exercise stating the accreditation outcomes and decisions, as well as the validity period, QF Level, 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 rationale for coming to the accreditation decisions.</p>
<p>Collective Approach</p>	<p>A methodology for a streamlined accreditation service in which a number of accreditation requests from the same industry / discipline will be processed concurrently by a single accreditation panel.</p>

Code of Conduct	Code of Conduct includes the Panel Members' commitment to lifelong confidentiality and prior declaration of conflict of interests.
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 specified deadline(s) during the validity period (requirement).
Criteria	The elements for consideration during an accreditation exercise.
Evidence-based	It is one of the principles of accreditation which means that accreditation decisions are to be made on the basis of evidence provided by the assessment agency to support its claim that it meets the accreditation standards stipulated in these Guidelines.
Fitness for Purpose	It is one of the principles of accreditation which means that the assessment agency is accredited on the basis of its stated objectives, and the QF level(s) and industry / branch that it intends to provide RPL service at and in, in view that the industry or branch of the industry may differ in nature, size, operational complexity and scope of expertise.
Industry Training Advisory Committee (ITAC)	An advisory body comprising representatives from employers, employees and professional bodies of relevant industry to develop, maintain and update the Specification of Competency Standards (SCS), and formulate a Recognition of Prior Learning (RPL) mechanism for the industry; and to promote the QF within the industry.
On-site Visit	A visit to the assessment agency's premise(s) / centre(s) in Hong Kong. On-site visit is an integral part of an accreditation exercise conducted primarily to collect evidence for evaluating whether the accreditation criteria are met.
Peer Review	It is one of the principles of accreditation which means involving specialists with relevant expertise and experience as panel members in the accreditation.
Pre-condition	A pre-condition is part of the accreditation decisions to be fulfilled by the assessment agency prior to the start of the validity period of the accreditation status.

QF Level	The outcome level of the qualification(s) where RPL is conducted by the AAA. The outcome competency is pitched against the Generic Level Descriptors (GLD) published by the Government at <a href="http://www.hkqf.gov.hk/guie/HKQF_GLD.asp">http://www.hkqf.gov.hk/guie/HKQF_GLD.asp</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	The 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, characterised by 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 levels in accordance with the Generic Level Descriptors.
Requirement	A requirement is part of the accreditation decisions to be fulfilled by the assessment agency by specified deadline(s) during the validity period of the approved accreditation status.
Restriction	A restriction is a limit set to the accreditation status within which the status will continue to be effective within the validity period as specified in the accreditation report.
Re-accreditation	It is the accreditation process that an AAA needs to undertake prior to expiry of its accreditation status in order for the HKCAAVQ to determine whether it continues to maintain its competency to execute its role as the AAA.
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> .
Specification of Competency Standards	The industry benchmarks for the skills, knowledge and attributes required to perform tasks in a relevant industry / branch at various QF levels. These industry benchmarks are developed by ITACs of relevant industries.

Standards	The qualitative or quantitative benchmarks under individual accreditation criteria for the panel's assessment as to whether the assessment agency meets the quality requirements. They are expressed in greater details under each accreditation criterion in Appendix 4.
Sub-panel	A sub-group of the accreditation panel commissioned to collect evidence. The sub-panel will share its findings and observations with and make recommendation to the accreditation panel on specific cases in the Collective Approach.
Threshold Standards	It refers to the minimum quality requirements stipulated in these Guidelines.
Validity Period	The period of time in which an approved accreditation status is effective as stipulated in the accreditation report.