WHAT IS ACCREDITATION AND HOW DOES IT WORK?

QUALITY ASSURANCE OFFICE
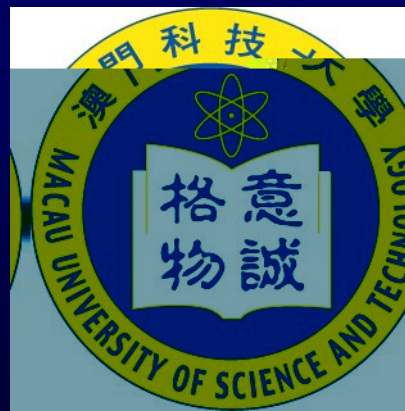
CONTENTS OF THE SLIDES

CONTENTS OF THE SLIDES

THE SCOPE OF ACCREDITATION (NEASC)

- 'An institutional accrediting body considers the characteristics of whole institutions. For this reason an institutional accrediting body gives attention not only to the educational offerings of the institutions it accredits, but also to other such institutional characteristics as the student personnel services, financial conditions, and administrative strength.'

TWO MAIN TYPES OF ACCREDITATION

- **Institutional accreditation**

- **Program accreditation**
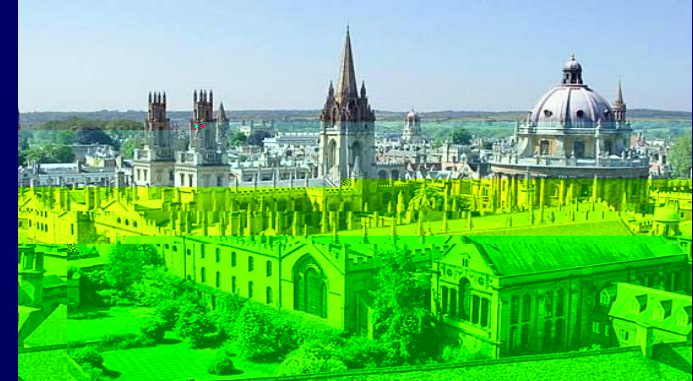
In many cases the former precedes the latter, but some professional organizations only accredit programs

INSTITUTIONAL AND PROGRAM ACCREDITATION (NEASC)

- 'Institutional and specialized accreditation are complementary. The focus of an institutional accrediting body on an institution as a total operating unit provides assurance that the general characteristics of the institution have been examined and found to be satisfactory. The focus of a specialized accrediting body on a specific program provides assurance that the details of that particular program meet the external accreditation standards.'

INSTITUTIONAL ACCREDITATION (NEASC)

- 'The criteria of an institutional accrediting body are broad, as is demanded by the attention to an entire institution . . . . Such criteria also provide encouragement to institutions to try innovative curricula and procedures, and to adopt them when they prove successful. The accreditation of an institution by an institutional accrediting body certifies to the general criteria that the institution:
  - a. Has appropriate purposes;
  - b. Has the resources needed to accomplish its purposes;
  - c. Can demonstrate that it is accomplishing its purposes;
  - d. Gives reason to believe that it will continue to accomplish its purposes.'

PROGRAM ACCREDITATION (NEASC)

- 'A specialized accrediting body focuses its attention on a particular program within an institution of higher education. The close relationship of the specialized accrediting body with the professional association for the field helps insure that the requirements for accreditation are related to the current requirements for professional practice.'
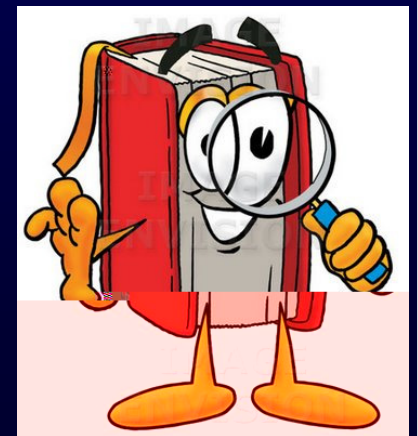
ACCREDITATION AND THE LICENSE TO PRACTICE (NEASC)

- 'In a number of fields (e.g., medicine, law, dentistry) graduation from an accredited program in the field is a requirement for receiving a license to practice in the field. Thus specialized accreditation is recognized as providing a basic assurance of the scope and quality of professional or occupational preparation. This focus of specialized accreditation leads to accreditation requirements that are generally sharply directed to the nature of the program, including specific requirements for resources needed to provide a program satisfactory for professional preparation. Because of this limitation of focus to a single program, many specialized accrediting bodies require that the institution offering the program be institutionally accredited before consideration can be given to program accreditation.'

BENEFITS OF ACCREDITATION TO DIFFERENT PARTIES (NEASC)

To the public, the values of accreditation include:

a. 'An assurance of external evaluation of the institution or program, and a finding that there is conformity to general expectations in higher education or the professional field;

b. An identification of institutions and programs which have voluntarily undertaken explicit activities directed at improving the quality of the institution and its professional programs, and are carrying them out successfully;

c. An improvement in the professional services available to the public, as accredited programs modify their requirements to reflect changes in knowledge and practice generally accepted in the field;

d. A decreased need for intervention by public agencies in the operations of educational institutions, since their institutions through accreditation are providing privately for the maintenance and enhancement of educational quality.'

BENEFITS OF ACCREDITATION TO DIFFERENT PARTIES (NEASC)

To students, accreditation provides:

a. 'An assurance that the educational activities of an accredited institution or program have been found to be satisfactory, and therefore meet the needs of students;

b. Assistance in the transfer of credits between institutions, or in the admission of students to advanced degrees through the general acceptance of credits among accredited institutions when the performance of the student has been satisfactory and the credits to be transferred are appropriate to the receiving institution;

c. A prerequisite in many cases for entering a profession.'

BENEFITS OF ACCREDITATION TO DIFFERENT PARTIES (NEASC)

Benefit to institutions of higher education:

d. 'The enhancing of the reputation of an accredited institution or program because of public regard for accreditation;

e. The use of accreditation as one means by which an institution can gain eligibility for the participation of itself and its students in certain programs of governmental aid to post-secondary education; accreditation is also usually relied upon by private foundations as a highly desirable indicator of institutional and program quality.'

BENEFITS OF ACCREDITATION TO DIFFERENT PARTIES (NEASC)

Accreditation serves the professions by:

a. 'Providing a means for the participation of practitioners in setting the requirements for preparation to enter the professions;

b. Contributing to the unity of the professions by bringing together practitioners, teachers and students in an activity directed at improving professional preparation and professional practice.'

ELEVEN STANDARDS FOR ACCREDITATION (NEASC)

- 'Each of the eleven Standards articulates a dimension of institutional quality.

- Some aspects of an institution are always stronger than others. Meeting the Standards does not guarantee the quality of individual programs, courses, or graduates, but serious weaknesses in a particular area may threaten the institution's accreditation.

- Self-regulation is an essential element in the success of accreditation.'

NEW ENGLAND ASSOCIATION OF SCHOOLS AND COLLEGES (NEASC)

ELEVEN STANDARDS

- Standard One: Mission and purposes
- Standard Two: Planning and evaluation
- Standard Three: Organization and governance
- Standard Four: The academic program
- Standard Five: Faculty
- Standard Six: Students
- Standard Seven: Library and other information resources
- Standard Eight: Physical and technological resources
- Standard Nine: Financial resources
- Standard Ten: Public disclosure
- Standard Eleven: Integrity

NEW ENGLAND ASSOCIATION OF SCHOOLS AND COLLEGES

STANDARD TWO: PLANNING AND EVALUATION

'The institution undertakes planning and evaluation appropriate to its needs to accomplish and improve the achievement of its mission and purposes. It identifies its planning and evaluation priorities and pursues them effectively.

- Planning
- Evaluation
- Institutional effectiveness'

NEW ENGLAND ASSOCIATION OF SCHOOLS AND COLLEGES

STANDARD THREE: ORGANIZATION AND GOVERNANCE

'The institution has a system of governance that facilitates the accomplishment of its mission and purposes and supports institutional effectiveness and integrity. Through its organizational design and governance structure, the institution creates and sustains an environment that encourages teaching, learning, service, scholarship, and where appropriate research and creative activity. It assures provision of support adequate for the appropriate functioning of each organizational component.

- **Institutional effectiveness** '

NEW ENGLAND ASSOCIATION OF SCHOOLS AND COLLEGES

STANDARD FOUR: THE ACADEMIC PROGRAM

'The institution's academic programs are consistent with and

NEW ENGLAND ASSOCIATION OF SCHOOLS AND COLLEGES

STANDARD FIVE: FACULTY

'The institution develops a faculty that is suited to the fulfillment of the institution's mission. Faculty qualifications, numbers, and performance are sufficient to accomplish the institution's mission and purposes. Faculty competently offer's 68(a)1.31.8 TL

NEW ENGLAND ASSOCIATION OF SCHOOLS AND COLLEGES

STANDARD SIX: STUDENTS

'Consistent with its mission, the institution defines the characteristics of the students it seeks to serve and provides an environment that fosters the intellectual and personal development of its students. It recruits, admits, enrolls, and endeavors to ensure the success of its students, offering the resources and services that provide them the opportunity to achieve the goals of their program as specified in institutional publications. The institution's interactions with students and prospective students are characterized by integrity.

- Admissions
- Retention and graduation
- Student services
- Institutional effectiveness'

NEW ENGLAND ASSOCIATION OF SCHOOLS AND COLLEGES

STANDARD SEVEN: LIBRARY AND OTHER INFORMATION RESOURCES

'The institution demonstrates sufficient and appropriate information resources and services and instructional and information technology and utilizes them to support the fulfillment of its mission.

- Institutional effectiveness'

NEW ENGLAND ASSOCIATION OF SCHOOLS AND COLLEGES

STANDARD EIGHT: PHYSICAL AND TECHNOLOGICAL RESOURCES

'The institution has sufficient and appropriate physical and technological resources necessary for the achievement of its purposes. It manages and maintains these resources in a manner to sustain and enhance the realization of institutional purposes.

- Institutional effectiveness'

NEW ENGLAND ASSOCIATION OF SCHOOLS AND COLLEGES

STANDARD NINE: FINANCIAL RESOURCES

NEW ENGLAND ASSOCIATION OF SCHOOLS AND COLLEGES

STANDARD TEN: PUBLIC DISCLOSURE

'In presenting itself to students, prospective students, and other members of the interested public, the institution provides information that is complete, accurate, accessible, clear and sufficient for intended audiences to make

NEW ENGLAND ASSOCIATION OF SCHOOLS AND COLLEGES

STANDARD ELEVEN: INTEGRITY

'The institution subscribes to and advocates high ethical standards in the management of its affairs and in all of its dealings with students, faculty, staff, its governing board, external agencies and organizations, and the general public. Through its policies and practices, the institution endeavors to exemplify the values it articulates in its mission and related statements.

- **Institutional effectiveness'**

Hong Kong Council for Accreditation of Academic and Vocational Qualifications (HKCAAVQ)

Criteria in nine main areas:

1. Governance, Management and Institutional Structure
2. Academic Plans
3. Programme Approval, Monitoring and Review
4. Staffing
5. Staff Development
6. Students Admission
7. Students Services and Student Records
8. Quality Assurance
9. Resources

For each area:

- Brief overview
- Key Issues To Be Considered
- Documentary Evidence

WHAT IS ACCREDITATION? (HKCAAVQ)

- 'Accreditation work is done by a panel, based on the principle of 'peer review'. The panel will make reference to terms of reference, guidelines, and criteria. The panel has the right to make judgments according to the panel members' expertise and the purpose of the accreditation and in accordance with the objectives of the institution under review.'

PRINCIPLES OF ACCREDITATION (HKAAVQ)

'2.1.1 *The* HKCAAVQ adopts the following four guiding principles for accreditation:

- Peer review
- Fitness for purpose
- Evidence-based
- Threshold standard

2.1.2 The principle of 'Peer *Review'* is to engage academic/professional experts who have the expertise and experience in institutional governance/management of academic institutions and/or quality assurance. The role of the panel is to assess the capability and capacity of the institutions, collect and evaluate evidence and form a judgment as to whether the institutions meet the required standards and stated aims.'

PRINCIPLES OF ACCREDITATION (HKAAVQ)

'2.1.3 'Fitness for purpose' means that institutions are accredited against threshold standards and based on their stated aims and objectives. As institutions are different in size, complexity in operation and scope of expertise, the accreditation process will take these differences into account.

2.1.4 The accreditation process is evidence-based. Accreditation decisions are to be made with reference to evidence provided by institutions to support their claim that they meet the threshold accreditation standards and their own objectives. Judgment will be made independently of any other previous accreditation determination made on the same institution.

2.1.5 The accreditation process is conducted based on threshold standards. This means that assessment is based on the minimum requirements as stipulated in the Post-secondary Colleges Ordinance (Cap 320) and the Post-secondary Colleges Regulations (Cap 320A), the institutional review criteria provided in section 3 of these Guidelines and the requirements in Schedule 3 (point 1) of the AAVQ Ordinance.'

PURPOSES OF ACCREDITATION (HKAAVQ)

- 'For an institutional review (IR) exercise for Cap 320 registration, the purpose of the exercise is to assess *. . .* an institution's abilities to comply with the academic requirements for registration under Cap 320 (and Cap 320A) and to ascertain whether the institution has an overall academic environment suitable for the delivery of programmes at Bachelor's degree-level.'

PURPOSES OF ACCREDITATION (HKAAVQ)

'2.2.2 The IR exercise will call for substantial evidence from the institution which should demonstrate a high level of institutional maturity in the development and implementation of a sound institutional structure and processes, financial resource and academic planning, appropriate staffing and quality assurance mechanisms for the planning, delivery and continuous improvement of degree level programmes.

2.2.3 The success of the institutions in gaining Cap 320 registration status is a prerequisite of their eligibility to offer degree-level programmes upon successful validation of the respective programmes. It is to be noted that the authority to grant Cap 320 registration status rests with the Government taking into account the HKCAAVQ accreditation report and other considerations as it deems necessary.'

PURPOSES OF ACCREDITATION (HKAAVQ)

'2.2.4 Institutions which have successfully gone through the IR for the aforesaid purpose may submit individual degree programme proposals for validation by the HKCAAVQ and the validation process will be conducted in accordance with the HKCAAVQ Four-stage QA Model under the QF for which a separate set of guidelines have been prepared and is available on the HKCAAVQ website.

2.2.5 It is advisable for the institution to schedule the programme validation visit so that there is a sufficient time span (i.e. at least a month) between the on-site visit of the IR and the programme validation exercises. In the event that the outcome of the IR is negative, the institution may then have sufficient time to exercise the right as provided for in the service agreement signed for the programme validation to cancel the following programme validation on-site visit after the IR visit. It is however at the discretion of the institution whether if such a situation arises the programme validation visit should proceed as scheduled, having regard to the intrinsic value of the programme validation exercise to the institution for development purposes.'

ACCREDITATION HKAAVQ)

'2.3.1 The institution should make reference to the terms of reference of the IR exercise and these Guidelines in preparing a comprehensive, self-contained and up-to-date accreditation document for the IR exercise.

2.3.2 The HKCAAVQ will conduct an initial screening to ascertain whether documentary evidence outlined in this set of Guidelines for the purpose of the IR exercise has been included in the accreditation document to enable the Panel to make the necessary assessment of the readiness of the institution to proceed with the IR visit. If necessary and in the spirit to facilitate panel evaluation, the institution concerned may be requested to provide the missing information by a stipulated deadline before the Council proceeds with the further planning of the IR visit. The onus of information and evidence provision rests with the institution concerned.'

ACCREDITATION HKAAVQ)

'2.3.3 The accreditation panel will conduct a preliminary examination of the accreditation document which will form the basis of the on-site accreditation visit(s) to the institution. If the panel, after the initial examination of the accreditation document, advises the HKCAAVQ that the information included in the document is insufficient and/or that the state of readiness of the institution is such that it is unlikely that it will be possible to conduct a meaningful accreditation exercise within the scope of the terms of the reference of the exercise, the HKCAAVQ may decide **not** to conduct the on-site visit as planned. Should this be the case, the accreditation exercise in question will be terminated. The HKCAAVQ will advise the institution on areas of deficiencies in the submission. In the eventuality of such a termination of accreditation service, the institution may submit an application for accreditation afresh when ready. That application will be considered as a new accreditation exercise which will be charged at the prevailing fee level to be stipulated in a separate service agreement.'

PREPARING FOR ACCREDITATION

Self-Evaluation

'2.4.1 Accreditation is conducted by the HKCAAVQ on the assumption that the institution concerned is involved in a continuous process of self-evaluation. In preparation for accreditation, an institution 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 institutional structure and processes, quality assurance or resource planning.'

PREPARING FOR ACCREDITATION

'2.4.2 The process of self-evaluation should be a constructive one, and should enable the institution to identify its own strengths and weaknesses having regard to its intended purpose of seeking Cap 320 registration including the assumption of degree-granting status, 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 individual institution, its stage of readiness, the plans for programme development, and the internal

PREPARING FOR ACCREDITATION

'2.4.3 The institution's self-evaluation should be undertaken by the existing personnel of the institution, and with the input of external stakeholders as appropriate. It is, however, important that the process should involve not only the senior management and senior members of staff but also other members of staff who will be affected by the changes brought about by the accreditation or the programme plans. It is also a good practice to involve advisers, students and other stakeholders such as employers in the self-evaluation.'

INSTITUTIONAL REVIEW

'3.1 In an institutional review for the purpose of Cap 320 including the assumption of degree-granting status. the HKCAAVQ is to determine whether the institution concerned has put in place a well-managed academic community, embracing all members of staff, guided by carefully formulated academic development plans, staffing and resource plans, replete with systematic and transparent processes including processes for the delivery and quality assurance of study programmes at bachelor's degree level and meeting QF standards at level 5.'

INSTITUTIONAL REVIEW

3.2 The HKCAAVQ panel will *normally* consider the following criteria at the institutional level while making reference to the academic requirements under Cap 320 . . . :

i. Governance, Management and Institutional Structure

ii. Academic Plans

iii. Programme Approval, Monitoring and Review

iv. Staffing

v. Staff Development

vi. Students Admission

vii. Students Services and Student Records

viii. Quality Assurance

ix. Resources'

OUTCOMES OF INSTITUTIONAL REVIEW

'4.1 Having regard to the terms of reference of the review, the HKCAAVQ will consider the accreditation panel's recommendation and make a determination in respect of the institution's competency to be registered under Cap 320 and assume degree-granting status. T 1a

CHANGES AND INSTITUTIONAL REVIEW

'4.3 It is the responsibility of the institution to inform the HKCAAVQ of any significant changes which might have an impact on its competency to continue to meet the criteria for accreditation. In case of doubt, the institution should consult the HKCAAVQ on the need for seeking approval on substantial change(s) as soon as feasible.

4.4 Upon registration under Cap 320, it is also the responsibility of the institution to inform the Education Bureau of any substantial change which may affect the continued compliance of any registration requirements stated in Cap 320 or Cap 320A.'

Hong Kong Council for Accreditation of Academic and Vocational Qualifications (HKCAAVQ)

Nine main areas:

1. Governance, Management and Institutional Structure
2. Academic Plans
3. Programme Approval, Monitoring and Review
4. Staffing
5. Staff Development
6. Students Admission
7. Students Services and Student Records
8. Quality Assurance
9. Resources

For each area:

– Brief overview
– Key Issues To Be Considered
– Documentary Evidence

1: Governance, Management, and Institutional Structure

'The institution should have a governing body whose composition should have appropriate representation to ensure satisfactory academic and general standards and conduct; and the authority and duty to ensure that the mission of the institution is implemented. The governing body should be an active policy-making group which is ultimately responsible for making management and academic decisions, for ensuring sufficient resources for viable and sustainable development of the institution on an on-going basis.'

1: Governance, Management, and Institutional Structure

Key Issues to be Considered:

1. 'What is the role of the institution in Hong Kong in terms of its mission/objective and philosophy?

2. What are the structure of the governing body and its terms of references? Is the governing body effective in guiding the development of corporate, management and academic policies?

3. Are there other senior management teams or committees responsible for the governance of the institution? What are the committees' terms of reference and composition? What are the policies to guide the operation of the institution?

4. Are the management committees and boards properly accountable?

5. Is the management structure effective?

6. Does the institution have adequate processes for internal review?

7. Are there appropriate management tools for decision-making?'

1: Governance, Management, and Institutional Structure

Documentary Evidence

1. 'The regulations, statutes or other instruments that govern the institution.
2. Institutional mission and vision statements and strategic plans) for the next 3 to 5 years.
3. Annual reports (or other official publications) of the institution.
4. Terms of reference, composition and membership of the governing bodies, the academic board and major committees responsible for academic/management/finance decisions.
5. Minutes of regular meetings of the various governing groups/committees.
6. Duty statements of the senior management/personnel.
7. Procedures for appointment and dismissal of members of the governing body.'

2: ACADEMIC PLANS

'The institution should have an appropriate academic plan as well as an operating plan and evaluation processes, which identify and integrate projected educational development and incorporate procedures for development of outcomes-based learning programmes in line with the QF, new work and organisational improvement.'

2: ACADEMIC PLANS

Key Issues to be Considered

1. 'Are academic development plans guided by a institutional philosophy or mission?

2. Is there a systematic and integrated approach to academic and resource decisions?

3. Is academic planning responsive to the changes in institutional profile and educational philosophy and vice versa?

4. Are there opportunities for staff and students to contribute and participate in the evolution of academic plans?

5. Are there mechanisms to allow input from the academic/professiona1 community external to the institution?

6. What strategies and mechanisms are in place to develop learning programmes at bachelor's degree level (relative to QF level 5).'

2: ACADEMIC PLANS

Documentary Evidence

1. 'Academic plan for the next 3 to 5 years (detailed academic development proposals for the proposed programmes, including projected student intake, projected staffing and resource plans, projected sources of income).

2. Long-term academic development plans (long term plans to develop into new areas, changes to level or nature of programmes in tandem with planned, changes to structure/governance/ financial basis of the institution etc).

3. Information on the process in the formulation of academic plans, in particular how the academic planning process is augmented by resource planning.'

3: PROGRAMME APPROVAL, MONITORING AND REVIEW

'The institution should have well defined policies and academic regulations governing the approval of new programmes and the continuous monitoring and review of existing programmes. The mechanisms should ensure that the programmes will meet a community need and the intended outcome standards at appropriate QF levels and are subject to continuous review of their effectiveness. All stakeholders should have the opportunities to contribute and/or participate in the academic decision-making processes. These stakeholders include academic and non-academic staff of the institution, students, government administrators, associates from industry and professional bodies, external advisers and examiners, and the wider community.'

3: PROGRAMME APPROVAL, MONITORING AND REVIEW

Key Issues to be Considered

1. What are the policies and procedures for programme approval, determination of outcome standards and QF level, monitoring, management and review?

2. What are the processes to determine that the proposed programme will meet a community need?

3. Through what means do the academic staff make a full contribution to the design and development of new course and programmes?

4. What are the institutional policies on the structure and requirements of programmes?

5. What are the processes for benchmarking the outcome standards of proposed programmes, including benchmarking against the QF Generic Level Descriptors (GLD)? How is the effectiveness of these processes being reviewed?

3: PROGRAMME APPROVAL, MONITORING AND REVIEW

Documentary Evidence

1. Institutional policy and procedures on programme design. (including structures, personnel & processes for approval/validation of programme proposal and mapping against the QF GLD)

2. Academic policies and regulations relating to curriculum design (e.g. credit and weighting), assessment, progression, graduation, grading system, disciplinary actions and appeal mechanism.

3. Institutional processes for the monitoring and review of programmes (including the review of learning resources to support the delivery of the programmes)

4. Processes in internal and external benchmarking of outcome standards of the programmes, including benchmarking against the QF GLD.

3: PROGRAMME APPROVAL, MONITORING AND REVIEW

Documentary Evidence

5. Analysis to demonstrate that the proposed programmes serve a community need.

6. Statements on roles/duties of departmental heads, course team leaders etc.

7. Membership structure and terms of reference of advisory committees, external advisers.

8. Evidence of the work of boards/committees/departments pertaining in particular to the planning of academic programmes, such as programme evaluation reports and minutes of meetings.

4: STAFFING

The institution should have a clear staff employment and development policy readily accessible by existing and potential employees. It should also have a medium-term to long-term staffing plan that fits its current and planned purposes. There should be sufficient number of academic staff with appropriate qualifications and experience to provide effective teaching and educational services. Administrative, counseling and academic support staff should be adequate with appropriate background and qualifications teaching courses at degree level and to support the development of the institution and to ensure effective delivery of its educational services.

4: STAFFING

Key Issues to be Considered

1. What are the staffing strategies of the institution and how do they support the attainment of the institution's strategic goals?

2. Are there established mechanisms, criteria, and processes for the appointment, appraisal, and promotion of staff? Do these processes involve appropriate personnel at different levels? Are these mechanisms and criteria transparent to all staff?

3. Is there an appropriate staffing structure with competitive remuneration package and terms of service to attract, retain and motivate qualified staff members?

4. Is the staffing situation in the institution healthy and robust to sustain its present activities and long-term development?

5. Are academic staff qualified and experienced to teach at degree level and / or higher education studies as appropriate?

4: STAFFING

Key Issues to be Considered

6. Is there appropriate academic leadership?

7. Is there a sufficient pool of full-time staff to provide the appropriate level of teaching, tutoring and counselling for students?

8. Is there a sound system to ensure the quality of part-time academic staff?

9. What are the quality criteria for the teaching staff and how are they monitored and maintained?

10. Are administrative, counseling and academic support staff qualified and experienced to meet its stated purposes?

4: STAFFING

Documentary Evidence

1. Staffing plans for the coming three to five years in tandem with the institution's Strategic Plan and Academic Plan.

2. Information on procedures and criteria for the appointment, appraisal, promotion and dismissal of staff. The membership and terms of reference of any boards/committees involved.

3. Current and planned staff establishment (academic and administrative staff). Staff student ratio (for academic/teaching staff). Number and percentage of academic staff at different ranks holding higher (master/doctoral) degrees by discipline.

4: STAFFING

Documentary Evidence

1.   'Policy on teaching load in terms of assigned teaching duties, teaching duty weighting (e.g. any factor to account for new subjects taught in comparison with repeated subject teaching) and administrative/counseling/mentoring/student service responsibility. Actual teaching duty assignment to each academic staff by subject by programme and by level of study as well as their other responsibilities (including academic leadership) should also be included.'

4: STAFFING

Documentary Evidence

2. 'Name list by post and current CVs of all academic staff (full-time and part-time) of the institution. The CVs should include qualifications, teaching and other work experience, publications and scholarly activities.

3. Number and ratio of full-time and part-time academic staff and other staff.

4. Remuneration and conditions of service of staff for each rank.

5. List of administrative / support staff and their duty statements.

6. Staff Handbook.'

5: STAFF DEVELOPMENT

'The institution should actively encourage and facilitate its academic staff to engage in scholarly and professional activities, including publications, higher degree studies, academic exchange, conference participation, research and consultancies, and other forms of professional development. There should be institutional policies requiring academic staff to involve in developmental activity which could contribute to the teaching function. Other staff members should also be encouraged to develop their expertise in respective areas of responsibilities via appropriate scholarly and professional activities that will contribute to the institutional development.'

5: STAFF DEVELOPMENT

Key Issues to be Considered

5.   'How is developmental activity used to the benefit of the students and the development of the programmes/the institution?

6.   Do staff members have an avenue for influencing staff development policies?'

5: STAFF DEVELOPMENT

Documentary Evidence

1. Institutional policy on staff engagement in scholarly / professional activities and staff development.
2. Forms of institutional support for staff development and scholarly activities (policies for research grants, study leave, financial and other support; procedures and criteria for application).
3. Lists of selected publications of staff.
4. Structures/committees/personnel having a responsibility for formulating policies and implementation of policies on staff development/research and scholarly activities.
5. Staff development activities, e.g. training workshops etc.

6: STUDENTS ADMISSION

'The institution should have published student admission policies on the conditions as to age and attainment of students qualifying for admission. The admission requirements should be in line with the relevant prevailing local admission requirements. These policies should be compatible with its stated purpose having regard to the maintenance of standard, facilities available and community needs.'

6: STUDENTS ADMISSION

Key Issues to be Considered

1. 'What are the admission requirements and what is the level of compliance with the admission requirements?

2. How are the students selected for entry to the institution and programmes?

3. How the resource support and community need have been taken into consideration with due regard in the student number projections for the proposed programmes?'

6: STUDENTS ADMISSION

Documentary Evidence

1. 'Student admission policy, detailing entry qualifications and language proficiency requirements, if any.

2. Credit transfer and exemption policy (including policy on advanced standing and the rules governing the acceptance of prior qualifications).

3. The process of student admission.

4. Non-standard routes of entry and the allowable percentage of these.

5. Planned student numbers of proposed programmes for the next 3 years.

6. Remedial / bridging courses for students admitted through the non-standard routes of entry.'

7: STUDENTS SERVICES AND STUDENT RECORDS

The institution should have policies and regulations governing students' rights and responsibilities, and should have provision for student facilities/services, pastoral care and counselling services, as well as learning support.

7: STUDENTS SERVICES AND STUDENT RECORDS

Key Issues to be Considered

1. How are students guided in relation to their academic programmes and learning experience with the institution?

2. What are the standards of student counselling, financial assistance, career advisory, and recreational and other communal facilities/services and life skills development?

3. Are student records accurate, up-to-date and readily accessible to students and their advisers? Records should show clearly each student's academic requirements and the student's progress toward meeting those requirements.

4. Are there adequate provisions being made for the encouragement of corporate and social life and for recreation?

7: STUDENTS SERVICES AND STUDENT RECORDS

Documentary Evidence

1. Description of facilities available for students including learning support and recreation facilities.
2. Description of any pastoral guidance/counselling services.
3. Description of the provisions and means to encourage corporate and social life of students and for recreation.
4. Regulations on student discipline, appeal system etc.
5. Student Handbook.
6. Student records including student data, attendance records, academic reports, transcripts and certificates.

8: QUALITY ASSURANCE

The institution should have clear policies or procedures to monitor the quality of its activities and quality and standards of its programmes. The institution should have mechanisms in place to ensure that these procedures are effective for maintaining quality of its activities and effective and appropriate for maintaining the programme at the outcome standards befitting the qualification. These policies and procedures should be approved through appropriate institutional processes, be published in documents accessible to those affected by the policies and procedures, and be implemented and enforced by the institution.

8: QUALITY ASSURANCE

Key Issues to be Considered

1. What are the institutional policies and processes for monitoring the quality of the institution's educational provisions and the effectiveness of its operation?

2. Are there internal processes and systems for new proposal, for regular review and for change to programmes?

3. Are there mechanisms and processes to obtain feedback from students on the quality of teaching and on programmes, student support and facilities? Are there mechanisms whereby these feedbacks are acted upon for the improvement of teaching and the enhancement of programmes?

8: QUALITY ASSURANCE

Key Issues to be Considered

4. Are there processes for collating feedback from staff/external advisors/external examiners/employers and do processes exist for action to be taken and results to be monitored?

5. Are there senior personnel or committees that take responsibility for the monitoring, control, review and continuous enhancement of the quality of programmes and its educational services?

6. If past reviews had been conducted, has the institution taken account of advice given or recommendations made following these past reviews (either internal or external)?

8: QUALITY ASSURANCE

Documentary Evidence

1. Quality Assurance Policy.
2. Quality Assurance Handbook.
3. Information on structure and terms of reference of committees/boards/departments involved in the approval/validation/ re-validation and changes of programmes, and their monitoring.
4. Terms of reference of any external bodies invited to advise on quality issues of the institution External bodies may include external advisors/external examiners/external advisory committees, consultants, etc. Profile of serving members and their contribution to ensuring the quality of programmes.
5. Appointment criteria for external advisors and external examiners.

8: QUALITY ASSURANCE

Documentary Evidence

– Evidence of the work of these structures/committees such as programme review reports/records of meetings.

– Composition of Boards of Examiners.

– Description of the types of processes used in collecting feedback from various stakeholders (e.g. staff, students, graduates, employers) and monitoring of quality, e.g. student questionnaires, student representation on committees etc. Samples of analysis reports of the feedback obtained, and samples of external advisors/external examiners' reports. Records of follow-up actions taken.

– Description in processes in ascertaining the standard of instructions and the final examination

9: RESOURCES

The institution should have an adequate financial and physical resource base to support its programmes of study at an acceptable level of quality on a continuing basis. The institution should provide financial resource plans which can demonstrate adequate resource support for the planned programmes of study and planned student numbers. Such resource plan should include consideration of adequate and appropriate campus space, equipment, laboratories, library and general facilities for effective teaching and learning.

9: RESOURCES

Key Issues to be Considered

1. Are there sufficient and appropriate financial and physical resources to support teaching and learning? Are spaces, equipments, library resources, information technology, student services at the appropriate level and sufficiently up-to-date?

2. Are there established mechanisms for staff and students to propose changes to resource provision?

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9: RESOURCES

Key Issues to be Considered

4. Are there suitable office accommodation and facilities for staff?

5. Are the estimates of recurrent expenditure sufficient and apportioned appropriately? Do they match the future development of the institution?

6. Does the institution have a contingency plan in place including strategies for termination of programmes and a sufficient financial reserve?

9: RESOURCES

Documentary Evidence

1. A brief description of the institution's present and projected accommodation with specific details, listing classrooms, lecture theatres, office and so on, in terms of quantity, usable floor area and capacity (e.g. for

9: RESOURCES

Documentary Evidence

4. Budgeted facility upgrading and replenishing plans and evidence of support by the governing body.

5. Procedures for input of staff/student views on resources e.g. acquisition of books.

6. Audited financial statements for the most recent 3 years, and/or evidence of startup funds.

7. Budgets and estimates for the next 3 to 5 years.

8. Management information such as unit cost per student at programme level and at institutional level, tuition fee per programme, breakeven number per programme, breakeven number at institutional level, direct cost and indirect cost, planned student enrolment including FTE for the next 3-5 years by programme by year of study and by mode of study, planned attrition rate by programme, employment and articulation rate, etc.

9. Contingency Plan