



Assessment framework for the higher education accreditation system of the Netherlands

September 2016

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Introduction

With the *Assessment framework for the higher education accreditation system of the Netherlands* to assess the quality of higher education programmes and institutions, the Dutch quality assurance system has entered the next phase. The new framework establishes a significant optimisation, befitting the character of our current era. Furthermore, the framework is geared to a quality assurance system that is based on trust in the existing, high quality of Dutch higher education.

Within the statutory framework of the Dutch Higher Education and Research Act (WHW), the system aims to endorse staff and student ownership of the programmes and to reduce the administrative burden of the accreditation process for programmes and institutions. At the same time, the system must be sufficiently robust to safeguard the quality of programmes and institutions, be able to enforce improvement, and render the quality offered visible to students, employers, and society.

The previous two Dutch accreditation systems came into force in 2002 and in 2011. The accreditation system will enter its third phase in 2017, concurrently with the start of the second round of the institutional audit. The first round of institutional audits has made a significant contribution to the establishment of quality assurance systems at the institutional level and a quality culture in the field of education. The second round will be focused on assessing the robustness of the aforementioned quality assurance system and the associated procedures, and whether a sustained quality culture has been established within the institutions. In that case, a positive judgement on all the standards will confirm trust in the institution.

The second round of institutional audits thus constitutes a key building block for a system based on trust. The institutional audit framework has been reviewed from this perspective and now offers room for the further development of a system in which trust is the point of departure.

The new assessment framework comprises a single set of standards for new and existing programmes, both academic and professional programmes, at the Associate Degree, Bachelor's, and Master's levels. The assessment rules and other instructions and guidelines contained in the framework have been cut down and simplified. This reflects the principle that a tailor-made approach and individual substantiation by the programmes and institutions determine how the assessment procedures will be fleshed out within the scope offered by the framework.

Its open structure and elaboration enhance the flexibility of the quality assurance system and reduce the associated administrative burden. The framework takes both trust and self-confidence as its points of departure. Existing documents will suffice to demonstrate the quality, expertise and knowledge of those who substantiate the education provided. This means that institutions and programmes will not be required to provide more than is outlined in this framework.

The assessment framework ties in with the criteria set down in the Dutch Higher Education and Research Act (WHW) and the Standards and Guidelines for Quality Assurance in the European Higher Education Area (European Standards and Guidelines - ESG). It sketches the criteria underpinning the quality assurance system of the Dutch higher education sector.

The framework continues to observe the peer review system as the best method to verify quality. The assessments are carried out on the basis of an approach and mindset that befit evaluation by peers. The panel of independent and authoritative experts enters into an open dialogue with the institution regarding quality. The self-evaluation report informs the panel of the reflective cycle in place at the institution to safeguard and continually improve its quality: from philosophy, aims and objectives to implementation, from evaluation and results to improvement and development.

The framework expressly calls for attention to be paid to quality culture and its embedding, always in interconnection with quality assurance tools.

The framework is based on respect for the autonomy of the institutions that bear primary responsibility for their quality. The vision, aims and objectives of the institution or programme constitute the starting point for the assessment and will not be assessed in terms of content. The point of departure is that students and staff substantiate the education provided and the programme, sharing an important responsibility to this end as “owners”. However, society as a whole is also an owner and stakeholder of education: good and accessible higher education is essential for a sustained and well-balanced development of present-day society, from both an economic and a societal perspective.

The *Assessment framework for the higher education accreditation system of the Netherlands* has been established following consultations with the umbrella organisations for publicly funded and private universities, universities of applied sciences, quality assessment agencies, student organisations, employers’ organisations, and unions, with input from many parties involved in educational practice.

The following chapters set out the framework. Chapter 1 pertains to the institutional audit. Chapter 2 pertains to programme assessments of both existing and new programmes. Chapter 3 outlines the procedure for the other assessments. Chapter 4 deals with the options for internal and external appeals. Chapter 5 pertains to the publication of the framework.

The Assessment Frameworks for the Higher Education Accreditation System of The Netherlands 2014 (Education Regulations 2003 Explanation, 17) are withdrawn.

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1 Institutional audits

1.1 Introduction

An institutional audit is a periodic, external, and independent assessment of the quality assurance in place at an institution. Internal quality assurance comprises both the quality culture and the internal quality assurance system of an institution. The audit serves to determine whether the institution's internal quality assurance system, in interconnection with its quality culture, safeguards the realisation of its individual vision of good education.

A quality assurance system comprises simple, univocal, and verifiable aims and objectives, procedures to safeguard quality, embedding of the Plan Do Check Act (PDCA) cycle in the organisation, “*hard controls*”, periodic evaluations, and systematic monitoring of improvements. Quality culture refers to a distinct and manifested vision, a shared focus on improvements, leadership, accountability and “*soft controls*”, cooperation and self-management, (academic) professionalism, student commitment, and an external orientation. Both dimensions of focusing on and pursuing a good quality of education are considered in the institutional audit. The institution demonstrates the effectiveness of its own synergy between the two dimensions, which allows it room to choose its own balance. In this framework, the term “quality assurance” expressly refers to both dimensions: the quality assurance system and the quality culture.

The key question is: is the institution safeguarding the realisation of its vision of good education, and is the institution continuously working on development and improvement?

This key question is answered on the basis of four coherent questions that constitute the point of departure for the institutional audit:

1. Are the institution's vision and policy concerning the quality of the education it provides widely supported and sufficiently coordinated, both externally and internally?
2. How does the institution realise this vision of quality?
3. How does the institution monitor that its vision of quality is realised?
4. How does the institution work on improvement?

In the framework, the above questions have been translated into four standards:

1. Vision and policy
2. Implementation
3. Evaluation and monitoring
4. Focus on development

The four standards constitute a “reflective cycle” on the basis of which the institution demonstrates that all its departments observe a strong quality culture focused on development, and follow up policy results. The quality culture is supported by an efficient internal quality assurance system that continually safeguards the quality of the education it provides.

With the institutional audit, the institution gives account to society regarding the soundness of its assurance of the quality of the education it provides, and demonstrates its safeguarding of sustained quality development.

The Dutch Higher Education and Research Act requires that attention be paid to facilities that further accessibility and practicability for students with a functional impairment.

The point of departure for the institutional audit is the institution's well-defined, shared, and propagated vision of good education. The vision itself is not assessed in terms of content during the audit. The institution is autonomous and develops an individual vision of good education that must be properly geared to the expectations and requirements of the professional field, peers, students, and society. The institution and its staff and students support and develop this vision based on an external orientation and in consultation with civic society.

The open nature of the framework underscores the autonomy of the institution and its own responsibility for the quality it provides. The open nature contributes to the ownership of its teachers and students. By reference to the open standards, the panel reflects on the institution's vision of good education in the meetings, the manner in which it is substantiated, the evaluation, and the results. The use of open standards offers scope for diversity in the implementation and set-up of an institution's educational policy, including between different sections of the institution if so desired.

Sustained and systematic embedding of internal quality assurance in previous years is taken into consideration in the assessment of applications for extension of the validity of institutional audit decisions.

The institutional audit is conducted by an external panel of independent experts (peer review). The panel members are appointed by the Accreditation Organisation of the Netherlands and Flanders (NVAO). The panel ascertains whether the institution has an adequate quality assurance system in place to safeguard the quality of its programmes and a quality culture that encourages all those involved to strive for (continued) quality development.

1.2 Standards

Philosophy and policy

Standard 1: The institution has a broadly supported educational philosophy and pursues a corresponding policy focused on the internal quality assurance of its education.

The institution holds a well-defined view of good education which is shared in all its departments. Teachers and students support this philosophy, and develop it in mutual consultation and in concert with external stakeholders. Periodical coordination with the relevant (changing) environment ensures the topicality of this philosophy. The educational philosophy has been translated into explicit points of departure for quality assurance. In accordance with the ESG, the educational philosophy is student-oriented (student-centred learning).

Implementation

Standard 2: The institution realises its educational philosophy in an effective manner, which is demonstrated by appropriate policy actions and processes, particularly relating to staff, student assessment, services and facilities, and students with a functional impairment.

The philosophy has been appropriately translated into concrete policy actions and processes. The institution has processes in place for the design, recognition, and quality assurance of its programmes in keeping with the European Standards and Guidelines, and demonstrates the effectiveness and application of such processes by means of a track record. Students and staff co-own the policy and contribute to its realisation on the basis of the shared philosophy. This commitment demonstrates how the institution realises its intended quality culture.

Implementation is consistent with the philosophy: staff, student assessment, and services and facilities further the accessibility and practicability of the education provided.

Evaluation and monitoring

Standard 3: The institution systematically evaluates whether the intended policy objectives relating to educational quality are achieved. Relevant stakeholders are involved in this process.

The institution organises effective feedback that supports the realisation of its policy. To that end, it initiates appropriate evaluation and measurement activities that are stably embedded in the institution. These tools provide insightful information that can be used for the formulation of desired quality development. The tools comprise a transparent method for identifying and reporting risks, taking action where needed, with a focus on improvement. Reflection on the output forms part of the organisational model, and provides sufficient insight into the effectiveness of the policy implementation in all tiers of the organisation and staff participation.

Since the measurement and evaluation activities revolve around effectiveness, they do not need to be uniform across the entire institution.

Students, staff, alumni and experts from the professional field are actively involved in the evaluations. The institution publishes accurate, up-to-date and accessible information regarding the evaluation results.

Development

Standard 4: The institution has a focus on development and works systematically on the improvement of its education.

Feedback and reflection on output constitute the basis for measures targeted at reinforcing, improving, or adjusting policy or its implementation. Following up on measures for improvement is embedded in the organisational structure. The development policy pursued by the institution encourages all the parties concerned to contribute to innovation and quality improvement.

Internal and external stakeholders have been informed regarding the developments that are primed on the basis of the evaluation outcomes. The institution pursues continuous improvement, adapts to the (changing) circumstances, and conforms to the expectations of students and employers.

1.3 Panel judgements and assessment rules

Judgement per standard: <i>The panel scores each standard according to the following scale:</i>	
	<p>Meets the standard: the institution meets the standard;</p> <p>Partially meets the standard: the institution meets the standard to a significant extent, but improvements are needed in order to fully meet the standard. Conditions for improvement are set down (see <i>Conditions</i> below);</p> <p>Does not meet the standard: the institution does not meet the standard.</p>
Assessment rules for final conclusion regarding the institution:	
	<p>Positive: the institution meets all the standards.</p> <p>Conditionally positive: a judgement of “partially meets the standard” for a maximum of two standards, with conditions set down.</p> <p>Negative: the institution fails to meet one or more standards and additionally “partially meets” three or more other standards.</p>
Conditions:	
	<p>When the panel reaches the final conclusion of “conditionally positive”, it recommends one or more conditions. The panel only recommends the imposition of conditions when their realisation is realistic and feasible within a maximum term of two years. NVAO decides on the conditions to be imposed. If the imposition of conditions is not realistic and feasible, the final conclusion will be “negative”.</p> <p>The panel sets down concrete recommendations regarding the conditions to be satisfied in order to meet the standards.</p>
Recommendations:	
	With respect to each standard, the panel may make suggestions for improvements. In its report, these suggestions are clearly separated from the substantiation of the judgements.

Assessment of specific aspects:

The institution may choose to have a specific, institution-wide aspect assessed concurrently with the institutional audit. For example: a distinctive feature or specific quality assurance activities pursued by the institution. Agreements on this are made during the Board consultations (see below). The assessment of a specific aspect results in an additional audit trail and/or the addition of specific expertise to the panel. The institution must substantiate the aspect concerned in its application. The panel assesses this aspect and provides advice. NVAO may ratify this judgement. NVAO may exclude an application regarding assessment of a specific, institution-wide aspect from its procedure when such aspect falls beyond its competencies (see Chapter 3).

1.4 Assessment process

1.4.1 Submission of applications

The institution must submit an application to NVAO by means of a letter or email. When the institution wishes to extend the validity of an existing institutional audit (re-application), such application must be submitted at least one year prior to expiry of the institutional audit.

1.4.2 Board consultations

Upon receipt of the application, NVAO initiates consultations with the Board of the institution. The Board consultations involve an introduction to and explanation of the institutional audit. Examples of the topics that could be discussed during the consultations are: the institution's organisational structure and profile, the (international) composition of the panel and the language to be used in conducting the audit, the timeframe, the format and scope of the self-evaluation report, points for attention with respect to the assessment, wishes with respect to the organisation of the site visits, and the material available in the institution for the purpose of the audit.

Prior to the Board consultations, the accreditation portrait is forwarded to the institution. This accreditation portrait presents an overview of the results of the accreditations and initial accreditations carried out in recent years. NVAO takes account of the diversity in organisational forms and of the institution's specific nature. Representatives of students and staff from the participatory bodies or (student) involvement bodies applicable to the institution will be involved in the Board consultations.

1.4.3 Panel composition

Following the Board consultations, NVAO appoints the panel that will conduct the institutional audit. Subsequently, the institution to be audited has a period of two weeks to inform NVAO of any substantiated objections to the composition of the panel.

The experts conducting institutional audits are independent of the institution (for at least five years, they have had no direct nor indirect ties with the institution to be audited that would lead to a conflict of interest), they are authoritative at the administrative level or within the development of higher education, they command auditing expertise, or they represent the professional field. Prior to the assessment, the panel members sign a declaration of independence.

The panel members jointly command the following expertise:

- administrative expertise;
- higher education expertise, preferably including with respect to developments beyond the Netherlands;
- expertise regarding the structure and effectiveness of quality assurance systems;
- representative of the students
- representative of the social sphere or, as the case may be, the professional field;
- as the occasion arises, expertise related to the specific aspect(s) applied for.

In consultation with the institution, the panel is composed of a maximum of five members, one of whom is a student member. It is supported by a secretary and an NVAO process coordinator. One of the panel members with administrative expertise acts as Chair.

NVAO provides all panel members with a briefing and/or training course specifically aimed at institutional audits.

The panel conducts a peer review, i.e., consultation/assessment by peers occupies centre stage. The panel's attitude and working methods correspond to this point of departure. This means, for example, that the panel operates on the basis of trust and respects the principles of the institution, conducts an open dialogue with the institution, does justice to the various perspectives of quality, and contributes to improvement.

1.4.4 Self-evaluation report and other documents

The institution draws up a self-evaluation report, outlining its strengths and weaknesses. The self-evaluation report is submitted to the representative council or participatory body/bodies appropriate to the institution for advice. The self-evaluation report is a self-contained document comprising a maximum of 50 pages (excluding appendices). The advice by the representative council forms part of the self-evaluation report. The institution may contact NVAO to agree on another format or scope for the self-evaluation report (see *Board Consultations* above).

The institution selects other documents that will be made available for perusal by the panel prior to the site visit. The contents and format of such documents are not subject to any prior requirements. The point of departure is that the institution provides the documents and information that the panel requires in order to carry out its duties. Existing material is used wherever possible. In principle, NVAO leaves it up to the institution and the panel to decide in mutual consultation which information is required to form a proper judgement. If need be, NVAO may give a binding decision.

The institution must forward its self-evaluation report with appendices to NVAO no later than six weeks prior to the panel's first site visit.

1.4.5 Site visits

In principle, the panel conducts two site visits: an exploratory visit and an in-depth visit. The first and the second visit are at least four weeks apart. During the first visit, the panel forms a general picture of the institution. During the second visit, at least two audit trails are conducted to gain more in-depth insight.

One trail involves an in-depth study into the effectiveness of the institution's quality assurance and the risk management of programmes. The panel selects a few programmes, based on which it investigates the structure of the quality assurance system, risk identification, and the monitoring of the results across all the tiers of the organisation. In addition, the panel defines the theme issues for the in-depth audit trail(s) at the end of the preparatory visit. In the event of a re-application, the findings of the previous visit are taken into consideration to this end.

In the event of a re-application for an institutional audit and if so requested by the institution, NVAO may decide to have the first and second visit take place consecutively, for example, if the audit is conducted by an international panel.

When the visits will take place consecutively, NVAO informs the institution four weeks prior to the visit of the topics to be considered in the audit trail(s). In such cases, time will be allocated in the schedule for the discussion of topics or issues that are found during the visit to require a more in-depth examination.

During the Board consultations, institutions are free to submit any requests regarding the organisation of the site visits.

Panel preparation

Prior to the first exploratory visit, the panel will have perused the institution's self-evaluation report and accreditation portrait.

In a preparatory internal consultation, the panel discusses the self-evaluation report and the underlying documents. In addition, the panel formulates the questions it intends to pose to the discussion partners, during the first visit, and sets down its approach.

First visit: exploration

During the exploratory visit, the panel becomes acquainted with the institution. During this visit, the panel meets with various bodies, including the supervisory board, the board of the institution, managers qualified to teach, staff responsible for quality assurance and other relevant staff members, teachers from representative bodies, students from representative bodies, and representatives from the social sphere.

In addition, time is set aside for open consultations. The open consultations offer all the staff members of the institution the opportunity to present, in confidence, their own views on the quality assurance in place in the institution. Prior to the visit, the institution will make these open consultations widely known. Anyone who wishes to avail him/herself of this opportunity may apply to the panel secretary by email.

The process coordinator contacts the institution to discuss the organisation of the site visit and the announcement of the open consultations. At the end of the first visit, the panel chair provides brief feedback to the institution. This feedback reflects the panel's first impressions and indicates the audit trails to be conducted.

Second visit: in-depth study

During the in-depth visit to the institution, the audit trails are conducted. An audit trail enables the panel to ascertain whether its first impressions were correct. The topics to be considered during the audit trails are specified under "Site visits". Audit trails may adopt either a horizontal or a vertical approach to the organisation. "Horizontal" trails examine the implementation or monitoring of a specific aim or objective or aspect in a specific tier of the organisation, e.g., all the faculties. "Vertical" trails follow the implementation in "the line" across all the organisational layers. The trail focusing on how programmes monitor quality assurance is "vertical" in nature. The assessment of a "specific" aspect (see paragraph 1.3) requires an additional trail.

Within the panel, judgements are formed on a peer-by-peer basis. Equal justice is done to the various perspectives of quality represented on the panel, including the student perspective. In this respect, the panel strives for consensus.

At the end of the in-depth visit, the Chair provides brief feedback regarding the panel's preliminary findings. The final findings are included in the advisory report.

1.4.6 Advisory report

The panel secretary draws up an advisory report comprising a maximum of 30 pages.

This report contains a summary of the panel's findings and considerations underpinning the judgement. The essence of the report comprises, with respect to each standard: the substantiated findings of the panel, the considerations, the judgement, any assessment of specific aspects, recommendations and conditions, if any.

The panel bases its substantiation on the self-evaluation report, the meetings with representatives of the institution, and findings based on the documents studied.

The report opens with a brief, concise summary aimed at a wider reading public. The report closes with a score table reflecting the judgements on each standard and a well-reasoned final conclusion. The appendix comprises the composition of the panel and brief CV descriptions of the panel members, the approach adopted by the panel, the dates and schedules of the site visits (including names and positions of the discussion partners, save the names of the participants in the open consultations), and a list of the documents examined.

The Chair will endorse the draft report after the panel members have approved its contents. The institution receives this draft report in order to correct any factual inaccuracies within a period of two weeks. The panel will incorporate the response provided by the institution. Subsequently, the Chair will endorse the final report, after all the panel members have approved it.

1.5 Decision-making by NVAO

NVAO forms an opinion about the advisory report, thereby considering consistency, panel approach, procedural requirements, substantiation and weighting in order to ascertain that the panel recommendations have been substantiated in a thorough, proper, and verifiable manner, and that the panel has reached its judgement in a consistent manner. NVAO may invite the panel chair (and possibly other panel members) to provide an explanation. NVAO informs the institution about these consultations and may invite the institution to attend. Institutions may also express to NVAO their need for an explanation.

Based on the panel advisory report and the explanation, if any, NVAO forms a substantiated and independent opinion. The decision may be: positive; conditionally positive, or negative. The institution is given the opportunity to respond to factual inaccuracies in the intended decision. A conditionally positive decision involves NVAO setting down one or more conditions. NVAO specifies the time frame within which the institution must provide the information required to assess whether the conditions have been met, so that re-assessment can take place within two years. The time frame is set down in the limited validity of the institutional audit.

Institutions that have (conditionally) passed the institutional audit may avail themselves of the limited frameworks for accreditations and initial accreditations for the term of its validity.

Publication

NVAO publishes its decision regarding the institutional audit and the advisory report on its website.

Withdrawal of applications

The institution is free to withdraw its application during the entire assessment procedure, up to such time as NVAO has taken a final decision – in the manner set out in the Dutch General Administrative Law Act – and has published such decision.

1.6 Assessment of the condition(s)

In a conditionally positive decision, NVAO sets out the conditions to be met and the time frame within which they have to be met. In addition, it specifies a deadline for the submission of documents by the institution demonstrating that the conditions have been met. In principle, the same panel will assess whether the conditions have been met. NVAO may decide to change the composition of the panel. The panel decides on the approach to be adopted for the assessment.

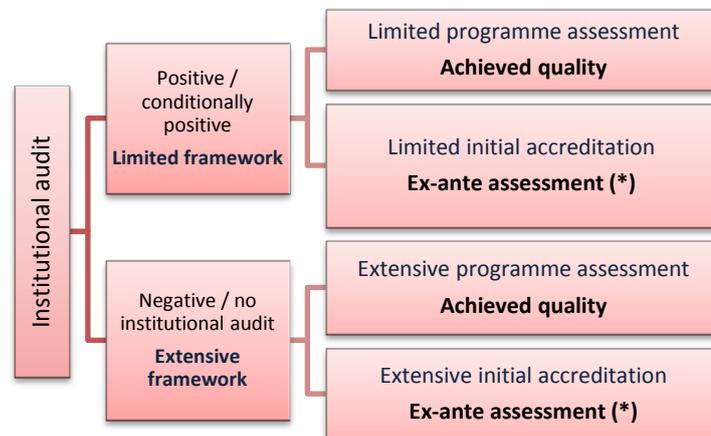
The organisation of the assessment is coordinated between the panel, the institution, and NVAO. The panel submits an advisory report to NVAO. For more details, see the provisions regarding the advisory report and decision-making by NVAO.

2 Programme assessment

2.1 Introduction

The framework for programme assessments pertains to academic higher education programmes, professional higher education programmes at Bachelor's and Master's levels, and Associate Degree programmes (AD programmes).

With respect to programme assessments, the Dutch Higher Education and Research Act (WHW) makes a distinction between the assessment of **existing programmes (accreditation)** and the assessment of **new programmes (initial accreditation)**. The **limited framework** is used if the institution holds a positive or conditionally positive decision regarding its institutional audit. In all other cases, the **extensive framework** is dictated.



(*) See *Exception: ex-ante assessment* in Paragraph 2.3, Initial accreditations.

2.2 Existing programmes

The assessment of existing programmes focuses on the quality achieved. The programme must demonstrate that its educational practice meets the standards. The assessment is aimed at the intended learning outcomes, the structure of the curriculum, the learning environment, student assessment, the teaching staff, and the achieved learning outcomes.

2.3 Initial accreditations

The assessment of new programmes (initial accreditation) involves an ex-ante assessment. This assessment is focused on plans, pre-conditions, and, wherever applicable, achieved quality. The plans must have been elaborated to a sufficient extent in order to give the panel a clear picture of the intended learning outcomes, the set-up of the curriculum, the learning environment, the assessment and examination of students, and the staff team that is going to teach the programme. The set-up of the first-year curriculum (60 ECs) must be described in detail. Furthermore, the panel will meet with the development team and/or the intended staff to discuss the substantiation of the remaining curriculum components, and the realisation and assessment of the intended learning outcomes.

Exception: ex-ante assessment in initial accreditations

If the initial accreditation involves a programme that is actually already being taught, the achieved learning outcomes are assessed on the basis of interim tests and, if available, final projects. For formal reasons (first registration on the Central Register of Higher Education Programmes, CROHO), such programmes are subjected to initial accreditation. Cf. *Explanation: Initial accreditation, extensive assessment of achieved learning outcomes after three years.*

Limited versus extensive framework

When the limited framework is used, the panel is requested to avoid any overlap with the institutional audit. The limited framework is focused on the substantive quality of the programme, including the required learning environment and the teaching staff. Topics that are left out of consideration are: institution-wide quality assurance and quality culture aspects, the staff policy pursued by the institution, services and facilities, and alignment with the institution's strategy. After all, these aspects have already been assessed during the institutional audit. The extensive framework, on the other hand, also considers the embedding of the programme in the institution's policy, the services and facilities, quality assurance and quality culture.

2.4 Limited frameworkIntended learning outcomes

Standard 1: The intended learning outcomes tie in with the level and orientation of the programme; they are geared to the expectations of the professional field, the discipline, and international requirements.

The intended learning outcomes demonstrably describe the level of the programme (Associate Degree, Bachelor's, or Master's) as defined in the Dutch qualifications framework, as well as its orientation (professional or academic). In addition, they tie in with the regional, national or international perspective of the requirements currently set by the professional field and the discipline with regard to the contents of the programme. Insofar as is applicable, the intended learning outcomes are in accordance with relevant legislation and regulations.

Teaching-learning environment

Standard 2: The curriculum, the teaching-learning environment and the quality of the teaching staff enable the incoming students to achieve the intended learning outcomes.

The intended learning outcomes have been adequately translated into educational objectives of (components of) the curriculum. The diversity of the students admitted is taken into account in this respect. The teachers have sufficient expertise in terms of both subject matter and teaching methods to teach the curriculum, and provide appropriate guidance. The teaching-learning environment encourages students to play an active role in the design of their own learning process (*student-centred approach*). Programme-specific services and facilities are assessed, unless they involve institution-wide services and facilities already reported on during the institutional audit.

Student assessment

Standard 3: The programme has an adequate system of student assessment in place.

The student assessments are valid, reliable and sufficiently independent. The requirements are transparent to the students. The quality of interim and final examinations is sufficiently safeguarded and meets the statutory quality standards. The tests support the students' own learning processes.

Achieved learning outcomes

Standard 4: The programme demonstrates that the intended learning outcomes are achieved.
(Cf. paragraph on initial accreditations, Exception: ex-ante assessment in initial accreditations.)

The achievement of the intended learning outcomes is demonstrated by the results of tests, the final projects, and the performance of graduates in actual practice or in post-graduate programmes.

The programme must describe how it tests the achievement of the exit level. Such tests may be based on various products or examinations that are summarised here in the concept of a final project. A non-exhaustive account of final projects is: the final thesis, a portfolio, a professional product, an interim exam or series of interim exams, a paper, an artistic achievement, or a combination thereof.

The panel assesses a minimum of 15 final projects of the programme, selected on the basis of a list of student numbers with the information required to make an adequate selection. Modes of study, locations, specialisations, graduation tracks, and curricula are represented in the selection to such an extent as to identify any differences in quality. This may require an expansion of the number of final projects to be assessed. The programme enables the panel to form an opinion of these final projects and their assessment by the programme, prior¹ to the site visit. During the site visit, the panel interviews assessors/examiners of the programme in order to gain proper insight into the ways in which the assessment has come about and the achievement of the exit level is monitored.

2.4.1 Supplementary for initial accreditations

- The panel, and by extension NVAO, comment on the allocation of the programme to a CROHO sector²;
- In the event of a professional higher education programme, the panel, and by extension NVAO, comment on an appropriate suffix to the degree conferred by the programme.

¹ In exceptional cases, the panel may examine the final projects during the site visit (for example, in the event of performing arts).

² The Central Register of Higher Education Programmes (CROHO) distinguishes the following sectors: Education, Agriculture and the Natural Environment, Science, Engineering and Technology, Health Care, Economics, Law, Behaviour and Society, Language and Culture, and Cross-sector Programmes.

2.4.2 Panel judgements and assessment rules, limited framework

The panel bases its recommendations on the following assessment rules:

	Existing programmes:	Initial accreditations:
Judgement per standard: <i>The panel scores each standard according to the following scale:</i>		
	“Unsatisfactory”, “Satisfactory”, “Good” or “Excellent” (see <i>Definition of Judgements</i>).	“Does not meet the standard”, “Partially meets the standard” or “Meets the standard” (see <i>Definition of Judgements</i>).
Assessment rules for overall judgement on the programme:		
	<p>Excellent: a judgement of “Excellent” with respect to at least two standards, one of which must be standard 4, and a judgement of at least “Satisfactory” with respect to the remaining standards (see explanation of Excellent).</p> <p>Good: a judgement of “Good” with respect to at least two standards, one of which must be standard 4, and a judgement of at least “Satisfactory” with respect to the remaining standards.</p> <p>Satisfactory: a judgement of “Satisfactory” with respect to at least two standards, one of which must be standard 1, and improvement of the shortcoming(s) identified under the standards scored “unsatisfactory” must be realistic and feasible within two years (see <i>Improvement period</i>).</p> <p>Unsatisfactory: i) standard 1 is scored “unsatisfactory”; or ii) one or two standards are scored “unsatisfactory” and improvement within two years is neither realistic nor feasible; or iii) three or more standards are scored “unsatisfactory”.</p>	<p>Positive: the programme meets all the standards.</p> <p>Conditionally positive: a judgement of “Partially meets the standard” with respect to no more than two standards, with conditions being imposed.</p> <p>Negative: ‘a judgement of “Does not meet the standard” with respect to one or more standards and a judgement of “Partially meets the standard” with respect to three or more other standards.</p>
	Improvement period	Conditions
	When the panel reaches a final conclusion of “Satisfactory” and one or two standards are scored “Unsatisfactory”, yet improvement of the shortcoming(s) is realistic and feasible within a maximum of two years, it may recommend that an improvement period be imposed. NVAO decides on the imposition of improvement periods. When the imposition of an improvement period is neither realistic nor feasible, the final conclusion will be “Unsatisfactory”. The panel sets down concrete recommendations regarding the shortcomings to be removed in order to satisfy the conditions.	When the panel reaches a final conclusion of “Conditionally positive”, it also recommends one or more conditions. The panel only recommends the imposition of conditions if their achievement is realistic and feasible within a maximum term of two years. NVAO decides on the imposition of conditions. When the imposition of conditions is neither realistic nor feasible, the final conclusion will be “Negative”. The panel sets down concrete recommendations regarding the conditions to be satisfied in order to meet the standards.

2.5 Extensive framework

Intended learning outcomes

Standard 1: The intended learning outcomes tie in with the level and orientation of the programme; they are geared to the expectations of the professional field, the discipline, and international requirements.

The intended learning outcomes demonstrably describe the level of the programme (Associate Degree, Bachelor's, or Master's) as defined in the Dutch qualifications framework, as well as its orientation (professional or academic). In addition, they tie in with the regional, national or international perspective of the requirements currently set by the professional field and the discipline with regard to the contents of the programme. Insofar as is applicable, the intended learning outcomes are in accordance with relevant legislation and regulations. The points of departure for the set-up of the programme chime with the educational philosophy and the profile of the institution. The intended learning outcomes are periodically evaluated.

Curriculum: orientation

Standard 2: The curriculum enables the students to master appropriate (professional or academic) research and professional skills.

The curriculum ties in with current (international) developments, requirements and expectations in the professional field and the discipline. Academic skills and/or research skills and/or professional competencies are substantiated in a manner befitting the orientation and level of the programme.

Curriculum: content

Standard 3: The contents of the curriculum enable students to achieve the intended learning outcomes.

The learning outcomes have been adequately translated into educational objectives of (components of) the curriculum.

Curriculum: learning environment

Standard 4: The structure of the curriculum encourages study and enables students to achieve the intended learning outcomes.

The curriculum is designed in a manner conducive to the achievement of the intended learning outcomes. The teaching-learning environment encourages students to play an active role in the design of their own learning process (student-centred approach). The design of the learning environment chimes with the educational philosophy of the institution.

Intake

Standard 5: The curriculum ties in with the qualifications of the incoming students.

The admission requirements in place are realistic with a view to the intended learning outcomes.

Staff

Standard 6: The staff team is qualified for the realisation of the curriculum in terms of content and educational expertise. The team size is sufficient.

The teachers have sufficient expertise in terms of both subject matter and teaching methods to teach the programme. The staff policy is conducive in this respect. Sufficient staff is available to teach the programme and tutor the students.

Facilities

Standard 7: The accommodation and material facilities (infrastructure) are sufficient for the realisation of the curriculum.

The accommodation of the programme and the facilities are in keeping with the intended learning outcomes and the teaching-learning environment.

Tutoring

Standard 8: The tutoring of and provision of information to students are conducive to study progress and tie in with the needs of students.

Students receive appropriate tutoring (including students with a functional impairment). The information provision of the programme is adequate.

Quality assurance

Standard 9: The programme has an explicit and widely supported quality assurance system in place. It promotes the quality culture and has a focus on development.

The programme organises effective periodic feedback that supports the achievement of the intended learning outcomes. Existing programmes implement appropriate improvements based on the results of the previous assessment. They initiate appropriate evaluation and measurement activities to that end. The outcomes of this evaluation demonstrably constitute the basis for development and improvement. Within the institution, those responsible are held to account regarding the extent to which the programme contributes to the attainment of the institution's strategic goals. Quality assurance ensures the achievement of the intended learning results. The programme committee, examination board, staff, students, alumni and the relevant professional field are actively involved in the programme's internal quality assurance. The programme's design processes, its recognition, and its quality assurance are in keeping with the European Standards and Guidelines. The programme publishes accurate, reliable information regarding its quality, which is easily accessible to the target groups.

Student assessment

Standard 10: The programme has an adequate student assessment system in place.

The student assessments are valid, reliable and sufficiently independent. The quality of interim and final examinations is sufficiently safeguarded and meets the statutory quality standards. The tests support the students' own learning processes.

Achieved learning outcomes

Standard 11: The programme demonstrates that the intended learning outcomes are achieved.

(In initial accreditations, this standard is only assessed if the programme is actually taught and achievement of the learning results by graduates is verifiable; see *Exception: ex-ante assessment, initial accreditations*. In all other cases, the assessment is postponed until three years after the commencement of the programme. See *Initial accreditation, extensive assessment of achieved learning outcomes after three years*.)

The achievement of the intended learning outcomes is demonstrated by the results of tests, the final projects, and the performance of graduates in actual practice or in post-graduate programmes.

The programme must describe how it tests the achievement of the exit level. Such tests may be based on various products or examinations that are summarised here in the concept of a “final project”. A non-exhaustive account of final projects is: the final thesis, a portfolio, a professional product, an interim exam or series of interim exams, a paper, an artistic achievement, or a combination thereof.

The panel assesses a minimum of 15 final projects of the programme, selected on the basis of a list of student numbers with the information required to make an adequate selection. The selection comprises a reasonable balance between satisfactory, good, and very good final projects. In addition, modes of study, locations, specialisations, graduation tracks, and curricula are represented in the selection to such an extent as to identify any differences in quality. This may require an expansion of the number of final projects to be assessed. The programme enables the panel to form an opinion of these final projects and their assessment by the programme, prior³ to the site visit. During the site visit, the panel interviews assessors/examiners of the programme in order to gain proper insight into the ways in which the assessment has come about and the achievement of the exit level is monitored.

2.5.1 Supplementary for initial accreditations:

- The panel, and by extension NVAO comment on the allocation of the programme to a CROHO sector⁴;
- In the event of a professional higher education programme, the panel, and by extension NVAO, comment on an appropriate suffix to the degree conferred by the programme.

Explanation: initial accreditation, extensive assessment of achieved learning outcomes after three years

In the event of an initial accreditation application for a programme that, at the time of application, is not yet providing actual education, and the institution involved does not (yet) hold a positive or conditionally positive decision regarding an institutional audit, the following quality aspects will be assessed three years after initial accreditation has been granted:

- a. the level achieved, with a view to what is desirable and customary in an international perspective, and
- b. the validity of the assessment, testing, and examination of the students.

The assessment will be conducted by an independent panel that has been approved by NVAO. The institution must forward the assessment report to NVAO no later than two and a half years after the initial accreditation decision.

2.5.2 Panel judgements and assessment rules, extensive framework

The panel bases its recommendations on the following assessment rules:

³ In exceptional cases, the panel may examine the final projects during the site visit (for example, in the event of performing arts).

⁴ The Central Register of Higher Education Programmes (CROHO) distinguishes the following sectors: Education, Agriculture and the Natural Environment, Science, Engineering and Technology, Health Care, Economics, Law, Behaviour and Society, Language and Culture, and Cross-sector Programmes.

	Existing programmes:	Initial accreditations:
Judgement per standard: <i>The panel scores each standard according to the following scale:</i>		
	“Unsatisfactory”, “Satisfactory”, “Good” or “Excellent” (see <i>Definition of Judgements</i>).	“Does not meet the standard”, “Partially meets the standard” or “Meets the standard” (see <i>Definition of Judgements</i>).
Assessment rules for overall judgement on the programme:		
	<p>Excellent: a judgement of “Excellent” with respect to at least five standards, one of which must be standard 11, and a judgement of at least “Satisfactory” with respect to the remaining standards (see explanation of Excellent).</p> <p>Good: a judgement of “Good” with respect to at least five standards, one of which must be standard 11, and a judgement of at least “Satisfactory” with respect to the remaining standards.</p> <p>Satisfactory: a judgement of at least “Satisfactory” with respect to at least six standards, one of which must be standard 1, and improvement of the shortcoming(s) identified under the standards scored “unsatisfactory” must be realistic and feasible within two years (see <i>Improvement period</i>).</p> <p>Unsatisfactory: i) standard 1 is scored “unsatisfactory”; or ii) at least six standards are scored “unsatisfactory” and improvement within two years is neither realistic nor feasible; or iii) less than six standards are scored “satisfactory”.</p>	<p>Positive: the programme meets all the standards.</p> <p>Conditionally positive: the programme meets at least six standards and partially meets the remaining standards, with conditions being imposed (see <i>Conditions</i>).</p> <p>Negative: ‘a judgement of “Does not meet the standard” with respect to one or more standards and a judgement of “Meets the standard” with respect to less than six standards.</p>
	Improvement period	Conditions
	When the panel reaches a final conclusion of “Satisfactory” and one or two standards are scored “Unsatisfactory”, yet improvement of the shortcoming(s) is realistic and feasible within a maximum of two years, it may recommend that an improvement period be imposed. NVAO decides on the imposition of improvement periods. When the imposition of an improvement period is neither realistic nor feasible, the final conclusion will be “Unsatisfactory”. The panel sets down concrete recommendations regarding the shortcomings to be removed in order to satisfy the conditions.	When the panel reaches a final conclusion of “Conditionally positive”, it also recommends one or more conditions. The panel only recommends the imposition of conditions if their achievement is realistic and feasible within a maximum term of two years. NVAO decides on the imposition of conditions. When the imposition of conditions is neither realistic nor feasible, the final conclusion will be “Negative”. The panel sets down concrete recommendations regarding the conditions to be satisfied in order to meet the standards.

2.6 Definition of judgements standards

Generic quality:	The quality that, in an international perspective, may reasonably be expected from a higher education Associate Degree, Bachelor's or Master's programme.
Existing programmes	
Unsatisfactory:	The programme does not meet the generic quality standard and shows shortcomings with respect to multiple aspects of the standard. The panel may suggest an improvement period (see <i>Improvement period</i>).
Satisfactory:	The programme meets the generic quality standard across its entire spectrum.
Good:	The programme systematically surpasses the generic quality standard.
Excellent:	The programme systematically well surpasses the generic quality standard and is regarded as an international example (see <i>Explanation: Excellent</i>).
New programmes, initial accreditations	
Does not meet the standard:	The new programme does not meet the generic quality standard.
Partially meets the standard:	The new programme meets the generic quality standard to a significant extent, but improvements are required in order to fully meet the standard(s). As a point of departure, conditions will be imposed in order to achieve such improvements (exceptions are outlined under <i>Assessment rules for overall judgement on the programme</i> , in both the limited framework and the extensive framework).
Meets the standard:	The new programme meets the generic quality standard.

Explanation: Excellent

In its report, the panel provides a convincing substantiation of any judgement of "Excellent". To this end, the programme must demonstrate that it can be regarded as an international "best practice". The panel will request additional documentation if so required to substantiate its judgement.

2.7 Assessment process for existing programmes

2.7.1 Application

Applications for accreditation must be submitted no later than the deadline set for applications from the assessment cluster to which the programme has been assigned. The advisory report of the panel is part of the application for accreditation.

2.7.2 Assessment in assessment clusters

Existing programmes are assessed in assessment clusters. NVAO assigns programmes to an assessment cluster (on the recommendation of the institution) and sets the date for submission of applications. Application regulations and amendments are published on the NVAO website.⁵

⁵ NVAO processes applications and amendments once a year (April round).

Prior to the accreditation process, programmes may meet with NVAO as a sector to discuss matters such as comparative assessments in the cluster, the accreditation framework, substantive issues, and working agreements to ensure efficiency in the accreditation process.

2.7.3 Self-evaluation and appendices

The institution draws up a self-evaluation report describing the programme's strengths and weaknesses. The report is a self-contained document comprising a maximum of 15 pages (limited framework) / 20 pages (extensive framework) (excluding student chapter and appendices). Agreements may be made with the panel regarding another format or scope for the self-evaluation report. In addition to a self-evaluation, existing evaluative documents of the programmes may also be used. The standards from the assessment framework must be reducible, for example, by means of an explanation. The self-evaluation comprises a chapter submitted by students and/or recommendations by the programme committee. The programme encourages the establishment of an independent and representative student chapter.

The programme appends a limited number of appendices to its self-evaluation. These appendices provide insight into the set-up and/or contents of the curriculum, the composition of the staff team, and the teaching and examination regulations.

The panel requests additional documents and information if so required in order to form an opinion. The point of departure is that the programme submits the documents and information that the panel requires to carry out its tasks. However, the panel will exercise restraint in this respect and refrain from requesting information other than that already available with the programme.

2.7.4 Panel composition

The peers conducting programme assessments are independent, authoritative in their discipline, and jointly command the following expertise:

- up-to-date knowledge of the relevant discipline;
- (recent) teaching and testing experience in the same type of education (professional higher education / academic higher education, Master's / Bachelor's / Associate Degree programmes);
- ability to compare the programme in an international perspective;
- experience in the (international) professional field of the discipline concerned;
- experience with peer reviews in higher education;
- if applicable: knowledge of a specific teaching concept;
- if applicable: expertise related to the distinctive feature applied for.

The panel is composed of a minimum of four members. An active higher education student (engaged in quality assurance) sits on the panel. The panel is supported by a secretary trained by NVAO who formally does not sit on the panel.

The panel members are independent of the programme (for at least five years, they have had no direct nor indirect ties with the institution providing the programme that would lead to a conflict of interest). Prior to the assessment, the panel members sign a declaration of independence.

Assessment clusters

Existing programmes are assessed in assessment clusters.⁶ A single panel conducts a comparative assessment of the entire cluster.⁷ The boards of the institutions concerned submit a coordinated proposal regarding the panel composition to NVAO for approval⁸ (listing the secretary and process coordinator, if any⁹). This proposal specifies how (interconnection in) the panel will contribute to a consistent comparison between the programmes. NVAO assesses the competence, independence, and interconnection of the panel on the basis of the above criteria.

Panel preparations

The panel chair and the panel secretary have been trained in accordance with the NVAO requirements. In addition, the panel members are trained/briefed. The panel agrees on the approach to be adopted. Prior to the site visit, the panel has perused the programme's self-evaluation report. In a subsequent preparatory internal panel meeting, the panel discusses the self-evaluation report and the underlying documents. Furthermore, the panel formulates the questions it will pose to the discussion partners during the site visit.

The panel conducts a peer review, i.e., consultation/assessment by peers occupies centre stage. The panel's attitude and working methods correspond to this point of departure. This means, for example, that the panel operates on the basis of trust and respects the principles of the programme, conducts an open dialogue with the programme, does justice to the various perspectives of quality, and contributes to improvement.

Formation of judgements

Within the panel, judgements are formed on a peer-by-peer basis. Equal justice is done to the various perspectives of quality represented on the panel, including the student perspective. In this respect, the panel strives for consensus.

2.7.5 Site visit

The site visit is composed of two elements:

1. Assessment in the context of accreditation and improvement: the programme proposes a schedule for the site visit, including sequence of interviews, types of interviews, participants, and duration. The panel honours such proposal wherever possible and may request adjustments to further the formation of reliable judgements;
2. in addition, the programme conducts a so-called development dialogue with the panel, discussing potential improvements from a development perspective.

2.7.6 Report

The site visit generates two reports:

1. advisory report: this report provides insight into the findings underpinning the judgements assigned by the panel and summarises them in a concise advisory report. The standards and

⁶ "Unique" programmes constitute a separate assessment cluster.

⁷ For reasons of independence, specific expertise, and availability of panel members, the composition may differ from one programme to the next. However, the various compositions must "overlap" sufficiently in order to ensure consistency in the comparative assessment.

⁸ This task may be delegated to a secretary.

⁹ The secretary and process coordinator do not formally sit on the panel. They support the judgement formation process, but do not have a say in it.

assessment rules from the relevant framework are leading in this report. The advisory report comprises recommendations for improvement. The advisory report contains a summary. The advisory report underpins the accreditation decision by NVAO. NVAO publishes its decision and the advisory report;

2. in addition, within a reasonable time after the accreditation decision by NVAO, the institution publishes the conclusions from the development dialogue with the panel.

The panel chair endorses the draft advisory report following approval by the panel members. The institution receives this draft report in order to correct any factual inaccuracies within a period of two weeks. The panel will process the response provided by the institution, whereupon the chair will endorse the final report, following approval by the panel members.

2.8 Assessment process for new programmes (initial accreditations)

2.8.1 Application

The institution submits an application to NVAO. The application comprises an information dossier, set up according to the standards of the assessment framework. The information dossier is a self-contained document comprising a maximum of 15 pages (limited framework) / 20 pages (extensive framework), excluding appendices. In addition to an information dossier, existing documents of the programmes may also be used.

The programme appends a limited number of appendices to the information dossier. These appendices provide insight into the set-up and/or contents of the curriculum and the composition of the staff team.

The panel requests additional documents and information if so required in order to form an opinion. The point of departure is that the programme submits the documents and information that the panel requires to carry out its tasks. However, the panel will exercise restraint in this respect.

2.8.2 Panel composition

The composition, preparations, and judgement formation of panels involved in an initial accreditation procedure are identical to those of panels involved in the assessment of existing programmes (see Paragraph 2.7.4, with the exception of “assessment clusters”). NVAO convenes and appoints the panel that will conduct the assessment for initial accreditation. Within two weeks after the composition is announced, the institution may lodge substantiated objections against the composition of the panel with NVAO. The panel members are independent of the programme (for at least five years, they have had no direct nor indirect ties with the institution providing the programme that would lead to a conflict of interest). Prior to the assessment, the panel members sign a declaration of independence. In initial accreditation procedures, the panels are supported by a secretary and/or a process coordinator supplied and trained by NVAO¹⁰.

2.8.3 Site visit

The schedule for the site visit is set down by the process coordinator and the contact person of the programme in mutual consultation. See Paragraph 2.7.5 (with the exception of *Development dialogue*).

2.8.4 Advisory report

Initial accreditation procedures only involve an advisory report. See Paragraph 2.7.6 (with the exception of the report on the development dialogue). Supplementary to Paragraph 2.7.6: When the panel

¹⁰ The secretary and process coordinator do not formally sit on the panel. They support the judgement formation process, but do not have a say in it.

recommends the imposition of conditions, the institution responds to such conditions upon its correction of factual inaccuracies. NVAO takes account of the response in deciding on the conditions and the time frame within which the institution must demonstrate its satisfaction thereof.

2.9 Decision-making by NVAO

NVAO forms an opinion about the advisory report, thereby considering consistency, panel approach, procedural requirements, substantiation and weighting in order to ascertain that the panel recommendations have been substantiated in a thorough, proper, and verifiable manner, and that the panel has reached its judgement in a consistent manner. NVAO may invite the panel chair (and possibly other panel members) to provide an explanation. NVAO informs the institution about these consultations and may invite the institution for an interview. Institutions may indicate their need for an explanation.

Based on the panel advisory report and the explanation, if any, NVAO forms a substantiated and independent opinion. The decision may be: positive; conditionally positive, or negative. The institution is given the opportunity to respond to factual inaccuracies in the intended decision.

2.9.1 Existing programmes

Programmes are accredited for six years. Every six years, the programme must demonstrate that it still meets the re-accreditation standards. Based on the panel advisory report, NVAO forms a substantiated and independent opinion on the basis of which it takes a decision. NVAO may decide that the programme will be accredited for another six years, that the programme will not be re-accredited, or that the current accreditation term will temporarily be extended within the context of an improvement period.

An Unsatisfactory score with respect to standard 1 dictates a negative decision by NVAO, without a possibility for a supplementary assessment. When the panel recommends that an improvement period be granted, the programme must add an improvement plan to its application for re-accreditation, together with the recommendations of the programme committee regarding such plan (if a programme committee is required by law).

NVAO takes account of the improvement plan in its decision to extend the current accreditation term within the context of an improvement period and in its decision on the time frame within which the programme must demonstrate its achievement of the improvement. In the latter case, a supplementary assessment will be conducted within a maximum of two years. This is set down in the decision.

2.9.2 Assessment after improvement

In its decision to extend the current accreditation term within the context of an improvement period, NVAO sets down which aspects will be assessed to ascertain achievement of the improvement. In addition, it sets down a deadline for the submission of documents by the programme, demonstrating that the improvement has been achieved. In principle, the same panel will assess whether the improvement has been achieved. NVAO may decide to change the composition. The panel decides on the approach to be adopted in the assessment. The panel advises the Board of NVAO. For more details, see Paragraph 2.9 *Decision-making by NVAO*.

2.9.3 Initial accreditations

In initial accreditation procedures, NVAO may take a positive decision (accreditation for a period of six years) or a negative decision. NVAO may attach conditions to a positive decision. In the latter case, a supplementary assessment will be conducted within a maximum of two years. If conditions have been

imposed, the duration of the initial accreditation will be limited to the time frame within which the conditions have to be satisfied.

Programmes that have undergone an extensive initial accreditation are required to have their exit level assessed after three years. This requirement only applies if the institution providing the programme does not hold a (conditional) institutional audit (see *Explanation: initial accreditation, extensive assessment of achieved learning outcomes after three years*).

New programmes are assigned to an assessment cluster no later than in the April round¹¹ of the year two years before the year of the expiry date (year of April round = year of expiry date minus 2). No later than in the relevant April round, the institution must submit an application for assignment. This requirement is contained in the decision.

2.9.4 Conditional assessment

In a positive conditional decision, NVAO sets out the aspects that will be assessed in order to ascertain satisfaction of the conditions. In addition, it specifies a deadline for the submission of documents by the programme demonstrating that the conditions have been satisfied. In principle, the same panel will assess whether the conditions have been met. NVAO may decide to change the composition of the panel. The panel decides on the approach to be adopted for the assessment. The process coordinator coordinates the organisation of the assessment with the institution. The panel advises the Board of NVAO. For more details, see Paragraph 2.9, *Decision-making by NVAO*.

¹¹ NVAO processes changes in the composition of assessment clusters once a year (April round) and publishes them on its website.

3 Other assessments

Other procedures may apply in combination with institutional audits or programme assessments.

This is the case, for example, with applications for assessment of:

- specific aspects (in institutional audits);
- initial accreditation of the first programme provided by an organisation pursuing recognition by the Minister of Education, Culture and Science as a “recognised private institution”, and intending to provide an accredited programme;
- extensions of course durations;
- (joint programmes / joint degrees);
- distinctive features;
- research master’s programmes;
- panel compositions.

The panel will take account of these procedures, insofar as applicable, in its recommendations.

The supplementary / deviant requirements pertaining to the structure of the panel assessment and supplements to the assessment standards have been set down in separate documents. NVAO publishes such documents on its website.

4 Appeals

Before ratifying a decision regarding an institutional audit, limited programme assessment, extensive programme assessment, limited initial accreditation, (aggravated) extensive initial accreditation or additional initial accreditation assessment, NVAO allows the board of the institution a term of two weeks to present its views concerning factual inaccuracies in the intended decision.

These two weeks fall within the statutory time frame of six months (for institutional audits, limited initial accreditations and extensive initial accreditations) or, as the case may be, three months (for limited programme assessments and extensive programme assessments) within which NVAO is required to make its decision.

Once ratified, NVAO forwards the decision to the board of the institution as soon as possible. At the same time, NVAO publishes its decision by placing it on its website.

NVAO decisions are open to appeal.

Stakeholders may lodge an internal appeal with NVAO. The time frame for lodging internal appeals is six weeks. In principle, the processing of the appeal involves a hearing. NVAO makes its decision within twelve weeks after receiving the appeal. A decision after appeal may be postponed for no more than six weeks. Such postponement is communicated in writing. The appeals procedure is subject to the General Administrative Law Act (AWB) and the Appeals Procedure Regulations AwB NVAO.

NVAO decisions after appeal are open to external appeals with the Administrative Jurisdiction Department of the Council of State. The time frame for lodging external appeals is six weeks. Pending the internal or external appeal procedure, the competent administrative court may be requested to make provisional arrangements if urgency, due to the interests involved, so requires.

5 Publication

Following publication in the Dutch Government Gazette [Staatscourant], the *Assessment framework for the higher education accreditation system of the Netherlands* is placed on the NVAO website (www.nvao.net).

Appendix: List of abbreviations

CROHO	Central Register of Higher Education Programmes
AD	Associate Degree programme
ESG	Standards and Guidelines for Quality Assurance in the European Higher Education Area (European Standards and Guidelines)
NVAO	Accreditation Organisation of the Netherlands and Flanders
PDCA	Plan Do Check Act
WHW	Dutch Higher Education and Research Act

Colophon

Assessment framework for the higher education accreditation system of the Netherlands

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