

Assessment frameworks
for the higher education
accreditation system
*institutional quality assurance
assessment*

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1 Structure of the system

Accreditation takes place at the programme level. Thus, the accreditation system continues to focus on the quality of individual programmes. In addition, institutions may request NVAO to conduct a so-called institutional quality assurance assessment. Should such a thorough audit reveal that an institution's quality assurance is in such good order that the quality of the programmes is systematically improved, wherever necessary, NVAO will then place that institution in a different accreditation regime. The accreditation methods practised under this regime differ from those implemented for programmes without a positive institutional quality assurance assessment. Under this regime, an assessment panel of independent experts assesses each programme on a limited number of standards pertaining to the essence of educational quality. On the basis of this assessment, NVAO decides whether or not to accredit that programme. This leaves the teaching staff free to devote their attention and energy to expert suggestions for improvement relating to the core of their teaching, rather than spending time on pre-conditional aspects that are better dealt with at the institutional level, as the trustworthiness of the institution regarding those themes has already been demonstrated at the institutional level. This is a system in which:

- a. institutional quality assurance assessments bolster an institution-wide internal quality culture;
- b. programme accreditations focus on the essence of the education provided: (improving) substantive quality;
- c. a proper balance is achieved between assessing programmes on the one hand and quality improvement on the other.

The accreditation system comprises six assessment frameworks:

1. an institutional-level framework to be used for "institutional quality assurance assessments"¹, the so-called **institutional quality assurance assessment**;
2. a programme-level framework with "limited assessment criteria for the accreditation of institutions whose institutional quality assurance assessment produced a positive result"², the so-called **limited programme assessment**;
3. a programme-level framework with "extensive assessment criteria for accreditations"³, the so-called **extensive programme assessment** (required if an institutional quality assurance assessment turns out negative and for institutions that have not applied for an institutional quality assurance assessment);
4. a programme-level framework with "limited assessment criteria for the initial accreditation of new programmes provided by institutions whose institutional quality assurance assessment produced a positive result"⁴, the so-called **limited initial accreditation**;
5. a programme-level framework with "extensive assessment criteria for the initial accreditation of new programmes"⁵, the so-called **extensive initial accreditation** (required if an institutional quality assurance assessment turns out negative and for institutions that have not applied for an institutional quality assurance assessment);
6. an assessment framework to determine whether an institution or a programme has any **distinctive features**.⁶

1 Dutch Higher Education and Research Act (WHW), Articles 5a.13a - 13e.

2 Dutch Higher Education and Research Act (WHW), Article 5a.13f.

3 Dutch Higher Education and Research Act (WHW), Article 5a. 8.

4 Dutch Higher Education and Research Act (WHW), Article 5a.13g.

5 Dutch Higher Education and Research Act (WHW), Article 5a. 10a.

6 Dutch Higher Education and Research Act (WHW), Article 5a.10.

The five chapters below present the first five assessment frameworks. The following is successively outlined for each of the assessment frameworks: its set-up, the framework itself, the composition of the audit panel or the assessment panel, the elements of the assessment process, the decisions to be taken by NVAO and the minimum documentation required. Chapter 7 outlines the background and the criteria that apply to the award of a distinctive feature. Chapter 8 defines the assessment scales that apply to (extensive and limited) programme assessments and presents examples for the operationalisation of said scales. Chapter 9 encompasses the assessment rules.

The document at hand concludes by outlining the appeal procedures.

Justification

The frameworks have been formulated on the basis of the European guidelines for the internal quality assurance of higher education institutions. These guidelines are presented in Chapter 2 of the *Standards and Guidelines for Quality Assurance in the European Higher Education Area* ('European Standards and Guidelines'; ESG) of the European network for quality assurance agencies, the European Association for Quality Assurance (ENQA). In 2005, this document was adopted by the education ministers during their meeting in Bergen. NVAO has established that the requirements with regard to institutional quality assurance assessment, set by the Minister of Education, Culture and Science (OCW) in his memorandum *Focus op quality* [Focus on Quality], are in excellent alignment with the ESG.⁷ NVAO has translated and rearranged the ESG in order to shift the focus from quality assurance to quality enhancement.

⁷ Dutch Lower Chamber, meeting year 2007–2008, 31 288 and 28 879, no. 21. Cf. *Het Hoogste Goed, Strategische agenda voor het hoger onderwijs-, onderzoeks- en wetenschapsbeleid* [The Greatest Good, strategic agenda for higher education, research and science policy], Parliamentary Document 2007-2008, 31288, no. 1.

2 Institutional quality assurance assessment

2.1 Set-up

The object of the institutional quality assurance assessment is to determine whether the board of an institution has implemented an effective quality assurance system, based on its vision of the quality of the education provided, which enables it to guarantee the quality of the programmes offered. Institutional quality assurance assessments are not expressly aimed at assessing the quality of individual programmes.

In essence, institutional quality assurance assessments revolve around five coherent questions:

1. What is the vision of the institution with regards to the quality of the education it provides?
2. How does the institution intend to realise this vision?
3. How does the institution gauge the extent to which the vision is realised?
4. How does the institution work on improvement?
5. Who is responsible for what?

These five questions have been translated into five standards. Regarding each of these five standards, the audit panel gives a weighted and substantiated judgement on a three-point scale: meets, does not meet or partially meets the standard. The audit panel subsequently gives a substantiated final conclusion on the question of whether an institution is in control with regard to the quality of its programmes. This judgement is also given on a three-point scale: positive, negative or conditionally positive.

2.2 Assessment framework for institutional quality assurance assessments

Vision of the quality of the education provided

Standard 1: *The institution has a broadly supported vision of the quality of its education and the development of a quality culture.*

Explanation: This vision pertains to the institution's ambition regarding the quality of its education and its requirements regarding the quality of its programmes. For the purpose of developing a quality culture, the board of the institution encourages the programmes to monitor their quality and implement improvements wherever required. An active role by all those involved in the education provided is vitally important to this end.

Judgement: Meets, does not meet or partially meets the standard (weighted and substantiated).

Policy

Standard 2: *The institution pursues an adequate policy in order to realise its vision of the quality of its education. This comprises at least: policies in the field of education, staff, facilities, accessibility and feasibility for students with a functional disability, embedding of research in the education provided, as well as the interrelation between education and the (international) professional field and discipline.*

Explanation: The policy fields to be assessed are not limited to those stated in the standard but depend on the institution's vision of the quality of its education. Adequate policy presupposes concrete objectives ensuing from said vision and allocation of sufficient resources to implement said policy. Anchoring research in the education provided is important because all higher education institutions have to engage in research to some extent, even if they do not conduct research themselves and only wish to inform students of new scientific developments in the domain of the programme in which they are enrolled. This standard expressly does not involve an assessment of the research itself.

Judgement: Meets, does not meet or partially meets the standard (weighted and substantiated).

Output

Standard 3: *The institution has insight into the extent to which its vision of the quality of its education is realised. It gauges and evaluates the quality of its programmes on a regular basis, among students, staff, alumni and representatives of the professional field.*

Explanation: The institution has management information with regard to the implementation of policy and the output of its programmes. It also has an adequate system of internal evaluations and external assessments. The evaluation and gauging activities have been set up efficiently and provide the board of the institution with aggregated information. Institution-wide uniformity in the evaluation and gauging activities is not required.

Judgement: Meets, does not meet or partially meets the standard (weighted and substantiated).

Improvement policy

Standard 4: *The institution can demonstrate that it systematically improves the quality of its programmes wherever required.*

Explanation: The institution pursues an active improvement policy based on its insight into the output achieved. This contributes to the quality culture within the institution.

Judgement: Meets, does not meet or partially meets the standard (weighted and substantiated).

Organisation and decision-making structure

Standard 5: *The institution has an effective organisation and decision-making structure with regard to the quality of its programmes, which clearly defines the tasks, authorities and responsibilities and which encompasses the participation of students and staff.*

Explanation: The organisation and decision-making structure enables the institution to realise its vision (standard 1), its policy (standard 2), the output (standard 3) and its improvement policy (standard 4) in a coherent fashion.
The commitment of staff and students is demonstrated by the manner in which they are consulted and the consideration of their recommendations in the programmes. If laid down by law, the assessment of this standard also covers the terms of reference and the positioning of examining boards and programme committees.

Judgement: Meets, does not meet or partially meets the standard (weighted and substantiated).

General judgement

Based on its vision of the quality of the education provided, the board of the institution has implemented an effective quality assurance system, which enables it to guarantee the quality of the programmes offered.

Judgement: Positive, negative or conditionally positive (weighted and substantiated).

If the audit panel pronounces the judgement of conditionally positive, it will explicitly state the relevant conditions.

2.3 Composition of the audit panel

NVAO convenes and appoints an audit panel to conduct the institutional quality assurance assessment. The institution to be assessed is entitled to lodge substantiated objections to the composition of the audit panel.

Audit panels must meet the following requirements:

1. the panel is composed of at least four members, including one student;
2. the panel commands administrative, educational and audit expertise, is acquainted with developments in the higher education sector at home and abroad, and is authoritative;
3. one of the members with administrative expertise will act as chair;
4. the panel is independent (its members have had no ties with the institution to be assessed over at least the past five years).

The audit panel is counselled by an NVAO process co-ordinator and supported by a secretary. The secretary and the process co-ordinator are also independent of the institution in question. The secretary and the process co-ordinator do not sit on the panel.

Prior to the first visit, all panel members and the secretary certify to not maintaining any connections or ties with the institution in question, of either a personal or a professional nature, which could affect an independent judgement in either a positive or a negative sense, and to not having had such connections or ties with the institution during the past five years.

In addition to the factual independence, as expressed above in the nature of the relationship and the number of years, it is essential for any prospective panel member or secretary to feel independent. In some cases, an independence of more than five years may not provide sufficient guarantee for an independent position; a prospective panel member or secretary could still experience too strong a relationship with the institution or, for example, be involved too closely with an institution or programme because of family ties. In such cases, the prospective panel member or secretary cannot sit on the panel. Panel membership requires a professional attitude. To that end, NVAO has formulated a code of conduct for panel members and secretaries. Panel members and secretaries will sign the code of conduct beforehand; after the assessment process, they will sign a declaration drafted by NVAO that the assessment has been carried out independently.

Stakeholders such as panel members, staff or students may report to NVAO any matters arising during the assessment process that could affect the independence of the assessment.

2.4 Assessment process

2.4.1 *Administrative consultation*

NVAO wishes to customise its operations and take account of the diversity in organisational formats, the desired degree of internationalisation of the audit and the specific nature of an institution. For that reason, the assessment process starts off with administrative consultations between the institution and NVAO. These consultations focus on the institution's organisational structure with regard to the education it provides, the possible (international) composition of the audit panel, the language in which the audit must be

conducted, the relevant time frame and the material available in the institution for the purpose of the institutional quality assurance assessment. If so desired, an institution may use the institutional quality assurance assessment to assess the quality assurance of so-called non-degree programmes.

2.4.2 *Accreditation portrait*

Based on the administrative consultations with the institution, NVAO starts off by drawing up an “accreditation portrait”. The accreditation portrait is based on the accreditation decisions NVAO has taken with regard to new and existing programmes during the initial stage of the accreditation system. Any side letters and other information available to NVAO are also factored in. The accreditation portrait is handed over to the audit panel. It is submitted to the institution in question beforehand and the institution is given an opportunity to respond.

2.4.3 *Critical reflection*

The institution draws up a critical reflection. In essence, the critical reflection answers the question of how the institution demonstrates that it is in control of the quality of the programmes offered. The critical reflection follows the standards outlined for the institutional quality assurance assessment framework, whereby the institution’s strengths and weaknesses are described by reference to notable examples. The critical reflection is a self-contained document that can be read separately.

The critical reflection contains a number of basic data on the institution and its programmes. These enable the audit panel to gain a global picture of the institution. (The required basic data are listed in paragraph 2.6.)

When considering the standards, the institution itself is expected to set a course for its vision and policies, whereupon it is up to the audit panel to assess to what extent the institution manages to achieve its ambitions. This means, for example, that an audit panel must check whether an institution whose vision indicates that it wishes to focus on internationalisation of – or in – its programmes not only develops policy and makes resources available to that end but also evaluates and wherever necessary adjusts said policy.

A similar reasoning applies to aspects such as teaching strategies, prior experiential learning, input from the professional field etcetera. If these have been incorporated in the vision and policy regarding the programmes, they should also be covered by the evaluation, the information gathering, an assessment of the quality achieved and measures for improvement, if any.

As for staff and facilities, the institutional quality assurance assessment involves assessing the policy and procedures in place with regard to staff and the facilities rather than their programme-specific realisation. Consequently, the policy and procedures must be specified in the critical reflection. The implementation of policy is considered in the institutional quality assurance assessment but programme-specific substantive matters such as, for example, teachers’ subject expertise are only considered in limited programme assessments. In its assessment, the audit panel limits itself to the institution’s policy regarding the effectiveness of the quality assurance system in place for the programmes. The panel does not judge the quality of the programmes.

For the purpose of describing its output, an institution can include relevant public information, for example from the *Keuzegids* [Guide to Higher Education Courses] or *Studiekeuze123* [www.studychoice.nl].

The critical reflection comprises a maximum of 50 pages; it has very few appendices and any appendices are limited in size. (The required appendices are listed in paragraph 2.6.2.)

2.4.4 *Site visit*

The site visit for the purpose of the institutional quality assurance assessment comprises two components and takes a total of at least two to, in principle, five days. The panel may extend its visit if prompted by the circumstances. As a rule, the audit panel starts off by visiting the institution for a day, followed by a second visit after two to four weeks. The institution and the panel may decide to divert from this set-up by mutual agreement.

First visit: exploration

Prior to the first visit, the audit panel has studied the institution's critical reflection and the accreditation portrait. Prior to its first visit, the panel discusses the questions it intends to put to the discussion partners. During the preliminary meeting, the audit panel also discusses a number of documents underpinning the critical reflection.

The first visit has an exploratory nature. The audit panel gains insight into the ins and outs of the institution, the specific points for attention of the board of the institution and satisfaction among students, teaching staff and other stakeholders. It identifies the topics to be investigated in more detail.

During the first visit, the audit panel will, in any case, meet with the following discussion partners:

- the board of the institution (and, if the institution so desires: a representative from the supervisory board);
- the managers responsible for education;
- quality assurance experts and other relevant staff;
- teachers from representative bodies;
- students from representative bodies;
- if relevant: representatives from the professional field.

The schedule for the visit is drawn up by the NVAO process co-ordinator in consultation with the chair of the audit panel and the contact person of the institution. The panel determines the structure and organisation of the visit. It decides at his own discretion which teachers and which students it would like to see and which documents it would like to examine. In principle, the following pre-conditions are observed:

- The meetings take 45 – 60 minutes.
- In principle, the delegations of the institution comprise no more than six people.
- In between the meetings, the audit panel takes time to deliberate.

In addition, the panel will set aside time for open consultations. The institution and the panel will make these open consultations widely known, both prior to and during the visit.

At the end of the first visit, the chair of the audit panel provides brief feedback information to the institution. This feedback presents the panel's first impressions of the quality assurance in place in the institution. In addition, it indicates the audit trails to be conducted. Audit trails are studies pertaining to the implementation of policy and/or the management of problems,

in which the audit panel follows the trail from the institutional level to the implementation level or vice versa. The audit panel decides which topics to consider in the audit trails and which individuals it would like to see to that end. The institution may point out well-founded other options to the audit panel or request the panel to conduct an additional audit trail. In order to minimise the workload for the institution, the audit panel gives specific instructions regarding the documents to be studied for the audit trails and the required discussion partners.

The institution prepares the second visit in consultation with the NVAO process co-ordinator. The panel ultimately decides on the structure and the organisation of the visit.

Second visit: in-depth study

During the second visit to the institution, a further discussion takes place between the audit panel and representatives of the institution regarding points for attention emerging from the meetings and the documents studied during the first visit. This discussion enables the audit panel to ascertain whether its initial impressions were correct. Again, the delegations of the institution comprise a maximum of, in principle, six persons.

The audit panel needs to demonstrate how it has ascertained whether an institution's quality assurance system works. This is where the audit trails come in. There are vertical and horizontal audit trails. It should be noted in this regard that institutional quality assurance assessments expressly do not involve assessing programmes but rather assessing the functioning of the quality assurance system in relation to the programmes.

In a vertical audit trail, the panel examines to what degree an element of the vision referred to in standard 1 is actually put into practice in two or more programmes. All standards in the framework are considered in succession. For example, the panel may examine whether the intended international exchange of students is actually effected.

Horizontal audit trails focus on the realisation of a single standard (in other words: a component of the quality assurance system) in a number of programmes. For example, the functioning of programme committees or the monitoring of measures for improvement.

At the end of the second visit, the chair of the audit panel provides brief feedback to the institution regarding the general judgement and the underpinning considerations.

2.4.5 Assessment procedure within the audit panel

The audit panel presents a judgement regarding all the standards contained in the assessment framework. This judgement is based on an appraisal of the positive and critical elements in the panel's findings. Options for the judgement are: meets, does not meet or partially meets the standard. Subsequently, the panel formulates a general, weighted and substantiated judgement on the question of whether an institution is in control of the quality of the programmes it offers. That judgement is also given on a three-point scale: positive, negative or conditionally positive.

2.4.6 Advisory report

The audit panel secretary draws up an advisory report comprising 20 to 30 pages. The main content of the report is made up of the panel's judgements regarding the standards. It is important for the audit panel to include underpinnings based on the institution's critical reflection, the meetings with representatives of the institution and the underlying data from the documents studied. For that reason, the advisory report will include notable and representative examples.

The advisory report is preceded by a general consideration of the judgement regarding the institution's quality assurance comprising a maximum of two pages. Any measures for

improvement will be presented in a separate paragraph of the advisory report. In addition, the report contains a score table with the judgements emerging from the institutional quality assurance assessment, information on the dates of the site visits, the names of the discussion partners, a number of basic data concerning the institution (see paragraph 2.6), an overview of the material studied and the declarations of independence signed by the panel members and the secretary. In its report, the panel gives an account of the manner in which it has organised its visit and how it has arrived at its choice of discussion partners and documents.

At the end of the second visit, the contents of the advisory report are discussed and tentatively laid down by the audit panel members.

NVAO forwards the advisory report to the board of the institution once all panel members have approved its contents. The institution is given a term of two weeks to respond to any factual inaccuracies in the report, whereupon the chair of the audit panel endorses the report after all panel members have approved its contents. The report is signed by the chair and the secretary of the panel and submitted to NVAO for decision-making. If NVAO finds that a report raises questions or if an institution so desires, NVAO may invite the institution and/or the audit panel for further consultations.

2.5 NVAO decision-making

A “positive” judgement results in approval by NVAO for a term of six years. This means that the programme assessments may be conducted in accordance with the limited programme assessment framework.

A “conditionally positive” judgement results in approval by NVAO under resolute conditions for a term of one year.⁸ During that year, the programme assessments may be conducted in accordance with the limited programme assessment framework. A positive accreditation decision or a positive initial accreditation decision based on the limited framework will subsequently be valid for one year. When given the “conditionally positive” judgement, the institution must acquire a positive judgement within a year, whereby NVAO ascertains whether the institution meanwhile meets the conditions set. If the institution fails to apply for an additional judgement or does not meet the conditions, the positive judgement expires.

If within that year the institution, in the opinion of NVAO, manages to satisfy the conditions set on the basis of the institutional quality assurance assessment, the validity of a positive accreditation decision or positive initial accreditation decision will be extended to six years.

Satisfaction of the conditions set will be assessed by an audit panel commissioned by NVAO. The additional assessment will basically be carried out in accordance with the procedure for regular institutional quality assurance assessments. The audit panel will focus on the conditions set earlier.⁹

⁸ Article 5a,13d, paragraph 6, Dutch Higher Education and Research Act; Accreditation Decree of the Dutch Higher Education and Research Act.

⁹ Article 5a,13d, paragraph 6 in conjunction with Article 5a,13e of the Dutch Higher Education and Research Act

A “negative” judgement results in the withholding of approval for a minimum period of three years. Any programme assessments will be carried out in accordance with the extensive programme assessments regime. Programmes that have been accredited during the introduction regime based on a limited assessment or have passed initial accreditation must undergo additional assessment if approval is withheld following an institutional quality assurance assessment. The institution must apply to NVAO for such additional assessment. A decision regarding such applications will be taken within three months.

2.6 Required documents

During the assessment process, the institution will provide the audit panel with a limited number of documents. NVAO assumes that these are existing documents, available within the institution, rather than documents prepared especially for the institutional quality assurance assessment. The documents serve as a substantiation and if need be as verification. Other material is only required when explicitly requested by the panel or if the institution wishes to demonstrate a particular distinctive feature.

2.6.1 *Basic data concerning the institution*

(The basic data is incorporated into the critical reflection, the advisory report and the NVAO decision.)

1. Name of the institution;
2. Status of the institution (publicly funded or legal body providing higher education);
3. Location(s);
4. Overview with all programmes, enrolment figures and staff numbers.

2.6.2 *Required appendices to the critical reflection*

(The list with appendices studied will be included in the advisory report.)

1. Mission and/or view regarding the education provided and, if available, the institution's latest strategic policy plan;
2. Organisation chart.

2.6.3 *Documents for inspection during the visits*

(The list with material studied will be included in the assessment report.)

1. Education policy plan or similar document(s);
2. Policy plan regarding research in relation to the programmes offered or similar document(s);
3. Staff (policy) plan or similar document(s);
4. Facilities plan or similar document(s);
5. Policy plan regarding the accessibility and feasibility for students with a functional disability;
6. Quality assurance plan;
7. Summary and analysis of recent evaluation results and relevant management information;
8. Institution's annual report on “appeals against examinations”.

3 Assessment rules

3.1 Institutional quality assurance assessments

The final conclusion following institutional quality assurance assessments will always be “negative” if standards 1 or 4 are judged “does not meet the standard”. In case of an unsatisfactory score on standards 1 or 4, NVAO cannot grant a conditional pass on the institutional quality assurance assessment.

4 Accreditation Decision under the Higher Education and Research Act

In this chapter, NVAO outlines the rules laid down by implementing regulations [Dutch: AMVB] regarding conditional decisions and the granting of improvement periods. The Dutch Higher Education and Research Act [WHW] stipulates that implementing regulations be formulated to specify the conditions under which and the situations in which improvement periods may be granted in the accreditation of programmes (Article 5a.12a, first paragraph), the conditional initial accreditation of programmes (Article 5a.11, fourth paragraph) and conditional institutional quality assurance assessments (Article 5a.13d, sixth paragraph). In this document, this implementing regulation is referred to as: Accreditation Decision under the Higher Education and Research Act.

4.1 Institutional quality assurance assessment

NVAO may attach conditions to an institutional quality assurance assessment if, on the basis of the advice submitted by the panel of experts, it arrives at the conclusion that certain quality aspects are unsatisfactory but can reasonably be remedied within a timeframe of one year.

In a conditional initial accreditation of institutional quality assurance assessment, the conditions in question relate to the efforts expected from the board of the institution to improve the quality aspects that are assessed as unsatisfactory as well as the manner in which these efforts must be expended, the manner in which and the timeframe within which the board of the institution must ultimately report on these efforts to NVAO and the communication by the board of the institution to the students and other stakeholders regarding the conditions set.

The timeframe to be observed for reporting must logically follow the timeframe allowed to implement the improvements. A timeframe shorter than one year may be set if, in the opinion of NVAO, the improvements may be realised sooner. Communication is important because students must be informed to the full when selecting a study programme. This information is also relevant to others, such as employers with whom the institution maintains a special relationship and who employ many graduates.

An application for an institutional quality assurance assessment must be denied if the standards of 'View of the quality of the education provided' or 'Improvement policy' are judged unsatisfactory. In those cases, a conditional initial accreditation or institutional quality assurance assessment cannot be granted.

4.2 Improvement period for accreditation

If NVAO assesses an application for the renewal of an existing accreditation or accreditation following an initial accreditation decision and determines that the programme does not meet all the required quality aspects, it may decide to renew the existing accreditation or initial accreditation and grant a so-called 'improvement period'. This pertains to both extensive and limited accreditation assessments (Article 5a.8, second paragraph and Article 5a.13f, first paragraph).

An improvement period may only be granted if, in the opinion of NVAO, the deficiencies may reasonably be remedied within a timeframe of no more than two years.

The assessment report submitted by the assessment panel is essential in this respect. However, if the standard of 'Intended learning outcomes' is judged unsatisfactory, an improvement period cannot be granted and the application for accreditation must be denied. This is because a programme's ambitions level must be at least up to par. Generic quality is not guaranteed in programmes whose intended exit level is sub-standard; thus, they lack a critical quality culture and vision, the basis for good-quality higher education of world-class standards. In such cases, granting an improvement period is uncalled for.

NVAO may set conditions when granting an improvement period. In terms of content and function, these conditions correspond to the conditions that may be attached to initial accreditations and institutional quality assurance assessments. The difference from conditional initial accreditations and institutional quality assurance assessments, however, is that the board of the institution is required to submit a new application to NVAO no later than six months before the end of the improvement period, viz. an application for a decision to determine whether the programme meets the accreditation framework as yet (Article 5a.12a, fourth and fifth paragraphs of the Act).

Similar to the points for improvement in initial accreditations, an improvement period may be shorter than two years if, in the opinion of NVAO, improvement may be achieved within a shorter space of time. The above timeframe for submitting applications is, however, based on the assumption that extensions of the validity by a period of less than one year would be improbable. In addition, an unsatisfactory score on the 'Testing and learning outcomes achieved' standard warrants a maximum improvement period of one year, i.e., any improvements on this standard must be feasible within a year, otherwise renewal of the existing accreditation or initial accreditation cannot be granted. The assessment panel reviews the manner in which the institution has remedied the deficiencies identified by NVAO and determines whether the programme meanwhile scores satisfactorily on all the statutory quality aspects.

By analogy with Article 5a. 2, second paragraph of the Act, the assessment panel that reviews the improvement must be approved by NVAO, as does the assessment panel that originally assessed the programme. The assessment panel that reviews the improvement comprises, as a minimum, two domain experts from the panel that originally assessed the programme.

5 Appeals

Before making a decision regarding an institutional quality assurance assessment, limited programme assessment, extensive programme assessment, limited initial accreditation or extensive initial accreditation, NVAO allows the board of the institution a term of two weeks to present its views concerning the intended decision. These two weeks fall within the statutory time frame of six months (for institutional quality assurance assessments, limited initial accreditations and extensive initial accreditations) or three months (for limited programme assessments and extensive programme assessments) within which NVAO is required to make its decision.

Once ratified, the decision is immediately forwarded to the board of the institution. At the same time, NVAO publishes its decision by placing it on its web site.

NVAO decisions are open to appeal.

Stakeholders may lodge an internal appeal with NVAO. The time frame for lodging internal appeals is six weeks. 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. 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. In principle, the Department gives its verdict six weeks after the session. This term can be extended by a maximum of six weeks.

Pending the internal or external appeal procedure, the Chair of the Administrative Jurisdiction Department of the Council of State may be requested to make provisional arrangements if urgency, due to the interests involved, so requires.