This translation of the IQA-policy document is made for the purpose of the ENQA-review.
The Dutch version remains the authoritative source.

Internal quality assurance NVAO NL

2026

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1. General department Netherlands

1.1 Principles and mission

Internal quality assurance (IQA) at the NVAO is constantly evolving. This document describes the basic principles of IQA, which remained unchanged since the previous ENQA review in 2022. The working method, however, has changed. Previously, every procedure was evaluated in the same way. Because these evaluations often provided similar and mostly positive information, they became less useful as a tool for improvement. Since 2024, NVAO opted for a differentiated model, while retaining the same objectives. In 2026, the NVAO will take stock of this choice, and bring together the results of the various procedures. The aim is to find a system that supports improvement and indicates which strategic choices need to be made.

The basic principles of internal quality assurance for the NVAO are:

- The mission and strategy of the NVAO are guiding objectives of the quality assurance system.
- As a quality assessor, the NVAO sets an example for a self-critical attitude, and meets requirements set by ESG and of the law.
- IQA is effective and efficient in terms of its objectives, with an eye for concepts such as autonomy, ownership and trust and reduction of administrative burden. The system of internal quality assurance is structured as a PDCA cycle.
- IQA supports the work of the NVAO staff.
- IQA, including the actions that arise from it, should facilitate and bolster a quality culture.

The aim of the NVAO's internal quality assurance is to promote a quality culture. Internally, this means that all employees are responsible for systematically improving NVAO processes. To this end, the NVAO creates a working environment with appropriate attitudes, norms and values. This quality culture is shaped by collaboration and calibration within the team. The coordinators of the procedures supervise the implementation of the quality policy for the relevant procedure. The NVAO asks stakeholders for suggestions for improvements and responds to external signals about the quality of its processes when there is reason to do so.

The mission of the NVAO is to ensure and strengthen the quality of higher education in an expert and independent manner. The NVAO aims to safeguard the quality of higher education, encourage improvements and promote a quality culture.

Objectives and indicators chosen for the evaluation of procedures and processes are in line with the NVAO's strategy and mission:

- confidence in the quality of higher education
- respect for the autonomy of the institutions
- a transparent working method
- reduction of the (experienced) administrative burden
- improving consistency.

Principles	Objectives (actor-independent)	Indicators
Trust	Actors trust each other	- The institution/programme experiences that the NVAO acts based on confidence in the quality of education. - The institution/programme can recognise itself in an assessment and feels that it has been treated fairly.
Autonomy	Actors experience autonomy	- The NVAO respects the autonomy of the institution/programme in its working methods. - The institution/programme feels ownership of the quality of the education.
Transparency	Process and result are both transparent	- The institution/programmes know what they are asked to do for an assessment. - The process that the NVAO is carrying out is clear.
administrative burden	Administrative burden is proportional	- Institutions and programmes experience a good balance between benefits and efforts. - The NVAO is continuously working on reduction of administrative burden.
Consistency	Process and result are both consistent	- The institution/programme feels that the NVAO acts consistently. - The NVAO acts and judges consistently.

The quality assurance system is light in design and as efficient as possible. It is important that it provides information about the quality of the way in which NVAO carries out its task, but it is not intended as a comprehensive control system. Fostering a quality culture is the main goal.

Appropriate instruments and frequency of evaluation are defined for each procedure. The intensity of monitoring and the specific question is tailored to the nature of the activity.

1.2 Specific procedures

This document describes the primary procedures:
- initial accreditation (Toets nieuwe opleiding)
- accreditation of existing programmes (Accreditatie bestaande opleiding)
- institutional audit (Instellingstoets Kwaliteitszorg)
- assessment based on European approach (EA)
- approval of panel composition.

In addition to these procedures, NVAO carries out a number of incidental, more administrative, procedures such as, for example, change of a programme's name, merger of programmes, distinctive features, changes in assessment schedule or assessment cluster. No user survey has been set up for these procedures. The numbers are relatively small and the procedures are usually short and administrative in nature. It would be inefficient to evaluate each application separately. This does not mean that such procedures are not continuously being improved. On the contrary, in relation to the starting principles, it is examined whether procedures are transparent, consistent and whether the administrative burden can be reduced. These procedures will be reviewed in consultation with the

umbrella organisations and the Ministry of Education. The recalibration of the IQA-system came about in the context of the update of the Implementing Rules (see also section 2.7).

1.3 Business operations

This document focuses primarily on the quality assurance of procedures, but continuous improvement also takes place in the field of business operations. For example, with the two-yearly employee satisfaction survey (including psychosocial workload). The most recent survey took place in 2024 and the next one is rescheduled in June 2026. The results are summarised and lead to a plan of action.
Business operations are also aimed at eliminating as many unnecessary steps as possible from the process. The management is working on this with the process & advice (P&A), finance, legal advisers and archive departments.

2. Elaboration per procedure

2.1 Method

From 2026 onwards, the coordination of IQA is assigned every two years to two other procedure coordinators, with a one-year overlap to ensure continuity. These coordinators provide annual feedback and, together with management, make a proposal for strategic choices that need to be made.

For the Dutch department of NVAO, the quality assurance system includes:
- initial accreditation (*TNO*)
- accreditation of existing programmes (*ABO*)
- institutional audit (*ITK*)
- panel composition
- assessment based on the European Approach.

The QA system aims to collect data on the procedures, as well as feedback on the design, implementation and results of all NVAO activities. Feedback is collected both internally and from stakeholders. For each procedure, the working method and who is involved are described below.

2.2 Initial accreditation (*TNO*)

Purpose of the evaluation
The aim is to improve quality and further develop the procedure. The five principles form a fixed part of both surveys and focus discussions.

Stakeholders involved in the evaluation
Those involved can be divided into external parties: quality assurance employees at institutions, panel members and secretaries. Internally, this concerns the process coordinators, staff of P&A, the panel coordinator, NVAO's legal advisers and management.

Method of evaluation
External: quality assurance staff from institutions, panel members, secretaries:
- annual focus interviews and triennial questionnaires.
  These surveys focus on NVAO's handling of the procedure as an organisation, the contact with the process coordinator, the functioning of the panel, practical matters and suggestions for changes to the procedure.

Internal: process coordinators, process & advice staff, panel coordinator, management:
- So-called 'TNO 45-minute sessions': biweekly sessions designed for internal coordination, evaluation, sharing experiences and sharing important information regarding the TNO procedure.
- Meetings of coordinators and management: six-weekly meetings with the procedure coordinators and management aimed at coordination, planning and evaluation of the procedure. At management level, actions for improvement and follow-up actions are agreed upon to complete the PDCA-cycle. In addition to these regular sessions, the procedure coordinators meet for overall coordination.
- Interviews with P&A and the panel coordinator: twice a year, we hold a meeting with P&A staff and the panel coordinator to evaluate the TNO procedure and the related panel composition.
- 'TNO-day': once or twice a year, we organise a so-called 'TNO day' for the process coordinators in which we focus on different aspects or parts of the TNO-procedure. The TNO day is aimed at improving the consistency of the process coordinators' handling of the procedures.

- Student panel members who are part of NVAO's student pool for TNO's. These students are trained and supervised by the NVAO prior to their deployment in a panel. The training also includes an evaluation, and students are asked for feedback.
- Since 2026, the staff involved in assessing panel compositions (the 'panel carousel') carries out an extensive calibration of the TNO panel composition four times a year.

Documentation

Focus group interviews

The reports of the interviews are shared with the participants and analysed for internal use. The analysis aims at bringing out positive points and suggestions for improvement of the procedure. These suggestions serve as input for quality improvement and further development of the procedure. The reports are stored in Sharepoint and are intended for the procedure coordinators. When needed, changes are made in the Implementation Rules.

TNO 45 minute sessions

Minutes are taken of each session. Points of discussion and agreements on specific actions are also recorded in the Teams environment or in SharePoint, so that they are searchable and accessible to all process coordinators.

2.3 Accreditation of existing programmes (*ABO*)

Purpose of the evaluation

The evaluation is designed to optimize the internal handling of applications, as well as to achieve a transparent, predictable application process for external applicants. Guiding principles are: transparency, consistency and reduction of administrative burden.

- Transparency: the survey examines whether the demands of the procedure are clear, whether NVAO fulfils its promise and whether the application process is clear to the applicant.
- Consistency: NVAO uses checklists, weekly calibration sessions, onboarding of new staff members, 'mandatory team sessions, detailed minutes of all sessions that remain available to all staff members, call reports of conversations with contact persons.
- Reduction of administrative burden: because NVAO intends to apply a lean internal working method and efficient contacts with applicants, these aspects are evaluated once every year, but not for both yearly rounds of applications. (twice a year).

Stakeholders involved in the IQA

Internal:

- process coordinators accreditation
- process & advice staff
- legal advisers
- management

External:

- applicants for accreditation
- contactpersons, often quality assurance officers in institutions
- panel secretaries
- external consultancy firms

Method of evaluation

Internal:

- Before each round of ABO applications in May and November of each year, the coordinators of this procedure ask P&A staff, legal advisers and management if there are any points of attention for the upcoming round.
- A kick-off meeting is held to highlight details that were noted in the previous round.

- During an ABO round, there are weekly hybrid join-in sessions where staff members can bring forward points of discussion. Comments are noted for later improvement of the process or content related issues.
- During each ABO-round, there are two work sessions, in which both management and legal advisers participate and decide on issues that are brought up.
- At the end of each ABO-round, process coordinators can submit evaluative comments.
- Interviews with new staff members at the conclusion of each round to record their views on their experiences with their own cases and the assessment process of the whole team.
- All matters are listed and presented in writing to management and subsequently discussed.

External:
- an annual survey for contact-persons in institutions containing several questions
- biennial feedback to external consultancy firms
- attendance at information meetings with secretaries
- on request and when accepted, online consultations with contact-persons in institutions.
- visits to consult with individual institutions on specific matters.

Documentation
- E-mails are sent to process coordinators.
- Management documents, if presented with a proposal for improvements at the start of each round.
- Adjustments in the working method are processed and shared during the kick-off session of each new round, as well as with secretaries and external consultancy firms.
- A report as part of NVAO's annual report is made, relating to the procedure 'accreditation of existing programmes'.
- If needed, updates to the Implementation Rules are applied.

2.4 Institutional Audit (*ITK*)

Purpose of the evaluation
The evaluation aims to meet the above-mentioned principles for IQA-principles as much as possible. NVAO wants the institutional audit to be as consistent as possible for each institution. Therefore, the content of the procedure will not be adjusted during the ITK round.

Trust: the evaluation is aimed at the institution, the panel and the secretary and queries whether the panel acted on the basis of trust.
Autonomy: institutions are asked whether they experienced respect and adequate room for the choice made by the institution. This aspect of the desired attitude of panels is also addressed in the training for panel members and secretaries.
Transparency: institutions are asked whether they found the procedure as laid down in the Implementation Rules adequately transparent.
Administrative burden: institutions are asked for the experienced administrative burden. NVAO intended to limit the amount of (new) material needed for the procedure as much as possible. The need to limiting the drafting of new documents is mentioned in all communications on the assessment.
Consistency: NVAO set up ITK question hours for institutions at the start of the recent round. Staff are trained and discuss the procedure once every two weeks during a dedicated session. Staff members without previous experience with the ITK were also paired with an experienced staff member during the first set of ITK's. The coordinators set

up an extensive online training environment for panel members and secretaries to ensure consistency as much as possible at the outset of each assessment.

Stakeholders involved in the evaluation

The ITK involves the process coordinators within the NVAO, the contact persons at the institution, panel members and secretaries. Furthermore, a steering group has been set up in which the procedure coordinators are part together with the management and director.

Method of evaluation

- weekly internal consultation session for process coordinators called 'ITK 45-minutes'
- an online survey for institutions and panelmembers and secretaries that was sent after the conclusion of each procedure
- interviews with process coordinator and representatives of the applicant institution
- quarterly and later monthly meetings with the NVAO Steering Committee for the ITK consisting of the NVAO chair and management
- there is a lot of informal sharing of experiences on the course of individual procedures and issues that come up. This happens internally in the NVAO as well as during the ITK round. An example of this sharing are also the annual meetings for ITK panel chairs.

Documentation

Process coordinators can check minutes of every ITK 45-minutes session stored in a dedicated Teams channel.
Results of evaluations (contact persons, panel members and secretaries) are processed through Google forms.
The results of the internal informal evaluations are included in the ITK 45-minute sessions. This has led to clarification or adjustment of documents on several occasions.

2.5 European Approach (EA)

Purpose of the evaluation

Assessments according to the European Approach (EA) are based on the procedure for initial accreditation (*TNO*) and the processes for accreditation of existing programmes (*ABO*). The EA procedure consists of seven stages (preparation, announcement and prior consultation, application, assessment, site visit, report and decision-making). In particular, the first three stages follow a partly different set-up than TNO and ABO procedures. This means that the EA procedure places greater emphasis on advice and guidance from the NVAO. The evaluation therefore mainly aims to improve the information provided prior to the first phase, optimizing the advice given to applicants prior to submitting their application as well as the guidance given by the coordinator of the procedure.
Because the European Approach framework was developed within the European Higher Education Area (EHEA), further development of the procedure can only take place at the national level.

The five principles of internal quality assurance all apply to the European Approach procedure. Adding a dedicated chapter to the Implementation Rules increased the **transparency** of the procedure.
The procedure puts a high **administrative burden** on institutions. On the one hand, this has to do with the requirements set by the European Approach, in addition to the requirements based on national laws and regulations. This means that every application requires customization.

Stakeholders involved in the evaluation

Internal:

- coordinators of internationalisation

- coordinators of the TNO and ABO procedure
- process coordinators
- process & advice staff
- legal advisers

External:
- applicants of initial accreditation or renewal of accreditation
- contactpersons, often quality assurance officers, at institutions
- panel secretaries
- panel members
- contactpersons of other accreditation agencies

Method of evaluation
Because of the small number of EA procedure, evaluation interviews are held during and after the procedure with:
- coordinating institutions, on the following topics:
  - the provided information and advice before the start of the procedure
  - the provided information and guidance during the procedure
  - guidance after the decision-making.
- the panel, on the following topics:
  - the provided information before the start of the procedure
  - guidance during the procedure
  - communication about the procedure.

Documentation
The evaluation results have not yet been documented separately but are used for updates to the Implementation Rules and the information on the website, as well as during consultations prior to procedures and information meetings.

2.6 Panel composition

Purpose of the evaluation
The procedure is designed to assess whether proposed panels and secretaries meet the requirements for expertise and impartiality.
To achieve this objective, the evaluation addresses the transparency of the procedure and the provision of information about description of the panels' competencies in the application, NVAO's working methods and the assessment of proposals.
In addition, the evaluation has the broader aim of analysing the composition of panels. Being aware of the experience of the programmes submitting applications, NVAO can continuously adjust the information or knowledge the applicant needs.

The evaluations mainly look at the principles of **consistency,** i.e. the applicant's working method, NVAO's internal working method, and **transparency** is it clear to the applicant what is required. Reduction of **administrative burden** is also included in the evaluation, for example, by finding out if the intended deadline for handling the application can be met.

Stakeholders involved in the evaluation
Internal:
- process coordinators, some of whom participate in the panel carousel, the composition of which rotates during the year
- process & advice staff
- management

External:

- institutions, i.e. programmes that submit applications for the approval of panel composition
- external consultancy firms

Method of evaluation

For panel proposals related to accreditation of existing programmes (*ABO*)

- weekly, continuous internal calibration within the panel carousel
- regular consultation sessions with the group of external consultancy firms
- an annual evaluation session for each consultancy firm that submits applications
- occasional consultation session with representative of programmes in response to questions about the approval of a panel composition
- regular evaluation sessions with management and the panel carousel.

For panels for initial accreditation (*TNO*)

- consultation with *TNO* coordinators
- periodic consultation and calibration with staff involved in selecting panel members
- since 2026: calibration of panels for initial accreditation in the panel carousel.

Documentation

- minutes of the meetings of management with the panel carousel, kept in the panel carousel's SharePoint site.
- minutes of the meetings of management with the external consultancy firms kept in the panel carousel's SharePoint site
- minutes on visits to externa consultancy firms and institutions kept in the panel carousel's SharePoint site
- calibration forms for panel approval kept in the panel carousel's SharePoint and Teams site
- updates to the Implementation Rules.

2.7 Implementation rules

Since 2024, the NVAO operates based on a new Dutch accreditation framework and described its procedures in the Implementation Rules, which are updated annually. The update procedure includes a consultation of the field to improve and clarify the Implementation Rules each year. All intended changes are first discussed with representatives from the field. The method for updating is included in the introduction of the Implementing Rules. The Implementation Rules are published annually on the NVAO website.

2.8 Mandate decree NVAO-2019

A special part of quality assurance in the NVAO concerns monitoring whether the NVAO-2019 Mandate Decree is being applied correctly. The Executive Board (*Dagelijks bestuur*) wants to have insight into whether the decisions taken by management under mandate are consistent and in line with its own judgments. This also applies to the General Board (*Algemeen bestuur*) regarding the decisions mandated to the Executive Board.

To guarantee this, a sample is drawn annually of files completed under mandate. The Executive Board looks at a representative sample of accreditation decisions in which the various institutions and scenarios are included. Once a year, the General Board (or an audit committee appointed from it) will review a selection of decisions and reports (institutional audit/initial accreditation/accreditation of existing programmes/panel composition) that have been handled by the Executive Board under mandate.

2.9 Bringing together the most important findings

The coordinators of procedures collect the results of the evaluations once a year and analyse which issues need attention. Small operational improvements are addressed in a short cycle by the procedure coordinators. The rotating IQA coordinators discuss the entirety of the analyses and, if necessary, draw up an improvement plan. These are matters that require attention for the department as a whole consisting of policy officers and process & advice staff and regard various procedures. To this end, they make a proposal for improvement actions to the steering committee. After coordination within the steering committee, the procedure coordinators set out the improvements in the department and implementation follows.

In the future, the NVAO also wants to include the findings of the communication advisor in the analysis. The task of this staff member is to manage the information mailbox and keep track of questions from the field. In addition, the NVAO regularly organises question hours that provide information about what is going on in the field. In the future, the NVAO also wants to bring these things together to get an even more complete picture of where it can improve.

At least once a year (starting in 2026), the rotating IQA coordinators report to the management in a quality report. This report is about the broad results from the monitoring and implementation of improvements. Drawing up and setting out improvements is one thing. After that, it is important to monitor whether improvements have an effect and can be seen in the results of the next one.

2.10 Division of tasks and working method

One of the adjustments to the existing internal quality assurance concerns the division of tasks. This considers the fact that the DB is more distant and the operational progress and quality is the responsibility of the management. This leads to the following division of tasks:

General Board (AB) & Executive Board (DB)	Oversees the implementation of the strategy Supervises the implementation of the mandate scheme by periodic audit
Executive Board	Draws up strategy and monitors its implementation
Management	Sets objectives for operational quality of processes and is informed of their progress
	Puts together the IQA working group (rotating coordinators) and commissions the design and implementation of a system
	Submits the IQA system to the board for approval Reports quarterly regular management information to the board Reports at least once a year on the progress of quality in a general sense to the board
	At the suggestion of the IQA coordinators, periodically establishes an improvement plan and directs the improvements
Rotating coordinators IQA	Consists of two coordinators from the procedure coordinators: initial accreditation (TNO), accreditation of existing programmes (ABO), Institutional audit (ITK), European approach (EA) and panel composition)
	Draws up building blocks IQA

	Establishes an approach for monitoring all processes and for analysing data
	Makes suggestions for improvements once a year after analysing monitoring
	Reports once a year on the results of the monitoring to the management, which submits the report to the board
Coordinators procedures	Implement IQA for their procedure
	Implement short-cycle improvements
Employees of the NL department	Participate in the implementation of improvements by participating in calibration sessions and consultations
	Build improvements in their practices and professional development (continuous improvement)