Manual for the External Quality Assurance in Flemish Higher Education

AUGUST 2015
General Introduction

This document describes the assessment protocol used by the Flemish Council of Universities and University Colleges (VLUHR) for assessments of programmes offered by universities and university colleges considered under the decree of June 10, 2015. On request the VLUHR also uses this assessment protocol for programmes offered by statutory and non-statutory registered institutions or for other programmes that submit a request to the VLUHR.

The manual is intended for use by both the programmes and institutions involved as well as for the assessment panels.

Chapter 1  Quality Assurance and quality assurance

1.1  QUALITY ASSURANCE IN HIGHER EDUCATION: DEVELOPMENT, STRUCTURE AND AIM

There has been a growing interest in quality assurance in higher education in Europe since the 1980s. That interest has also been reflected in the Flemish higher education system. Although quality has been on the agenda for universities and university colleges for many years, until the early 1990s virtually no systematic and/or formalised approach to quality was adopted by the government or by institutions. As a result, few formal guarantees were offered that education would be of a high quality. In the past quality was rather seen as a self-evident consequence of the commitment of the individuals involved and in particular of the teaching staff.

The late 1980s and early 1990s, however, were a turning point for quality assurance in higher education. During this period a process called 'internal quality assurance' was developed. This meant that higher education institutions began to devote more attention to thorough internal review of the quality that they deliver. In Flanders, the universities and university colleges set up such internal quality assurance systems, partly with a view to gaining greater autonomy from the government.
In Flanders, first for universities and later for university colleges, a more systematic approach to quality assurance emerged in the form of assessments. This meant that the programme was not solely responsible for evaluating its own quality but that an independent panel of peers (experts in a specific discipline) assessed the quality of the education (and the research). This process is referred to as 'external quality assurance'.

The following functions of external quality assurance can be identified:

- **Improvement and assurance function**: the use of external quality assurance outcomes as a tool to allow the institution itself to improve and consolidate the quality of its own teaching.

- **Accountability function**: the use of external quality assurance outcomes as a source of information for the government and for society. This means rendering account to society at large for the efficient and effective use of public funds. It also means generating information for students, their parents and employers, in the form of public reports, on the extent to which training programmes meet quality standards. This is often associated with the introduction of 'accreditation' (see below).

- **Regulation of the higher education system**: the use of external quality assurance outcomes to create links with specific consequences in terms of guidance and regulation. Quality indicators are used as parameters, for example to make decisions on the teaching competences of institutions, the assignment of new programmes, the allocation of funding between education and research etc.

### 1.2 Growth and Development of Quality Assurance in Higher Education

#### 1.2.1. Before 2005: on site visits aimed at improvement

A system of external quality assurance has been operating in Flemish universities since 1991 and in university colleges since 1995, after the large-scale merger operation that took place between university colleges at that time.

The first generation of on site visits clearly put the emphasis on *quality improvement*. The importance of the results of the assessment is derived from the authority of the panel of peers. This panel - based on its knowledge of the discipline - conducts a visit to the programme on the basis of a internal review report written by the programme. It interviews the stakeholders of the programme and its work culminates in a public assessment report which focuses
mostly on areas with potential for improvement. The assessments are therefore carried out from a comparative perspective. This means that an assessment panel visits and assesses a cluster of programmes which are similar in terms of content at the various institutions during the same period of time and then sets out its findings from a comparative perspective so that programmes can learn from each other.

Ownership of and responsibility for the organisation of this external quality assessment process lay with the institutions themselves. Coordination of these activities became the responsibility of the umbrella bodies VLIR (for universities) and VLHORA (for university colleges). The whole system was supervised by the authority which evaluated the way in which quality was ensured in university colleges and universities and checked the extent to which the institutions incorporated the outcomes of the quality assessment process into their own policies.

The disadvantages of a system based to such a large extent on trust and quality improvement is the lack of sanctions or reward mechanisms depending on whether the results of the external assessment are translated into improvement measures or not. This was also the reason for the transition to a system that offers more robust guarantees that the improvement points would be followed up.

1.2.2. 2005-2013: on site visits aimed at improvement and accountability, and also at accreditation

The second-generation external quality assurance system continued to build on the previous system of internal and external quality assurance in university colleges and universities. Ownership of the external quality assurance process was retained by the institutions, with VLIR and VLHORA as the coordinating bodies. Assessments were also carried out from a comparative perspective between 2005 and 2013. The second-generation external quality assurance system, however, differs from the first-generation system in two ways:

- In addition to improvement, the assessments are now focused more on **accountability**. In other words, an assessment panel no longer expresses its findings in terms of strong and weak points, but assesses the programmes in terms of six quality standards: aims and objectives, curriculum, staff, services, internal quality assurance and results. These themes are further subdivided into aspects and criteria. The programme
has to achieve a sufficiently high score for all quality standards. In second-generation external quality assurance, the assessment panel therefore plays a dual role: it carries out assessments and also makes quality improvement recommendations.

- The external quality assurance section is extended to include an **accreditation** section, a process which can be described in the most generic sense as a formal, public statement made by an independent body on the basis of a quality assessment to the effect that certain previously agreed standards are being met. Flanders has opted to align with the accreditation system used in the Netherlands. The regulations have been harmonised with each other as far as possible to that effect. Binational collaboration in the area of accreditation has resulted in the foundation of the Accreditation Organisation of the Netherlands and Flanders (see below). Unlike the previous generation of quality assurance systems, in accreditation the emphasis is on quality as the fulfilment of generic standards. In more concrete terms, it is expected for accreditation that programmes are guaranteed to meet agreed fundamental quality standards (while leaving sufficient scope for internal reference frameworks and profiling). With the introduction of accreditation, Flanders came into line with existing European trends. The introduction of accreditation offers better opportunities to harmonise quality assurance standards, criteria and procedures at international level and thus to promote international mobility and international recognition of qualifications.

Both elements have resulted in the accountability function becoming more important. The scope of the assessment framework, however, led to a risk that the entire process would become excessively bureaucratic. Without wishing to relinquish the benefits of the accountability perspective, a system was therefore sought that would offer a more in-depth assessment of programmes with a greater focus on the content and results than on the processes and procedures within the programmes that were assessed. At the same time an attempt was also made to obtain a view of the wider educational policy (identical for all programmes) at institutional level. In the next round (2013-2021) a system was therefore set up in which programme accreditation is combined with 'institutional reviews'.

**1.2.3. 2013-2015: programme assessment and accreditation combined with institutional reviews**
The institutional review is a new element in the accreditation system. This institutional review is compulsory for all statutory registered institutions in Flanders\(^1\). The institutional review is a periodical assessment by an external panel of the policy processes that are put in place by a higher education institution to guarantee that it is carrying out its teaching duties to a high standard of quality. The review panel also includes in this the policymaking processes that have been set up by the institution to support the teaching that it provides in its programmes on the basis of its tasks in the areas of research and its public and scientific remit. The institutional review process is coordinated by the Accreditation Organisation of the Netherlands and Flanders (NVAO: see below).

The programme assessment and accreditation processes are more directly oriented than previously to aspects related to the primary teaching and learning process. The 6 quality standards and 21 aspects from the previous framework have been cut down to essentials: an independent, expert, authoritative assessment panel has to express an opinion on three key questions:

- What is the aim of the programme?
- How does the programme achieve it?
- Are the objectives met?

This new programme assessment and accreditation process started in 2013 as the first institutional reviews would have been carried out from 2015. All stakeholders felt this combination as a too heavy amount of burden which could have had a detrimental effect on the quality of higher education. They were in favor of abridging the quality assurance system.

1.2.4. 2015-2021: programme assessment and accreditation and (extended) institutional reviews

Due to the decree of June 10, 2015 institutions can choose between two options:
- An institutional review combined with programme assessment;

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1 -These are the institutions that are eligible to receive government funding for their teaching and research. For institutions which are not statutory registered bodies, and which obtain their registration on the basis of an application submitted to the Flemish Government, it is not compulsory to undergo an institutional review.
- An extensive institutional review which is an institutional review extended with an additional assessment that focuses on the conduct exerted on programme evaluation by the institution rather than assessing the actual quality of the programmes.

When an institution chooses the extensive institutional review, the accreditation of its programmes will be extended for eight years. Programme assessment and accreditation are still mandatory for new programmes, programmes that were considered to be accredited based on a selection in the context of a European funding programme and the programmes who received a limited accreditation.

This Educational On site visits Manual sets out the arrangements for carrying out programme assessments. Coordination of these activities is the responsibility of the Flemish Council of Universities and University Colleges (VLUHR). The VLUHR delegates all decisions on the selection and ratification of assessment panels to an independent Quality Assurance Board. After the assessment process has been completed, the NVAO makes decisions on accreditation of the programme, on the basis of the published assessment report (see also Chapter 5 of this Manual).

1.3. THE ACCREDITATION ORGANISATION OF THE NETHERLANDS AND FLANDERS (NVAO)

In Flanders, the treaty between the Netherlands and Flanders and the Higher Education Act of 4 April 2003 constitute the legislative basis for the introduction of accreditation and the activities of the NVAO. The Higher Education Act stipulates that Bachelor's and Master's programmes can only be offered if they are accredited for the duration stipulated in the accreditation decision, or if they are recognised as new programmes (art. 56 §1).
In the context of the assessment of programmes, the NVAO has worked with the Flemish Government on developing an accreditation framework. This framework describes the principles on the basis of which the NVAO makes accreditation decisions. To that end it stipulates:

- which elements must, as a minimum, be assessed in the published external assessment;
- what requirements are made in terms of the selection of an assessment panel and the conduct of the assessment process;
- how and according to which decision-making rules the NVAO makes a decision;
- how a programme applies for accreditation.

In order to be eligible for accreditation, the programme must meet all the standards. The NVAO bases its opinion on a published external assessment. The accreditation period is in principle eight years.

The NVAO is also responsible for conducting institutional reviews of Flemish higher education institutions and for evaluating the potential quality of new Bachelor's and Master's programmes.

1.4. Structure of the manual

The outline structure of this manual, a written record of the VLUHR assessment protocol which is itself harmonised with the accreditation requirements, follows the four main phases of the assessment and accreditation process.

These phases are as follows, each with reference to the relevant chapters:

**Phase 1**

**Writing the internal review report** (chapter 2) and **selecting the assessment panel** (chapter 3)

- The stakeholders of the programme to be assessed carry out a critical self-assessment.
- The results of this self-assessment are set down in an internal review report.
• VLUHR selects an assessment panel, in consultation with the programmes to be assessed.

PHASE 2
The actual assessment by the assessment panel (chapter 4)

• The internal review report is studied by the assessment panel.
• The assessment panel continues to prepare for the assessment during the preparatory meeting.
• The assessment panel visits the programme(s). During this process:
  o interviews are carried out with members of the various groups involved in the programme;
  o available materials are studied on location;
  o facilities are visited;
  o verbal reporting takes place on the provisional findings, conclusions and recommendations.

PHASE 3
Publication of the public assessment report (chapter 4)

• The opinions and recommendations of the assessment panel are set down in an assessment report.
• The recommendations of the assessment panel are followed up by the programme.

Phase 4
Submission of the accreditation request to the NVAO by the board of the institution and decision by the NVAO three months after receipt of the request (chapter 5).

• Within a period of two months after publication of the assessment report and no later than four months before expiry of the programme's current accreditation, the institution's board submits a request for accreditation to the NVAO (consisting of basic details on the programme and the assessment report).
• The NVAO evaluates the assessment report produced by the assessment panel and the overall opinion set out in it, and compares the report against the programme accreditation framework.

• Within three months of receipt of the accreditation request, the NVAO makes a decision on whether to award the (re-)accreditation.
Chapter 2  Internal review

2.1. AIMS AND OBJECTIVES

In order to permit a robust assessment of the programme, the required information about the programme is gathered before the on site visit by the panel, in the form of a brief, critical internal review report.

The internal review report has a dual purpose:

- on the one hand it serves as a primary information source for the panel in preparing for the on site visit, during its interviews with the stakeholders and when assessing the programme;
- the process of preparing for and writing the internal review report is also intended to stimulate internal consultation within the programme and thus its own internal quality assurance.

2.2. GENERAL STRUCTURE

The assessment is carried out on the basis of a discussion with 'peers' and other experts on the content and quality of the programme and essentially provides answers to three core questions:

1. What is the aim of the programme?
2. How does the programme achieve it?
3. To what extent are the objectives met?

In the case of non-statutory registered institutions, which are not subject to institutional review, a fourth question is also asked on the structure and organisation of internal quality assurance.

The internal review report is deemed to be the result of a process of joint consultation and must offer a critical, analytical and future-oriented reflection on the programme as a whole.

2.2.1. Joint and structured:

The internal review report is viewed during the assessment process as a document supported by all those involved in the programme. It is therefore important that all the groups that play an active part in the programme should be involved in drafting the internal review report and that existing points of disagreement should be disclosed and indicated as such in the report.

The report itself follows the standards set out in the assessment framework. More details about the content of the report will be provided in § 2.3.

2.2.2. Critical, analytical and future-oriented:
The internal review report demonstrates how and to what extent the programme considers that it provides the standards set out in the assessment framework. Both strong and weak points are discussed for each standard. The discussion must not be limited to a list of facts, but must clearly contain an analysis. The programme is also expected, when discussing the standards, to provide an explicit indication of the follow-up of the recommendations of the previous assessment panel, insofar as these are linked to the standards. As well as a critical view of both the past and the present situation, the internal review report must also offer a clear picture of the ambitions of the programme. How does the programme seek to deal with possible difficulties, and how does it intend to continue to ensure its own development in future?

2.2.3. The programme as a whole

The internal review report focuses on the individual programme in its entirety (Bachelor's / advanced Bachelor's / Master's / advanced Master's). In every case, overlap between the content of this report and the institutional review must be avoided. The structure of the quality assurance system or personnel policy, for example, are covered by the institutional review. References to conditions determined at faculty, departmental or institutional level are only made if they are directly relevant to the core of the programme.

In the case of joint programmes (organised between Flemish institutions or with institutions outside the Flemish Community) which result in a joint qualification, the internal review report must include information on those parts of the programme that are provided in the other Flemish institutions or abroad. In this case the internal review report therefore still covers the programme as a whole. Sufficient specific information must also be provided in the internal review report on the different modes of study of the programme (art. 59 bis §1 of the aforementioned Higher Education Act) in which a programme is offered.

It goes without saying that in all cases sufficient information must be present for all the programmes to permit a separate assessment to be carried out for each programme or mode of study.

2.2.4. Other stipulations

Language The internal review report is drafted in the official programme language. Exceptions to this general rule are discussed with the Quality Assurance Unit of the VLUHR (e.g. if an institution wishes to have an international panel assess the programme).

Form As a general rule, for a Bachelor's programme and a Master's programme that follows on directly from it, a single internal review report is always produced. A single internal review report is also produced for a programme with different modes of study. In other
cases, a separate internal review report is submitted. Exceptions to this may be made in discussion between the programme/institution and the Quality Assurance Unit of the VLUHR.

**Length**  
A internal review report on a single programme is a maximum of 25 pages and 10,000 words in length, including the introduction and excluding the compulsory appendices. Discretionary appendices are only accepted if these are essential in order to understand (an element of) the programme correctly and they are limited to a total of 25 pages. The maximum length of an internal review report covering a Bachelor's programme and a Master's programme that directly follows it, is 20,000 words; in this case the discretionary appendices amount to a maximum of 50 pages. The maximum length of an internal review report covering a programme with different modes of study, regardless of the number of study modes, is 20,000 words. For each mode of study of a programme a maximum of 5 pages of extra discretionary appendices may be added.

If, as is the case for non-statutory registered institutions, information also has to be provided on the structure and organisation of internal quality assurance (see below under standard 4), the internal review report may be extended by a maximum of 6,000 words.

If a programme requests assessment of a distinctive quality feature, the maximum length of this chapter is 2,000 words.

**Submission**  
The report must be printed and submitted to the Quality Assurance Unit of the VLUHR. An electronic, editable version must be sent to the project manager / secretary of the Quality Assurance Unit of the VLUHR. In principle, the reports must reach the Quality Assurance Unit of the VLUHR on 15 December or 1 July at the latest, as indicated in the timeline (www.vluhr.be)

Reports that do not satisfy the conditions set out under § 2.2.4 or do not contain all the compulsory appendices (see § 2.3) are returned to the programme for supplementation or amendment. The adapted internal review report or the missing appendices must be submitted to the Quality Assurance Unit of the VLUHR within 10 working days.

**2.2.5. Information meeting**  
The Quality Assurance Unit of the VLUHR organises an information meeting, preferably one year before the final submission date. More detailed information is provided at this meeting on the structure and progress of a programme.
assessment. This meeting also includes a detailed discussion of the internal review and the specificities of the programme(s).

2.3. CONTENT

The internal review report is a document that stands alone and can be read independently. It follows the standards set out in the NVAO programme assessment framework. The programme is explicitly encouraged to use the available space to create its own emphases within the boundaries of the assessment framework. In doing this it is necessary to focus on the essence and the specific character of the programme.

When writing the internal review report, overlaps with the institutional review must be avoided. The emphasis is on ‘fitness for purpose’: if it is necessary to refer to policies at institutional or faculty level, this is only done for policies concerning the programme in question and the results at programme level. Issues relating to the institutional context, such as the structure of quality assurance within the institution or its personnel policy do not belong here, since these are covered by the institutional review.

The standards and the associated criteria from the assessment framework are set out below. For each standard, the internal review report must demonstrate how and to what extent the programme considers that it meets the requirement. In doing this the stipulations referred to under § 2.2 concerning critical-analytical content, future orientation and focus must be taken into account.

Under each standard and the associated criteria, a point by point summary is provided for the programme setting out the different elements in the standard and the relevant criteria. The points that are summarised make explicit what is already prescribed by the standard and the associated criteria, and they should not be seen as supplementary criteria. The elements that are summarised serve as aids to the programme when drafting the internal review report.

For each standard, a summary of the compulsory appendices is also provided. In addition to the compulsory appendices, additional documents must be presented for perusal during the on site visit (see 4.2.2). Notes in the text of the report refer to the relevant appendices. The text of the report explains these appendices or summarises the main points derived from them, without repeating the contents of the appendices in full.

The internal review report also includes an introduction and a conclusion.
The introduction always deals with the way in which the internal review report was produced. It addresses the allocation of tasks and the contributions of those involved. The organisational and historical aspects of the programme are also outlined, highlighting the vision of the specific character of the programme. The conclusion summarises the most important strengths of the programme, points for attention and fundamental future policy options and ambitions of the programme.

**Introduction**

- Creation of the internal review report
- Organisational and administrative context of the programme
- Historical context and description of the specific character of the programme

**Compulsory appendix:**

- Organisation chart of the programme and the competent administrative bodies.

The following elements must be described in the internal review report. The programme is free to determine where this is described:

- Admissions policy (conditions for admission, intake profile and intake guidance),
- Policy in relation to internationalisation

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**standard 1 - Targeted outcome level**

The targeted outcome level of the programme is determined on the basis of the way in which the descriptors of level and orientation are translated into programme-specific learning outcomes which meets the international requirements on content, level and orientation.

**Criteria:** The targeted programme-specific learning outcomes are appropriate to the level and orientation (Bachelor's or Master's; professional or academic orientation) within the Flemish qualification framework and, if available, the relevant discipline-specific learning outcomes. They match the current requirements which are made in terms of the programme content from an international perspective by the professional field and discipline specialists.

- Internal review report - Explain:
Targeted learning outcomes for the programme, viz.:

- explain the extent to which the learning outcomes for the programme are harmonised with the Flemish Qualification Framework;
- explain the extent to which the learning outcomes for the programme are harmonised with the relevant domain specific learning outcomes;
- explain the extent to which the learning outcomes are harmonised with the requirements imposed by the (international) discipline;
- explain the extent to which the learning outcomes are harmonised with requirements imposed by the (international) professional context;
- explain the specific profile of the programme.

Critical reflection and future prospects.

Compulsory appendices:

- Comparative summary of the programme-specific learning outcomes related to the Flemish Qualification Structure.
- If applicable, a comparative summary of the programme-specific learning outcomes related to the domain specific learning outcomes.

Standard 2 – Educational learning environment:

The educational learning environment makes it possible for the students to achieve the targeted learning outcomes.

Criteria: The content and structure of the curriculum, including the programme-specific teaching and learning methods, the staff and facilities enable the admitted students to achieve the targeted learning outcomes. The curriculum, the staff and the facilities make up a coherent educational learning environment for students.

- Internal review report – Explain:
  - The content and structure of the curriculum, in particular:
    - explanation of the general structure and organisation (bearing in mind cohesion and practicability of the curriculum
    - explanation of the relationship between (the parts of) the curriculum and the targeted learning outcomes;
    - explanation of the teaching and learning methods used, paying attention to the way in which these contribute to the achievement of the targeted learning outcomes.
  - The staff quality and staff numbers linked to the programme, specifically:
    - explanation of the subject content, educational, teaching, technical etc
expertise of the staff (taking into account the different categories of staff) in relation to the curriculum and the targeted learning outcomes;
  - explanation of the staff numbers, also related to student numbers, in relation to the curriculum and the targeted learning outcomes.

- Programme-specific facilities, namely:
  - explanation of the programme-specific study and study pathway guidance provided, based on the student intake, student progression rate and targeted learning outcomes;
  - explanation of programme-specific physical facilities (library, laboratories, study areas etc.) in relation to the curriculum and the targeted learning outcomes.

- Actions taken to improve quality assurance at programme level, in particular(*):
  - explanation of the way in which the results of the previous assessment were followed up in the framework of the standards.

(*) For programmes provided by non-statutory registered institutions, this element is included under standard 4.

- Critical reflection and future prospects.

Compulsory appendices:
- Comparative overview of course units in relation to programme-specific learning outcomes;
- Schematic overview of the curriculum, indicating the number of credits awarded for each part of the programme;
- ECTS sheets (link to the relevant web page is sufficient);
- Number of staff deployed, analysed by appointment category (based on the tables at www.vluhr.be - Quality Assurance).
- List of improvements suggested by the previous assessment panel, including follow-up.

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Standard 3 – Outcome level achieved

The programme has an appropriate system of assessment, testing and examination and demonstrates that the targeted learning outcomes are achieved.

Criteria: The level achieved is evident from the validity, reliability and transparency of the assessment on the one hand and, testing and examination of students, the employability of graduates or the progression to a follow-up programme on the other hand.
- **Internal review report – Explain:**

  - The system of assessment, testing and examination; in particular:
    - explanation of the types of assessment used in relation to the targeted learning outcomes;
    - explanation of the method of ensuring the quality of testing (validity and reliability);
    - explanation of the way in which communication takes place on forms of assessment (transparency).
  
  - The quality of dissertations (Master's theses for Master's programmes / other forms of final assessment such as Bachelor's examinations, practical training reports, dissertations etc.).
  
  - The suitability of graduates for employment in the labour market or progression to a follow-up programme.

- **Critical reflection and future prospects**

  **Compulsory appendices:**

  - Teaching and examination regulations (a link to the relevant web page is sufficient).

  - List of titles of 30 dissertations (representative for any mode of study of the programme and for the marks obtained) over the past three years (or portfolios / projects from which the learning outcome achieved by the student can be derived) stating the marks obtained. On the basis of this list the panel will select and review at least ten projects per programme prior to the on site visit.

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**Standard 4 - Structure and organisation of internal quality assurance**

The structure and organisation of internal quality assurance is aimed at systematic improvement of the programme in which the relevant stakeholders are involved.

* Standard 4 is only applicable to programmes at institutions which are non statutory registered bodies. These are not subject to institutional review.

**Criteria:** The programme is **assessed periodically**, partly on the basis of **measurable targets**. The outcomes of this assessment form the basis for **demonstrable improvement measures** which contribute towards achievement of the targets. The **staff, students, alumni and potential employers (the professional field)** are actively involved in the internal quality assurance.

- **Internal review report - Explain:**

  - The internal quality assurance system, in particular:
- explanation of the tools used (bearing in mind frequency and methodology);
- explanation of the measurable targets used;
- explanation of the involvement of staff, students, alumni and potential employers.

- Improvement measures introduced, namely:
  - explanation of the most notable improvement measures carried out recently;
  - explanation of the way in which the results of the previous assessment were followed up.

- Critical reflection and future prospects.

Compulsory appendices:
- Anonymised summary of recent assessment results;
- List of improvement measures carried out recently;
- List of suggestions for improvement from the previous assessment, indicating the follow-up that has taken place.

Conclusion

- Key strengths of the programme and points requiring attention.
- Fundamental future policy options.
**Distinctive quality feature** (optional)

The programme may, optionally, ask the assessment panel for assessment of distinctive quality features. Prior to the assessment the programme must inform the Quality Assurance Unit of the VLUHR that it is requesting assessment of the distinctive quality feature. The assessment of distinctive quality features does not influence the outcome of the accreditation, but it may lead to a note in the accreditation report stating that distinctive quality features are in fact present.

The assessment panel must be selected in a way that is adequate to allow it to assess the distinctive quality feature. In order to achieve this, the programme should request assessment of a distinctive quality feature before the assessment panel is selected.

Distinctive quality features must meet a number of criteria:
- The feature must make a significant contribution towards differentiation and profiling in higher education;
- The feature must contribute towards the quality of the programme;
- The consequences of the feature on educational quality must be defined.

For a number of distinctive quality features, specific assessment frameworks have been or are being developed. Programmes that request assessment of a distinctive quality feature for which a relevant framework exists must follow the elements of that framework when substantiating the criteria for the distinctive quality feature.²

**Criterion 1: Differentiation and profiling**

*The distinctive quality feature makes a significant contribution towards differentiation and profiling in higher education.*

Explanation:
The programme demonstrates that the distinctive quality feature has a decisive but not necessarily unique character in relation to other relevant higher education programmes in Flanders.

Opinion:
Unsatisfactory, satisfactory, good, excellent (Considered and substantiated)

² The frameworks can be found on the website of the NVAO (www.nvao.net)
**Criterion 2: Quality**  
*The distinctive quality feature contributes towards the quality of the programme.*

Explanation:
The distinctive quality feature is not an isolated feature but contributes towards the overall quality of the programme. This means that the distinctive quality feature must be included in the three standards and must result in a higher assessment score for each.

Opinion:
Unsatisfactory, satisfactory, good, excellent (Considered and substantiated).

**Criterion 3: Operationalisation**  
*The consequences of the distinctive quality feature on educational quality must be defined.*

Explanation:
The distinctive quality feature is expressed in a visible and/or measurable way in the various elements of the educational learning environment and the level that is reached in the programme.

Opinion:
Unsatisfactory, satisfactory, good, excellent (Considered and substantiated).

**General conclusion and decision-making rule**

*The distinctive quality feature is*

Awarded, not awarded. (Considered and substantiated)

Decision-making rule: A distinctive quality feature can only be awarded if there is at least one "excellent" grade and no "unsatisfactory" grades at all.
Chapter 3  
Assessment panel

3.1. CRITERIA FOR SELECTION OF THE PANEL

The external quality assurance process stands or falls by the quality of the panel that will assess the programme(s). It is important that the assessment panel is established in such a way that a meaningful discussion can result between 'peers' and other experts and with the programme. A panel must therefore be authoritative, independent and expert.

3.1.1. Authoritative
In order to bring about a constructive, substantive discussion between 'peers' and to ensure that the final assessment is supported by the programme(s), it is important for the panel to be composed of respected specialist colleagues who have acquired sufficient authority within the discipline. In order to guarantee this authoritative status, the programme(s) and institution(s) to be assessed are actively involved in the panel selection process (see § 3.2). For the same reason, the presence of international experts is compulsory.

3.1.2. Independent
Since the assessment process has to be able to take place without influence from any interested party whatsoever, the panel is subject to strict requirements in terms of independence (see Appendix 6.1.). During the selection process, the independence of the individual panel members is explicitly checked and panel members expressly declare their independence by signing a statement of independence before and after completing their duties as a panel member.

3.1.3. Expert
The expertise present on the assessment panel must encompass the entire subject area covered by the programmes in question, must include insight into national and international developments in the discipline, must pay attention to the educational structure of the programme and must have sufficient insight into the structure of higher education.

The following criteria therefore apply to the selection of the panel:

1. An assessment panel generally consists of four members, at least two of whom are authoritative experts in the discipline, and one a student. In every case there must also be educational expertise present on the panel, in the person of either an educational expert or the experts in the
discipline. The panel is assisted by a secretary, who is assigned by the Quality Assurance Unit of the VLUHR. The secretary is not a member of the panel (see § 3.2.7).

2. The assessment panel as a whole must have the following expertise:
   a) Subject expertise focusing on developments in the discipline. A subject specialist is or has been engaged in providing teaching on an identical or related programme with the same orientation and contributes to the development of professional practice, the discipline or the subject area;
   b) International expertise is represented on the assessment panel if the panel is capable of comparing the content of the programme with related programmes with the same orientation and at the same level in other countries and if the assessment panel has insight into the demands placed on graduates in the national and international professional context. This last form of international expertise is important in the case of programmes that have a 'civil effect' (i.e. which confer access to specific professions) and is a compulsory element in programmes that offer preparation for work in an international context;
   c) Professional expertise is essential in the case of programmes with a professional orientation. The professional expert has a good overview of the demands that are placed on graduates in the professional context, for example through his involvement in umbrella organisations or through holding a leadership position with a major or distinctive employer;
   d) Educational expertise refers to recent experiences with delivering or developing teaching at the relevant educational level for the programme, and expertise in relation to the (types of) teaching provided by the programme.
   e) The term student-related expertise is applicable up to one year after graduation (Bachelor’s or Master’s) at the time when the assessment panel is proposed to the Quality Assurance Board.
   f) Assessment or audit expertise should preferably be in the area of higher education.

A combination of these types of expertise should be represented on the assessment panel.

3. Every panel member meets the independence requirements (see Appendix 6.1). The panel members sign an independence and confidentiality declaration.

4. Every panel member signs the ethical code of conduct (see Appendix 6.2.).

5. Every panel member has an active knowledge of the language in which the assessment is carried out.

The following additional criteria also apply to the student member:

1. registration on a programme offered in the Flemish Community, preferably on one of the programmes to be assessed, a similar programme in Belgium or abroad or a programme in the same field of study, at the time when the selection process for the assessment panel begins (i.e. the official request from the Quality Assurance Unit of the VLUHR to the programmes and the VVS to propose candidates for the assessment
panel). In every case this must be a student who has signed a study contract with the institution.

2. at the time when the assessment panel is set up (preparatory meeting), should have acquired a minimum of 30 credits on a programme;

3. should preferably have relevant experience of participation bodies, either within a programme or within an institution.

3.1.4. Other stipulations
Exceptions are rarely made concerning the number of panel members. Every request for an increased number must be substantiated. The substantiation, together with an estimate of the additional cost, must be submitted to the Board of the relevant institution by the Quality Assurance Unit of the VLUHR.

3.2. Selection procedure

To guarantee the authority, independence and expertise of the panel, a procedure has been developed whereby different bodies make an active contribution to the process independently of each other. The programmes to be assessed propose candidates, the independent Quality Assurance Unit of the VLUHR investigates the proposals and either does or does not approve them. Before making a final decision on the composition of the assessment panel, the assessment body submits the proposal to the NVAO for an opinion.

3.2.1. Proposal of candidates

After the formal announcement of the assessment, each institution involved appoints a contact person at programme level. The contact persons are asked, after consultation within the programme, to present candidates in accordance with the criteria and stipulations set out under § 3.1.

The proposal consists of a list of names of possible candidate members and a list of possible candidate chairs. A completed CV form is supplied for each candidate.\(^3\). Candidates for whom no CV form is provided are not included in the remainder of the procedure.

Under an agreement between the Flemish Student Association (Dutch: VVS) and VLUHR, the VVS proposes the student member for the relevant assessment panels. The proposal contains a list of names of candidate student members (the number depends on the programme being offered by one or more institutions). The proposal, together with the CVs showing that the proposed student...
members meet the predefined criteria (see §3.1.3), is submitted to the Quality Assurance Unit of the VLUHR. The contact persons for the programmes involved in the assessment can be consulted on the subject of this proposal. On the basis of this consultation it may be decided, provided there are sound reasons, to propose candidate student members other than the candidates proposed by the VVS. For programmes that have no representation within the VVS or if no candidate student member is proposed by the VVS, the programmes and/or the Quality Assurance Unit of the VLUHR will make a proposal.

3.2.2. Panel Selection Meeting
The Quality Assurance Unit of the VLUHR produces a summary of the proposals for candidate chairs and candidate members which are sent to the contact persons for the relevant programmes and are then discussed at a panel selection meeting together with the contact persons from the programmes and the Quality Assurance Unit of the VLUHR.

The purpose of the panel selection meeting is to arrive at:
- a proposal for the chair of the assessment panel, consisting of at least two names in order of preference. The chair(s) is (are) involved in the subsequent process of selecting the assessment panel;
- a list of candidate members who are eligible according to the meeting to be members of the assessment panel, stating any restrictions on their participation in the assessment of (a) specific programme(s);

The Quality Assurance Unit of the VLUHR monitors the application of the criteria for selection of the assessment panel. If programmes fail to propose candidate chairs and/or candidate members, the Quality Assurance Unit of the VLUHR has the authority to add other candidate chairs and/or members to the proposal made by the contact persons. The programmes are informed of this where applicable.

When drafting the proposal for the chair of the assessment panel and the list of possible candidate members, a consensus is not required between the contact persons.

3.2.3. Approval of the proposal for the chair and list of candidate members
The proposal for the chair, consisting of at least two names in order of preference, and the list of candidate members and student members, is then submitted for approval to the Quality Assurance Board of the VLUHR, which checks whether the criteria for the selection of the assessment panel were met.

After approval by the Quality Assurance Board of the VLUHR, a letter is written to the proposed candidate chair to ask whether he/she is willing to chair the assessment panel. He/she is also asked to sign the statement of independence.
If the first-ranked candidate chair does not accept the position, the next candidate chair is approached. If the list is exhausted, a new proposal for the chair of the assessment panel must be made according to the procedure described above.

3.2.4. Further selection
The approval by the Quality Assurance Board of the VLUHR authorises the chair to work out a proposal for the further selection of the assessment panel, in consultation with the Quality Assurance Unit of the VLUHR, using the approved list of candidate members and student members. The chair of the assessment panel may propose additional candidate members and candidate student members. If applicable the programmes are informed of this.

The proposal for further selection of the panel consists of at least two or three separate lists (one or two for the candidate members and one for the student members) in which a single actual candidate is indicated in each case, and possible reserve candidates are ranked in order of preference.

3.2.5. Approval of proposal for further selection
The proposal for further selection is submitted for approval to the Quality Assurance Board of the VLUHR, which checks whether the criteria for selection of the assessment panel were complied with.

After approval by the Quality Assurance Board of the VLUHR, a letter is written to the proposed candidate members to ask whether they are willing to sit on the assessment panel. They are also asked to sign the statement of independence. If an actual candidate member does not accept the position, the reserve candidates are approached in order of preference. If the list of candidate members is exhausted, the programmes are consulted again. The selection of the assessment panel is then submitted to the NVAO for an opinion.

3.2.6. Preparatory of the assessment panel
As a final step, the assessment panel is inaugurated by a resolution of the Quality Assurance Board of the VLUHR. The preparatory decision is submitted to:
- chair and members of the assessment panel
- vice-chancellors and/or general directors of the relevant institutions
- deans and/or heads of department
- contact persons for the institutions involved
- contact persons for the programmes involved

3.2.7. Project manager/secretary of the panel
The panel is supported throughout the process by a project manager who is responsible for preparing the content and practical aspects as well as the
implementation of assessments, and for providing information about the assessment system to the programmes and assessment panels. The project manager is responsible for ensuring that the assessment protocol is followed. The role of project manager is always carried out by a member of staff from the Quality Assurance Unit of the VLUHR.

For each on site visit a secretary is also appointed by the Quality Assurance Unit of the VLUHR, who is responsible for preparing for and taking minutes during the meeting, and also for drafting and editing the programme report. The role of secretary is generally carried out by the project manager. For organisational reasons it is possible to deviate from this rule. The secretary is not a member of the assessment panel. After the assessment process has been completed, the secretary signs a declaration confirming that the report has been produced completely independently.

3.3. MISSION OF THE ASSESSMENT PANEL

The assessment panel is expected, on the basis of the internal review by the programme and through interviews carried out on location:
- to express substantiated and well-founded opinions on the programme, using the assessment framework,
- to make recommendations so that quality improvements can be made where possible and
- where applicable, to express its findings on the various programmes within a single cluster in comparative terms.
- to inform society at large of its findings.

Where applicable, and when explicitly requested by a programme, the assessment panel carries out an assessment of distinctive quality features. The assessment of distinctive quality features does not influence the accreditation decision.

Appendix 6.2 contains an ethical code and specific expectations of panel members.

3.3.1. Opinions
The assessment panel assesses the programme according to the three or four standards set out in the assessment framework (see § 2.3).

For each standard the panel expresses a considered and substantiated opinion, according to a two-point scale: satisfactory or unsatisfactory. The opinions are supported by facts and analyses as far as possible and make use of illustrative and representative examples where possible. The panel must make it clear how it has reached its opinion, taking into account the (criteria of the) standards. In
doing this the panel takes into account the follow-up of the recommendations of the previous assessment panel and the programme's future plans. The panel also expresses a final opinion on the quality of the programme as a whole, also according to a four-point scale: satisfactory, good, excellent or unsatisfactory.

The definitions set out below are used when assessing the standards.

**Generic quality**
means that the standard is in place and the programme - or a mode of study of the programme - meets the quality standards that can reasonably be expected, from an international perspective, of a Bachelor's or Master's programme in higher education.

**Satisfactory**
The programme meets the generic quality because it demonstrates an acceptable level for all the underlying criteria.

**Unsatisfactory**
The standard is unsatisfactory.

The rules set out below are applicable to the final opinion.

**Satisfactory**
The final opinion on a programme is 'satisfactory' if the programme meets all standards.

**Unsatisfactory**
The final opinion on a programme - or a mode of study - is 'unsatisfactory' if all standards are assessed as 'unsatisfactory'.
The final opinion on a programme - or a mode of study - is 'unsatisfactory' if after a new programme assessment one or more standards are still assessed as 'unsatisfactory'.

**Satisfactory for a limited period**
The final opinion on a programme - or a mode of study - is 'satisfactory for a limited period', i.e. shorter than the accreditation period, if, on a first assessment, one or two standards are assessed as 'unsatisfactory'.

These opinions are also applicable to the final opinion on programmes offered by non-statutory registered institutions. The opinion on the fourth standard is not included under these rules, but it must be at least 'satisfactory'. Anyway, if standard four is assessed 'unsatisfactory', the final opinion is 'unsatisfactory'.

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At the end of the assessment, each panel member uses the assessment form\textsuperscript{4} to express his or her opinions on a programme. The panel as a whole then confirms these opinions. If a consensus is not reached, the chair of the panel makes the final decision.

\section*{3.3.2. Recommendations}
As well as stating opinions, the panel is also expected to issue constructive recommendations on making quality improvements where possible. In doing this the panel must take into account the context of the programme and the feasibility of the recommendations. Recommendations are formulated in the most concrete way possible and summarised in a separate list at the end of each programme report (see § 4.3.1.).

\section*{3.3.3. Comparability}
If a panel is assessing a cluster of different programmes within a particular discipline, it must also represent its findings in a comparative format. For each standard, on the basis of the final programme reports, generic findings and recommendations are identified and good practices are highlighted if applicable. This comparison must

- make it clear which are the elements on the basis of which the scores were allocated to the various programmes involved,
- to enable the programmes to learn from each other by highlighting good practices,
- to provide a broader overview of the quality of education achieved within a given discipline.

The comparison is included as a separate chapter in the assessment report.

\section*{3.3.4. Information}
The panel informs society at large of its findings by issuing a public assessment report.

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Chapter 4  Assessment process

After a **preparatory phase** in which the programmes involved produce their internal review report (see chapter 2) and the assessment panel is selected (see chapter 3), the **preparatory meeting** is held for the panel and the **on site visits** take place. The assessment process ends with the publication of an **assessment report**.

### 4.1. Preparatory meeting

At the preparatory meeting, which precedes the on site visits by the panel to the programmes to be assessed, the assessment panel is formally inaugurated. The meeting serves as the first opportunity for the panel members to get to know each other, to receive further explanations about the assessment process and to prepare for the activities. Specifically, attention is paid to the uniform implementation of the accreditation framework and the assessment protocol.

Preferably one month before this meeting / training, the Quality Assurance Unit of the VLUHR submits the internal review reports for the programmes involved to the panel members and they are asked to make a choice of 10 from the final projects listed in the summary, divided over the modes of study. (see compulsory appendices to chapter 3, § 2.3.). The selected dissertations are requested from the programme by the Quality Assurance Unit of the VLUHR and they are made available to the panel members, if possible before the preparatory meeting but certainly before the first on site visit.

The panel members are also sent a preparatory information pack prior to the preparatory meeting, containing at least the agenda for the meeting, the information note 'Structure of Higher Education in Flanders', the assessment form and the draft visit schedules.

#### 4.1.1. Providing information to the assessment panel

At the preparatory meeting, the panel members are given more detailed explanations on the assessment and accreditation system and the practical details of how the assessment process takes place. At this time they are also instructed on the approach to be followed and the working method. Furthermore, building on the document 'Structure of Higher Education in Flanders', the members are given further information about the educational, legal and financial context within which Flemish higher education institutions have to operate.

#### 4.1.2. Preparation for the on site visits
At the preparatory meeting, the draft visit schedules are discussed and practical arrangements are made for the possible allocation of tasks within the assessment panel.

The panel also goes through the assessment form, which expresses the assessment framework in operational terms and contains the standards on which the panel has to form an opinion. It is explained that the assessment form is an internal, confidential document, in which the panel has to make explicit its opinions on the various standards and which will serve as a basis when writing the assessment report.

A first substantive discussion also takes place during the preparatory meeting in relation to the internal review reports and the final dissertations. The intention is to formulate specific questions and points for attention within the panel, which will then be addressed during the on site visits.

4.2. On Site Visit

4.2.1. Duration and location
The on site visit to a programme in principle takes one day, preceded by a preparatory internal consultation process within the panel. For two consecutive programmes (for example Bachelor's and Master's) a total of two days are scheduled. In the case of an on site visit involving more than two programmes, an attempt is made, by clustering interviews, to keep the duration of the visit to a minimum.

In the case of joint programmes organised between Flemish higher education institutions, the assessment panel visits the coordinating institution. The various partner institutions make information available and take part in the discussions with the assessment panel to permit the assessment panel to form the fullest possible view.

In the case of joint programmes organised by a Flemish higher education institution together with one or more higher education institutions outside the Flemish Community, which lead to a joint qualification upon completion, the assessment panel visits the Flemish institution. The partner institutions make information available and take part in the interviews with the assessment panel to permit the assessment panel to form the fullest possible picture. In exceptional cases the assessment panel may consider whether an on site visit to one or more partner institutions is necessary in the context of drawing up the assessment report. The assessment panel may decide to do this if it is the only way of
gaining an adequate view of the programme involved. It will make its decision in consultation with the Flemish institution involved.

4.2.2. Visit schedule
The schedules for the on site visits should preferably be made available to the programmes involved at least one month prior to the visit. At a preparatory discussion with the programme, the visit schedule is explained and practical arrangements are agreed for the on site visit. If, for any reason, further amendments to the visit schedule are proposed, these must be approved by the chair. The list of interview participants and the practical information are sent to the project manager by the programmes at least one week before the on site visit.

A visit schedule contains the following parts:

- **Internal discussions**
Every on site visit is preceded by an internal discussion by the assessment panel, at which the assessment panel prepares for the visit to the programme involved. The internal review (a possible update - see below) and the materials made available are discussed in more detail and preparations are made for the interviews.

The programme must submit the following documents for perusal during the on site visit:
- Minutes of discussions in relevant panels/bodies.
- Representative selection of manuals / study materials.
- Indications of staff competences depending on the type of programme (for academic programmes, a selection of publications; for professional and artistic programmes, based on agreements made during the information meeting).
- The testing and assessment assignments which the panel has indicated that it wishes to review during the on site visit (in addition to the statements that were studied beforehand).
- The dissertations not selected by the panel from the list of compulsory appendices for standard 3.

In addition, if essential in order to understand (an element of) the programme correctly, it may make further material available itself.

If important developments have occurred between the time when the internal review report is submitted and the on site visit, the programme may provide updated information to the assessment panel. This update is limited to a maximum of five A4 sheets and it must be made available to the assessment panel before the on site visit begins.
Other additional information or supplementary documents can only be included in the assessment process after an explicit request from the panel. The panel must ensure that it only requests additional information or documents if it considers these to be essential for the purpose of assessing one of the standards. If applicable, the panel should give arguments for its request to the programme verbally (or, if it makes the request prior to the on site visit, in writing) via the project manager of the Quality Assurance Unit.

- **Interviews**
During the on site visit the panel interviews all those directly involved in the programme, with the aim of gaining a view of the quality of the programme. It always speaks to those responsible for the programme and to students, lecturers and alumni, as well as to the professional field where relevant. The delegations in principle comprise between six and a maximum of twelve individuals. The student delegation is selected by the student representatives on the programme itself as far as possible.

- **On site visits to facilities used by the programme.**
Part of the schedule is set aside for reviewing the programme-specific infrastructure: the stock of books and journals relevant to the programme, computer areas, laboratories and workshops/studios. During this part of the timetable there may also be opportunity for brief presentations, for example of the programme-specific use of the electronic learning environment or of innovative educational applications.

- **Consultation and additional interviews at the invitation of the assessment panel**
A consultation is held to give students and members of staff the opportunity to speak to the panel individually or in groups should they wish. The panel may itself also invite individuals to the consultation. The programme is asked to publicise the consultation widely so that everyone within the programme is aware of it. Registrations for the consultation are made directly with the project manager / secretary of the assessment panel during the visit.

- **Preparation for verbal reporting**
After the final interview, the panel withdraws to prepare the verbal reporting. On the basis of the standards and criteria, the panel assesses the programme, taking into account the stipulations under § 3.3.1. Every panel member first individually completes the assessment form that he/she received at the beginning of each on site visit from the project manager/secretary. Afterwards the panel jointly confirms its arguments and opinions. The panel members are expected to submit the completed individual assessment form to the project manager/secretary of the panel at the end of the on site visit.
- **Verbal reporting**

The on site visit by the panel is concluded with a verbal reporting session in which the panel sets out its initial provisional conclusions and recommendations without indicating the scores. No discussion is possible with the panel immediately after the verbal reporting session. At least all the interviewees who were involved are invited to the verbal reporting session.

### 4.2.3. Information cutoff

Additional information or documents provided to the assessment panel after the on site visit can no longer be taken into account in the assessment, unless the panel has explicitly requested additional information during the visit. If appropriate the panel must state arguments for its request and the information requested must reach the project manager within five working days after the on site visit.

### 4.2.4. Withdrawal from the assessment procedure

Programmes are given the opportunity to withdraw from the assessment procedure during the assessment process, under the following conditions:
- if a programme is being discontinued and the programme is being removed from the Higher Education Register;
- notice that the programme wishes to withdraw must be given to the Quality Assurance Board no later than 14 days after the on site visit by the assessment panel;
- the formal decision by the institution, confirming that the programme is being discontinued must be submitted to the Quality Assurance Board no later than one month after the visit by the assessment panel;
- the entire cost of the assessment is borne by the programme/institution.

### 4.3. Reporting

#### 4.3.1. Editing of draft programme report

After all the on site visits are completed, the project manager/secretary of the panel, working on the basis of the internal reviews and the completed assessment forms, the notes from the interviews that the panel has conducted during its visits, the internal consultations, the verbal reporting process and any additional information requested for clarification during the on site visit, writes the draft programme reports, which consist of a maximum of 20 pages and a maximum of 8,000 words, excluding appendices.

For each standard the programme report contains the fact-based findings of the assessment panel, its considerations, opinions and suggestions for improvement. The supporting facts for the opinions must make it clear on the basis of which
elements and considerations the panel has reached its opinions and should use
illustrative and representative examples where possible. Recommendations are
formulated in the most concrete terms possible and summarised in a separate list
at the end of each programme report (see § 3.3.2.). The report ends with a table
setting out the scores for the standards.

If there are different modes of study connected to the programme, the report
should make it clear whether each mode of study meets the standards. Consecutive programmes within an institution (for example Bachelor's and
Master's) may be covered by a single programme report.

The draft programme reports are presented to the panel members and discussed and confirmed at a first editorial meeting.

4.3.2. First feedback round
After approval by the panel, the draft programme reports are sent under
embargo to the programmes and institutions involved for feedback. Each
programme/institution receives only its own draft programme report. The
programmes/institutions are asked in all cases to correct factual mistakes in the
draft programme report. Comments on the content may also be submitted to the
assessment panel. The responses from the programmes are submitted to the
(project manager of the) assessment panel with the consent of the institution's
board, a maximum of three weeks after receipt of the draft programme report.

4.3.3. Editing of final programme report and comparative chapter
At a second editorial meeting, the assessment panel discusses the responses from
the programmes/institutions on the draft programme reports, after which it
definitively confirms the programme reports. At this time the panel also drafts
written notes in which it indicates how it addressed the comments made by the
programme/institution. The panel is autonomous in its decision on whether or
not to take the comments from the programme/institution into account. Factual
mistakes are altered in all cases.

At the second editorial meeting the panel also discusses and finalises – if
applicable - the comparative chapter. In it, based on the final programme reports,
general findings and recommendations are identified in relation to each standard
and good practices are highlighted if applicable. The comparative chapter ends
with a table showing a summary of the scores that were given.

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- This period may be extended if the feedback period falls within a holiday period
4.3.4. Second feedback round
After approval by the panel the comparative chapter, the programme reports, amended if applicable, and the notes indicating how the panel dealt with the comments from the programme/institution, are sent under embargo to the programmes and institutions involved.
If a programme/institution is not satisfied with the way in which the panel took the comments into account, and if the programme/institution considers it necessary, a response from the institution - which must be submitted within three weeks\(^6\) – may be included as an appendix to the final report. All the responses are gathered into a file within the Quality Assurance Unit of the VLUHR.
If a programme/institution considers it necessary to respond to the content of the comparative chapter, it may submit its comments to the assessment panel within one week after the second feedback is sent.\(^{10}\)

At the time of the second feedback round, the programme/institution may also file an appeal against the programme report. To that end it may file a complaint in accordance with the ‘regulations for the internal assessment report appeals procedure’ which is enclosed as Appendix 6.3. If the internal appeals procedure is used, this will be stated in the assessment report.

The draft texts will be under embargo until final publication of the assessment report. This does not mean that the institution/programme cannot adapt its policy in accordance with any recommendations from the assessment panel before the process is completed. The institutions/programmes are requested, however, pending publication, not to cite the report in published documents or to publish parts of it or of the draft report in their entirety.

4.3.5. Publication of the final report
As a final step in the assessment process, the final report is prepared for press and then published. The final report from the panel which is published contains a foreword from the chair of the panel, a general section, the programme reports and a number of compulsory appendices. The assessment report also contains a summary accessible to the general public (maximum of 2 pages) for each programme report.

The general part of the assessment report comprises:
- an introductory chapter including:

\(^6\) This period may be extended if the feedback period falls within a holiday period
- a summary of the programmes involved
- the selection of the assessment panel
- a brief description of the working method of the assessment panel
- the comparative chapter containing the comparative score table

The following appendices must be included in the assessment report:

- curricula vitae of the panel members;
- the visit schedules

The assessment report, which is clearly dated, is placed on the website of the Quality Assurance Unit of the VLUHR so as to make it accessible to the public. The publication date serves as a reference date for the subsequent accreditation request.

4.4. FOLLOW-UP
What is ultimately done with the results of assessments is primarily a matter for the institutions themselves. It is the responsibility of the institutions to take action on the basis of the findings and recommendations of assessment panels. The institutions themselves also take the initiative in regard to the accreditation request (see chapter 5).

In the context of the improvement function, quality assurance is clearly a continuous process which does not end upon publication of the assessment report. The reporting by the panels is specifically intended to support the quality assurance process by setting out practical recommendations in relation to individual programmes or making recommendations that are cross-institutional in nature and demand a collective approach to problems that have been identified. The assessment panels will also pay explicit attention to the follow-up of the findings and recommendations of the previous assessment panel.

Both internal and external reporting must take place on how the assessments are followed up. As regards internal reporting, there is a system in place in most institutions. External reporting is done via annual reports to the government, in which the institutions indicate what they have done or will do with the results of the assessments.

In the context of the accountability function, it must be made clear to outsiders that the system is also giving rise to some action. This is done partly through publication of the assessment report and partly through accreditation and publication of the accreditation decision.
Chapter 5  Accreditation

5.1. ACCREDITATION REQUEST

No later than four months after expiry of the validity period of the current accreditation and no later than two months after publication of the assessment report, the institution's board must submit a request for accreditation to the Accreditation Organisation of the Netherlands and Flanders (NVAO). For programmes that are organised jointly by multiple institutions and result in a joint qualification, the Flemish institutional boards involved must submit a joint request.

The assessment report forms part of the accreditation request. The programme internal review report does not form part of the request for assessment submitted to the NVAO.

A separate accreditation must be requested for every Bachelor's or Master's programme. The assessment panel includes a substantiated final opinion on the generic quality of each programme involved in the assessment report. If there are different modes of study, the assessment report also contains a substantiated opinion on the generic quality of that mode of study. In such cases all modes of study that existed and were assessed at the time of the assessment must be included in the accreditation request.

If the final opinion of an assessment panel on a programme or on one of several modes of study - is 'satisfactory for a limited period' then an improvement plan must be appended to the accreditation request. The improvement plan concerns the standards which have been assessed as unsatisfactory for the relevant programme (cq. modes of study).

5.2. ASSESSMENT PROCESS AND DECISION-MAKING

5.2.1 Request handling

When handling the accreditation request, the NVAO checks whether the assessment report submitted by the institution is in order, of a high standard and sufficiently complete to allow a properly substantiated accreditation decision to be made without reasonable doubt.
If the NVAO considers it necessary, it may ask the assessment body or, if applicable, the institution's board for additional information, explanations and clarifications. This takes place after submission of the accreditation request and before the draft decision is sent to the institution. If the NVAO makes use of the opportunity to consult one of the aforementioned parties involved, this is mentioned in the assessment report.

5.2.2. Decision-making

The NVAO makes an accreditation decision within three months of receiving the accreditation request. If the NVAO has not made an accreditation decision within this period, the validity period of the current accreditation will be extended to the end of the academic year in which the accreditation decision is finally taken.

Accreditation may also be granted on the basis of a foreign accreditation which the NVAO recognises as equivalent.

After the accreditation decision is finally confirmed, the NVAO sends it to the institution's board without delay. At the same time it publishes the accreditation decision by placing it on the website of the NVAO.

The NVAO may make four possible decisions:

Possibility 1 - Rejection of the assessment report
The assessment report is rejected if the NVAO does not feel able, on the basis of the assessment report and supplementary information, to give an adequately substantiated decision on the accreditation of a programme or modes of study connected to the programme.
The period of the current accreditation is extended by a maximum of one year. Within this period the institution's board must have an additional external assessment carried out by the same assessment body or by a different one. The institution's board must submit a new accreditation request within three months before expiry of the extended accreditation period. The NVAO then takes a decision within a period of two months.

Possibility 2 – Accreditation of the programme
The programme is accredited if the NVAO, on the basis of the assessment report, is reasonably able to decide that the quality of the programme provides all the standards set out in the accreditation framework. In the case of a programme with different modes of study, a positive accreditation decision requires the assessment to show that each mode of study is satisfactory.
In the case of a positive decision, the programme is accredited for eight years.
Possibility 3 – Provisional accreditation of the programme

The programme is accredited for a limited period if the NVAO, on the basis of the assessment report, decides that the programme or a mode of study does not provide all the standards set out in the accreditation framework.

The period of accreditation is limited to no more than three years. In case of an assessment report with one or two standards that had scored an ‘unsatisfactory’, the institution adds to its accreditation application a recovery plan and a deadline by which they will realise this plan. NVAO can seek advice from the panel before taking a decision on the duration of the accreditation period. Within this period the institution's board may commission a new, external assessment of the standards which were assessed as being unsatisfactory. On the basis of this assessment, the NVAO will take a new accreditation decision which may be positive or negative.

If the accreditation period is limited because a modes of study connected to the programme fails to provide all the standards, the institution's board may choose between a) a new limited programme assessment of this mode of study and an accreditation for a limited period or b) withdraw the mode of study in question.

No more students can then be registered from the next academic year. In case the institution's board chooses to withdraw the programme’s mode of study, it cannot be restarted for six years.

Possibility 4 – Non-accreditation of the programme

The NVAO makes a negative accreditation decision if, on the basis of the assessment report and any supplementary information, notes and clarifications, it has reached the decision on the basis of an initial assessment that the programme (or modes of study) do not provide any of the standards. The NVAO also makes a negative accreditation decision if, after an additional limited assessment, the programme does not provide all the standards.

In the event of a negative accreditation decision, the programme loses the right to receive funding and loses the right to award Bachelor's or Master's degrees. The programme is deleted from the Higher Education Register.

The institution's board is entitled to submit an appeal to the Flemish Government against the negative accreditation decision.
Chapter 6  Appendices

Appendix 6.1. Independence requirements for assessment panels

Appendix 6.2. Ethical code and code of conduct for members of the assessment panel

Appendix 6.3. Regulations for the internal assessment report appeals procedure
Appendix 6.1.

Independence requirements for assessment panels

The following cannot be appointed as chair or member of the assessment panel:

1° Individuals who, at the time of selection of the assessment panel or during a period of five years prior to this, are or have been a member of staff at the institution/one of the institutions to be assessed.
   A member of staff of an institution is defined as:
   - Individuals who are employed in the institution on a tenured, untenured basis or on the basis of a contract of employment;
   - Other academic staff and grant recipients working within the institution, regardless of the nature of the employment or the origin of their remuneration;

2° Individuals who, at the time of selection of the assessment panel or during a period of five years prior to this, were members of a central governing body of the institution providing the programme or one of the programmes to be assessed, of the hospital associated with the institution in question or of the association to which the institution belongs;

3° Individuals who, at the time of selection of the assessment panel or during a period of five years prior to this, without being members of staff of the institution providing the programme or one of the programmes to be assessed, is providing or has provided advice or is carrying out or has carried out assignments for the institution or is regularly involved or has been regularly involved in organising or assessing courses for the programme / one of the programmes to be assessed;

4° Individuals who, at the time of selection of the assessment panel, are married to or cohabiting with a person in one of the categories referred to under 1°, 2° and 3°, and blood relatives up to the second degree of kinship of the persons referred to under 1°, 2° and 3°.

With the exception of the chair of the assessment panel, exceptions to the aforementioned disqualifications may be made if this is considered to be justified due to the difficulty of otherwise selecting an assessment panel that adequately meets the requirements of expertise, independence and authority. In such cases the reasons for making the exception are stated in the proposal and in the appointment decision. It is also stated what limitations, if applicable, are imposed on participation by the member in question in the
activities of the panel. An exception from the aforementioned disqualifications is not granted for 1° individuals who, at the time of selection of the assessment panel or during a period of five years prior to this, are or have been a member of staff at the institution/one of the institutions to be assessed.
Appendix 6.2.

Ethical code and code of conduct for members of the assessment panel

1 A panel member respects the mission of the institution and the programme to be assessed. A panel member is aware of his or her role and carries out that role with the greatest respect for all his or her discussion partners.

2 A panel member must not be guided or influenced in the formation of his/her opinion by persons or parties involved with the institution or the programme to be assessed, or by other interested parties. A panel member speaks on the basis of his or her own expertise and on his or her own behalf and does not represent the opinion of any organisation of which the panel member may be a member.

3 A panel member must, when assessing quality, be able to distance himself or herself sufficiently from personal ideas, convictions or preferences in relation to the field or discipline being assessed.

4 A panel member must form his/her opinion in accordance with the VLUHR assessment protocol which is based on the Accreditation Framework Flanders 2015 - 2021 established by the NVAO. When a panel has to assess multiple programmes, these frameworks and the assessment criteria comprised within them shall be applied in a uniform way to all the programmes.

5 A panel member bases his or her opinion on the following information:
   - the internal review report produced by the programme together with the associated appendices and documentation;
   - any additional information provided at the request of the panel;
   - the interviews conducted in the context of the on site visit;
   - the observations made during on site visits;
   - the discipline-specific framework of learning outcomes defined by the programmes.
   - research carried out by the panel using other public information (e.g. websites)

6 The assessment by a panel member must satisfy the following quality requirements:
   - expertise and professionalism;
- independence and objectivity;
- due care and consistency;
- transparency and freedom from prejudice/impartiality.

7 A panel member does not use information gathered in the context of the assessment and evaluation process for personal or professional purposes. All information is treated as confidential.

8 A panel member does not accept any gifts or rewards from a programme to be assessed or from an institution involved in the assessment.

9 A panel member has no financial or commercial interests in the programme, the institution or the hospital associated with the institution which is to be assessed, nor in the association to which the institution belongs.

10 A panel member is aware of the complexity of planning the timetable for the assessment process and the on site visits and for the various players involved and will therefore, except in cases of force majeure, make every effort to keep to all commitments that are made in terms of timing, attendance, duties as a panel member etc.
Appendix 6.3.

Regulations for the internal assessment report appeals procedure