Dutch Accreditation Council (RvA)

How far does confidence go?

PUBLIC REPORT 2013

HOW FAR DOES CONFIDENCE GO?

Vision, mission and core values

Vision
The Dutch Accreditation Council (RvA) wants to be the national accreditation body which:
- performs accreditations transparently in all the required sectors, both private and public;
- increases the confidence of society in services and products by the certificates of conformity issued to its clients;
- provides the quality image of the organisations assessed by the RvA;
- contributes to removing trade barriers;
- is a strong link in the global accreditation network; is seen internationally as a leading accreditation organisation;
- offers its staff challenging work.

Mission
The Dutch Accreditation Council (RvA) ensures that the confidence interested parties have in all the certificates of conformity and assessment reports issued under its supervision is justified.

Core values
Our organisation has the following core values as its starting points in everything it does:
- competence
- impartiality and independence
- market-oriented
- people-oriented
- honourable
- transparency

In Dutch the first letters of these words read as the acronym 'commit', this indicates commitment. It is particularly this commitment based on our core values which offers clients an actual guarantee of confidence.

What is accreditation?

Both nationally and internationally buyers need to be confident of the quality and safety of goods and services provided. If these are guaranteed it not only benefits the buyer but also the supplier. This strengthens his position in the market. In order to be able to give an objective guarantee, the supplier can have his product or service assessed and tested by an accredited, independent certification or inspection body. This is possible for any imaginable sphere of work such as healthcare, construction, energy, food, environment, social affairs and transport.

Certificate of conformity
If the result of the assessment is good, the assessment organisation will issue a certificate of conformity for the product or service. This statement usually consists of a certificate or a report. That is why we call these bodies 'conformity- assessment bodies'. Such bodies must be impartial and have the competence to issue this certificate. Only then is it useful and reliable.

Audit of the conformity-certifying body
The RvA has been appointed by the government as the national accreditation body with the aim of assessing the expertise, the impartiality and the management system of conformity assessment bodies. Thereby the RvA offers a future-proof guarantee of confidence amongst the public sector, amongst your buyers and your suppliers.

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INTRODUCTION

The theme of this public report for 2013 is: How far does confidence go? It is a theme that has featured a good deal in the publicity of the past year, sometimes more and sometimes less directly related to the work of RvA.

The Dutch Safety Board has issued several reports covering supervision, confidence, toleration and enforcement. Odfjell and Foppen are examples of companies which have called for an analysis by the supervisory bodies.

Politicians are as quick to offer opinions about such concrete cases and demand measures to prevent recurrence, often with extra audits and manpower as a consequence, as they are slow to enforce transparent mapping and where possible quantify risks and make clear choices about which systems and how many resources are made available to control those risks.

The Netherlands Scientific Council for Government Policy (Wetenschappelijke Raad voor het Regeringsbeleid: 'WRR') asks in its report for 'a new vision of the supervisory role'. The Cabinet is developing this vision. The WRR indicates that the supervision must be effective, but what 'effective' actually means has not yet been detailed. But the WRR does point out the increasing importance of issues at international level, for instance in the food chain and banking. It is a very literal example of how far the confidence should go.

If something goes wrong and self-regulation is sometimes required - this being a contradictio in terminis in itself - the reaction to an incident is often to allow the supervising authorities to look more closely at the controlling bodies such as certifiers, inspection bodies and laboratories. This often overlaps the work of the national accreditation body. How far does confidence go? Is the one better than the other? Or can both share information at generic level?

It is all about smarter work whilst retaining everybody's position and role. This includes the regulators as the authorities on social risks, as enforcers of the law with regard to companies, with sanction power and thrust and converting the law into standards and criteria, as well as the companies being themselves responsible for compliance with the law and encouraging this via private standards and having this audited by external parties: this is the so-called self-regulation. And this includes the RvA which assesses the expertise and impartiality ex ante, with a mandate from the government, on the basis of harmonised standards (private standards acknowledged by the EU). Thereby the RvA can fulfil a bridging role between both systems: the legislator/enforcer on the one hand and self-regulation on the other hand. Our confidence goes that far!

Confidence does not mean that the risk is reduced to zero. But it should mean that the risk is controlled at a socially acceptable level. Well, this is precisely the mission of RvA ....

Looking back to 2013

Apart from all the work necessary for the annual assessment of over 600 RvA accreditations and 250 CCKL accreditations to continue to justify confidence in those organisations, in 2013 the RvA paid a lot of attention to the following issues:

- The establishment of a stakeholder panel in which the RvA can assess the confidence generated by the establishments it has accredited. A panel that helps to guarantee impartiality in the operation of the RvA.
- Detailing and starting the transition project to convert 250 medical laboratories to the internationally recognised standard in the coming four years. This is taking place in close cooperation with the field.
- Carrying out, after many years of preparation of rules and documents and in connection with the system change for the designation of certification and inspection agencies by the Minister of Social Affairs and Employment, the large scale initial assessment on the basis of which the Minister obtains advice with regard to designation.
- Welcoming and settling in a new Director Operations: Joep de Haas.
- Starting up an internal quality improvement process and undergoing an assessment by a team of European colleagues to re-confirm our international recognition. This assessment will be completed in 2014.

In short, 2013 was a busy and eventful year for the RvA work force.

It was a year which we were able to conclude properly. A word of thanks for everybody's input therefore certainly has to be included here.

Outlook for 2014

In 2014 we will also be working hard on developments which should guarantee, at the required level determined by standards, confidence in the conformity assessment agencies operating under our supervision. For instance a new tool has been developed, the shadow assessment, by which an agency can demonstrate subsequently that it has rightly issued a certificate. This instrument becomes operational in 2014. The conversion of medical laboratories to international recognition is gaining speed. Our internal processes will be further streamlined. But above all, in the coming year there will be a lot of interaction with our stakeholders not only to optimise where possible the confidence in the bodies we accredit, but also to contribute, along with regulators and the field, to a further reduction of risks and an increase in confidence in our society.

Structure of this public report

This public report consists of two parts:

In the first part you can read how in 2013 the RvA contributed to the justified confidence of people, authorities, companies and institutions, by continuously considering how the internal organisation and the external service to clients can be further improved. We also share our ideas here about how we could even better focus and organise all the forms of supervision in the future.

The second part includes the formal facts: it shows the figures for 2013 but also information about the primary process of the RvA, the composition of the governing bodies and advisory committees, the scheme managers accepted by the RvA and the various accreditation marks which the conformity assessment bodies are allowed to carry.

Apart from these core subjects you will find various interviews in this public report for 2013:

Six employees have their say about the developments and challenges in their work and the way in which via their role they contribute to justified confidence in our society. By doing this they give a nice view 'from the inside out'.

But we also look 'from the outside in' via three good dialogues with:

- Diana Delnoij, head of the Quality Control of the Dutch Board of Health Insurers (College voor Zorgverzekeringen), and Josee Hansen, Chief Medical Inspector of medicines and medical technology of the Dutch Health Care Inspectorate (Inspectie voor de gezondheidszorg);
- Philip Eijlander, Rector Magnificus of Tilburg University and Chairman of the RvA stakeholder panel, and Arno Visser, board member of the Netherlands Court of Audit (Algemene Rekenkamer);
- Dorette Corbey, Chairman of the Netherlands Emission Authority, and Dirk Hellemans, Chief Operating Officer for Central and North-West Europe and Managing Director for the Netherlands and Belgium at SGS.

They give their vision of the scope of confidence in the area of healthcare, food safety and air quality, and the added value of certification under accreditation given the withdrawal of a more compact public sector.

I hope you enjoy reading it!

Jan van der Poel
Director/Chief Executive

Confidence goes that far!

IDEAS OF SUPERVISION

In recent years the word ‘supervision’ appears to have become a catch-all concept. If something goes wrong, a call for more supervision arises from society as a sort of Pavlovian reaction. How that supervision is to be fleshed out and what concrete objectives must be achieved with that supervision, are often left in mid-air. However, the suggestion is made that ‘this’ should never happen again. So that means a probability of zero.

We know that every year there are over six hundred fatal traffic accidents, that every year over nine hundred avoidable deaths occur in hospitals and that every year over five hundred new asbestos victims are added to this. No doubt we can check how often there will be an environmental violation, exam fraud, accounting fraud, benefit fraud, speeding offence or a high risk of flooding. There is plenty of quantitative information. But the supervision is not always organised such that it also results in a concrete objective for supervision in order to reduce the number of victims or offences, and up to what level. This is really the core of continuous improvement, one of the main principles of management systems. We think it is important to use this principle more in our society because then we would be able to focus and organise all the forms of supervision. This starts at the level of society as a system in order to work on that basis towards the subsystems based on substantiated choices. After all, doing everything at the same time is a dream.

Forms of supervision
Assuming that we manage to break this down: how could this be done with regard to supervision? There are so many forms. But in our view three main forms of supervision can be distinguished:

Enforcement supervision, based on legal rules. This form of supervision is primarily given shape in the form of public inspectorates. They concentrate more on the system than on contributing to the continuous improvement cycle. The connection with the policy departments is not always a matter of course. This might be a consequence of the lack of a quantified policy objective.

Self-regulation based on private standards. This is focused on a management making sure that an organisation operates within the legal rules and generally accepted rules of conduct. This form of supervision is often carried out by an independent third party such as a certification body, but sometimes also by a second party, such as by surveys amongst medical specialists or the Netherlands Institute of Chartered Accountants (Nederlandse Beroepsorganisatie van Accountants). Self-regulation also often serves a purpose in the international movement of goods and services. In addition, a third party such as a certification or inspection body can apply for accreditation as an extra confidence booster.

External supervision, consisting of supervision organised by the organisation itself for instance in the form of a Board of Commissioners or a Supervisory Board. Usually this form of supervision under the Articles of Association is firstly aimed at making sure that the organisation continues to satisfy its core objectives. Secondly the supervisory body acts as a sounding board for the Executive Board or the Management.

It appears sensible to us that all these forms should overlap each other somewhat, but certainly not too much. We should certainly make use of each other’s work and this means that there must be confidence in each other’s work. Not blind trust but well-founded confidence - and that is something different from distrust. In order to be able to trust each other it is important to know each other better, to assess each other’s good intentions and each other’s options, restrictions and pitfalls. In recent years the RvA has taken the initiative to start a dialogue with the authorities and also with other parties.

Enforcement supervision
Please find below several concrete details with regard to the relationship with enforcement supervision:

In connection with the Odfjell case the RvA initiated consultations between the Dutch Human Environment and Transport Inspectorate, the Ministry of Infrastructure and the Environment, the scheme manager SCCM, representatives of the certification bodies and the RvA itself, to discuss how we can encourage the further reduction of the risk of this type of incident happening, while everybody’s role and responsibility remains intact. It was agreed to follow-up these consultations. The scheme manager, with whom the big companies are closely involved, is already in discussions about adding conduct criteria to the scheme.

A protocol for information exchange has been agreed between the Inspectorate of the Ministry of Social Affairs and Employment and the RvA about situations with which one of the parties might be faced in carrying out the supervision of certification and inspection bodies and which entail an immediate health or safety risk for the employees or other persons involved. This protocol also applies to signs of fraud and intimidation or bribery.

The Ministry of the Interior and Kingdom Relations, Housing department, has determined, fully in line with the European Decision 768/2008, that for the new building products decree, accreditation of the respective inspection bodies offers sufficient evidence of competence and independence in order to be able to notify these organisations in Brussels. The market supervision of manufacturers of building products remains in the hands of the Ministry.

However, an opposite movement can also be observed now and then such as at the Dutch Food and Consumer Product Safety Authority (Nederlandse Voedsel- en Warenautoriteit: ‘NVWA’). This authority assesses the inspection bodies itself and gives these bodies some sort of recognition. In a very few cases this even resulted in a withdrawal of the accreditation, because this no longer had any added value towards the NVWA. The question arises of the standards by which the NVWA acknowledges these bodies and whether, and if so by whom, the NVWA is assessed with regard to it issuing such recognitions.

Possible further detailing of the relationship with the enforcement supervision are:

Inspectorates could provide generic information about the number, the type and nature of the offences ascertained at the certified companies as well as at (any) inspection bodies. This would enable the RvA to manage the time spent on assessments and to pay more attention to the critical issues.

The RvA could also for instance receive risk assessments from the inspectorates so that we could also bring our supervision policy into line with that.

Both options appear to us as being important for external supervisory authorities because they can give direction to their efforts.

External supervision
Finally, several ideas for external supervisory authorities:

Reports of enforcers, certifiers and inspectors, surveys and other external assessments could be requested and could be discussed with the Executive Board or the Management as a standard measure, whereby the progress of any improvement measures could be monitored. Although this is already a good custom in many organisations, various surveys in recent years have shown that this is far from the case in all sectors. Examples of this are education and housing associations.

And moreover: why is it the most natural thing in the world that the accountant who – to use somewhat harsh words - only looks at the outcomes in euros, is appointed by the external supervisory authority and reports to the latter, but we do not consider the appointment by and a report to the external supervisor as self-evident if it concerns a certification body engaged to assess the operational side of the organisation, where the product or service is actually created.

With the ideas and suggestions set out above we think we can contribute to the further mutual appreciation of each other’s work as a supervisory authority. In this connection we do consider it important that a clear separation of roles continues to exist because every system and every supervisory authority needs checks and balances. In this public report for 2013 you can read how those checks and balances are organised at the RvA.

In 2013 Joep de Haas was appointed as director operations of RvA. He manages the operational units and several staff units.

Working with professionals
Our operational organisation consists of four units. There are three units with account managers/project managers and project assistants who are the first point of contact for our clients. In addition there is a separate unit with lead assessors who are engaged by the other three units to conduct assessments at our clients. The lead assessors manage a team of external assessors: specialists acting on behalf of the RvA. Apart from these employees in the primary process there are still various staff units for which I am responsible.

In an organisation such as this one you are dealing with professionals. You cannot direct them, only facilitate them in their work. For over ten years I have been the director of a law firm in Amsterdam and there I had to deal with a large group of professionals. I gained the necessary knowledge and experience there. Our lead assessors are true specialists. They know everything in their field and have a strong focus: they head straight for their goal. The same applies to the specialists with whom they are working. I recently accompanied them to ESTEC, the technical research centre of the European Space Agency in Noordwijk. This is also the place where satellites are designed and developed. It is a large international centre that wants to carry out its work under accreditation. A team of specialists for instance from Switzerland and Sweden is present there under the management of an RvA lead assessor. I cannot always follow the technical details, but it is very interesting to see what technological developments there are in the Netherlands and what role the RvA plays in these.

Giving confidence
Obviously sometimes something goes wrong, as occurred in 2013 at Odfjell. This immediately raises the question how it is possible that such an enterprise does not operate properly, whereas it had received a certificate. It is then a question of opening up a dialogue with important parties: the inspectorates and the authorities. What exactly happened? What can we do about it? And particularly: could we get several parties around the table to make proper arrangements so that in future we can prevent this? Transparency and openness are the core words in that connection. In addition, in this type of case we obviously also react directly, in the form of extra audits.

If you do this properly the RvA can exert an influence on the quality of services and products. This way the RvA contributes to the safety of for instance drinking water, by means of accreditation certificates. Society can trust that healthy water comes from the taps. Quality, safety, assurance: these are wonderful aspects of this profession. On the other hand sometimes I feel a little bit like a policeman. As a regulatory body you check whether something is right. In the event of deviations, corrective measures must be taken. There is sometimes a great temptation to give advice, although that is obviously not our job with regard to our independent position.

– BECAUSE REALLY, MANPOWER IS THE MAJOR SUCCESS-DETERMINING FACTOR IN AN ORGANISATION SUCH AS THIS ONE

Manpower
We are continuously busy improving our organisation: plan, do, check, act. In this connection we consider success-determining factors. For instance do we have a proper knowledge infrastructure? Are we a good partner for the public sector? What I particularly want to focus on in the coming period is manpower. This applies to quality as well as quantity. Because, really, manpower is the major success-determining factor in an organisation such as this one. It is about making sure that people can function properly and that they are happy in the organisation. As far as I am concerned this is a key aim for 2014. An important question is also what will the assessment team of the future look like. What do we need in order to be able to continue to meet the demand from the market? What type of expertise should we have? What is the capacity required? So that we can still always make that valuable contribution within five or ten years. We are also going to focus on this in 2014.

Diana Delnoij

Josee Hansen

A TALK WITH DIANA DELNOIJ AND JOSEE HANSEN ABOUT CONFIDENCE IN HEALTHCARE

Diana Delnoij is the head of the Dutch Institute for Healthcare Improvement which was formally launched on 1 April 2014 and which has the task of encouraging the formation of quality standards in healthcare and of making information visible about quality, particularly to the general public. In addition, she is a professor in transparency in healthcare at Tilburg University and she is a member of the Stakeholder Panel of the RvA.

Josee Hansen is Chief Inspector at the Dutch Health Inspectorate. At the Inspectorate she is responsible for medicines, medical technology and curative healthcare.

WHAT DOES CONFIDENCE MEAN?

DD: When I think of confidence in healthcare, I immediately think of the work in which I was indirectly involved in the past, as researcher at the Netherlands Institute for Health Services Research. This was research into public confidence in healthcare. Two interesting facts emerge from the figures which are published every other year in Barometer Vertrouwen. First, you see that nowadays there is great confidence in healthcare and that there will be less confidence in healthcare in five years than in current healthcare. This has been consistently so for twenty years. Apparently the people have been thinking for two decades that things will become worse in future, but this never happened. This is because the confidence in healthcare nowadays has hardly changed in recent years. Another striking point is that the confidence in professionals as people is again always very great but that there is much less confidence in bodies than in people. So apparently the general public trusts people more than systems.

JH: Our motto is ‘justified confidence in responsible healthcare’, and obviously we do our utmost to ensure

that the patient who by definition is in a vulnerable position, can be justly confident. People trust their own physician, but often have no insight into the guarantees under which healthcare is provided. If something goes wrong, there is always a call to act against the individual physician or nurse, while in the end the improvements must take place at system level, whereby the individual professional obviously has his responsibility. In that connection we sometimes also have to deal with a public outcry because trust can obviously swing round very quickly. We are then expected to intervene, while one thing we do know: there is a very big difference between culpable and avoidable. Only a small percentage of all avoidable losses are culpable. And moreover, in recent years there has also been a so-called transparency paradox: the more you disclose, the more the unsafeness appears to increase. A good example of this is the discussion about the Hospital Standardized Mortality Ratio, an indicator which in itself does not say enough to be able to draw conclusions, but which can be a reason for further investigation into the causes of the mortality. In short, trust is a complicated concept. It has many aspects.

THE BALANCE BETWEEN TRANSPARENCY AND CONFIDENCE

JH: About 1.2 million people work in healthcare and it deals with over 72 billion euros. So this is a major sector. It is therefore not surprising that sometimes disasters occur, even though your system is in order. But as a patient you surrender yourself to healthcare and if you then come out with unnecessary damage, that is obviously terrible. It is therefore understandable that when something goes wrong somewhere, it will be blown up quite a lot. This dilemma will always continue to exist. It is particularly important that organisations learn from their mistakes, so that they themselves can start with points for improvement. The worst thing that can be done is to sweep issues under the carpet. If you compare things with ten years ago, when we began with indicators, big steps have in any event been taken in that respect. And if disasters are involved: healthcare institutions are obliged to notify them to the Inspectorate. In principle we do not make any information public about disasters. Institutions sometimes do this though. This can work positively: if you share this bad news, you can also show that you are doing everything to prevent such a thing happening again.

DD: Transparency and confidence: this is a very precarious and sometimes even uncomfortable combination. Until now not much research has been carried out into the effect of transparency on confidence. Previously a study appeared into the confidence of the people in the public sector (Grimmelikhuijsen, 2012). This concerned the question of what happens if you provide people with information about the decision-making process in the municipal council. It emerged from this research that the trust in the expertise of the councillors decreased as the people received more information. When matters were also communicated late or not properly, that trust dropped even further. The other way around did not appear to be the case. This would mean that transparency almost unavoidably carries the risk that the trust of the people diminishes. The question is: is that bad? If the confidence is not justified, then this is not bad. If something is wrong somewhere, you want people to know it. What is really bad is when justified confidence has been undermined. For instance, that people think that every neurologist is a cheat. You don't want that. We cannot go back to a situation where people know nothing. So the only route is a sort of forwards jump: that more openness is created. For that matter this is also linked to a development on the part of the people: they have to learn to deal with this transparency.

CERTIFICATION: NOT AN AIM IN ITSELF

JH: The value of a certificate stands or falls with embedding and behaviour, and particularly the latter. In 2004 Rein Willems, at the time the CEO of Shell

Nederland, at the request of the Minister investigated safety in healthcare by looking from the outside inwards. Shell had a lot of experience in the area of safety policy in the company. They did not express the 'proceeds' of their safety policy in incidents as a number but by what they managed to prevent in the total of activities. This is a completely different approach than we apply in healthcare because here we are still counting the incidents. The consequence of this is that you can see the numerator but not what the denominator is. On the route to more safety Shell decided to make moves towards a hearts and minds programme. Various professors in psychology were involved in this in order to find an answer to the question of how safety thinking at Shell could be internalised. If you then make the translation to healthcare, it's true that this means that you have to formulate rules and make arrangements but that in the end it is particularly important that issues will enter the hearts and minds of the people. Otherwise it would not work. In other words: a certificate must never be an aim in itself.

DD: I really have little to add to this. A certificate only has a value if establishments reason as follows: we have everything in good order; we not only managed to embed quality and safety into the system, but it is also in the people's minds; and now we would like to have it certified. Certification is then in actual fact the tip of the iceberg supported by an entire frame of mind and a whole culture. If you only have that tip and the rest of the iceberg under the water is missing, it really does not mean anything.

RISK-DRIVEN SUPERVISION

JH: As a regulator you assume that the person under your supervision is acting in good faith, but if that trust has been shaken, you act: 'high trust, high penalty'. In our sphere of supervision we conduct risk-driven supervision, for instance on the basis of indicators. In that way we determine what our supervision is concentrated on. And we deal with the reports of incidents we receive, roughly 13,000 every year, of which nearly 2,000 are from patients. When incidents occur you can see the trust decrease very quickly. You can then say as an Inspectorate that everything is in hand and that you have taken the right decisions, but the fact remains that society has become more critical, sometimes even more sceptical, when the concern is about the confidence given and then undermined.

DD: I really think that this is a general trend in our society. A lot has already been achieved in the area of supervision in healthcare and it is becoming increasingly better, but in a certain sense it also remains restricted. For instance for six years I have been busy measuring customer experiences in healthcare. Those measurements have also been published. Now and then I heard in the train or car that somewhere an institution had again been placed under supervision. The first thing I did then when I came in the office, was to look at how that institution had emerged from the investigation. Those customer experience measurements were obviously not at all meant as a supervision instrument. But in that position I can imagine that if you opt for risk-driven supervision, as a regulator you continue to feel the need to take a closer look now and then.

JH: Another question is: when are the developments and improvements in healthcare in balance with the supervision? At the moment we have roughly 13,000 reports of incidents in a year and we take into account that this will increase further. So a substantial part of our supervision consists of supervision of incidents. This is not wrong but at a certain moment you obviously want to reach a situation whereby incidents are prevented or are solved in the system itself, so that as regulators there is less work for us to do. This is a matter of continuously further improving your behaviour, processes and systems.

DD: You can wonder whether everything must be solved via supervision. The art is to organise the

system so that everything – thus the work of the regulator, the healthcare procurer and the patients' organisation as the representative, and even the choices made by individual patients – points in the same direction: better healthcare. This means that all parties must be able to have good information at their disposal, preferably via the same source. When communicating this information I see a major role for patient organisations. Because they are in actual fact the only 'non-suspected' party and therefore ideally positioned to keep the proper balance between transparency and trust.

MAJOR CHALLENGES

DD: The Netherlands is one of the trendsetters with regard to aiming at outcome indicators in healthcare. In the past we relied a lot on process and structure indicators, and they are also very important for the parties who have to monitor quality in their own institution or practice. But you can see that patients in particular increasingly require outcome indicators. This is something in which the Netherlands takes part at the highest international level. This will be a great challenge in the coming years. And moreover, I think that there are still big steps to be made with regard to trusting information. The people want to be able to trust that details provided are valid, reliable and comparable. So this concerns the person who receives it. But there should also be trust on the part of the party recording and releasing the details. Professionals and institutions are often still hesitant to give out information. First they do not trust that the respective details are suitable to be shared, and if they skip over this, because information is never perfect, then they don't trust that it is going to be dealt with in the right way. If you look at the current system, a lot would still have to be developed in this respect.

JH: Another challenge relates to the information infrastructure. At the moment for all kinds of reasons only a little information is being structurally and systematically exchanged. In our complaint notifications we see for instance that quite often something goes wrong in the transfer. For instance patients assume that a medication transfer takes place, but this appears not to be so. That's too bad. If we manage to develop the systems such that this could take place safely, big steps could be made in the area of transfer, cooperation and the like. It is really quite strange that in such an important sector as healthcare this has not yet been organised, whereas I can for instance draw money with my bank card out of any cash machine in the world. But I think the biggest challenge is in any case justified confidence. And for this we need everybody, including the patient.

SUPERVISION AND ADVICE: GUARANTEEING CONFIDENCE

The RvA is allowed to operate with a high degree of independence but forms of supervising the work and advice in the accreditation decision-making process are of major importance in this connection. They guarantee independence and expertise of the RvA and provide a critical evaluation of our activities.

Supervision and advice contribute to a major extent to the trust of the public sector, society and our customers in performing our activities. Various bodies and committees are active in the RvA to this end. In the organisational chart in Annex 1 you can see the relation they have to each other and their composition. In this chapter we will outline the role and activities of the different bodies and committees.

Supervisory Board
The Supervisory Board of the RvA is comparable to the Board of Commissioners of a commercial organisation. The Supervisory Board ensures that the Executive Board realises the objectives of the RvA. Selection of the Members takes place on the basis of expertise and competencies. It is preferable for the following competence areas to be represented on the Supervisory Board:

- business world, business community
- public sector
- research/technology
- healthcare/medical
- food and goods
- quality

It is important that the Members of the Supervisory Board:

- have wide knowledge and experience of professional organisations;
- are able to advise and encourage properly;
- apply an objective, detached approach;
- have integrity and a sense of responsibility;
- have an independent and critical attitude;
- can formulate a balanced assessment.

The members of the Supervisory Board are appointed for a period of three years and can be reappointed twice for the same period.

Accreditation Committee
The Accreditation Committee consists of four members. They are appointed by the Supervisory Board on the basis of their expertise in accreditation, their integrity and independence. The Accreditation Committee meets once a month. Its duty is to advise the Director/ Chief Executive about granting accreditations. In addition, the Committee has the power to advise on the suspension or withdrawal of accreditations of bodies that have been granted accreditation. It receives information from the Executive Board and the Management about measures and sanctions against bodies.

The Accreditation Committee does not take decisions. The decision-making is entrusted to the Executive Board. If the Executive Board has a different view from the advice of this Committee, the Supervisory Board will be heard. The Accreditation Committee reports annually on its activities to the Supervisory Board.

Objection Chairmen Committee
It is possible that there may be an objection to a decision by the RvA. If that is the case, the Objection Chairmen Committee will be engaged. This Committee consists at least of one and not more than five legally trained Members. If a notice of objection has been received, the Executive Board will appoint a Member of the Chairmen Committee to form an advisory committee for that objection. The Members of this Committee are strictly independent. They will never be Members of the Executive Board of the RvA and do not carry out any activities under the responsibility of the Executive Board. They are appointed by the Supervisory Board. This guarantees impartial treatment of objections.

Executive Board
The Director/Chief Executive is responsible for the realisation of the RvA's objectives, its strategy and policy, and the developments resulting from these. He accounts for this to the Supervisory Board.

Management
The Management of the RvA consists of the Director/Chief Executive and the Director Operations. They take care of the proper policy and management of the organisation and they report on this to the Supervisory Board.

Stakeholder panel
The Stakeholder Panel of the RvA was established in 2013. In this advisory panel the stakeholders of the RvA are represented in the broadest sense: the public sector, direct clients of the RvA, direct clients of the conformity issuing bodies and scientific institutes. The panel operates on a strategic and tactical level. The aim of the panel is twofold:

- advising the Executive Board and the Management about general policy matters both on request and unsolicited;
- guaranteeing the impartiality of the RvA in policy matters.

The Panel meets twice a year to discuss (for instance) relevant developments, the added value of the RvA and the long-term vision and once every two years organises a conference in which the support is consulted. The Supervisory Board receives the minutes of the meetings and the decisions of the Panel are published on our website.

User Council
The User Council is an advisory panel laid down in the Articles. The Council consists of representatives of direct clients of the RvA and meets twice a year to advise the RvA about the budget and rates and about the service level of the RvA. The Supervisory Board receives the minutes of the meetings, so that it can include the opinions of users in its deliberations.

EA Multilateral Agreement Committee
In order to remain a signatory of the Multilateral Agreement ('MLA') the RvA must satisfy the requirements of the European Regulation 765/2008 and the ISO 17011. Every four years the RvA is assessed by a team of about eight 'peers' in the form of a peer evaluation. Representatives on behalf of the Ministry of Economic Affairs are invited as a standard in this connection.

The forms of supervision and advice outlined in this chapter are a major contribution towards the RvA having confidence in the future. This is confidence that not only applies to our organisation, but also to the government, our clients and the people. Therefore this is the place to thank all these members for their input in 2013.

INTERNATIONAL CONFIDENCE

The confidence in accreditation extends legally via European Regulation 765/2008 to all countries of the European Union and the Member States of the European Free Trade Association. This confidence applies to the public as well as the private domain. Every Member State is obliged to appoint a national accreditation body or to outsource this activity to accreditation bodies of other Member States. Pursuant to the Dutch National Accreditation Body Appointment Act (Wet aanwijzing nationale accreditatie-instantie) the RvA has been appointed to fulfil this role in the Netherlands.

Due to mutual recognition all certificates of conformity issued under European accreditation have the same status in the free movement of goods and services within Europe. The private association European co-operation for Accreditation (EA) bases this mutual recognition on a peer review comparison with the private standard ISO/IEC 17011, with several additions from the European Regulation. In a peer review a team composed of colleagues from other European accreditation bodies reviews whether the organisation to be assessed meets the criteria. This is a guarantee of the expertise, independence and impartiality of the national accreditation body.

The RvA underwent this review at the end of 2013 and the beginning of 2014. The full report will be published on our website after it is completed. In its turn in 2013 the

Tammo Ponte is a lawyer at the RvA. It is a new function which is the result of the fact that since 2010 the RvA has been an autonomous administrative authority (zelfstandig bestuursorgaan: 'ZBO') and therefore has become involved in regulations imposing requirements on the actions of the public sector, such as the Dutch General Administrative Law Act (Algemene wet bestuursrecht: 'Awb') the Dutch Archive Act (Archiefwet) and the Dutch Government Information (Public Access) Act (Wet openbaarheid van bestuur: 'Wob').

ZBO-status
We are increasingly faced with administrative actions. Before 2010 accreditation took place based on agreements. An organisation that liked to be accredited entered into an agreement with the RvA. An agreement is based on equality of parties. Whereas now it is a relationship between the public sector and individual parties. If an accreditation application is rejected, pursuant to the Awb an organisation will be entitled to lodge an objection and bring an appeal against this rejection. All kinds of standards and rules apply to this. It also sometimes occurs that an organisation wants to inspect the assessment reports of the competitor. In that case a Wob application will be lodged. The information requested is often competition-sensitive by nature. The Wob then offers the opportunity to refuse disclosure but we obviously have to give good grounds for why an application is rejected. It is possible to file an objection to a rejection and ultimately to appeal to the ordinary court. I conduct these actions on behalf of the RvA.

In addition, I am busy formulating internal rules in order to be able to better comply with the standards applicable to public administration. As a matter of fact the ZBO status has the result that everything is drawn into the administrative sphere. This means a big difference in management. You have to give proper substantiations to decisions, make decisions understandable and operate as transparently as possible. In everything you do, you should take into account that in the end you can be called to render account by the administrative court, the National Ombudsman or the Dutch Cultural Heritage Inspectorate (Erfgoedinspectie). So as an administrative body you are particularly subject to government supervision. This is in the first place a mentality question. You then formalise it by drawing your processes more into the administrative law sphere.

Area of tension?
As an accreditation body the RvA must also comply with the ISO 17011 standard. All accreditation bodies in Europe are united in the European Accreditation Body and assess each other on the basis of that standard. We had such an accreditation recently. One of the provisions of that standard relates to the obligation to deal confidentially with documents. The question was how this relates to the right to information pursuant to the Wob. Is it in contravention of the national laws and regulations? Does the standard extend further? A complicated issue. We asked an opinion on this issue from the State Advocate and he in the end concluded that there is no area of tension between this standard and the Wob. The Wob can be considered as a further detailing of the confidentiality requirement.

Culture change
Moreover, we also obviously had to deal with the Dutch Archive Act, which does require quite something of an administrative body. For instance you cannot just destroy any documents. Added to this is that documents must be digitised to an increasing extent. These are all matters that must be fleshed out in 2014. For that matter, this does not only involve a legal implementation but also a cultural change. Employees must deal consciously with the manner in which they edit, save and retain documents and transfer them to the archive. An unequivocal work method must be created for this. You can arrange all this legally, but if it does not come properly embedded, it will nevertheless go wrong in the end.

My role at the RvA is in short very versatile, so that as a lawyer I can develop in many diverse fields. That is precisely what appeals to me so much.

– ONE HAS TO GIVE PROPER SUBSTANTIATIONS TO DECISIONS, MAKE DECISIONS UNDERSTANDABLE AND OPERATE AS TRANSPARENTLY AS POSSIBLE

RvA contributed to peer reviews in Latvia, Austria, Poland and Spain.

Foreign policy
In accordance with the European Regulation, as from 2014 onwards the RvA is no longer allowed to issue new certificates of accreditation in European countries other than the Netherlands. This is meant to make competition between national accreditation bodies impossible. The logical consequence of this is that Dutch branches of organisations accredited abroad are assessed by the RvA at the request of the foreign accredited organisation. This is beneficial for both national and European harmonisation.

On the basis of these starting points the RvA also tightened its policy with regard to granting accreditation in countries outside Europe. We remain active with accreditations in countries in which no ILAC (International Laboratory Accreditation Cooperation) or IAF (International Accreditation Forum) MLA partner is yet established, but for the rest we restrict ourselves to those conformity assessment bodies which allow us to assess together with other local accreditation bodies. In countries with an MLA partner, from the middle of 2017 onwards, we will offer only accreditation alongside the accreditation of the local accreditation body whereby we will cooperate as much as possible with that body. The latter is to keep a finger on the pulse of the daily practice of accreditation in an international context to encourage harmonisation and to learn from the methods and working methods of other accreditation bodies.

International normalisation
The assessments of the RvA take place on the basis of accreditation standards. In order to harmonise these assessments internationally, a standards framework is required which has international force. In the meantime globally recognised ISO standards have been created for all our accreditation activities. The last one appeared in 2012: the accreditation standard for certification bodies certifying products and services. These private standards are on average updated once every five or ten years and can be considered as private laws for self-regulation.

We consider the legitimacy of these standards to be a point of concern. Since the aim is for all interested parties to have on balance a say in the criteria, or in other words: the height of the bar, it looks like that in the time-consuming process of normalisation it is increasingly the bigger parties that call the shots. This certainly applies to accreditation standards, where representatives of certification bodies have more resources to influence the standards in a direction they like than most of the other stakeholders, while the users, such as the business sector and also increasingly the public sector, appear to be less willing to spend more on this. Certainly if there is increasingly more reliance on self-regulation it is important to keep a sharp eye on the height of the bar. Accreditation and certification have no geographic boundaries. That is why harmonisation is of great importance to an open economy such as the Dutch one, but then at the right level.

European and national harmonisation
In the European Accreditation Regulation EA has been appointed as the body which should not only organise the peer reviews but also encourage the harmonisation between the members. The RvA is active in various EA Committees and in the EA Board.

There are many European guidelines in the areas of health, safety and the environment. It is left up to the Member States to decide what the best accreditation standards are for assessing inspection bodies and subsequently to notify them in Brussels. Because Member States make different choices, the EA has the difficult task of agreeing on the most suitable accreditation standard and then obtaining approval of that position from the Member States who previously adhered to a different accreditation standard. This is illustrative of the split between legal rules and standards. But nevertheless, Europe is of the opinion that every body notified, the so-called 'notified body', should have the same market access in all Member States. The RvA does its best to include this competition factor in its advice to departments when it is asked about what are the most suitable standards for notification. This issue came up for instance in 2012 and 2013 with regard to the new Construction Products Regulation for building materials, whereby the RvA, with a view to the surrounding countries, determined jointly with the Ministry of the Interior and Kingdom Relations the accreditation standards to be applied.

In the private sector we have noticed now and then the reverse effect. Because the globally agreed standards, which are by definition a compromise, sometimes don't go far enough according to users and customers, extra requirements are added to standards via schemes. In the Netherlands we have already had for quite some time the model of the accepted scheme manager. This means that the schemes are assessed by the RvA to be worthy of accreditation and that the accredited organisations deploying these schemes all do it equivalently. In this way the national regulations and the nationally required level of confidence can be better responded to. A good example of this is the Stichting Coördinatie Certificatie Milieu- en Arbomanagementsystemen foundation. In 2013 the two thousandth ISO 14001 certificate for environmental management systems was issued on the basis of such a scheme. Sometimes Europe follows the scheme as an example. For instance the VCA schemes of the Stichting Samenwerken Voor Veiligheid foundation have been copied in Germany and Belgium and the food safety schemes of a Dutch scheme manager (SCV) have already been applied in several European countries.

Global agreements
The autonomous umbrella organisations of ILAC (Laboratories and Inspection) and IAF (Certification) co-operate intensively in several areas. This applies to the organisation and the completion of the peer reviews, for communication and for the assistance to countries just starting accreditation.

At ILAC and IAF a strategic discussion has been launched about the relationship between both organisations. How much can we do together and how can we make the organisations more effective since accreditation has become a globally established concept? At least as important is the relationship between the global organisations, the regions and the separate countries. At the moment it often happens that the same work is first carried out regionally and then globally. Since accreditation is increasingly gaining a legal basis, such as in Europe, but also for instance in China, the global recognition rules should offer sufficient scope for regional or sometimes even national tailored work. This new reality has not yet been embraced by all countries, partly because not all countries are in such a logically economic region as is for instance the Netherlands in the European Union.

The RvA is an advocate of a strong region sending regional representatives to make harmonisation and recognition agreements in a global context with representatives of other regions.

The status of the participation in mutual recognition as of January 2014 is:
- EA: 35 signatories in 35 countries;
- IAF: 69 signatories in 62 economies;
- ILAC: 84 signatories in 70 economies.

Of establishments accredited by the RvA 33 laboratories and 32 certification bodies have taken out a license to be able to carry the ILAC-MRA mark or the IAF-MLA mark respectively on their statements.

European co-operation for Accreditation

Philip Eijlander

A TALK WITH PHILIP EIJLANDER AND ARNO VISSER ABOUT CONFIDENCE IN FOOD SAFETY

Philip Eijlander is the Rector Magnificus of Tilburg University and a professor in constitutional and administrative law. Previously he has for instance been Research and Science Policy Director at the Ministry of Safety and Justice and Supervision Director at the Ministry of Social Affairs and Employment. Moreover, he is the Chairman of the Stakeholder Panel of the RvA.

Since 2013 Arno Visser has been a board member of the Netherlands Court of Audit, where government spending and the performance of ministries and their implementing departments and bodies, working with public funds at a distance from the Kingdom, are audited. Before this he was for instance a councillor for Almere and a member of the Lower House for the VVD.

WHAT DOES CONFIDENCE MEAN?

Arno Visser

PE: What does confidence in the food that I buy or is offered to me and the information I receive in this connection mean for me personally? I consider this a difficult question, because I myself am quite relaxed about it. I simply trust it. I sit at the table anywhere in the world and usually eat everything offered to me, even though sometimes I haven't got a clue what I am eating. I don't worry about this very much. I think this should be put into perspective.

AV: We are a country with high quality levels. Sometimes your choice is affected by negative news, but generally it is not so bad. Sometimes things go wrong, but we are on it within good time and working on improvements. If you ask me what I think of this as a private person, I think for instance about the horse meat scandal in that Amsterdam steak house. This restaurant has already been serving horse meat since 1949 instead of beef. I know that restaurant very well. I often went there to eat steak, and I thought they were very tasty.

Apparently I like horse steak very much. But when I read something about it in the media have I not suddenly retrospectively eaten something disgusting? The owner of that restaurant said that his steaks are the best in Amsterdam and he still sticks to that. Well, I can partly agree with him.

THE DILEMMA OF SUPERVISION

PE: Certification and accreditation are mechanisms for creating confidence. Certification is really a form of service provision and accreditation operates one level higher, showing that we can trust the work of the certifying bodies. The RvA assesses the expertise of the certifiers. On the one hand it is a good thing that private parties want to have more certainty, for instance with regard to the question of whether a consignment of meat meets the requirements. On the other hand you see that we force many of these types of mechanism upon the public sector. Sometimes it is used to save costs whereas really not enough thought has gone into whether such a certifying body can do exactly what is in the public interest. So you must look at whether it is necessary and suitable.

AV: Trust comes on foot and goes on horseback. It is an enormous cliché, but very important indeed. It takes a long time before you gain confidence and you lose it quickly if you do not maintain it properly. There are two sides to this: that of the professional and that of the general public. A consumer obviously judges in a completely different way than an expert. Moreover, there is a big dilemma. Let's take the example of the Dutch Food and Consumer Product Safety Authority (Nederlandse Voedsel- en Warenautoriteit: 'NVWA'). Last year the Netherlands Court of Audit audited the effects of the merger of the three organisations which are jointly going to form the NVWA. Two arguments were put forward for this merger: the economy of scale to be achieved and the aim of supervising in a different and cheaper way. But if on the one hand you have to supervise with considerably less funds and on the other hand you are in the middle of a large reorganisation and are on top of that faced with several major food safety issues, you then lose confidence on two sides. Then the contradiction arises that an organisation can be very well organised on paper but that on all sides the confidence has gone completely. You then have to build up that confidence again and this involves an emotional and a rational side. If the problem is rooted in emotion, it cannot be solved with the rational; and it is likewise the other way around.

RISK-ORIENTED SUPERVISION

AV: In our investigation of the NVWA we were confronted with the situation that we investigated side X of the organisation, while side Y, on the other side of the organisation, experienced problems. But the general public thinks that X and Y belong together. And then the confidence is gone. Do I still trust the meat? Am I not eating anything different? That can all be explained rationally, but the general public no longer believes it.

PE: The core question of the people is this: can I trust that something is what it says it is and that I do not get anything other than what I ordered? It's that simple. With system supervision you certainly have to be aware. When I myself was Supervision Director, it was often heard that something was system supervision. I then asked whether that meant that we would no longer ever go into the field. I think that this is a very dangerous development. What underlies it is often cutbacks. But in actual fact supervising is about coming close to the subject matter itself. How do you deploy supervision properly with the capacity at hand? You must ensure that people are deployed where there are big risks, but at the same time always continue to look at the reality.

AV: The idea is: if you supervise in a risk-oriented way, you need fewer people. We discovered that this is not

so for two reasons. If you know where the risks are, you will do much more there, you go into the field in a much more oriented way. This requires more deployment of people. In addition, there is the question: how do you know where the problems are? So you will have to organise your information in a different way, for instance by making arrangements with universities and obtain more information from the field. It is a good and interesting development, but in itself it does not result in less work.

PE: A scarcity of supervision is OK because otherwise we would have to invest enormously and we don't want that. The art is to deploy this scarcity properly, by analysing very well and by recalibrating periodically, without disclosing for which period you are determining the confidence. I am a champion of risk-oriented supervision but this should be smart organising by dynamically keeping an eye on where the risk is. What you actually need is an 'early warning' on the basis of which to determine what the risks are.

AV: It is indeed a good development this risk-oriented supervision, but it is also associated with hazards. The difficulty lies in the organisations where things are going well. How long will that last and how lazy are they becoming? I think a very interesting question is: how do you organise knowledge in a manner such that you receive those signals within due time? Would it be possible to pick them up sooner via modern media instruments? Can you for instance use the social media as an indicator for going somewhere more often? The city of New York is a good example. They made a computer information system there that exactly keeps up to date with what happens in the city. The police are always deployed to where the problems arise. In this way Manhattan was transformed in no time from an unsafe into a safe neighbourhood. This is possible, provided you are continuously on top of it and you direct your scarcity of manpower very smartly.

WHERE IS THE PROBLEM?

PE: I think people are too quick to say that the supervision has failed. Whether it is the supervision of food safety, of the banking sector or of being detained under a hospital order: when problems occur, the people will always ask the question of where was the regulator. 'We spend a lot of money on supervision. Why does such a regulator not do its work properly? In politics the tendency then arises to say that even more supervision capacity is required, whereas it should be very properly analysed where exactly the problem lies.

AV: I always say: 'You must not think that you live in a society without any risks. That is impossible.' And secondly: 'Mistakes are always made. The question is: where was the mistake made?' The conclusion has been drawn far too quickly that the supervision failed and that the regulator must be supervised by another regulator. But if in football you place a keeper behind the keeper, you know one thing for sure: the foremost keeper becomes lazier. So this does not work. You have to go back to the cause of the problem.

PE: I agree with that. It is all about addressing the primary process. What we often do in the Netherlands after an incident is to say that we are making it more general. This means that there would be even more rules on the way, whereas what really has to be tackled is that incident.

ORGANISE YOUR OWN SUPERVISION

AV: Would it be possible to check everything? That is a difficult consideration. Where is the balance between checking less and on the contrary checking more, with the risk that society is no longer pleasant? I don't think you can rationally determine its measure. It could also be different in each sector. It appeared for instance from a survey that in certain areas of the healthcare sector and the financial sector self-regulation is not sufficient.

PE: In addition, you have to be smart. If somewhere an incident has occurred once, there is a small chance that this incident repeats itself. Say that a meat processor sells horse meat as beef and is punished for doing so. The chance of this happening again within one year is quite small.

AV: What is also important is that the organisation itself realises that it is in its own interest to supervise. You must want to be organised properly, to want to throw in your own counterforce in the form of supervision of your own organisation. It will improve the organisation provided you interpret it as professional feedback.

PE: I agree with this completely. This applies to your own regulator. Just consider it a challenge. Take a vulnerable position. Indicate yourself what is going well and where you could still use advice. Because then it is a process of permanent improvement.

AV: And when you have reached the right level? Then you have to set a standard and that is by definition a political standard. However, we don't live in a society where there is zero risk, but in a society where the risks must be minimised as much as possible.

PE: The standard must be laid down in legislation and is therefore politically determined. But you often see that this standardisation in legislation is quite vague. This raises the question of whether the regulator should determine the standard. It is a major issue in the world of supervision, which we have not solved yet.

AV: What do we as a society still accept as risk? If something happens once and the supervision is under scrutiny, the front pages are full of it. The general public then thinks that everything is going wrong, whereas the facts indicate that on the contrary everything is going increasingly better.

PE: The role of the media in this is very important. I don't want to complain about it, but the interest in the actual facts has clearly deteriorated. You have to know the facts well, analyse them well and only then come to a judgement. In a discussion of trust this is quite an important point.

Henk Deckers and Steffie Wind are responsible for the assessor management at the RvA. They are active in recruiting, selecting and training external specialists conducting assessments under the leadership of an RvA lead assessor in laboratories and inspection and certification bodies at home and abroad.

Professional assessors
Our pool of assessors includes almost 1000 specialists. In this connection a distinction can be made between specialists of the General Unit and specialists of the Healthcare Unit. The former group are specialists who can assess the safety of high-pressure vessels in industrial environments or specialists examining whether websites are organised such that they can also be visited by people with a visual handicap. So they have a great diversity in their field of operation. The Healthcare Unit, with specialists such as clinical chemists, medical microbiologists and pathologists, is particularly focussed on aspects of the benefit of diagnoses in healthcare. In addition, we can still have 150 to 200 specialists abroad at our disposal.

Whether someone becomes eligible to carry out assessments on behalf of the RvA, is determined in the first place by subject-specific knowledge and experience. Is the person properly versed and is his knowledge up to date? Does he have at least two years of work experience in this sector, preferably in a management position? Obviously he should also be aware of the standards against which he has to asses and of the conditions which the RvA sets on the assessment process. Moreover, there are specific audit skills which a specialist must have, which is something that is extensively dealt with in the training. Finally, it is important that assessors are able to take an independent and objective position. So they should not be working for a competitor body.

Major challenges
One of the challenges is to extend the pool of assessors further in the coming years. People are leaving all the time, for instance because they retire or because they can no longer combine it with a changed work situation. Many specialists carry out their duties for the RvA beside their (fulltime) job. In addition, they also often serve in all kinds of boards and committees. In addition, it is true that there are many potential specialists in the Netherlands but they are not always deployable for the RvA because they cannot comply with the criterion of having an independent and objective position.

– ONE OF THE CHALLENGES IS TO EXTEND THE POOL OF ASSESSORS FURTHER IN THE COMING YEARS

The flexibility in planning also forms a point of attention. If you look at the way the population in the Netherlands is made up, in about ten years we will be faced with a society in which it is more difficult to plan one or two months ahead. We now benefit from a wave of assessors who have more time because for instance they have made use of early retirement schemes. In ten years this situation will be different. Therefore we are looking for ways to make our plans more flexible.

Moreover, in the coming years we will deal with the transition from the Code of Practice of the Foundation for the Promotion of the Quality of Laboratory Testing and for the Accreditation of Laboratories in Health Care ('CCKL Praktijkrichtlijn') (a national standard) to the international standard for laboratory accreditation: ISO 15189. This is a very large project whereby the adjustment of the assessor management is one of the sub-projects. This means for instance that we need to retrain all the assessors in the healthcare sector to that new standard.

Pioneering role
About 10 percent of our clients still come from abroad. So we also regularly conduct assessments in other countries, particularly outside Europe. We consider it important to pool our thoughts about the development of standards and to share our knowledge with sister organisations, for instance in the area of inspection and certification schemes. We are a small country but in this type of areas we really fulfil a kind of pioneering role. This is something we can be proud of.

INTERNAL ORGANISATION

Our mission is as follows: the Dutch Accreditation Council (RvA) ensures that the confidence interested parties have in all the certificates of conformity and assessment reports issued under its supervision is justified. In 2013 too our employees contributed strongly to the translation of that mission into the operational process: the RvA provides timely, complete and good supervision of accreditation activities and in carrying out its activities it complies with the ISO/IEC 17011.

With 96 RvA employees permanently employed, 20 external lead assessors and a pool of almost 1000 specialists, many regular accreditation assessments and extension assessments have been completed successfully in 2013. Initiatives for quality development, training of employees (in knowledge and skills) already previously launched and efficiency improvements were also continued in 2013. Several of these developments appear below.

Q Project
In 2013, in a comprehensive quality project that is still running into the first half of 2014, we worked for instance via RvA-wide workshops on re-mapping and defining all primary business processes and designating process owners who are responsible for the quality of the respective process. This determination in so-called job flow diagrams ('FSDs'), to which in 2014 will also be added the supporting processes and management processes, forms the basis of an even better guarantee of our PDCA cycle (plan, do, check, act) for continuous improvement.

From CCKL Code of Practice (PRL) to ISO 15189
In 2013 a lot of energy was spent on the transition process by which over a period of four years more than 250 medical laboratories moved from a nationally recognised (CCKL-PRL) to an internationally recognised accreditation standard (ISO 15189). This transition project consists of nineteen sub-projects, each detailing a certain part of the transition, often together with the scientific associations of medical laboratory specialists. In 2013 a lot of time was spent on training specialists and lead assessors, writing explanatory documents and accreditation schemes, determining the scopes of accreditation, contracting specialists and assessors according to the current RvA structure, organising information meetings for the CCKL laboratories and obviously drawing up a transition plan for each laboratory.

Expertise groups
At the end of 2012 the Unit Lead Assessors of the RvA started deploying expertise groups. In these groups, divided according to the various accreditation standards for inspection, laboratories and certification, the developments in the various professional areas is accurately kept up to date and discussed and knowledge and experience important to the RvA is shared. In addition, the groups serve as a source of information for the RvA organisation in connection with assessments in practice. In the event of any disputes they also give a verdict on the correct interpretation of standards. In 2013 the expertise groups met regularly and the results of sharing and managing accreditation knowledge and experience have become apparent.

Personnel
On 31 December 2013, 96 employees were in permanent employment with an average age of 47.4 years and an average of over 8 service years. 12 employees entered employment and 9 left employment. In comparison with 2012 the RvA grew on balance and we were for instance able to welcome 3 new lead assessors, a functional manager, a corporate lawyer and a new Director Operations. We also celebrated a 12,5 year employment anniversary this year.

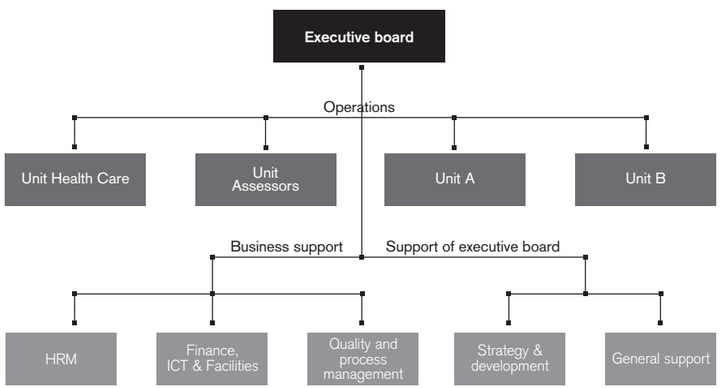
Training, education and HR
In imitation of the idea that you write down on machines, but write up on humans, it is very important for the RvA to invest continuously in education and training. This is something that continued in 2013. Because the accreditation world and the associated standards continue to develop, a lot of attention has been paid to training in these standards and their application. Training was also provided in other areas. For instance there was a course for everybody in effective screen reading and various RvA employees improved their command of the English language. A lot of attention was also paid to intervision and coaching. In 2013 the HR department not only spent a lot of

time on the coordination of all this training, but also on recruiting new employees and the implementation of a new personnel information system.

ICT and Facility Management
In the area of ICT the RvA is also further developing its resources. In 2013 a lot of time was put into a more effective use of the ERP system and there were preparations for a major update of this system. We invested in redundant key servers so that the availability of data is better guaranteed. In addition, at the end of 2013 we decided to set up a new RvA website. The functional manager will further make sure that our ICT system synchronises increasingly better with the operational work processes.

Annual Plan according to the A3 method
The annual plan according to the A3 method started up in 2012 and has been continued and refined in 2013. It is a very cohesive annual plan in which objectives and points of action are directly related to mission, vision and success factors. All this is digitally summarised in an organised way on A3 format. The annual plan was also discussed often in the management consultations in 2013 and served as a guideline for the various work meetings with the operational management team.

In the process of continuous improvement it is ultimately the employees who make the difference. How they do this they themselves can obviously best put into words. That is why you will find five interviews with employees in this public report for 2013 in which the scope of confidence is highlighted from various job perspectives.



QUALITY LEADS TO CONFIDENCE

Internal quality care
The RvA has its own quality care system in order to guarantee the execution of its mission and objectives. To monitor and optimise the proper operation of the system we for instance use observations during internal audits, complaints and feedback we have received from users of accredited services. Each year a management assessment will determine whether the quality care system meets our own wishes, the requirements of ISO/IEC 17011, the European Regulation 765/2008, the Dutch National Accreditation Body Appointment Act and the Dutch Independent Executive Agencies Framework Act (Kaderwet zelfstandige bestuursorganen).

In 2013 the internal audits were focussed on the progress of the development and implementation of our renewed business management system. In order to enhance progress and to give more structural attention to our improvement process, in 2013 we decided to create an extra formation for this activity in the budget for 2014. In addition, a large number of compliance audits were carried out, aimed at the compliance of our own work regulations and procedures as they are defined in our management system. The outcomes of these are used in the renovation of the description of our processes and procedures which has been launched.

The management assessment was discussed with the Supervisory Board. The processing of complaints, objections and appeals

As account manager at RvA Lindsay Peek is responsible for planning the annual assessments of her clients. In addition, she is the project manager of two large public sector projects: the assessments by the Ministry of Social Affairs and Employment ('SZW') and the CPR assessments.

Accreditation plan
I formulate a plan for the entire four-year accreditation cycle. When are we going to assess? What parts will be dealt with in which year? Which inspections or audits are we going to attend? Which people are we deploying for this? Each assessment is carried out by a lead assessor and several specialists. As an account manager you look at the performance package of the client and on that basis you compose a suitable team. In addition, every year it is about getting the right people on the right location, on a certain date, together with all the documents.

SZW assessments
Since 2012 we have been conducting assessments for the Ministry of Social Affairs and Employment. We assess certifying bodies and inspection agencies in the area of safety at work: lifts, cranes, asbestos etcetera. This involves activities and objects which might form a hazard if there is no proper supervision of them and therefore cannot be tested by bodies that are not designated. On the basis of our recommendation the Ministry will decide whether or not to designate certain bodies.

These assessments differ from accreditation because in this case the Ministry itself has published schemes: the so-called sphere of activity-specific documents for designation and supervision (werkveldspecifieke documenten voor aanwijzing en toezicht: 'WDA&T's). These are in actual fact the accreditation standards of the Minister. They are very similar to our usual standards but some extra requirements have been added. Because of this for instance we have to use different reporting templates. And the decision-making process is different: the RvA advises, the Minister decides. Apart from the WDA&T's there are sphere-specific certification schemes (werkveldspecifieke certificatieschema's: 'WSCS's') which the certifying and testing bodies use for their assessments. Anyway, producing really useful schemes proved to be much more complex than previously thought. Because of this we sometimes still encounter unexpected things in our assessments. These include things that appeared to be difficult to realise in practice or which can be explained in various ways. The same applies to the bodies working with the WSCS's. This could definitely still be improved in 2014. In short, a lot of development work is involved in such a different activity, and that is just what makes it so interesting for me.

CPR assessments
Since 2013 we have also been carrying out CPR assessments. CPR is an abbreviation of Construction Products Regulation, for us the 'bouwproductenverordening'. This relates for instance to windows, doors, glass and the like. In this respect the Ministry of the Interior and Kingdom Relations has notified a large number of bodies because the respective tasks are not allowed to be carried out without notification. The Construction Products Regulation suggests accreditation as a way of being notified. The bodies apply to us to be accredited for the sphere of work for which they want to be notified. We carry out our regular accreditation assessment and we decide on this. At the end of the process we inform the Ministry if we have taken such an accreditation decision. The Ministry will then give its approval for notification after which we notify the respective body to Nando, the website of the European Commission on which you can see which bodies are notified and for what spheres of work.

– ANYWAY, PRODUCING REALLY USEFUL SCHEMES PROVED TO BE MUCH MORE COMPLEX THAN PREVIOUSLY THOUGHT

The major point of discussion in connection with these assessments is the difference in approach between European countries. Bodies indicate regularly that it goes differently for instance in Belgium or France. That is why in international consultation meetings we also discuss the manner of notification, the procedures and the manner of assessment. This is so that together we will gain a proper idea of the approach in other European countries and that harmonisation is encouraged.

is a permanent agenda item in the meetings of the Supervisory Board and in the Executives meetings.

Peer review
At the end of 2013 and beginning of 2014 the RvA again underwent a peer review whereby a team of assessors from other accreditation bodies reviewed whether the organisation meets the international ISO/IEC 17011 standard. In Europe, apart from this, there are also evaluations of accreditation and market supervision with regard to the additional requirements for national accreditation bodies laid down in Regulation 765/2008. Such a peer review takes place every four years and is a guarantee of the expertise and independence of the respective accreditation body.

The peer review team, consisting of eight auditors from eight different European Member States, has left several findings on which we immediately began work. Several examples:
- We do not inform the assessed parties whether the external assessors also work for an organisation other than the RvA. According to the standard this should be done.
- For the medical laboratories the extent of freedom of methods within the scope of accreditation is insufficiently clearly specified.
- The required competence in the decision-making process of accreditation is insufficiently safeguarded in the case of the EU 600/2012.

In addition, the team has mentioned several strong points which were noticeable during the week in which the RvA was visited:
- The employees of the RvA have a transparent and open attitude and cooperate well, more so than employees in other organisations.
- A lot is happening in the area of training. The RvA has a good procedure for the evaluation of schemes and scheme managers. This procedure can serve as an example for other accreditation bodies.
- The foreign policy of the RvA is clear and well controlled.
- The RvA has extensive and clear reports.

These are positive points which we at the RvA are proud of and which give us extra motivation to continue on the path of continuous improvement of the internal organisation as well as the external service provision to our clients.

Processing complaints
According to the provisions in the Dutch General Administrative Law Act (Algemene bestuurswet) the RvA has a complaints scheme in place for any complaints about its management. This scheme has been published as the Policy Directive BR-008 and is directly accessible via our website.

The processing period of six weeks was achieved in 2013 for half of all cases. This is an improvement of 10 percent compared with 2012. The number of complaints for which a processing period of more than three months was required has been halved. The objective for 2014 is to improve the processing period further and to have dealt with all the complaints at least within three months. That is why from the beginning of 2014 onwards additional human capacity was deployed to this end.

From the complaints about the RvA in the year 2013 the following particular aspects emerged:
- the communication between RvA and the accredited organisation;
- the (project) management of assessments.

In order to gain a better insight into what exactly motivates people complaining about communication and project management, the decision has been taken to send an evaluation form to the assessed organisation after each assessment.

Unlike in recent years the complaints do not originate predominantly from one of the accreditation types. This is logical considering the nature of the complaints.

Interpretation of standard texts particularly at certification bodies tends to lead to an almost legal discussion. Sometimes the assessor is blamed for this and a complaint then results. In order not to obfuscate the complaints scheme unnecessarily, a so-called dispute settlement scheme has been set up. Should there be an important specific difference of opinion about the interpretation of the standard, the assessed establishments can submit this to the RvA by reporting an interpretation dispute.

Complaints being dealt with concerning the performance of the RvA per category

Category	2013	2012	2011
Laboratories	8	4	1
Inspection	5	8	1
Certification	8	6	5
CCKL			
Code of Practice	1	1	0
Other	11	7	7
Total	**33**	**26**	**14**

In 2013 all but one of the complaints about the performance of the RvA were declared admissible. Of the complaints processed in 2013, 25 percent were found to be justified, 29 percent partly justified and 46 percent unjustified. One complainant turned to the National Ombudsman because of the way his complaint was dealt with. The Ombudsman will initiate a mediation meeting in 2014.

Processing notices of objection
In 2013 objections to a decision of the RvA were lodged six times. In three of these cases the RvA took a decision on the notice of objection, and one of the parties lodging objections appealed from this on which the administrative judge gave a ruling. In two cases the parties lodging objections withdrew the objection after additional communication and arrangements. For one objection a hearing of the objections committee is planned for the beginning of 2014.

The decisions against which objections were lodged related to:
- accreditation extension restricted to one year;
- a suspension or withdrawal of the accreditation;
- the formulation of the decision;
- a Wob application.

Reports and signs of dissatisfaction with accredited establishments
Reports on the conduct of accredited establishments should first be made known to the respective establishment. If the establishment complained of does not deal with the complaint properly, the complaining party can turn to the RvA.

In 2012 a relatively large number of reports and signs were received about certification and inspection bodies. In particular the subject matter concerned the quality and the conduct of the auditors and inspectors. With regard to laboratories this was mostly about the use of the correct methods and the reference to accreditation. Attention by authorities in the course of enforcement resulted in extra signals about the inaccuracy of the final audits of asbestos removal and soil quality for instance. Signs such as these, but also those in connection with the public debate, gave the RvA reason in many cases to conduct extra investigation by itself. If the complaint - and thereby the extra investigation of the RvA - appears to be unjustified, the establishment complained of without grounds will not pay for the investigation. The RvA will then bear the costs.

Recorded reports about the performance of accredited establishments by category

Category	2013	2012	2011
Laboratories	3	7	0
Inspection	12	12	10
Certification	17	15	6
CCKL			
Code of Practice	0	0	0
Other	2	0	4
Total	**34**	**34**	**20**

Peter Kastrop is a lead assessor at the RvA for medical laboratories. Along with a team of external specialists he assesses whether clinical chemistry or microbiological laboratories applying for accreditation, or which have already been accredited, (still) meet the set requirements.

Interaction
On the basis of the performance package of the laboratory we determine which specialists are needed to carry out an assessment at the client. If for instance it involves a microbiological laboratory, a medical microbiologist will in any event come along, and, if necessary, also a molecular biologist specialised in microbiology. These specialists look primarily at the operations: have the methods been validated, do they provide reliable outcomes, are those outcomes authorised in an accurate way etcetera. I myself focus particularly on system-technical issues. Is there for instance an annual plan and is that also assessed? What procedures are in place for complaints and reported incidents? Are prospective risk analyses taking place?

There is obviously also a grey area. Take for instance the internal audit system. I look at what has been laid down procedurally at documentation level, but the question is: is that also operational? That is something that the specialists can assess properly during their visit of a workplace. They then look for instance at the way the audits are going and whether employees are familiar with the fact that they are being assessed. This is to obtain confirmation whether a procedure is also actually implemented right down to the shop floor.

International recognition
In the coming years we will be faced with a large-scale transition: by the middle of 2019 over 250 laboratories with accreditation according to the CCKL Code of Practice must have moved to ISO 15189, the international standard for medical laboratories. CCKL is a national accreditation system and therefore does not offer international recognition. But because there are increasingly more international research projects, we have chosen to create a more professional process.

– YOU REALLY ALWAYS HAVE TO TAKE THE CONTEXT OF EACH ELEMENT OF THE STANDARD INTO ACCOUNT

CCKL originally focused particularly on diagnostics. In the new standard there is for instance more attention to client-, process- and risk-oriented aspects, and ICT and performance indicators are very elementary components. In addition, the new standard is much more detailed. This makes it on the one hand very concrete: if a laboratory does not meet the requirements, we have to write a deviation. But it can also sometimes work in a quite restrictive way. Because how far should this extend? If it says for instance that you must supervise an employee during the settling-in period, does that mean that you stand next to him for half a year or that you are in the room next door but one and that he can come to you when something does not go right? It is then often up to the assessor to see whether this has been properly thought out. You really always have to take the context of each element of the standard into account.

Transitional period
In order to allow the transition period to accreditation according to ISO 15189 to run as successfully as possible, we divided the project into nineteen sub-projects. For instance projects aimed at training specialists or adjusting internal documents are involved in this connection. But there are also questions such as: how are we going to define the scope, where are we going to place the research laboratories and how are we dealing with proficiency testing?

At the end of 2013 we began a pilot study: the conversion of the first five laboratories to ISO 15189. Applicants up for re-assessment can, in 2014, still choose between a CCKL or ISO 15189 assessment. From 2015 onwards this will no longer be possible. From that moment onwards laboratories will only be assessed according to ISO 15189. If they do not reach that standard, under certain conditions they can fall back on the CCKL standard. Later on they can re-apply for an ISO 15189 assessment. But by the middle of 2019 all medical laboratories must really have reached the new standard. Quite a challenge!

Dorette Corbey

Dirk Hellemans

A TALK WITH DORETTE CORBEY AND DIRK HELLEMANS ABOUT CONFIDENCE IN AIR QUALITY

Dorette Corbey is the President of the Netherlands Emissions Authority (Nederlandse Emissieautoriteit: ‘NEa’), Chairman of the Dutch Biomass Sustainability Issues Committee (Commissie Duurzaamheidsvraagstukken Biomassa) and Director of the Dutch Advisory Council for Science and Technology Policy (Adviesraad voor het Wetenschaps- en Technologiebeleid). Previously she was a member of the European Parliament for four years, whereby she was for instance involved in issues in the area of the environment, industry and energy policy.

For over 25 years Dirk Hellemans has been active at SGS, an internationally listed audit service company. He is responsible for the activities of SGS in Central and North-West Europe, managing approximately eight thousand employees. In addition, he is a Managing Director of SGS in the Benelux, with Spijkenisse/ Rotterdam and Antwerp as its major branches.

WHAT DOES CONFIDENCE MEAN?

DH: The importance of clean air is self evident to everybody. It obviously becomes a completely different story if you start to take all the factors into account. The question may be for instance what it means if you are going to drive less fast on the Rotterdam Ring Road. Does this contribute materially to the air quality? It probably does. But when you really start to take stock in the area of environmental aspects and the health and safety of the people, you are often left with questions which cannot be answered so easily. And often advice is given from one certain sub-aspect. The real answer to the question is then not forthcoming. That is the difficulty.

DC: Air quality is a very important health item. It is also something very personal. You breathe air and it forms

part of your body. So you should be able to trust that this air is sufficiently clean. For the people it might be quite confusing that there are many different scientific opinions with regard to air quality, about how harmful it actually is. For instance the quantity of fine dust in the Netherlands results in 18,000 people per annum dying ten years earlier. But these are all things which are very difficult for individual people to interpret. So what the general public really wants is that the authorities conduct a trustworthy policy to keep the air as clean as possible and to ensure that you can breathe anywhere in the Netherlands with confidence.

A TRUSTWORTHY EMISSIONS TRADING SYSTEM

DC: Many entrepreneurs consider it really important to contribute to a cleaner environment. So they also want to comply with the law. But it is essential for them to know that other companies do the same. Because nobody wants to be the 'Crazy Bob', so to speak, of the refineries or the chemical industry. So, in order to have confidence in the system it is necessary that there is a supervision system that really guarantees that not only you as entrepreneur but also your colleague and competitor entrepreneurs will have the same obligations imposed on them. This obviously applies even more internationally. Dutch entrepreneurs often have the feeling that they observe the law properly, but that this is much less strictly done elsewhere. This means that a harmonisation of the entire, national and international, supervision chain, is very important for trust in the European system. If you look at the Emissions Trading System, it is really astonishing how we managed in ten years time to build up a very credible system with each other. Obviously no system is 100 percent watertight, but so many guarantees are built in that you can say that the Emissions Trading System is a trustworthy system. This is the result of the fact that there is private as well as public supervision.

DH: With regard to emission verification there is indeed a well-functioning system. Confidence in this respect has been given an extra boost by the fact that there are also peer audits between the various accreditation authorities. By adopting a critical attitude you ensure that European accreditation bodies interpret the various standards and have them implemented professionally and on an equivalent basis. This is a good thing. But what you do sometimes find, and what the countries themselves also indicate, is that for instance in Southern Europe, but also in the new member states, there is a need for somewhat stricter guidelines and clearer arrangements, which are already standing practice in the Benelux. For instance in connection with harmonisation over a thousand pages on 'guidance documents' have been written to the Verification and Accreditation Regulation, which in the Netherlands we wonder if it was really necessary. Moreover, we found that at accreditation level there are still differences between the member states in the strictness of the accreditation body. I therefore think that in that area some work still has to be carried out.

DC: It is very important to join knowledge exchanges. So that countries are now and then looking at each other to see how things are done there. This not only relates to the technique you have to master but particularly also to the independent and critical attitude you have to adopt. That might even be a more difficult part of the supervision. Often it is very clear whether something is or is not possible, but there are also sometimes situations that are borderline. It is important to discuss this with each other. I think that countries can learn a lot from each other in this area and that it is a good thing that regulators in Europe exchange information on this with each other. The Taskforce Accreditation and Verification is a good example of this. The NEa is the initiator of this platform. In addition, it is obviously important that the European Commission receives feedback from new rules - of the RvA but also of the NEa or the verifiers. What is feasible and verifiable, and what not?

DH: It is essential that the accreditations issued by the European authorities are of an equivalent level. So international confidence really starts with the accreditation bodies in the various European countries which have to work in a uniform manner.

BIOFUELS: THE AUDIT OF A CHAIN

DC: With regard to biofuels it is a different story. We can consider fuels as biofuels if a sustainability certificate is attached to them. These certification bodies are approved by the European Commission, but there is no further public supervision of this. And this is the weak link in the chain. So nobody checks whether a certificate has been issued correctly, as happens on the contrary with regard to the verifiers in the Emissions Trade System. In addition, the situation is that the various certification systems apply different requirements and have different levels of strictness and this is obviously not a good thing.

DH: With regard to biofuels the situation is indeed much more complex. For instance with regard to corn or palm oils produced in North and South America, outside Dutch or European control. The steps are multiplied. And you have to deal with different standards which are, at any rate for the time being, not covered by accreditation. The harmonisation of standards, which in actual fact starts all this off, has not yet taken place here so that there is a proliferation of standards. On top of all this there are various certification bodies certifying without accreditation against those standards. So the process is much more difficult. The same applies to the audit. There is no real audit from molecule to molecule and that might also be difficult to realise. In short, there is definitely work to be done here.

DC: You have to deal with whole chains and they are more difficult to map, more difficult to audit. It is obvious that you cannot follow the total process from seed to biofuel completely, but you can for instance designate several points in the chain where the audit must take place effectively.

RISK-DRIVEN SUPERVISION

DH: As an audit agency we always assume that the information provided by a company is complete and accurate. This is a basic requirement which will also be defined contractually. As an authority you obviously cannot audit everything. So there must always be a form of trust. A way to develop trust is to give confidence. This means that you coordinate your audits with the systems present in the companies themselves. So we always look first at the internal audit systems assisting a company in guaranteeing certain matters: quality data, internal audits and corrective measures. In that respect I do consider it right that you give confidence and also act accordingly. We are not a forensic accountant. So we will never approach a third external party to check whether the information we receive is correct. But that does mean that you must have a big stick. It is important that the authorities intervene and also intervene strictly, when things go wrong. Giving confidence and conducting a sanctioning policy via regulatory bodies: those two go hand in hand.

DC: This internal quality control of companies is indeed very important. If the authorities would have all the responsibility for quality, there would no longer be any incentive whatsoever for companies to do it well themselves. So the company itself has the primary responsibility and this also means that in principle you just trust the company. Obviously it must also be checked whether that confidence has been given rightly and that is why that system of risk-driven supervision has also been created. The first year that a company

is covered by the system, there will be various regular audits. If it appears that those audits do not bring to light any slips, audits can take place on a much less frequent basis. The whole system obviously works by the grace of sanctions when legislation is not properly complied with. Those sanctions must constitute a deterrent such that they motivate entrepreneurs to comply properly with the law. In addition, the chance of being caught must be realistic. Both aspects contribute to the positive behaviour of the company and enable confidence to be given in advance to companies.

MAJOR CHALLENGES

DC: In the coming years we will be faced with various challenges, one of which is the source policy in connection with air quality. It is for instance very important to determine properly what a car emits. Cars are often tested in laboratories. This will be a wind-free environment without any other traffic where nobody brakes or has to stop and where only a constant speed of 110 kilometres per hour is driven. This ideal situation hardly exists. So you would have to look at whether you could also measure the emissions in a somewhat more dynamic situation. Moreover, I think that the control of the NOX emission forms a major challenge. The system of NOX emission trade, that has in the meantime proved its value, will be abolished. The policy will now be up to the local regulators. This political decision can indeed be upheld, but it is quite a complicated issue. It is associated with many technical elements. So it is essential that it is transferred to the local regulators in a proper way. NOX is a major source of air pollution. Continued close attention should be paid to this, certainly considering the fact that the Netherlands – compared to other European countries – does not have such good air quality.

DH: The air quality might not be so good here but, together with the Scandinavian countries, the Netherlands has always been a pioneer in environmental policy. Environmental organisations and laboratories are often established in the Netherlands and there is also a strong presence of environmental consultancies. So I think that the Netherlands can play a major role at European level in forming the strict legislation and control in the area of environmental issues in other European countries. This obviously does not only apply to air quality, but also to soil and water pollution. The biggest challenge is really to reach the same standard level with each other. In my view the Netherlands would be able to fulfil a pioneering role very well in this respect.

Annexes

Annex 1

ADMINISTRATIVE BODIES AND ADVISORY COMMITTEES

This overview contains the composition of the administrative bodies and advisory committees as of 01 February 2014.

Supervisory Board
- Drs. E.H.T.M. Nijpels (Chairman)
  3rd term until 22 June 2016
- Dr. A.G.M. Buiting
  3rd term until 1 January 2017
- Dr. S.A. Hertzberger
  3rd term until 22 June 2015
- Ing. J. Visser
  3rd term until 27 March 2017
- Ir. L. Visser
  1st term until 26 October 2014

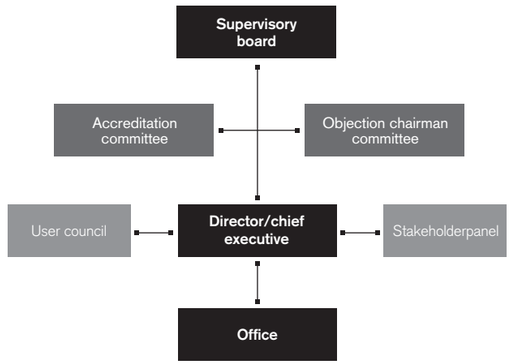
Executive Board and Management
Ir. J.C. van der Poel (Director/Chief Executive)
mr. J.A.W.M. de Haas (Director Operations)

Accreditation Committee
Ir. M.N.D. de Vries (Chairman)
Dr. W. Huisman
K.J. van Schalm
Prof. dr. ir. O.A.M. Fisscher

Objection Chairmen Committee
mr. L.A.F.M. Kerklaan
mr. M.N. van Zijl
mr. A. Pahladsingh

Stakeholder Panel
Prof. dr. Ph. Eijlander (scientific institutes, Chairman)
Prof. dr. D.M.J. Delnoij (scientific institutes)
Dr. P.H. Daverveldt (NEN)
Ir. A.J. Dalhuijsen (VSL)
Mr. drs. A.J.I. van den Ende (ministries)
Mr. J.A. van den Bos (inspectorates)
Ir. N.F.J. Hendriks (certification and inspection bodies)
Dr. ir. R.F.M. van Gorcom (laboratories and inspection bodies)
Dr. A. van 't Veen (medical laboratories)
Ir. M.P. Cuijpers (primary sector)
Ir. F.W. Stuyt (scheme managers)
Ir. J.J.N.M. Hogeling (industry)
Prof. dr. J. Klein (healthcare)

User Council
Ir. J.C. van der Poel (RvA, Chairman)
mr. J.A.W.M. de Haas (RvA)
P. Cornelissen (VOC)
B. Meekma (VOC)
H. Tolman (Fenelab)
Ing. R.P. Veerman (VEROCOG)
J.H.F. van der Wart (Fenelab)
J. Spaargaren (medical labs)
H. Hooijkaas (medical labs)



Annex 2

BRIEF FINANCIAL OVERVIEW

As an independent foundation and ZBO the RvA is a non-profit organisation. Our independence is guaranteed via the Dutch National Accreditation Body Appointment Act (Wet aanwijzing nationale accreditatie-instantie') and by a modern governance structure with a Supervisory Board, the Accreditation Committee and the Stakeholder Panel. We guarantee our independence also by a healthy

but limited amount of equity capital. This makes us resilient against financial risks which might occur when conformity assessing bodies decide to discontinue accreditation if the RvA takes a decision which is disagreeable to them. Confidence must also reach that far.

The figures have been taken as a summary from the adopted annual accounts for 2013. No rights can be derived from them. The full annual accounts as prepared and adopted after approval by the Supervisory Board and the Minister of Economic Affairs and provided with an unqualified report, can be viewed on www.rva.nl. If you type the search word 'jaarrekening' (annual account) you will have access to the annual accounts for 2013. You can obviously also approach us to request that a copy be sent. We can be contacted via telephone number (030) 23 94 500.

Balance sheet as at 31 December (x € 1000)

Assets	*2013*	*2012*
Fixed assets	135	224
Receivables and transitory assets	3.699	3.271
Liquid resources	2.670	2.729
Total	**6.504**	**6.224**
Liabilities	*2013*	*2012*
Equity capital	3.490	3.010
Short-term debts and transitory liabilities	3.014	3.214
Total	**6.504**	**6.224**

The income of the RvA is generated particularly from activities carried out on the basis of rates. We determine these rates on the basis of a discussion of the budget with the User Council and after approval by the Supervisory Board and the Minister of Economic Affairs.

The activities level was approx. 7 percent higher than estimated. This was particularly the consequence of:
- extra assessments in connection with the CPR;
- new CCKL accreditations

Although this involved having to hire an extra number of external assessors, nevertheless a higher positive result was able to be achieved. The result is added to the reserves.

Profit and loss account (x € 1000)

Results	*2013*	*2012*
Net turnover	13.327	12.422
Costs of turnover	4.215	3.958
Gross margin	**9.112**	**8.464**
Direct personnel costs	6.266	6.034
Other costs	2.410	2.221
Sum total of costs	**8.676**	**8.255**
Operational result	436	209
Interest income	45	63
Result	**481**	**272**

The starting point - subject to special circumstances - is to increase the rates by not more than the index of Statistics Netherlands (CBS) for business services. Special circumstances apply to the coming years. Many lead assessors are taking retirement. Successors must be settled in within due time. The rates have been adjusted as follows:

Rates	*2013*	*2012*
Index applied	1,4%	1,8%
Rate (lead) assessor	+2,15%	+1,0%
Rate specialists	+2,15%	+1,0%
Other rates	+2% tot +2,2%	+1,0%

The rates for the activities in connection with the CCKL (Foundation for the Promotion of the Quality of Laboratory Testing and for the Accreditation of Laboratories in Health Care) Code of Practice were increased in 2013 by 5% (in 2012 by 1%). These rates are not covered by the Ministerial approval but for the rest are formed in the same manner as the other rates.

In connection with the transition of the CCKL Code of Practice to ISO 15189 the rates have been additionally increased considering the additional efforts required by this transition in the area of training, project management and recruitment of assessors. After the transition to ISO 15189 the laboratories will be covered by the RvA Fees and Charges Decision.

Annex 3

OUR WORK IN FIGURES

Confidence also requires that audits are possible. In this Annex you will find a summary in figures of our activities in 2013. As a comparison we also added previous figures in several cases.

Accreditations granted as at 31 December

Standard	Explanation	NL 2013	Abroad 2013	Tot. 2013	NL 2012	Abroad 2012	Tot. 2012
Certification							
EN 45011	Products and services	45	6	51	45	7	52
ISO/IEC 17021	Management systems	44	31	75	48	38	86
ISO/IEC 17024	Persons	6	1	7	6	1	7
Subtotal certification		**95**	**38**	**133**	**99**	**46**	**145**
Inspection							
ISO/IEC 17020	Inspection	127	4	131	125	5	130
Subtotal Inspection		**127**	**4**	**131**	**125**	**5**	**130**
Laboratories RvA mark							
ISO/IEC 17025	Calibration	56	2	58	56	3	59
ISO/IEC 17025	Testing	231	12	243	230	16	246
ISO/IEC 17043	Proficiency testing	13	2	15	13	2	15
ISO Guide 34	Reference materials	2	0	2	2	0	2
ISO 15189	Medical laboratories in MLA	9	2	11	9	2	11
Subtotaal laboratories		**311**	**18**	**329**	**310**	**23**	**333**
Regulation (EG)							
Nr. 1221/2009 (EMAS)	EMAS verification	1	0	1	1	0	1
ISO 14065	EMAS/Emission	6	0	6	5	0	5
Total RvA-mark		**540**	**60**	**600**	**540**	**74**	**614**
Laboratories healthcare							
CCKL Code of Practice*	**Medical laboratories**	**249**	**0**	**249**	**246**	**0**	**246**
Total of accreditations granted		**789**	**60**	**849**	**786**	**74**	**860**

**These accreditations fall beyond the scope of the autonomous administrative authority (ZBO)*

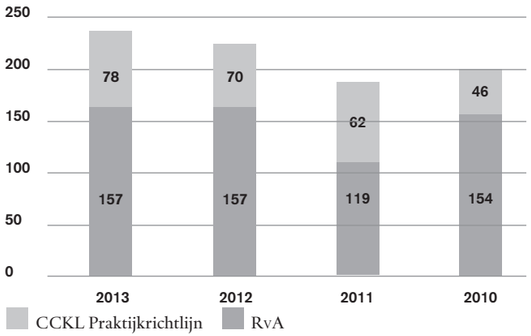
New and extended accreditations per type with lead times in calendar days for RvA mark

	New accreditations	Average lead time in calendar days	Extensions	Average lead time in calendar days
Certification	2	427	50	272
Inspection	7	297	31	160
Calibration laboratory	1	237	2	124
Test laboratory	10	295	79	137
EMAS/Emission	7	167	0	
Other	1	292	0	
CCKL Code of Practice	10		0	
Total	**38**		**162**	

Geographical spread of the accreditations granted as at 31 December (RvA mark)

Country	2013	2012	2011
The Netherlands (ZBO)	540	540	527
Rest Europe	5	23	25
Rest of the world	55	51	53
Total	**600**	**614**	**605**

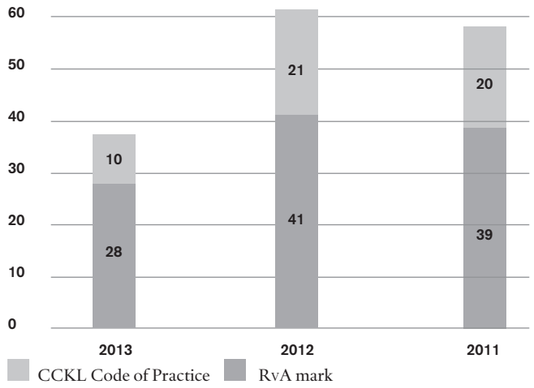
Number of reports submitted to the Accreditations Committee



Total number of applications received for new accreditations per annum

	2013	2012	2011
Initial (RvA mark)	36	29	48
Extension (RvA mark)	160	163	208
CCKL Code of Practice	11	9	13
Total	**207**	**201**	**269**

Number of new accreditations per year



Distribution of billed time over type of investigation (RvA mark)

Assessment type	2013 in	2012 in	2011 in
Initial assessment	6%	8%	10%
Extension	11%	11%	10%
Re-assessment	32%	25%	18%
Audit assessment	51%	56%	62%
Total	**100%**	**100%**	**100%**

Distribution of billed time over the type of investigation, broken down into role in the assessment team (RvA mark)

Role	2013 in %	2012 in %	2011 in %
Lead-assessor	48%	51%	53%
Assessor	10%	10%	8%
Specialist	42%	39%	39%
Totaal	**100%**	**100%**	**100%**

Suspended accreditations

Accreditation category	Voluntary 2013	Imposed 2013	Tot. 2013	Voluntary 2012	Imposed 2012	Tot. 2012
Certification	1	9	10	2	8	10
Inspection	*2	2	4	2	*2	4
Calibration laboratories	*1	0	1	0	*1	1
Test laboratories	0	3	3	0	0	0
Other		1	1	0	1	1
Total RvA mark	4	15	19	4	12	16
CCKL Code of Practice	**2	**2	4	1	0	1
Total	**6**	**17**	**23**	**5**	**12**	**17**

**Of which one partial suspension* ***Of which two partial suspensions*

Withdrawn accreditations

Accreditation category	Voluntary 2013	Imposed 2013	Tot. 2013	Voluntary 2012	Imposed 2012	Tot. 2012
Certification	*11	**7	18	**11	4	15
Inspection	6	1	7	*3	1	4
Calibration laboratories	1	0	1	1	0	1
Test laboratories	**9	1	10	1	0	1
Other	2	0	2	0	0	0
Total RvA-mark	29	9	38	16	5	21
CCKL Code of Practice	**8	0	8	**2	0	2
Total	**37**	**9**	**46**	**18**	**5**	**23**

**Of which one partial withdrawal* ***Of which three partial withdrawals*

Some of the withdrawals set out above are caused by the transition to the accreditation body of the country of residence in connection with EUR 765/2008.

Recommendations given by Accreditations Committee per report

	RvA mark 2013	Healthcare 2013	Tot. 2013	RvA mark 2012	Healthcare 2012	Tot. 2012
Initial assessment positive recommendation	17%	13%	**16%**	23%	20%	**22%**
Re-assessment positive recommendation	80%	81%	**80%**	72%	69%	**70%**
Postponed reports	1%	6%	**3%**	1%	6%	**4%**
Negative recommendation	2%	0%	**1%**	4%	5%	**4%**
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

In 2013 all recommendations given by the Accreditations Committee were adopted by the Director.

Number of assessments CCKL Code of Practice

Assessment type	2013	2012	2011
Initial assessment	14	12	16
Audit	100	72	59
Document audit	0	3	14
Re-assessment	43	67	56
Total	**157**	**154**	**145**

Disputes

A dispute is a difference of opinion between the assessed party and the RvA assessor about the interpretation of the standard requirements.

	2013	2012	2011
Total number of disputes	32	23	32
Non conformity is maintained unchanged	41%	11%	30%
Non conformity is maintained but reformulated	9%	67%	29%
Non conformity withdrawn	16%	13%	19%
Other outcome of dispute	18%	9%	16%
Pending	16%	0%	0%
Not admissible	0%	0%	6%
Total	**100%**	**100%**	**100%**

Annex 4

ACCEPTED SCHEME MANAGERS

Scheme managers are organisations developing and managing schemes used by laboratories and certification or inspection bodies in performing their assessment task. These schemes set a standard for suppliers who want to obtain a certificate or other form of approval. Only when the supplier meets the quality and safety requirements laid down in the scheme will the assessment body issue a certificate or quality mark. Thus a scheme manager is not an assessment body but formulates the standards and manages them.

The first duty of scheme managers is aimed at structurally preventing high-risk situations, in consultation with all the relevant interested parties via the schemes developed, and to describe measures that can reduce risks. In doing this they provide an important contribution to the chain that must bring about the clients' confidence.

Scheme managers must comply with the rules laid down in regulations by the RvA in close consultation with the stakeholders. These regulations include rules applicable to the formal cooperation between the scheme managers and the RvA. The legal form of a scheme manager is in practice always a foundation. That is why the RvA can enter into a so-called acceptance agreement with these organisations for one or more schemes. This acceptance is not an accreditation because accreditation applies exclusively to the assessment bodies.

In cooperation with the scheme managers the RvA has laid down in a document the criteria by which the schemes are assessed. This document makes a connection with the requirements of the accreditation standards and indicates how these can be used in formulating the schemes. You can find more information on this on our website

The following list offers a summary of accepted scheme managers on 1 March 2014.

Scheme manager's areas of attention	Foundation	Website
- Contractors (working safely) - Working conditions and safety management (Occupational Health and Safety Assessment Series: OHSAS 18001)	SSVV	www.vca.nl
- Environmental Management (ISO 14001)	SCCM	www.sccm.nl
- Installation Protection systems*	VbV	www.stichtingvbv.nl
- Healthcare and social welfare sector*	BIM	www.stichtingbim.nl
- Car damage	KZS	www.focwa.nl
- Soil, water and archaeology	SIKB	www.sikb.nl
- Contract catering	Cercat	www.cercat.nl
- Criminality prevention and fire safety	CCV	www.hetccv.nl
- Animal feed sector	GMP+	www.gmpplus.org
- Digital certificates	ECP	www.ecp.nl
- Distribution of pesticides	CDG	www.stichtingcdg.nl
- Healthcare, welfare and social services	HKZ	www.hkz.nl
- Green areas	Groenkeur	www.groenkeur.nl
- HACCP systems Food safety (management) systems	SCV	www.foodsafetymanagement.info www.fssc22000.com
- Wooden packaging	SMHV	www.smhv.nl
- Inspection and maintenance of heating installations	SCIOS	www.scios.nl
- Cable infrastructure and pipe laying companies	CKB	www.ckb.nl
- Climate-friendly enterprising	SKAO	www.skao.nl
- Milieukeur agro/food and non-food, Barometers, Groen Label Kas, Maatlat Duurzame Veehouderij en Aquacultuur (agricultural /food, non-food environmental quality mark, barometers, green label for greenhouses, sustainable cattle farming measuring rule and aquaculture)	SMK	www.smk.nl
- Poultry sector (Integrale KetenBeheersing Egg, Integrale KetenBeheersing Chicken) (= integral chain control)	PPE	www.pve.nl
- Potting soil and substrate	RHP	www.rhp.nl
- Debt counselling	NEN	www.nen.nl
- Demolition work	SVMS	www.veiligslopen.nl
- Taxi industry	TX-Keur	www.tx-keur.nl
- Technical installation sector	KvINL	www.kvinl.nl
- Motor coach business	SKTB	www.sktb.nl
- Pig sector	CoMore	www.ikbvarken.nl
- Working safely in electrical engineering	Stipel	www.stipel.nl
- Vertical transport	TCVT	www.tcvt.nl
- Vehicle dismantling	KZD	www.kzd.info

*New scheme in 2013

Annex 5

MARKS OF THE RVA

How do you know whether an accredited service provision is taking place? You can see it by means of the following marks on certificates or in reports.

Marks covered by the multilateral agreements with EA (European) and ILAC and IAF (global)

Calibration Mark K 000
The accreditation mark for accredited calibration laboratories. Laboratories are allowed to display this accreditation mark if they have demonstrated that they provide valid results in a technically competent manner and that they work according to a management system safeguarding the traceability to international standards. Calibration is essential for production processes and forms the basis for testing laboratories and many inspection activities. Accreditations are carried out according to ISO/IEC 17025.

Testing Mark RvA L 000
The accreditation mark for accredited testing laboratories. Laboratories are allowed to display this accreditation mark if they have demonstrated that they are able to provide valid results in a technically competent manner and that they work according to a management system. Accreditations are carried out according to the ISO/IEC 17025 standard.

Medical laboratory diagnostics Mark RvA M 000
The accreditation mark for accredited medical laboratories. This accreditation mark can be displayed by laboratories if they have demonstrated that they are able to provide valid results, that they are competent and work according to a management system. In comparison with ISO/IEC 17025, extra attention is given to the pre-analytical phase (advising, sampling), the post-analytical phase (interpretation, diagnosis) and the contribution to patient care. Accreditations are carried out according to the ISO 15189 standard.

Inspection Mark RvA I 000
The accreditation mark for accredited inspection bodies. Inspection bodies are allowed to display this accreditation mark if they have demonstrated that they are able to conduct inspections in a competent, consistent and independent manner. Inspection determines whether a design, a product or batch meets the requirements for each individual object or for each batch. For supervision by the RvA the ISO/IEC 17020 standard is applied to inspection bodies.

Products Mark RvA C 000
The accreditation mark for accredited certification bodies for product certification. For product certification purposes certification bodies are evaluated against EN 45011 for product certification (including services and processes). Certification bodies assess product designs and products in the new build, production or preparation phases. Under certain conditions products produced can be provided with a quality mark linked to this. This system is regularly used in European Directives.

Management Systems Mark RvA C 000
The accreditation mark for accredited certification bodies for the certification of management systems. Certification bodies are evaluated against ISO/IEC 17021 for them to certify organisations for example on the basis of ISO 14000, ISO 18001, ISO 9001 and VCA.

Persons Mark RvA C 000
The accreditation mark for accredited certification bodies for the certification of persons. The certification bodies are evaluated on the basis of ISO/IEC 17024. The certification bodies are then allowed to issue certificates under accreditation indicating that persons have a certain professional skill. Such a certificate is distinguished from a diploma by the limited period of validity of the certificate of professional skill. So this will have to be periodically re-demonstrated.

Marks not covered by the multilateral agreements with EA (European) and ILAC and IAF (global)

EMAS Mark NL V 000
The accreditation mark for accredited EMAS verification bodies. In connection with EMAS verification, certification bodies are evaluated according to the EMAS criteria (Regulation, (EC) No. 1221/2009). Accredited verification bodies assess annual environmental reports.

Emission Mark RvA V 000
The accreditation mark for ISO 14065 accredited GHG verification bodies. The Dutch text to be used for EMISSION is EMISSIE.

Proficiency Testing Mark RvA R 000
The accreditation mark for accredited organisers of inter-laboratory investigations. Laboratory tests are conducted to compare the outcomes of tests and calibrations of individual laboratories. These investigations are set up to demonstrate the equivalence of (accredited) laboratories. Accredited organisers of inter-laboratory investigations are evaluated against ISO/IEC 17043.

Reference Materials Producers Mark RvA P 000
The accreditation mark for accredited producers of reference materials. Since 1 May 2008 laboratories producing reference materials and also themselves awarding the values can have these activities accredited according to a combination of ISO Guide 34 and ISO/IEC 17025. Since mid-2013 only accreditation according to ISO Guide 34 is possible.

*Mark CCKL**
The accreditation mark for accredited medical laboratories according to the CCKL Code of Practice. This accreditation mark can be displayed if medical laboratories have demonstrated that they can carry out medically-diagnostic laboratory tests with a high degree of reliability and certainty in accordance with the relevant standards. Extra attention is given to the pre-analytical phase (advising, sampling), the post-analytical phase (interpretation, diagnosis) and the contribution to patient care.

* The CCKL mark is not covered by the ZBO (autonomous administrative authority) activities of the RvA

Annex 6
LIST OF ABBREVIATIONS

Awb
General Administrative Law Act (Algemene wet bestuursrecht)
BIM
Stichting Beheer Improvement Model (Foundation for Improvement Model Management)
CCKL
Stichting voor de bevordering van de kwaliteit van het laboratoriumonderzoek en voor de accreditatie van laboratoria in de gezondheidszorg (Foundation for the Promotion of the Quality of Laboratory Testing and for the Accreditation of Laboratories in Health Care)
CCV
Centrum voor Criminaliteitspreventie en Veiligheid (Centre for Criminality Prevention and Safety)
CDG
Stichting Certificatie Distributie in Gewasbeschermingsmiddelen (Foundation for certification of distribution in crop protection agents)
CEO
Chief executive officer
Cercat
Stichting Certificatie Contractcatering (Foundation for Certification Contract catering)
CKB
Stichting Certificatieregeling Kabelinfrastructuur en Buizenlegbedrijven (Foundation for the Certification Scheme for Cable Infrastructure and Pipelaying Companies)
CPR
Construction Products Regulation
EA
European co-operation for Accreditation
ECP
Electronic Commerce Platform Netherlands
EG
European Community
EMAS
Eco Management and Audit System
EN
European Standard
ERP
Enterprise Resource Planning (software)
EU
European Union
EZ
Ministry of Economic Affairs
Fenelab
Federation of the Dutch Associations of Laboratories and Inspection Institutions
GMP
Good Manufacturing Practice
HACCP
Hazard Analysis Critical Control Points
HKZ
Foundation for the Harmonisation of Quality Assessment in the Health Care Sector
HR
Human resource
IAF
International Accreditation Forum
ICT
Information and Communication Technology
IEC
International Electrotechnical Committee
ILAC
International Laboratory Accreditation Cooperation
ISO
International Organization for Standardization
KvINL
Stichting Kwaliteit voor Installaties Nederland (Foundation for installations Netherlands)
KZD
Stichting Kwaliteitszorg Demontage (Foundation for Quality Management in Vehicle Dismantling)
KZS
Stichting Kwaliteitszorg Autoschadeherstelbranche (Foundation for Quality Management in the Motor Repair Sector
MLA
Multilateral Agreement
NEa
Netherlands Emission Authority
NEN
Nederlands Normalisatie Instituut (Netherlands Standardisation Institute)
NVWA
Nederlandse Voedsel- en Warenautoriteit (Dutch Food and Consumer Product Safety Authority)

OHSAS
Occupational Health and Safety Assessment Series
PDCA
Plan Do Check Act
PPE
Productschap Pluimvee & Eieren (Marketing Board for Poultry and Eggs)
PRL
Praktijkrichtlijn (Code of Practice)
RHP
Stichting Regeling Handels Potgronden (Foundation for Netherlands control system for commercial potting composts)
RvA
Raad voor Accreditatie (Dutch Accreditation Council)
SCCM
Stichting Coördinatie Certificatie Milieuzorgsystemen (Foundation for Coordination of Certification of Environmental Management Systems)
SCIOS
Stichting Certificatie Inspectie Onderhoud aan Stookinstallaties (Foundation for Certification, Inspection and Maintenance of Heating Installations)
SCV
Stichting Certificatie Voedselveiligheid (Foundation for Certification of Food Safety)
SIKB
Stichting Infrastructuur Kwaliteitsborging Bodembeheer (Foundation for Infrastructure of Quality Assurance in Soil Management)
SKAO
Stichting Klimaatvriendelijk Aanbesteden & Ondernemen (Foundation for climate-friendly procurement and business)
SKTB
Stichting Keurmerk Touringcarbedrijven (Foundation for the motor coach company quality mark)
SMHV
Stichting Markering Houten Verpakkingen (Foundation for Wooden Packaging Marking)
SMK
Stichting Milieukeur (Foundation for Environmental Seal of Approval)
SSVV
Stichting Samenwerken Voor Veiligheid (Foundation for Cooperation for Safety)
Stipel
Stichting Persoonscertificatie Energietechniek (Foundation for Person Certification in Energy Technology)
SVMS
Stichting Veilig en Milieukundig Slopen (Foundation for Safe and Ecological Demolition)
SZW
Ministerie van Sociale Zaken en Werkgelegenheid Ministry of Social Affairs and Employment
TCVT
Stichting Toezicht Certificatie Verticaal Transport (Foundation for supervision of certification for vertical transport)
TX-Keur
TX-keur (Taxi mark)
VbV
Verzekeringsbureau Voertuigcriminaliteit (Foundation for the insurance of vehicle crimes)
VCA
VeiligheidsChecklist Aannemers (Contractors Safety Checklist)
VEROCOG
Vereniging van Onafhankelijke Controlebedrijven en Graanfactors (Association of Independent Superintending Companies and Grain Factors)
VOC
Vereniging Overleg van Certificatie-instellingen (Association for Certification Institution Consultation)
VSL
Van Swinden Laboratory
WDA&T
Term used by SZW for a globally specific scheme of appointment and supervision
Wob
Wet openbaarheid van bestuur (The Dutch Government Information (Public Access) Act)
WRR
Wetenschappelijke Raad voor het Regeringsbeleid (Netherlands Scientific Council for Government Policy)
WSCS
Werkveldspecifiek certificatieschema (specific certification scheme)
ZBO
Zelfstandig Bestuursorgaan (Autonomous administrative authority)

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RAAD VOOR ACCREDITATIE

What is accreditation?

Accreditation is a process in which certification of competency, authority, or credibility is presented.