Audit and Risk Committee (ARC) meeting

Wednesday 2 September 2026 at 10am to be held in person at 1 Hardwick Street, London, EC1R 4RB

Agenda item	Classification	Rationale
1. Welcome & introductions	Oral report Unclassified	n/a
2. Apologies for absence	Oral report Unclassified	n/a
3. Committee's ways of working	Oral report Unclassified	n/a
4. Declarations of interest	Oral report Unclassified	n/a
5. Minutes of the last meeting held on 12 May 2026		
5a. Unclassified minutes	Unclassified	n/a
5b. Confidential appendix	Confidential	1,2,3 & 4
6. Matters arising	Oral/written report	
7. CEO update	Oral report	
8. Matters for decision		
8a. Election/appointment of Vice-Chair	Unclassified	n/a
8b. Revised draft Internal Audit Strategy Framework	Unclassified	n/a
9. Matters for discussion/noting		
9a. People Risk Register	Confidential	3 & 4
9b. Professional Conduct Litigation	Confidential	1 & 3
9c. CRM project update	Oral report	

9d. CMS project update	Confidential	3 & 4
9e. Accreditation visitation work plan	Unclassified	n/a
9f. Corporate Risk Register update	Confidential	1,3 & 4
9g. DPO report on data protection compliance	Oral report	
10. Any other business (AOB)	Oral report	
11. Date of the next meeting Tuesday 10 November 2026 (remote)	Oral report Unclassified	n/a

Audit and Risk Committee – Terms of Reference

1. The Audit and Risk Committee shall support the Council by reviewing the comprehensiveness and reliability of assurances and internal controls in meeting the Council's oversight responsibilities. The Committee is a non-executive committee and has no executive powers except as set out below.

2. The Committee has delegated authority to:

    a. Monitor the Council's risk management arrangements;

    b. Approve the internal audit programme; and,

    c. Advise the Council on the comprehensiveness and reliability of assurances and internal controls, including internal and external audit arrangements, and on the implications of assurances provided in respect of risk and control.

3. The Committee may request the attendance of any employee or member, as set out in paragraph 16 below, and may incur expenditure for the purpose of obtaining advice in terms of paragraph 20 below.

4. The Committee is accountable to the Council. The minutes of each Committee meeting shall be circulated to the Council. The Committee shall report to the Council annually on its work. It may also submit separately to the Council its advice on issues where it considers that the Council should take action. Where the Committee considers there is evidence of *ultra vires* transactions or evidence of improper acts, the Chair of the Committee shall raise the matter at a formal Council meeting.

5. The Committee shall have five members, but may operate with fewer while a vacancy exists, provided the quorum is maintained. The members shall include two Council members, of whom one shall be a lay member and one a registrant member. Neither the President, Vice-Presidents, nor the Treasurer shall be members of the Committee. The members of the Committee who are not Council members (the "external members") shall have appropriate audit and risk management experience.

6. The Council will elect one of the external members serving on the Committee as Chair, based on relevant background and skills. The Committee will elect a Vice-Chair and in the absence of the Chair, the Vice-Chair will chair the meeting.

7. The Committee shall support the Council by reviewing and advising the Council on the operation and effectiveness of the arrangements which are in place across the whole of the Council's activities that support the achievement of the Council's objectives. In particular, the Committee shall review the adequacy of:

a. All risk and control related disclosure statements, together with any accompanying internal audit statement, where appropriate, external audit opinion or other appropriate independent assurances, prior to endorsement by the Council;

b. The underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;

c. The policies for ensuring compliance with relevant regulatory, legal, governance and code of conduct requirements; and

d. The policies and procedures for all work related to fraud and corruption.

8. In carrying out this work the Committee will primarily utilise the work of internal audit, where appropriate, external audit and other assurance functions. It will also seek reports and assurances from Department Managers as appropriate, concentrating on the over-arching systems of governance, risk management and internal control together with indicators of their effectiveness.

9. In reviewing risk management arrangements, the Committee shall draw attention to areas where:

a. Risk is being appropriately managed and controls are adequate (no action needed);

b. Risk is inadequately controlled (action needed to improve control);

c. Risk is over-controlled (resource being wasted which could be diverted to another use); and,

d. There is a lack of evidence to support a conclusion (if this concerns areas which are material to the organisation's functions, more audit and/or assurance work will be required).

10. In relation to internal audit, where appropriate, the Committee shall:

a. Ensure that there is effective internal audit activity that complies with any applicable standards and provides appropriate independent assurance to the Council, Audit and Risk Committee, Secretary and Registrar;

b. The internal audit activity will include reviews into RCVS internal processes, policies and procedures. These reviews will be based on identified high risk areas from the Corporate Risk Register and assurance map;

c. Ensure that the College makes adequate resource available to internal audit activity, where required;

d. Review the need for an internal audit strategy, operational plan and work programme;

e. Consider the major findings of the internal audit/review work, where carried out, and management's response; and,

f. Annually review the effectiveness of internal audit.

11. In relation to external audit, the Committee shall:

    a. Consider the appointment and performance of the external auditor, the audit fee and any questions of resignation or dismissal and make appropriate recommendations to the Council;

    b. Discuss and agree with the external auditor, before the audit commences, the nature and scope of the audit as set out in the external audit plan and their local evaluation of audit risks;

    c. Review the work and findings of the external auditor, consider the implications and management's responses to their work; and,

    d. Review all external audit reports, including agreement of the annual audit letter before submission to the Council and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

12. The Committee shall review the annual financial statements, focusing particularly on:

    a. Disclosures relevant to the terms of reference of the Committee;

    b. Changes in, and compliance with, accounting policies and practices;

    c. Unadjusted mis-statements in the financial statements;

    d. Major judgmental areas; and,

    e. Significant adjustments resulting from the audit.

13. The Committee shall ensure that the systems for financial reporting to the Council, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Council.

14. The Committee shall meet not less than three times a year. The external auditors may request a meeting if they consider that one is necessary.

15. Only Committee members shall be entitled to attend meetings of the Committee. The Treasurer, CEO, Secretary and/or Registrar, and Director of Operations shall normally attend meetings. Representatives from the external auditors shall attend meetings as required for relevant items. The President and other Council members may attend meetings at the invitation of, or with the agreement of, the Chair of the Committee.

16. The Committee may request any employee or member to attend a meeting to assist with its discussions on any particular matter or to provide any information it may reasonably require in

order to fulfil its remit. All employees and members shall co-operate with any reasonable request made by the Committee.

17. The Committee may ask any or all non-members to withdraw for all or part of a meeting if it so decides. In such an instance, the Chair shall ensure that a proper record is made of the meeting.

18. The senior representatives of external audit shall have free and confidential access to the Chair of the Committee. At least once a year, the Committee shall provide an opportunity to meet privately with the external auditors. College staff will not be present during these confidential meetings.

19. The Committee may investigate any activity within its terms of reference. It may seek any information it requires from any employee and all employees shall co-operate with any request made by the Committee.

20. The Committee may obtain legal or other independent professional advice and secure the attendance of external advisers with relevant experience and expertise if it considers this necessary, within the budget approved by the Council. The CEO and/or Registrar shall ensure that appropriate secretariat support is provided to the Chair and Committee.

Remit relating to accreditation functions of the College

21. The Committee will receive assurances that the quality assurance work undertaken by the College in relation to the accreditation of veterinary degree programmes and veterinary nursing educational institutions is operating in accordance with its published procedures. This process of assurance is also designed to contribute to compliance with the requirements for membership with the European Association for Quality Assurance in Higher Education (ENQA) that 'Agencies should have in place processes for internal quality assurance related to defining, assuring and enhancing the quality and integrity of their activities'. This will be achieved by:

    a. At the beginning of each calendar year, the Committee will be provided with a work plan, detailing the accreditation visitations that are scheduled for the forthcoming year;

    b. Brief progress reports against this work plan will be provided as a standing item at each meeting of the Committee. These reports will also highlight any major concerns or issues that had arisen as a result of quality assurance activities conducted in the period covered by the report;

    c. An annual report will be produced at the end of each calendar year. This will be presented to the Committee together with the work plan for the next calendar year. The annual report would be expected to include:

        i. Confirmation that quality assurance activities have been completed in line with the work plan, or reasons for any variation;

        ii. Actions that have been taken or that are planned as a result of discussion by committees;

iii. Actions that have been taken or that are planned as a result of feedback from stakeholders (visitors/universities); and,

iv. Trends and themes identified in information presented year on year.

22. Findings of the Committee arising from assurances received on the quality assurance activities of the College in relation to veterinary degree programmes and veterinary nursing educational institutions shall also be circulated to the Primary Qualifications Subcommittee (PQSC), Education Committee and the Veterinary Nurses Education Committee.

23. The Committee may choose to invite attendance from representatives of Education Committee and VN Education Committee for the purpose of receiving assurances on quality assurance activities undertaken by those Committees.

24. Where an appointed member of the Audit and Risk Committee is also involved with the education quality assurance activities of the RCVS, they shall not be permitted voting rights on any issues discussed however they may remain present at the meeting for points of clarification.

Summary

Meeting	Audit and Risk Committee (ARC)
Date	12 May 2026
Title	ARC meeting minutes – 12 May 2026
Summary	Minutes of the ARC meeting held remotely via Microsoft Teams on Tuesday, 12 May 2026.
Decisions required	The Committee is asked to approve the unclassified minutes and the confidential appendix.
Attachments	Confidential Appendix
Author	Huda Haid Governance Officer h.haid@rcvs.org.uk

Classifications

Document	**Classification**[1]	**Rationales**[2]
Paper	Unclassified	n/a
Appendix	**Confidential**	**1,2,3,4**

[1]Classifications explained	
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Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.
[2]Classification rationales	
Confidential	1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others. 2. To maintain the confidence of another organisation. 3. To protect commercially sensitive information. 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS.
Private	5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation.

Minutes of the Audit and Risk Committee (ARC) meeting held remotely via Microsoft Teams on 12 May 2026

Members (2025/26 College year):

Dr S R Bescoby*	RCVS Council member
Ms J M Clift	RCVS Council member & Vice-Chair
Mr K Grewal	External lay member
Ms N Nicholson	External lay member
Mr V Olowe	External lay member & Chair

In attendance:

Dr M M S Gardiner	Treasurer (observer)
Ms H Haid	Governance Officer
Ms S Haider	CMS Project Manager
Ms L Lockett	CEO
Ms C McCann	Director of Operations
Ms C Paget	Registrar/Director of Legal Services
Mr A Quinn-Byrne	Governance Manager & Data Protection Officer
Mr A Scanlan	CRM Project Manager
Ms J Soreskog-Turp	Lead for Postgraduate Education
Ms J Stetzel	Head of Marketing and Digital Communications
Ms S Tetsola	Head of Finance
Ms D Wiggins	PA to Registrar/Director of Legal Services
Ms K Williams	Education Quality Improvement Manager

*Denotes absence

Welcome & apologies for absence

1. The Chair opened the meeting by welcoming the attendees.

2. Apologies were received from Dr S R Bescoby.

3. The Lead for Postgraduate Education was present for the ‘Education Risk Register’ agenda item only.

4. The PA to the Registrar/Director of Legal Services was present for the ‘Draft RCVS Governance Manual update’ agenda item only.

5. The Customer Relationship Management (CRM) Project Manager was present for the ‘CRM project update’ agenda item only.

6. The Content Management System (CMS) Project Manager and Head of Marketing and Digital Communications was present for the ‘CMS project update’ only.

7. The Education Quality Improvement Manager was present for the ‘Accreditation work plan update’ agenda item only.

Declarations of interest

8. There were no declarations to record.

Minutes of the last meeting

9. The Committee approved the minutes of the previous meeting held on 3 February 2026 as an accurate record.

10. The progress updates on actions arising from the February meeting, as set out in the action log appended to the minutes, were noted.

Matters arising

11. No further matters arising were discussed.

CEO update

12. The CEO delivered an oral report on current key RCVS activity. Unclassified updates included the following:

    a) Staff Together Away Day: this had taken place on 29 April 2026. The theme of the day was ‘Building Bridges’, with a focus on bringing external perspectives into the organisation and improving understanding of the communities with which the RCVS engages. The programme included panel discussions with regulated professionals, veterinary surgeons, veterinary nurses and others with lived experience relevant to the profession and its users.

b) Annual staff survey: this would take place in June. The CEO explained that the results would need to be considered in the context of a period of increased pressure and uncertainty for staff, particularly given the scale of concurrent strategic and operational change.

c) Preparations for the end of the 2025/26 presidential year: work was underway on committee listings, the handover of presidential duties, arrangements for RCVS Day and the transition to the incoming Officer Team.

d) Cambridge Veterinary School: the university had decided to keep the veterinary degree course open, while continuing to keep the position under review. A further accreditation visit was expected in the autumn. It was noted that, while the decision was positive, the position was not fully resolved and would continue to require monitoring.

e) Expanded analysis published by the Office for Students (OfS) on student experiences of sexual misconduct in higher education: veterinary students had been identified as having particularly high reported levels of incidents. The Committee discussed the likely contributing factors, including the high proportion of women among veterinary students, the length of veterinary degree programmes, and the role of extramural studies and placements away from campus. It was noted that placement environments could create safeguarding risks, particularly where students were isolated or working closely with others in small settings. In response to a query from the Chair, the CEO explained that safeguarding and student welfare formed part of the accreditation process, although the RCVS could only act on information available through reports, evidence submitted during visits, or confidential student feedback. The RCVS had published a statement responding to the OfS report findings on 11 May 2026.

13. Further confidential information is contained in paragraph 1 of the confidential appendix.

Matters for decision

Draft Internal Audit Strategy Framework

14. Further confidential information is contained in paragraphs 2-7 of the classified appendix.

Review of Terms of Reference

15. As part of an annual housekeeping exercise, the Committee reviewed its current Terms of Reference and considered whether any amendments were required.

16. No amendments were identified by the Committee.

Matters for discussion

Education Risk Register

17. Further confidential information is contained in paragraphs 8-11 of the classified appendix.

Corporate Risk Register update

18. Further confidential information is contained in paragraphs 12-14 of the classified appendix.

Draft RCVS Governance Manual

19. Further confidential information is contained in paragraphs 15-19 of the classified appendix.

CRM project update

20. Further confidential information is contained in paragraphs 20-32 of the classified appendix.

CMS project update

21. Further confidential information is contained in paragraphs 33-40 of the classified appendix.

Matters for noting

Accreditation work plan update

22. The Education Quality Improvement Manager joined the meeting and introduced an update on progress with the accreditation visitation plan 2025/26.

23. The Committee noted the progress made against the work plan and that no material concerns had been identified.

24. The Committee was advised that a new feedback process was being trialled following a recent accreditation event. Generic written feedback had been provided to all panel members, with an offer of verbal one-to-one feedback for those who wished to receive it. Three panel members had requested individual feedback. The Committee noted that this process was intended to close the feedback loop and support continuous improvement.

25. During discussion, the Chair referred to a previous request for clearer assurance that planned accreditation activity had been delivered as intended. It was explained that updates had been added to the work plan, with changes shown in a different colour. The Committee indicated that it would be helpful for future reports to include a statement confirming whether activity in the original plan had been delivered as planned, so that members did not need to compare successive versions of the plan manually.

Action: Education Quality Improvement Manager to include a clearer assurance statement in future accreditation work plan updates confirming whether planned activity has been delivered as intended.

26. The Committee was also advised that the next significant development from the European Association for Quality Assurance in Higher Education (ENQA) was expected to be an update to the standards against which agencies were reviewed. This was expected towards the end of 2026 and could be shared with the Committee at a future meeting.

Data Protection Officer (DPO) report: data protection compliance

27. Further confidential information is contained in paragraphs 41-43 of the classified appendix.

Any other business (AOB)

28. The Chair noted that this was the final ARC meeting of the 2025/26 College year and asked for an update on succession planning for Committee membership and the appointment of the next Chair. The Governance Manager and DPO explained that a new Committee member would be approved by Council and they, along with the other lay members, would then have the opportunity to put themselves forward for the role of Chair. Expressions of interest, supported by personal statements and CVs, would be considered by Council, with the aim of having arrangements in place by the September meeting.

29. The CEO also marked this as the outgoing Chair's final ARC meeting and thanked him for his contributions to the Committee and the RCVS over eight years of service, including one year as Chair.

30. The CEO also marked the Treasurer's final meeting on the ARC, as her term as Treasurer would also end on RCVS Day 2026. The Committee noted her role in supporting continuity of Committee knowledge during a period of transition.

Reflective session

31. The Committee took some time to reflect on how the meeting had gone.

Date of the next meeting

32. The next ARC meeting would be held on Wednesday, 2 September 2026, in person at Hardwick Street.

Action log

Action	Date	Update
Education Quality Improvement Manager to include a clearer assurance statement in future accreditation work plan updates confirming whether planned activity has been delivered as intended.	September 2026	Completed – see agenda item 9e.

Summary

Meeting	Audit and Risk Committee
Date	2 September 2026
Title	Revised draft Internal Audit Strategy Framework
Summary	A revised draft of the Internal Audit Strategy Framework is presented for the Committee's consideration. The framework is intended to provide a formal foundation for the subsequent development of an internal audit strategy/plan for 2027.
Decisions required	The Committee is asked to review and recommend the revised draft Internal Audit Strategy Framework to RCVS Council.
Attachments	Annex A: Draft Internal Audit Strategy Framework (v2)
Author	Huda Haid Governance Officer h.haid@rcvs.org.uk

Classifications

Document	**Classification**[1]	**Rationales**[2]
Paper	Unclassified	n/a
Annex	Unclassified	n/a

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Revised draft Internal Audit Strategy Framework

1. For internal audit at the RCVS, in the past the College has obtained assurance through deep dives into higher-risk areas, using external advisors where specialist assurance was required or, where appropriate, by extending the scope of the external audit.

2. As part of its work remit, the Audit and Risk Committee (ARC) is responsible for oversight of the internal audit function to provide assurance over governance, risk management, and internal control across the organisation. The Committee previously recognised the need to strengthen the College's internal audit arrangements and agreed that there would be value in moving to a more formalised and structured internal audit approach. To support this, an initial Internal Audit Strategy Framework (IASF) had been drafted to provide a high-level basis for a formal, risk-based and strategically aligned approach. The IASF is intended to support a consistent, repeatable and forward-looking internal audit programme, and will act as the structure from which an internal audit strategy/plan will be developed for 2027.

3. The ARC considered the first draft of the IASF at its meeting on 12 May 2026 and supported the general direction of travel subject to a few recommended amendments. The Committee also considered what delivery model (whether in-house, co-sourced or fully outsourced) would be appropriate and the members agreed that it should be fully outsourced to an external delivery partner.

4. A revised final version of the IASF (at **Annex A**), which takes the Committee's feedback and decisions into account, as well as incorporating other minor changes to improve structural flow and overall clarity, is now presented for the Committee's review and approval.

5. The IASF will also require ratification by RCVS Council in September. As the next Council meeting following the ARC's takes place the following day (3 September 2026), the same revised draft has been submitted to Council for ratification in principle, on the understanding that the ARC may agree further amendments (on 2 September 2026) before the document is finalised. This recommendation reflects the Committee's previous support for the earlier version of the IASF in May.

6. Any amendments agreed by the ARC will be incorporated into the final version. Following finalisation, the Committee will review the IASF annually ahead of each audit engagement and shall recommend the ratification of future revisions to RCVS Council.

Annex A: Draft Internal Audit Strategy Framework

Document control	
Version	1.0
Owner	Audit and Risk Committee
Approval body	RCVS Council
Approval date	3 September 2026
Review frequency	Annual
Next review date	September 2027

Executive summary

This Internal Audit Strategy Framework sets out the intended purpose, principles, governance, and approach for internal audit at the Royal College of Veterinary Surgeons (RCVS).

The framework for the internal audit work will follow a structured, risk-based methodology that will involve identifying high risk areas rather than focusing on compliance reporting alone. It proposes a timeframe aligning with the Strategic Plan (2026–2029), with audit coverage informed by the Corporate Risk Register, Assurance Map, Risk Management Policy, and organisational priorities.

1. Purpose of the framework

1.1. The purpose of this framework is to:

a) define the role and objectives of internal audit within the RCVS,
b) establish the principles that will govern internal audit activity,
c) set out the responsibilities of the Audit and Risk Committee, RCVS Council and the College Senior Team, and
d) describe how audit work will be planned, prioritised, and reported.

2. Role and objectives of internal audit

2.1. Internal audit exists to provide independent and objective assurance to the Audit and Risk Committee and RCVS Council on the adequacy and effectiveness of governance, risk management, and internal control across the RCVS.

2.2. Internal audit findings may also support improvement by highlighting weaknesses, gaps or risks to inform management's response actions.

2.3. The objectives of internal audit are to:

a) provide assurance over the management of the major risks facing RCVS,
b) assess whether key controls are appropriately designed and operating effectively,
c) provide meaningful analysis for the Audit and Risk Committee through focused, risk-based reporting,
d) identify themes, emerging issues, and areas for improvement across the control environment, and
e) support a coordinated view of assurance through assurance mapping.

3. Guiding principles

3.1. Internal audit activity should be guided by the following principles:

a) Independence and objectivity
b) Risk-based planning and prioritisation
c) Proportionality, with a focus on matters of greatest significance
d) Clarity, evidence, and practical insight
e) Alignment with organisational strategy and risk appetite
f) Transparency in reporting and follow-up
g) Continuous review and improvement

4. Summary of roles and responsibilities

Audit and Risk Committee

4.1. The Audit and Risk Committee will approve and recommend ratification of the framework to RCVS Council. It is responsible for oversight of the internal audit framework, scrutiny of audit outputs and monitoring whether assurance remains sufficient and appropriately focused.

RCVS Council

4.2. RCVS Council will ratify the framework following recommendation from the Audit and Risk Committee. It is responsible for overall governance and should receive assurance that the internal audit approach is proportionate, effective, and aligned to organisational priorities.

Senior Team

4.3. The Senior Team are responsible for supporting risk-based planning and audit activity, responding to findings, and implementing responsive actions.

5. Governance and oversight

5.1. The Audit and Risk Committee will oversee the implementation of this framework. The Committee should:

a) regularly review and challenge the proposed internal audit strategy and plan,

b) assess whether planned audit coverage is aligned to principal organisational risks,
c) scrutinise deep-dive internal audit reports and thematic findings,
d) monitor the implementation of agreed management actions arising from internal audit work, and
e) consider the overall adequacy of assurance available to it and RCVS Council.

5.2. RCVS Council will receive appropriate assurance through reporting from the Audit and Risk Committee on the effectiveness of the internal audit approach and the key findings arising from the audit work.

5.3. Management should support the process by identifying relevant strategic and operational developments, maintaining the Corporate Risk Register, providing access to information, and implementing agreed actions within appropriate timescales.

6. Scope of internal audit

6.1. The scope of internal audit should be sufficiently broad to provide assurance over governance, risk management, and internal control across the organisation. The detailed scope of the audit work should be determined through the planning process and may include reviews of:
a) top strategic and corporate risks,
b) governance and decision-making processes,
c) financial control and stewardship,
d) regulatory, legal and policy compliance,
e) operational resilience and business continuity,
f) information governance, cyber security, and data protection,
g) programme and project governance, and
h) culture, accountability, and delegated authority.

7. Risk-based audit planning methodology

7.1. Internal audit planning should follow a risk-based methodology. The plan should be developed using a combination of:
a) the Corporate Risk Register,
b) the Assurance Map,
c) the Risk Management Policy and broader risk framework, including the Risk Appetite Statement,
d) strategic priorities and major organisational developments or transformation programmes,
e) management and Senior Team insight on current and emerging risks,
f) changes in strategy, operating model, systems, or regulation,
g) previous audit findings and known control weaknesses,
h) areas or major spend and investment, and
i) areas of limited or uncertain assurance.

7.2. In applying this methodology, internal audit should:
a) prioritise areas of greatest inherent risk and organisational importance,

b) take account of the pace of change, complexity, and control maturity,
c) consider both discrete risk areas and cross-cutting themes,
d) provide a rational basis for coverage over the period 2026–2029, and
e) be flexible to respond to emerging issues during the planning period.

7.3. A more detailed audit plan should sit beneath this framework and be presented to the Audit and Risk Committee for review and approval at appropriate intervals. The plan should set out intended coverage over a defined period.

8. Delivery model

8.1. The delivery model for internal audit will be fully outsourced.

8.2. The RCVS should ensure that internal audit has:
a) sufficient independence from operational management,
b) access to appropriate skills and expertise,
c) sufficient capacity to deliver the agreed plan,
d) authority to access records, systems, and personnel as needed, and
e) appropriate arrangements for quality assurance and escalation where required.

9. Reporting approach

9.1. Internal audit reporting should be designed to support deep-dive risk analysis by the Audit and Risk Committee.

9.2. Reports should be clear, evidence-based, and focused on implications for governance, risk, and internal control. They should normally include:
a) the scope and objective of the review,
b) key findings and their significance,
c) root causes and control implications,
d) an assessment of risk exposure or control weakness,
e) practical recommendations and agreed management actions, and
f) timescales and accountable owners.

9.3. The Audit and Risk Committee must report to RCVS Council on:
a) progress against the audit plan,
b) any proposed changes to planned coverage,
c) overdue actions and implementation status,
d) recurring themes and systemic issues, and
e) an overall view of assurance emerging from completed work.

10. Planning cycle and review

10.1. This framework is intended to apply for the period of the Strategic Plan 2026-2029. The framework should, however, be reviewed annually during that period to ensure it remains relevant, particularly where there are significant changes in:

a) organisational strategy or priorities,
b) the Corporate Risk Register or overall risk profile,
c) governance arrangements,
d) major programmes, transformation activity or system change,
e) regulatory role/expectations, and
f) internal audit standards or professional requirements.

10.2. A detailed annual or rolling plan should sit beneath this framework and translate the strategy into specific audit engagements.

11. Measures of effectiveness

11.1. The effectiveness of the internal audit strategy may be assessed through measures such as:

a) alignment of audit coverage to priority risks,
b) quality and usefulness of reports to the Audit and Risk Committee,
c) completion of the agreed audit plan,
d) timeliness of reporting,
e) implementation rate of agreed actions, and
f) evidence that audit work informs governance and risk decisions.

Version history

Version	Date	Summary of changes
1.0	September 2026	First issue.

Meeting	Audit and Risk Committee
Date	2 September 2026
Title	RCVS accreditation visitation work plan for Veterinary Schools and Vet Nursing qualifications
Classification	Unclassified
Summary	This report updates the confirmed RCVS accreditation activities that have been completed in line with the agreed work plan for 2025 and the proposed work plan for 2026. To date, the cycle of activities has remained as presented in May 2026. The updates indicate the status of live accreditation events.
Decisions required	None, to note
Attachments	Updated 2025 work plan with completed actions Updated 2026 work plan of RCVS accreditation events with completed actions
Author	Kirsty Williams Quality Improvement Manager k.williams@rcvs.org.uk / 020 7222 2001

Classifications

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Paper and attachments	Unclassified	n/a

[1]Classifications explained	
Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation or publication.
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

[2]Classification rationales	
Confidential	1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation

Update of the accreditation events that took place in 2025

Accreditation events completed so far in 2025	Panel members	Current status
Dublin (focussed revisit) February 2025	• Dr Kate Richards - Chair, VPH practitioner • Prof Neerja Muncaster - Small Animal Education - University of Surrey • Prof Malcolm Cobb - Small Animal Education - University of Nottingham • RCVS Staff Member: Ms Claire Holliday	The report has been checked for factual accuracy by Dublin and has been through PQSC. The report was returned to Dublin on 30th April 2025 for the 2-month consultation period. This was reviewed by PQSC at the meeting in June 2025 and their recommendation will go to Education Committee at the meeting in September 2025.
Harper and Keele (final visit - new school) Joint visit with South African Veterinary Council (SAVC), Australasian Veterinary Boards Council (AVBC), and the Veterinary Council of Ireland (VCI) 12th – 16th May 2025	• Kate Richards - Chair • Alex Berry • Hannah Fitzsimmonds • Jude Bradbury • Peter Hastie • Alexander Corbishley • Michal Tkcaz • Jenny Weston - AVBC • Anthea Fleming - SAVC • Joe Moffitt - VCI • Linda Prescott-Clements – RCVS Director of Education • Kirsty Williams – RCVS Education Quality Improvement Manager • Claire Holliday – RCVS Senior Education Officer	The evidence has been reviewed by the panel and the final agenda has been agreed. The panel have agreed who they need to meet and the questions that need asking during the visit. As this is the first full visit for the school, they will have to get a recognition order from the Privy Council once the accreditation event has been concluded. The preparation for this is underway. The External Examiners report was reviewed by Education Committee on 1st July 2025 The final report and rubric was reviewed by PQSC on 4th August and a recommendation made for Education Committee was discussed at the meeting on 23rd September 2025. The outcome was accreditation for 2 years.

Cambridge (focussed revisit) 8th – 12th September 2025	• Prof. Kate Cobb – Chair and AVBC rep • Dr Niall Connell – Chair • Dr Hannah Fitzsimmonds • Dr Pred Prokic • Prof. Peter Hastie • Prof. Mark Senior • Dr. Michal Tkcaz – student representative • Paul McDermott - VCI • Dr Linda Prescott-Clements – RCVS representative • Mr Jordan Nicholls – RCVS representative • Ms Kirsty Williams – RCVS observer	The panel and RCVS team have reviewed the evidence and the agenda for the visit has been set. The factual accuracy check was completed by the vet school in a week An extraordinary PQSC meeting was called for 1st October 2025 to review the report as the timelines for this could be quite sensitive. This should then be ready to be presented to Education Committee at the end of November 2025. The reviewed report was returned to the vet school following the PQSC meeting and they have one month to return the report with their comments (due 20th October 2025). PQSC meet again on 3rd November and will review the comments from the school and make a recommendation on the accreditation decision. Update August 2026 – The programme has been confirmed as being awarded conditional accreditation for one year, with a revisit in October 2026
Queensland 7th – 12th September 2025	Jenny Hammond	This was a full visit having been last accredited in 2018. The report will be reviewed by PQSC in April May 2026 update – reviewed by PQSC and decision to be ratified by Education Committee on 19th May 2026 Update August 2026 – at the Education Committee meeting in July 2026, the programme was awarded full accreditation for 7 years.
James Cook 15th – 17th September 2025	Rowland Cobbold Jenny Hammond	This was a re-visit following the visit that took place in 2023, and is against the 2015 standards, not the updated 2023 standards. The report was reviewed by PQSC at the meeting on 13th January 2026 and has been returned for their formal response. May 2026 update – reviewed by PQSC and decision to be ratified by Education Committee on 19th May 2026 Update August 2026 – at the Education Committee meeting in July 2026, the programme was awarded accreditation for a shorter period of two years, with a focused revisit to be carried out in 2028.

Adelaide 24th – 26th September 2025	Rowland Cobbold Sue Patterson	This was a re-visit following the visit that took place in 2023, and is against the 2015 standards, not the updated 2023 standards. The report was reviewed by PQSC at the meeting on 13th January 2026 and has been returned for their formal response. May 2026 update – reviewed by PQSC and decision to be ratified by Education Committee on 19th May 2026 Update August 2026 – at the Education Committee meeting in July 2026 there was a decision for continuation of accreditation for the remainder of the existing period until 2030, subject to satisfactory annual monitoring.
Melbourne 29th September – 1st October 2025	Sue Patterson Mandisa Greene	This was a re-visit following the visit that took place in 2023, and is against the 2015 standards, not the updated 2023 standards. The report was reviewed by PQSC at the meeting on 13th January 2026 and has been returned for their formal response. May 2026 update – reviewed by PQSC and decision to be ratified by Education Committee on 19th May 2026 Update August 2026 – at the Education Committee meeting in July 2026 there was a decision for continuation of accreditation for the remainder of the existing period until 2030, subject to satisfactory annual monitoring.
~~Barcelona~~ ~~29th September – 3rd October 2025~~	~~TBC~~	No longer taking place as the University are unable to accommodate an RCVS representative as well as the EAEVE panel and an observer from Spain.

RVC November 2025	• Prof. Susan Dawson – Chair • ~~Dr Mary Fraser~~ • ~~Dr Inaki Deza-Cruz~~ • ~~Dr Pred Prokic~~ • Dr Alison Prutton • Dr George King • Ms Amani Kabeer-Ali – Student Rep • Kate Stalin • Dr Emma Ormandy • Nimah Hogan – VCI • Rosanne Taylor - AVBC • Mr Jordan Nicholls – RCVS Representative • Ms Hayley Stinchon – RCVS Representative • Ms Kirsty Williams – RCVS Observer	Following observations of the performance of Pred Prokic as a panel member of the Cambridge event, it was decided to suspend him as a panel member until he received further training. This was carried out in person on 1st October and once he has had the opportunity to engage with more training materials, he will be re-engaged as a panel member later in 2026. Another panel member was recruited to replace him. This is Dr Emma Ormandy who also sits on Education Committee. Although the policy is not to engage panel members who also sit on decision making committees, it was felt that due to the late engagement, combined with the need to balance experience with a number of new panel members, this appointment is necessary and justified. The report was reviewed by PQSC at the meeting on 13th January 2026 and has been returned for their formal response. May 2026 update – The final report has been reviewed by PQSC on Tuesday 14th April. The decision needs to ratified by Education Committee before publication, 19th May 2026 Update August 2026 – at the Education Committee meeting in June 2026 there was a decision to award the programme Accreditation for a shorter period with a short, focussed revisit to occur in three years' time (2029) to determine progress against the identified recommendations and suggestions.

Royal Veterinary College (RVC) To take place 21st – 23rd Jan 2025	1. Gemma Irwin-Porter - Chair 2. Molly Down – Student representative 3. Nicci Johnson - educator representative 4. Steph Goddard - employer representative 5. Abigayle Gomez - Senior Qualifications Officer	Awarded accreditation for 5 years (full accreditation) following the VNEC meeting in April.
Central Qualifications (Awarding Organisation) To take place 18th – 20th Feb 2025	1. Aislin O'Raw - chair 2. Molly Down– student representative 3. Ali Heywood – educator representative 4. Emily De Corte – employer representative 5. Abigayle Gomez - Senior Qualifications Officer 6. Kirsty Williams – Education Quality Improvement Manager	This is an FE level 3 awarding body, not a degree. Awarded accreditation for 5 years (full accreditation) following the VNEC meeting in April.
University of Chester 18th – 20th March 2025	1. Sam Double - chair 2. Florrie Sage – student representative 3. Nicci Johnson – educator representative 4. Theona Aristdou – employer representative 5. Abigayle Gomez - Senior Qualifications Officer 6. Jasmine Curtis - RCVS Qualifications Assessor	Awarded accreditation for one year following the VNEC meeting on 26th June 2025
Vet Skill (Awarding Organisation) 30th April – 2nd May 2025	1. Emma Anscombe-Skirrow - chair 2. Joshua Sancho – student representative 3. Heather Bush – educator representative 4. Steph Goddard – employer representative 5. Abigayle Gomez - Senior Qualifications Officer 6. Jasmine Curtis - RCVS Qualifications Assessor 7. Julie Dugmore – Director of VN	This is an FE level 3 awarding body, not a degree. Awarded accreditation for five years following the VNEC meeting on 26th June 2025
Writtle – TBC. Possibly late 2025 New programme so no start date confirmed.		Postponed to 2026 as the programme was not yet ready for accreditation

University Centre Grimsby 2nd – 4th December 2025	• Gemma Irwin-Porter – chair • Lois Shand – student representative • Claire Pullan – educator representative • Heather Blair – employer representative • Abigayle Gomez - Senior Qualifications Officer • Kirsty Williams – Education Quality Improvement Manager • Jasmine Curtis - RCVS Qualifications Assessor	Agenda has been agreed. Panel have undergone the first review of the evidence. Following the review of the evidence, the panel suggested that the programme was not yet ready for an accreditation. This was presented to the Director of VN and a meeting was held with the senior team at Grimsby to discuss their options. A mutual decision was made to postpone the accreditation until such time as the programme was ready. Advice was provided as to how this could be achieved, including engaging with external advisers and engaging with the wealth of experience available at the university.
Portsmouth – TBC - late 2025 or early 2026		Postponed to 2026 as the programme was not yet ready for accreditation

Accreditation events that are planned for 2026

Accreditation events planned for 2026	Panel members	Notes
Edinburgh – Royal (Dick) Vet School – 22nd – 25th February 2026	• Hannah Fitzsimmonds (Chair) • Sue Paterson • Kate Cobb	A focussed revisit following the accreditation in 2022 May 2026 - Report is currently with the Vet school for their formal consultation Update August 2026 – the report has been reviewed by the PQSC and will be considered by Education Committee in September 2026
Aberystwyth/RVC – 19th April – 1st May 2026 Final accreditation for a new school	• Ellie Wingham (Chair) • Susan Dawson • Kayleigh Cook • Niall Connell • Sheena Warman • Susan Little • Kitty Walker-Springett	As this is the final visit, a recognition order will also be needed once the accreditation visit is completed and the outcome is decided by the committees. This programme is split over two sites – Aberystwyth and RVC at Hawkeshead, Potters Bar. Therefore the visit is planned for a longer period to allow for travel between the two sites. Update August 2026 – the report has been reviewed by the PQSC and will be considered by Education Committee in September 2026
University of Lancashire – 31st May 5th June 2026 Interim 3 year accreditation for a new school	• Malcolm Cobb (Chair) • Emma Love • Inaki Deza-Cruz • Paul Wood • Ellie Wingham • Matthew Tong • Michael Tkacz	This is a new school so they are required to undergo an interim accreditation once the first cohort reaches year 3. An accreditation decision is not made and the report is not published. However, all other stages remain the same. Update August 2026 – the report has been checked by the school for factual accuracy and is currently with the school for their formal response.
University Of Sydney – August/September TBC	• Alex Berry	
Cambridge Vet School – October 2026 (exact date to be decided)	May 2026 update – • Katie Cobb (Co-Chair) • Niall Connell (Co-Chair) • Paul Wood	This follows the committee decision to extend the conditional accreditation for a final year. The accreditation will take place irrespective of the decision made by Cambridge University over the future of the veterinary programme.

	• Neerja Muncaster • Hannah Fitzsimmonds • Peter Hastie • VCI • AVBC	Update August 2026 – the panel are considering the evidence submitted by the school and the schedule for the visit is being determined.
Liverpool Vet School – 3rd – 6th November 2026	• Alex Berry (Chair) • Kate Cobb • Pred Prokic • Martha Davies – May 2026 update	A focussed revisit following the accreditation in 2023 Update August 2026 – the panel are considering the evidence submitted by the school and the schedule for the visit is being determined.
Wrexham - 10th – 12th February 2026	• Gemma Irwin-Porter (Chair) • Ellie Nancarrow – student representative • Louise Sutherland – educator representative • Emily De Corte – employer representative • Abigale Gomez - Senior Qualifications Officer • Kirsty Williams – Education quality improvement manager Sophie Geake – RCVS qualifications assessor	Panel have started reviewing the evidence. May 2026 update – to be reviewed by VN Education Committee on 21st April 2026 Update August 2026 – This was considered by VNEC on 19th August, and the outcome has not yet been published
Chester – 17th – 19th March 2026	• Sam Double (chair) • Joshua Sancho – student representative • Claire Defries – educator representative • Theona Aristidou – employer representative • Abigale Gomez - Senior Qualifications Officer • Jasmine Curtis - RCVS Qualifications Assessor • Julie Dugmore – Director of VN	May 2026 update - Report is currently with the provider for a factual accuracy check Update August 2026 – report to be considered by VNEC in October 2026
Writtle University – 14th – 17th September 2026	• Panel TBC	Update August 2026 – to be carried out academic year 2027/28 as they are still developing their programme and so have postponed their accreditation event.
University of Portsmouth – 6th – 8th October 2026	• Panel TBC	Update August 2026 – to be carried out 12th-14th January 2027