

Commonwealth of Virginia



Office of the State Inspector General (OSIG)

Peer Review Program

Manual

Guidelines, Policies, and Procedures for
Conducting Self-Assessment with External
Independent Validation

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OFFICE OF THE STATE
INSPECTOR GENERAL
PEER REVIEW PROGRAM MANUAL**

Effective Date: July 1, 2015

Updated: April 2016

ACKNOWLEDGMENTS

This manual is adapted from similar Peer Review Programs using the North Carolina Peer Review Program and the Institute of Internal Auditors (IIA) Quality Assurance Review Program. The IIA has published copyrighted materials for its peer review program. The Office of the State Inspector General (OSIG) has adapted pertinent portions of these publications with the permission of the IIARF.

Revisions to the guidelines will be made periodically based on changes in the IIA Standards, suggestions from participants in the process, and other guidance materials. Users of the manual are encouraged to provide suggestions to the Office of State Inspector General's office for improving the peer review process. Participants in the process are also encouraged to complete the peer review survey after performing or receiving a peer review through the program.

Thank to the Institute of Internal Auditor Research Foundation for providing OSIG with permission to refer to specific portions of the IIARF QA Manual in this QAR Manual

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I. OVERVIEW

A. Peer Review Program Purpose

The Commonwealth of Virginia Quality Assurance Peer Review Program (QAPRP) is a cooperative external review program established by the Office of the State Inspector General (OSIG). This program helps Executive Branch state agency and university internal audit departments comply with the International Standards for the Professional Practice of Internal Auditing (*Standards*¹). The *Standards* are one of three mandated elements that make up the *International Professional Practice Framework (IPPF)*. In order to comply with the Standards, internal auditing functions are required to have an independent external assessment at least once every five years. The purpose of an external assessment is to evaluate and express an opinion on an internal audit function's compliance with the *Standards*. The opinion is expressed as one of three possible ratings: "generally conforms", "partially conforms", or "does not conform". (See Section II. Part E for definitions.)

The QAPRP enables Executive Branch state agency chief audit executives to obtain an external assessment of their internal audit functions in a method that is cost-effective and educational.

B. Peer Reviewer Qualifications

Internal auditors in Executive Branch agencies who meet the minimum requirements for conducting external reviews have the opportunity to volunteer in the QAPRP. Participating on Peer Review Teams provides training opportunities for internal auditors both performing and receiving peer reviews. The process offers a chance to network with other professionals from state agencies in the Executive Branch and provides insight into best practices peer reviewers can take back to their own internal audit functions.

The OSIG coordinates Quality Assurance Training in accordance with IIA quality review requirements. Internal auditors must meet minimum requirements in order to participate as a team member or team leader for external reviews.

¹ The International Professional Practice Framework has three mandated elements, which included the IIA's Definition of Internal Auditing, the Code of Ethics, and the Standards for the Professional Practice of Internal Auditing.

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Team Lead Requirements

1. Is a certified audit professional, (CIA, CPA, CISA, etc.), preferably CIA, with current in-depth knowledge of the *Standards* and has completed Quality Assurance Training.
2. Is well versed in the best practices of the profession.
3. Has at least three years experience managing or directing an audit department.
4. Has at least five years of recent experience in the practice of leading an audit engagement.

Team Member Requirements

1. Is a certified audit professional (CIA, CPA, CISA, etc.) with current in-depth knowledge of the *Standards* and has completed Quality Assurance Training.
2. Has at least two years of recent experience in the practice of leading an audit engagement.

Team Member in Training

1. Must be working towards a certification (CIA, CPA, CISA, etc.).
2. Available as a team member for future reviews.
3. At least one year of recent experience in internal auditing.

C. Roles and Responsibilities

The OSIG has overall responsibility for the external QAPRP. Specific functions performed by the OSIG are to provide guidance in the form of policies, resolve potential disputes that exist once all grievance processes have been exhausted, and ensure the consistency of OSIG external peer reviews.

OSIG

The OSIG is responsible for the day-to-day operation of the QAPRP. The OSIG has responsibility in two major areas:

1. Administration of the review process on a daily basis.
 - a. Coordination and assignment of peer review teams to perform independent external validation of self-assessments.
 - b. Conducting a quality assurance review of Quality Assurance Review (QAR) work papers.
 - c. Review of the report for consistency with the *Standards*.
2. Training of review team members.

The State Inspector General, or designee, has been charged with the overall responsibility of performing these functions. This individual manages the daily program activities in compliance with the policies and procedures. In addition, the State Inspector General, or designee, coordinates QAR training for volunteers as appropriate based on the need and the budget.

The State Inspector General, or designee, will assist in the organization of the review team, coordination between the review team and the agency internal audit function, and assist, if necessary,

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in the coordination of peer review documentation.

Peer Review Committee

The Peer Review Committee consists of volunteers who may serve as:

1. Quality reviewers of the QAPRP process, which will be conducted every five years.
2. Reviewers of any updates to the Peer Review manual.
3. Consultants on changes to the *Standards* and their impact to the QAPRP.
4. Assistants in the training of new peer review team members.

Every three years, the members who have served on this committee will rotate off and be replaced by representatives from other member agencies' internal audit staff, as selected by the State Inspector General or designee. Committee members will rotate off on a staggered basis to provide continuity of the committee process.

Agency Internal Audit Function

It is the responsibility of each Internal Audit Director² to obtain required external reviews. To participate in the QAPRP, Executive Branch agencies are required to:

1. Ensure adequate and in-depth knowledge of the *Standards* and complete Quality Assurance Training through OSIG or the IIA to adequately participate in the QAPRP.
2. Conduct an internal department self-assessment following the IIA [Quality Assessment Manual for the Internal Audit Activity](#) requirements and documenting the results utilizing the work paper formats from Appendix E of the IIA Quality Assessment Manual.
3. Individual performing self assessment must demonstrate that they have attended training on performing a self-assessment, purchased the IIA Quality Assessment Manual from the IIA, and served as team leader or co-team leader on at least two OSIG QARs.
4. Complete the initial draft of the QAR report utilizing the IIA format documented in Appendix F of the IIA Quality Assessment Manual for the peer review team members to Validate.
(Note: The peer review team does not write the QAR report; they validate the report written by the internal audit department receiving the QAR as part of their internal self-assessment.)
5. Reimburse peer review team members for travel expenses when receiving a peer review.
6. Provide team members for conducting peer reviews for other Executive Branch agencies. (See Section II.a. [Reciprocity Participation Policy and Procedure](#).)
7. Maintain final work papers and reports to support the QAR report for the department.
8. Present and discuss the QAR with the Peer Review Committee if requested.
9. Be responsible for the distribution of client and staff surveys. This should include designating an independent person to collect and collate the results of the surveys in an excel spreadsheet which will be provided to the Peer Review Team Lead.

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Peer Review Teams

Although the time involved in performing a peer review will vary, Peer Review Team members are estimated to spend approximately 40-50 hours completing a peer review. Peer Review Team Leads (also, Team Members as assigned by the Team Lead) are estimated to spend additional time planning the review, scheduling interviews, distributing surveys, compiling survey results, and spending time on-site finalizing the report.

Peer review teams interview selected members of the State agency being reviewed, evaluate the conformance to the *Standards*, review quality and process improvements, review the agency's self assessment, draft a summary of issues and recommendations (if appropriate), and draft an independent validation report. Although surveys and information will need to be modified depending on the State agency, examples and templates for conducting the work are provided in the IIA Quality Assessment Manual.

² For the Peer Review Program, the Internal Audit Director refers to the audit professional who oversees the internal audit function in the State agency.

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II. PROGRAM POLICIES AND PROCEDURES

A. Reciprocity Participation

Purpose

The purpose of this policy is to provide the QAPRP participating agency internal audit functions with guidance on providing equitable reciprocal participation on peer review teams.

Policy

All participating state agency internal audit functions must reciprocate resources at the same level as that needed to conduct an effective peer review of its own internal audit function. Peer review teams, at a minimum, will be comprised of a Team Lead and one Team member. The State Inspector General or designee is responsible for maintaining records of participation.

Procedures

To ensure proper reciprocation of resources, agencies that participate in the QAR process will be required to participate on a peer review team within a two-year period.

The minimum guidelines for the number of persons to include on a peer review team are (not including Team Members in Training):

1. Small internal audit function (1-3 professional persons audit shop): Requires a two person peer review team.
2. Medium internal audit function (4-8 professional persons audit shop) – Two person minimum peer review team
3. Large internal audit function (more than 8 professional persons audit shop) – Three or more person peer review team

To ensure objectivity and independence in fact and appearance the following rules apply:

1. Former auditors of the internal audit function under review will not be placed as Team Leads or Members until their previous internal audit function employer has received a peer review or two years have passed, whichever is first.
2. Internal auditors cannot be a Team Lead or Member on a peer review conducted of their own internal audit function.
3. Reciprocal reviews are not allowed. Example: If a VDOT auditor participates on a peer review team that is performing a QAR at VCU, then all VCU auditors must refrain from participating on a peer review team performing a QAR at VDOT. This limitation is in place until VCU receives a subsequent peer review provided by a peer review team, which does not include VDOT auditors.

B. Dispute Resolution

Purpose

The purpose of this policy is to provide participating agency internal audit functions with

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guidance for resolving disputes that may arise in conjunction with QARs performed by OSIG volunteer peer reviewers.

Policy

The participants who comprise the QAPRP membership are committed to communicating and interacting on a professional basis throughout all peer review activities. When difficulties arise during a peer review, the Internal Audit Director and the Team Lead will make every reasonable attempt to reach consensus on actions needed.

The QAPRP membership recognizes that occasionally some differences could benefit from third-party intervention and assistance. The OSIG is available to assist with dispute resolution of peer review issues involving member agencies.

Procedures

Executive Branch agencies that desire dispute resolution assistance from OSIG will follow the procedures outlined below:

1. The Internal Audit Director will submit a written request for assistance from the State Inspector General or designee if third party intervention and assistance is needed regarding a QAR. This request should describe the nature of the disagreement, the issues involved, and authoritative support as appropriate.
2. Within five business days of receiving the request, the State Inspector General or designee, who is independent of the dispute, will serve as a Mediator for the project. The State Inspector General or designee will certify in writing that he or she does not have a conflict of interest with either party involved in the dispute by completing the Statement of Independence for Mediators (see [Appendix A Form D](#)).
3. Within five working days of receiving the assignment, the Mediator will communicate with both the Team Lead and the Internal Audit Director for the purpose of determining the facts of the dispute. This may be done individually or jointly at the discretion of the Mediator. This can be done via phone, internet, or in-person.
4. Both parties to the dispute will provide additional documentation as requested by the Mediator within three working days.
5. The Mediator will meet with the parties and provide a recommended solution in writing within ten working days of receiving either all requested documents (Step 4 above) or determining the facts (Step 3 above).
6. The parties will accept the Mediator's recommendation or develop an alternative solution that maintains the integrity of the peer review process and meets the *Standards* and the IIA Code of Ethics.
7. The recommended solution and final resolution will be included in the work papers.

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C. Confidentiality of Information

Purpose

The purpose of this policy is to provide participating State agency internal audit functions with guidance on confidentiality requirements.

Policy

The Peer Review Team Lead and Members, and any individual participating in a dispute resolution or quality assurance review will not disclose, verbally or in writing, information concerning the reviewed internal audit function or any of its clients without authorization from the Audit Director of the internal audit function under review.

Procedure

Internal audit functions and peer review teams participating in the QAPRP process will follow the procedures outlined below:

1. The peer review team and dispute resolution participants, quality reviewers of the QAPRP and the State Inspector General, or designee, will not discuss any information reviewed, identified, or created during the QAR with anyone other than the Internal Audit Director of the internal audit function under review.
2. The Internal Audit Director of the internal audit function under review can authorize the peer review team to disclose certain information to specific individuals such as management, governing board members, or Peer Review Committee members (to comply with [Dispute Resolution Policy and Procedures](#)).
3. The peer review team will keep secure all work papers developed during the peer review and only disclose work papers to the Internal Audit Director of the internal audit function under review or the OSIG. At the completion of the peer review, all peer review work papers, documents, and reports will be retained by the Internal Audit Director for the agency that underwent the QAR (to comply with [Records Retention Policy and Procedures](#)).
4. No peer review team member will retain copies of the QAR work papers unless approved by the Internal Audit Director of the internal audit function under review.
5. If questions or concerns about confidentiality arise during the peer review process, contact the State Inspector General, or designee, for clarification.

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D. Records Retention

Purpose

The purpose of this policy is to provide participating Executive Branch agency internal audit functions with guidance on how to maintain work papers for QARs.

Policy

Ownership of QAR work papers remains with the Internal Audit Director. The Peer Review Team Lead is responsible for control of the work papers during the QAR. Work papers will be maintained for a period of ten (10) years** from the date of the issuance QAR report.

Procedure

Internal audit functions and peer review teams participating in the QAPRP process will follow the procedures outlined below:

1. Work papers maintained by the peer review team will be kept secured and will not be released to anyone during the peer review except to OSIG.
2. The Peer Review Team Lead will submit the QAR work papers/report to the Internal Audit Director no later than ten (10) business days after the exit conference.
3. The peer review team will provide work papers/report in electronic format (CD) or a mixture of electronic format and paper format if paper documents are part of the work papers.
4. The Internal Audit Director, or designee, will retain the QAR work papers for a period of ten (10) years** from the date of the issuance QAR report.
5. The QAR report should be kept in the internal audit function's permanent files and a copy of the report will be kept by the OSIG.

****Need to review the above based on the Library Retention policies.**

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E. Conformance with Standards

Purpose

The purpose of this policy is to provide participating State agency internal audit functions with a definition and understanding of conformance with the IIA *Standards*.

Policy

Conformance with the *Standards* does not mean that the internal audit function is operating ideally or is following all of the best practices. Instead, the peer review team should consider the degree to which an internal audit function conforms, in spirit and intent, to the *Standards*. Ratings provided by the peer review team will be one of the following:

Generally Conforms: The peer review team has concluded that the relevant structures, policies, and procedures of the internal audit function, as well as the processes by which they are applied, comply with the requirements of the individual Standard or element of the Code of Ethics in all material respects. For the sections and major categories, this means that there is general conformity to a majority of the individual *Standards* or elements of the Code of Ethics, and at least partial conformity to the others, within the section/category. There may be significant opportunities for improvement, but these should not represent situations where the internal audit function has not implemented the *Standards* or the Code of Ethics, has not applied them effectively, or has not achieved their stated objectives. As indicated above, general conformance does not require complete/perfect conformance, the ideal situation, “best practice”, etc.

Partially Conforms: The peer review team has concluded that the internal audit function is making good-faith efforts to comply with the requirements of the individual Standard or element of the Code of Ethics, section, or major category, but falls short of achieving some major objectives. These will usually represent significant opportunities for improvement in effectively applying the *Standards* or Code of Ethics and/or achieving their objectives. Some deficiencies may be beyond the control of the internal audit function and may result in recommendations to senior management or the board of the state agency.

Does Not Conform: The peer review team has concluded that the internal audit function is not aware of, is not making good-faith efforts to comply with, or is failing to achieve many/all of the objectives of the individual Standard or element of the Code of Ethics, section, or major category. These deficiencies will usually have a significant negative impact on the internal audit function’s effectiveness and its potential to add value to the state agency. These may also represent significant opportunities for improvement, including actions by senior management or the board.

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Procedure

Peer review teams will consider the size of an internal audit function since small audit functions may have less supervisory reviews or documented policies and procedures than larger internal audit functions.

Peer Review Team Members should:

1. Consider each individual standard and conclude as to the degree of conformity to the *Standards*.
2. Consider each section of the *Standards* and conclude as to the degree of conformity based on the individual *Standards* within the section.
3. Consider both major categories, Attribute and Performance, and conclude as to the degree of conformity based on all sections within that major category.
4. Consider the four principles and related rules of conduct in the Code of Ethics and conclude whether or not the internal audit function management and staff uphold these principles and related rules.

F. Quality Assurance Review of QAPRP

The Peer Review Committee is responsible for providing a quality assurance review of the QAPRP when needed to comply with IIA *Standards*.

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III. PEER REVIEW PROCEDURES

A. Requesting a QAR

Six months prior to the QAR, the Internal Audit Director (IAD) will notify the OSIG that self-assessment validation is required by submitting the Peer Review Request Form (see Appendix A Form E).

B. Completing the Internal Assessment

The IAD will be responsible for completing the following documents per the [2013 IIA QA Manual](#) (available through the IIA) at least thirty days before the start of the Peer Review:

1. Appendix A – In its entirety;
2. Appendix B – Surveys to senior management and internal audit staff;
3. Appendix C – Reference only;
4. Appendix D – In its entirety;
5. Appendix E – in its entirety; and
6. Appendix F – Use Commonwealth Self-Assessment Report for format and IIA F1 Observation Worksheet
(Tools showing “Optional”, can be used at the discretion of the IAD)

C. QAR Peer Review Team Staffing

The OSIG will be responsible for determining the Team Lead and appropriate peer review team staff.

D. Initial Steps

1. The Team Lead and designated staff will be required to complete the following to ensure independence:
 - a. Create Conflict of Interest document (Form A)
 - b. Standard Engagement Letter (Form B)
2. The Team Lead and IAD will coordinate requirements, deliverables, and timeline.
3. The IAD will submit the required forms to the Team Lead for their QAR.
4. The Team Lead is responsible for the necessary planning for the QAR validation.

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IV. APPENDIX A

Forms:

- A. Statement of Independence-Reviewer
- B. Letter of Engagement
- C. Peer Review Volunteer Application
- D. Statement of Independence-Mediator
- E. Peer Review Request Form
- F. Peer Review Program Satisfaction Survey
- G. Peer Review Program - Peer Review Survey

Form A

STATEMENT of INDEPENDENCE – Reviewer

This form is intended to document the independence and willingness to conduct the review in accordance with The Institute of Internal Auditors (IIA) *Code of Ethics, Standards for the Professional Practice of Internal Auditing (Standards)*, and each member of the peer review team should complete the Office of State Inspector General Peer Review Program Manual Statement of Independence - Reviewer Form.

Peer Review Information

Internal Audit Function under Review _____

Peer Reviewer Name _____

Peer Reviewer Title _____

Peer Reviewer Agency _____

Statement of Independence

By checking this box, I confirm the following:

1. I am a qualified Peer Reviewer in accordance with the IIA *Standards* or have received training to perform peer reviews or have experience conducting peer reviews.
2. I have no personal impairments that might cause me to limit the extent of the inquiry, limit disclosure, or weaken or slant findings in any way.
3. As required by Section 1312 of IIA *Standards*, I am not aware of any possible impairment to my independence, in fact or appearance, in conducting the review.
4. I agree to perform the review under the direction of the Office of the State Inspector General in accordance with The Office of State Inspector General *Peer Review Program Manual*.

Signed: _____ Date: _____

Form B
LETTER OF ENGAGEMENT

Agency Name: _____

To: _____ (CAE)

Date: _____

This is a proposal for conducting a review of the internal auditing activity at the (name of agency). This proposal covers the objectives, scope, and deliverables of the review, planned activities, fees, and timing.

Objectives, Scope, and Deliverables

The objective is to review the (name of agency) internal audit office activity to validate its conformance with *the Institute of Internal Auditor's International Standards for the Professional Practice of Internal Auditing (the Standards)* and *Code of Ethics*, as required by Section 1312, External Assessments.

The review will cover a broad scope that will encompass a review of existing internal audit policies, procedures, charter and files, as well as interviews with senior management, as needed. During the review, observations may be made on the value of tools and techniques employed by the internal audit activity, the mix of knowledge, experience, and discipline of staff, and the internal audit activity value added services.

The deliverables will consist of a PDF Report, addressed to your agency's executive management, with a validation of your self-assessment's determination of conformance as follows: Generally Conforms, Partially Conforms or Does Not Conform, based upon our validation procedures.

Planned Activities

To complete the review, the following activities, at a minimum, will need to be completed as listed below. Additional activities may be required depending on the nature and the work of the internal audit office under review.

Self-Assessment with Independent Validation

Agency responsibilities:

- Reviews the C/W QAR Policy and prepares the necessary planning and program modules
- Provides electronic or hard copy of pertinent documents, such as:
 - Policies and Procedures, Code of Ethics Statement
 - Charter
 - Last QAR, Last Risk Assessment, Last Annual Audit Plan, and Organizational Chart (showing functional and admin reporting lines)
 - List of audit reports issued during the QAR period

- Schedule of CPE fulfillment for each staff member during the QAR period
- Performs a review of each element of the *Standards*, documenting brief rationale behind compliance or improvement needed
- Documents a Draft Report for the QAR Team, with observations and recommendations (only as a Draft and to be discussed with the Team during the on-site visit)
- Provides access to audit work papers
- Schedules interviews with senior management, as needed
- Performs surveys of required participants, in accordance with C/W QAR Policy, as needed
- Maintains all self-assessment and review work papers.

Reviewer responsibilities:

- Coordinates receipt of above transactions
- Plans and schedules team, with assistance from OSIG
- Conducts interviews with Senior management; reviews agency survey results
- Performs procedures to validate the self-assessment
- Discusses conclusions with agency IAD, discusses any changes needed to the self-assessment; issues PDF Report to agency and OSIG within 10 days of last fieldwork date
- Provides a finalized binder of all modules and work performed to the IAD within 10 days of QAR completion

Fees

Based upon our discussions, fees are limited to mileage and/or travel expenses incurred by the peer review team. Travel costs will be submitted within 30 days of the QAR report.

Date of On-site Visit

Based upon our discussions, the tentative date set for the on-site visit is _____. If senior management interviews are needed, please ensure that the date corresponds accordingly. Additional on-site visits are not part of this proposal. However, telephone interviews can be performed in lieu of meetings.

Signed: _____, _____ (Team Leader)

Accepted _____, Director of Internal Audit

Form C

PEER REVIEW VOLUNTEER APPLICATION

C. Peer Review Volunteer Application

The purpose of this questionnaire is to obtain information from applicants to serve on peer review teams. OSIG will use the information to select qualified peer review team members.

Minimum Qualifications

Qualifications of an individual serving on peer review teams are dependent on their role as follows:

Team Leader Requirements

1. Is a certified audit professional, (CIA, CPA, CISA, etc.), preferably CIA, with current in-depth knowledge of the *Standards* and has completed Quality Assurance Training.
2. Is well versed in the best practices of the profession.
3. Has at least three years experience managing or directing an audit department.
4. Has at least five years of recent experience in the practice of leading an audit engagement.

Team Member Requirements

1. Is a certified audit professional (CIA, CPA, CISA, etc.) with current in-depth knowledge of the *Standards* and has completed Quality Assurance Training.
2. Has at least two years of recent experience in the practice of leading an audit engagement.

Employment Information:

Name: _____

Job Title: _____

State Agency: _____

Business Phone: _____

Email Address: _____

Supervisor's Name: _____

Supervisor's Title: _____

Supervisor's Phone: _____

Certifications/Licenses:

CPA CIA CISA CMA Other: _____

Education

Name of College or University: _____

Location: _____

Degree: _____ Major: _____

Audit Experience

Agency/Company: _____ From: _____ To: _____

Provide a brief description of current duties: _____

Audit Skills:

Check the skills below you have acquired from audit experience.

- | | |
|---|--|
| <input type="checkbox"/> Prepare audit plan | <input type="checkbox"/> Apply sampling techniques |
| <input type="checkbox"/> Perform audit survey | <input type="checkbox"/> Prepare working papers |
| <input type="checkbox"/> Review internal controls | <input type="checkbox"/> Review working papers |
| <input type="checkbox"/> Prepare audit programs | <input type="checkbox"/> Write reports |
| <input type="checkbox"/> Comply with IIA standards | <input type="checkbox"/> Edit reports |
| <input type="checkbox"/> Auditor in charge – number of years: | |

Primary Audit Area: Internal Audit External Audit

Comments: _____

Do you wish to be considered for a team leader position? Yes No

Statement of Knowledge

By checking the boxes below, I certify the following statements regarding my knowledge and abilities to participate in the OSIG Peer Review Program:

- I have current knowledge of the IIA *Standards* and am well versed with auditing best practices;
- I am a certified audit professional;
- I have at least two years of internal auditing experience, and I have greater than three years of auditing experience;
- I confirm that my supervisor approves that I participate in the Peer Review Program on behalf of my Department;
- I agree to disclose, as required by Section 1312 of the IIA *Standards*, if I am placed on a Review Team in which I am aware of any possible impairments to my appearance, in fact or appearance, in conducting the review.

Signed: _____ Date: _____

Form D

STATEMENT OF INDEPENDENCE - MEDIATOR

This form is intended to document the independence and willingness to conduct dispute resolution services in accordance with the policies and procedures in the OSIG Peer Review Program Manual Section II.B.

Mediator Information:

Mediator Name _____

Mediator Title _____

Mediator's Agency _____

Peer Review Team Information:

Peer Review Lead Name _____

Peer Review Lead Title _____

Peer Review Lead's Agency _____

Peer Review Member Name _____

Peer Reviewer Member Title _____

Peer Reviewer Member's Agency _____

Internal Audit Function Under Review:

Internal Audit Function under Review _____

Internal Audit Director _____

Statement of Independence:

By checking this box, I confirm the following:

1. I have read and understand the policy and procedures delineated in the OSIG Peer Review Program Manual Section II.B.
2. I am qualified to mediate since I have received training to perform peer reviews or have experience conducting or receiving peer reviews.
3. I have no personal or professional impairments that might cause me to limit the extent of the inquiry, limit disclosure, or weaken or slant my decision in any way.
4. As required by Section 1312 of IIA *Standards*, and Peer Review Program Manual, I am not aware of any possible impairment to my independence, in fact or appearance, in conducting the dispute resolution.
5. I agree to perform the dispute resolution in accordance with OSIG Peer Review Program Manual.

Form E
PEER REVIEW REQUEST FORM

The purpose of this form is to request a peer review through the OSIG Peer Review Program. Please respond to all questions. The information provided in this form assists the office in prioritizing, scheduling, and assigning Peer Review Teams. The agency's Director of Internal Audit should complete this form.

Contact Information

Please provide the following information about your Agency or University Internal Audit Function:

Name of Internal Audit Function _____

Address _____

Name of the Director of Internal Audit _____

Director of Internal Audit Phone Number _____

Director of Internal Audit Email Address _____

Background Information

1. Please provide the following background information about your Internal Audit Function:

When was the Internal Audit function created? _____

Current year budget _____

Number of auditors _____

Number of IT auditors/specialists _____

Number of contracted auditors _____

Number of administrative support staff _____

Average years of audit experience (not including support staff) _____

Where are work papers centrally located? Are they automated? _____

Does your department utilize an Automated Work papers Program? _____

Number of reports issued per year _____

What types of audits are usually performed? _____

2. Has your Internal Audit function ever had a full external Quality Assurance Review (QAR)?
 Yes No

If Yes, when: Month _____ Year _____

3. Was the OSIG Peer Review Program used? Yes No

By checking this box, I confirm the following:

1. I have reviewed the OSIG Peer Review Guide in its entirety, and I understand the requirements necessary for my agency to participate in the OSIG Peer Review Program.
2. My Internal Audit function has completed the required portions of the IIA Quality Assessment Manual, can provide these documents to the review team once selected, and is prepared to provide the necessary paperwork requested during the external review.
3. My agency Management is aware of this request.

Signed: _____ Date: _____

Form F

PEER REVIEW PROGRAM SATISFACTION SURVEY

The purpose of this survey is to solicit the Internal Audit Director's opinion concerning the quality of service provided during your quality assurance review. Your input will help us to gauge the effectiveness of the process and the quality of the review team.

Please complete this questionnaire by clicking on the box to enter your response and submit it to (OSIG.IA.Training@osig.virginia.gov). Please feel free to expand on any areas that you wish to clarify in the comment area at the end. Your thoughts and input will help us to continue to improve the value of our contributions. We sincerely appreciate your feedback.

Please indicate your level of satisfaction with the following statements:	Strongly agree	Somewhat agree	Neither agree or disagree	Somewhat disagree	Strongly disagree
The review team adequately explained the review process and scope before starting the review.					
The review team adequately considered your suggestions and concerns during the review.					
The review team maintained an adequate level of communication throughout the review.					
The personal conduct of the review team was professional and courteous.					
The review team displayed technical proficiency while conducting the review.					
The review team demonstrated an understanding of the internal audit standards, the quality assurance review requirements, and your audit shop procedures.					
The review team had good communication skills.					
The quality assurance review report clearly presented the results of the review.					
The recommendations in the report were reasonable, relevant, and actionable.					
The draft report was adequately discussed and any problems resolved before the report was formally issued.					

Please indicate your level of satisfaction with the following statements:	Strongly agree	Somewhat agree	Neither agree or disagree	Somewhat disagree	Strongly disagree
The review took a reasonable amount of time from the start of review to issuance of the final report.					
The results of the review helped you achieve improved compliance with IIA internal audit standards.					
The results of the review helped you achieve improved efficiency and effectiveness in operations.					
Overall, you received benefits from this review that will assist you in the future.					

Please indicate your opinion on the quality of Peer Review Team performance:	Outstanding	Very Good	Average	Needs Improvement	Poor	N/A
Team Lead						
Team Member						

Do you have any other comments, including how to improve this process?

Form G

PEER REVIEW PROGRAM - PEER REVIEW SURVEY

G. Peer Review Program – Peer Review Survey

The purpose of this survey is to solicit your opinion concerning the peer review manual, processes and procedures in place while receiving or conducting a QAR. The Internal Audit Director, Team Lead, and Team Members' input are needed to ensure the best quality program. Please return the survey to (OSIG.IA.Training@osig.virginia.gov). Please rate the Peer Review Process and the Peer Review Manual on the following attributes:

(5=Outstanding, 4=Very Good, 3= Average, 2 = Needs Improvement, 1=Poor, N/A=Not Applicable)

Evaluation Criteria		5	4	3	2	1	N/A
General Attributes of the Peer Review Manual							
1	Accessibility						
2	Usefulness						
3	Content						
4	Organization						
Attributes of Specific Sections of the Peer Review Manual							
5	Sec. I Overview						
6	Sec. II A - Reciprocity Participation						
7	Sec. II B - Dispute Resolution						
8	Sec. II C - Confidentiality of Information						
9	Sec. II D - Records Retention						
10	Sec. II E - Conformance with Standards						
11	Sec. II F - Quality Assurance Review of Peer Review Program						
12	Sec. III A - Requesting a Quality Assurance Review						
13	Sec. III B - Completing the Internal Assessment						
14	Sec. III C - QAR Peer Review Team Staffing						
15	Sec. III D - Initial Steps						
16	Form A – Statement of Independence						
17	Form B – Letter of Engagement						
18	Form C – Peer Review Volunteer Application						
General Attributes of the Peer Review Process							
19	Ease of obtaining a Peer Review						
20	Time required to receive a Peer Review						
21	Time required to perform a Peer Review						
Overall Rating							
22	Overall Rating for Peer Review Manual and Process						

Additional Questions:

23. Was there anything about the Peer Review Manual or process you especially liked?

24. Was there anything about the Peer Review Manual or process you especially disliked?

25. How can the Peer Review Process be improved?

About You:

Your Name (optional) _____

Your Agency _____

What role(s) did you perform in the peer review process?

Performed review Received review Prepared self-assessment Contractor

Did the OSIG Peer Review Program provide your last Peer Review? _____