

P2 S3 C4 Internal Audit Policy and Procedure



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1. PURPOSE AND POLICY CONSIDERATIONS

The following is a guide for conducting an Internal Audit of conformance with the Forus Training QA system.

The audit phases are:

- Planning,
- Performing,
- Documenting,
- Change implementation.

3. SCOPE

Internal Audits of conformance with the Forus Training QA system.

4. POLICY STATEMENT

The purpose of the Internal Audit is to check conformance with the Forus Training QA system and streamline the processes involved.

5. PROCEDURES AND PRACTICES

Audits are planned on a schedule detailed in P1 S1 (the start of each chapter)

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
P1	P2	P3	P4	P5	P6		P7	P8	P9	P10	
					Programme Reviews						

Planning for an Internal Audit

- Decide who will manage the audit. They must have audit training and preferably not be directly

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involved in the process they are auditing. They need to have a flare for uncovering potential problems,

- Define the audit objectives, e.g. comply with standards or special specifications / improvement opportunities,
- Define the scope of the audit. Determine what specific activities or processes will be audited and whose work the audit will pertain to,
- Define the audit criteria to be considered. Which SOPs or policies within the Forus Training QA system,
- Obtain and understand the objectives,
- Gather and understand product and process data and information for the area to be audited.
- Prepare the work papers,
- Prepare and distribute the audit plan.

Performing an Internal Audit

Auditing involves:

- Understanding requirements,
- Looking for opportunities for improvement,
- Looking for best practices,
- Asking questions,
- Gathering information
- Analyzing what's seen and heard,
- Forming opinions,
- Reaching conclusions.

This effort requires that auditors be:

- Prepared,
- Fair,
- Objective,
- Impartial,
- Able to exercise good judgment,
- Audits are not only to find what procedures need improvement, but an auditor also should recognize outstanding efforts and practices by individuals and note them in their report,
- In order to keep the audit effective and timely it is recommended that the auditor not go into intense depth on every item. Rather, the internal auditor should do a quick overview of the operation being audited and look for procedures that do not comply with company policies,
- Review past audits and look for weaknesses in those audits so you can specifically review that item in your audit. Remember, an audit is a snapshot in time so no one can expect you to check and/or catch everything.

Performing the audit steps

- **Decide who will manage the audit.** – They must have audit training and preferably not be directly involved in the process they are auditing. They need to have a flare for uncovering potential

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- problems,
- **Hold an opening meeting with the person with responsibility for the area to be audited.**
 - Introduce introducing all parties,
 - Review the audit objectives and scope, as well as putting the audited party at ease with the whole process. This meeting can be short and held anywhere.
 - **Carefully observe the process and final output.** Here the auditor probes to assess the degree to which the processes are operating in conformance with the requirements of Forus Training's QA system,
 - **Ask questions.** It is important to ask open-ended questions since the answers are rich in information about process performance and personnel competence. An open-ended question is one that requires more than a yes or no answer,
 - **Gather objective evidence of the extent to which requirements are or are not being met.** Ask to see documentation to ensure that it is being done and done properly.
 - **Keep great notes.** Good notes will minimize the struggles to remember what was observed at various auditing points.
 - **Analyze objective evidence looking for opportunities for improvement.** Ask themselves questions-, Is the process operating under controlled conditions? Is there an opportunity for improving the process? Are the requirements outlined in the Forus Training QA system being met or exceeded?
 - **Take all aspects of the audit into account prior to reaching a conclusion.** Is a failure observed to be an isolated event or is it systemic? Are there any areas that should be noted for consideration of action to improve performance, such as lowering cost, reducing rework, or improving output? Are there any individuals who displayed uncommon diligence, professionalism, or attitude that merits special recognition?
 - **Hold a closing meeting with the person in charge of the audited area.** It would also be a good idea to have the Managing Director at this meeting. At this closing meeting, the auditor shares their overall opinion on what they have observed, outlining the negative and positive observations. Explain the process for corrective action on any significant adverse findings. The auditor at this time should also try to resolve any disagreements the person in charge may have with the auditor's conclusions.

Documentation

- **Write down your findings in a clear, concise, and brief summary of facts, it is important to document both the good and bad observations.** Documenting positive findings can be an effective tool in reinforcing good performance. These documented facts must be truthful, objective, apply to the scope of the audit, and must be written in a way that all parties involved can understand them. The findings must simply show that they comply with the requirements of the Forus Training QA system or they do not.
- **The audit report is the official record of the audit and should contain:**
 - Scope and criteria of audit,
 - Listed objectives of audit,
 - Auditor's name and area being audited (remember not to use names except that of the auditor),
 - Date and location of audit,
 - Findings and positive practices,

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- An overall closing statement, which could include action items for area reviewed.

Change implementation

- **During the course of performing an internal audit for compliance with the Quality System Manual, non-conformances are documented.**
- The purpose of the internal audit being both preparation for the External audit and self regulation for conforming to the published QA system. Documented non-conformances should be handled in the same manner and with the same degree of seriousness as any found during the External NSAI audit. A log of non-conformances and intended corrective action should be established.
- A meeting of top management should be convened to hear the internal auditor's report with each non-conforming item or area being thoroughly identified and explained. It is a function of this meeting to ascertain whether or not the noted item is, in fact, not in conformance with the QA system. Beyond that, the committee might want to consider whether the QA system accurately reflects good, standard practice with respect to the item in question and, if not, consider taking the appropriate steps to update the manual.
- Upon agreement that the item is non-conforming and needs correction, it is the responsibility of the Managing Director to assign responsibility for making the necessary changes to a specific individual or group of individuals with a target date for completion. A clear outcome of the intended correction should be available.
- Frequently, the audit process results in the review and evaluation of associated policies and procedures. Change implementation will often involve improvements and revisions to existing policies and procedures, to ensure that they are effective and fit for purpose. Policies and procedures that are found to be ineffective are amended or replaced.

The Quality Manager (Training Manager) then monitors the items with respect to the agreed upon completion date. Once the responsible party has informed the Quality Manager, it will be the responsibility of the Quality Manager to verify that the item is now within conformance. In the non-conformance log for the audit it is then noted that the item has been satisfactorily addressed as of that date. The report and the non-conformance log is kept on file for future reference.

6. RELATED DOCUMENTS

A. RELATED POLICIES PROCEDURES AND FORMS

B. LEGISLATION / STANDARDS

7. ROLES AND RESPONSIBILITIES

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8. COMMUNICATION PLAN

9. ACTIONS TO BE FOLLOWED IF THE POLICY IS NOT IMPLEMENTED

10. CONTACT INFORMATION

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Amendment History			
Amendment summary sheet			
Revision	Date	Amendment summary	Training Requirements
002	16/12/2020	Initial release	Read and Review