

2025

Report on the 2024 quality assurance review of BDO

10 March 2025



Vision

Public trust and confidence in quality auditing and accounting



Mission

Upholding quality corporate reporting and an accountable profession

Our Values



Excellence

Striving to be
the best we
can be



Independence

Regulating
impartially and
objectively



Integrity

Being
trustworthy and
respectful

Introduction

Overview of BDO (the Firm)



3

offices in Dublin, Cork and Limerick



9

audits of public-interest entities (PIEs) in 2024



16

audit partners



1%

market share based on fees for audits of PIEs in 2024

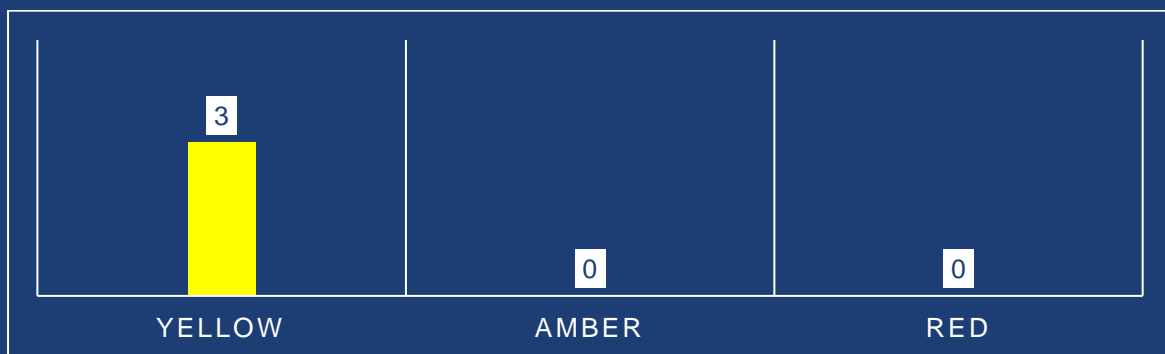


240

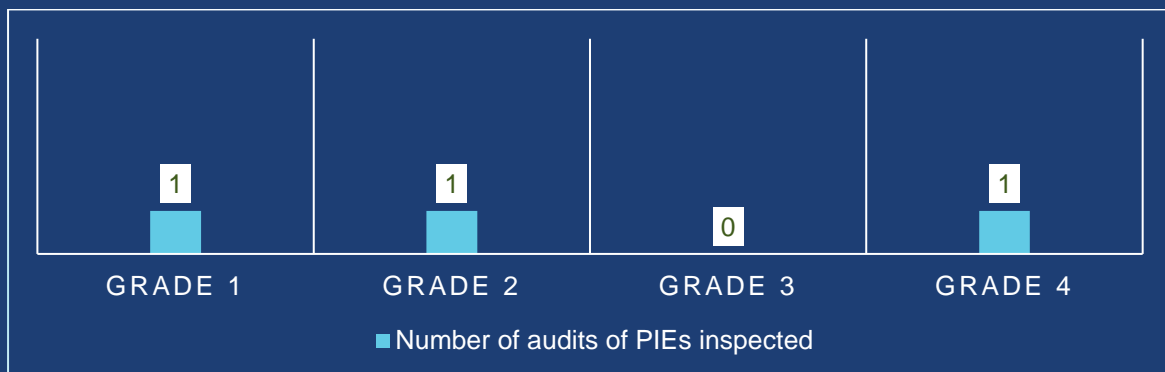
personnel working in the audit function

Outcome of the quality assurance review

Firm's system of quality management - findings with related recommendations¹



Audits of PIEs – grading¹



¹ See Appendix for detailed description of ratings and grades.

Guide to IAASA's reports on quality assurance reviews

A guide to assist readers in understanding IAASA's reports on quality assurance reviews of audit firms is available [here](#).

Quality assurance review explained

The purpose of a quality assurance review is to assess the effectiveness of the Firm's system of quality management.

A quality assurance review:

- assesses the design of the Firm's system of quality management
- performs compliance testing around the implementation of the Firm's procedures
- evaluates the quality of a sample of audits of PIEs

Note that a quality assurance review is not designed to identify all weaknesses that may exist in the Firm's system of quality management.

International Standard on Quality Management (Ireland) 1 (ISQM 1) requires audit firms to design a system of quality management that is tailored to the nature and circumstances of the firm and the engagements it performs. Firms are required to monitor their own quality management system in order to ensure timely and effective remediation takes place, if and when required.

In assessing the design of the Firm's system of quality management, the Authority evaluates the quality objectives, quality risks and related responses identified by the Firm and reviews the Firm's policies and procedures and their impact, if any, on audit quality. The Authority selects a sample of responses by the Firm to its quality risks and tests the operating effectiveness of the selected responses. The Authority also assesses the Firm's monitoring of its responses to quality risks.

In 2024, the Authority also inspected the Firm's implementation of International Standard on Quality Management (Ireland) 2 (ISQM 2). ISQM 2 deals with the appointment and eligibility of the engagement quality reviewer (EQR) and the EQR's responsibilities relating to the performance and documentation of an engagement quality review.

The Authority selects a sample of audits of PIEs for inspection using a risk-based approach. A risk-based approach allows for audits with particular complexities to be selected, as well as audits of varying sizes. As the sample of audits of PIEs is not a representative sample, results cannot be extrapolated to make inferences about audits that have not been selected. In evaluating the quality of an audit of a PIE, the Authority considers the sufficiency and quality of audit evidence across a number of selected audit areas.

Scope of the quality assurance review of the Firm

The Firm's policies and procedures

The Authority assesses the Firm's system of quality management across the eight component areas, as defined in ISQM 1, over a three-year cycle.

In 2024, the Authority evaluated the quality objectives, quality risks and related responses designed by the Firm, as well as the Firm's monitoring of its system of quality management in the below components:

- acceptance and continuance of client relationships and specific engagements
- relevant ethical requirements
- resources – human resources

The Authority also tested the operating effectiveness of selected responses in the components listed above. In addition, the Authority assessed the Firm's monitoring of its system of quality management and tested the operating effectiveness of selected responses for the components listed below. Note that the Authority performed its evaluation of the quality objectives, quality risks and related responses designed by the Firm for the below components in 2023.

- governance and leadership
- resources – technological resources, intellectual resources and service providers
- information and communication

In 2024, the Authority reviewed the Firm's ISQM 2 policies and procedures and assessed their implementation through the inspection of a sample of audits of PIEs.

Audits of public-interest entities

In 2024, the Authority selected a sample of three audits of PIEs.

For each audit selected, the Authority evaluated the quality of the communications with those charged with governance, the review of financial statements, the engagement quality review and the audit procedures performed in relation to the identification and assessment of risks of material misstatement.

For each audit selected, the Authority also evaluated the quality of audit evidence across additional audit areas. The additional audit areas were selected at the discretion of the Authority, taking into consideration the specific risks pertaining to the audit as well as other areas of focus for the Authority.

Overview of findings

In the 2024 inspection cycle, the Authority identified three findings with related recommendations in relation to the effectiveness of the design or implementation of the Firm's system of quality management.

The Authority assigned the following grades to the audits of PIEs inspected:

Assigned grade	Grade description	Number of audits of PIEs
1	Good audit	1
2	Limited improvements required	1
3	Improvements required	-
4	Significant improvements required	1

The results of the quality assurance review are set out in detail in the next section of this report.

A description of ratings and grades is set out in the appendix to this report.

The Firm must implement each recommendation raised by the Authority within 12 months of the date of the recommendation. The Authority follows up to ensure each recommendation is implemented. Where the Firm fails to satisfactorily implement the recommendation within the 12 month timeframe, the Authority will refer the matter to its Enforcement Unit.


Results of the quality assurance review

Overview of components

Acceptance and continuance of client relationships and specific engagements	<p>The Authority evaluated whether the Firm had established quality objectives that address the Firm's acceptance and continuance of client relationships and specific engagements (A&C). The Authority evaluated the quality risks identified and assessed by the Firm for each of the quality objectives relating to A&C and the responses designed and implemented by the Firm to address the quality risks.</p> <p>The Authority also evaluated the Firm's monitoring of the system of quality management relating to A&C and tested the operating effectiveness of selected responses.</p> <p>The Authority noted that, for one sampled engagement, the letter of engagement was signed prior to the acceptance procedures being completed. Furthermore, as part of the Firm's own operating effectiveness testing, a similar issue occurred for two sampled engagements. (Finding 1)</p>
Relevant ethical requirements	<p>The Authority assessed whether the Firm had established quality objectives that address the fulfilment of responsibilities in accordance with relevant ethical requirements, including those related to independence. The Authority evaluated the quality risks identified and assessed by the Firm for each of the quality objectives relating to relevant ethical requirements and the responses designed and implemented by the Firm to address the quality risks, including the specified responses of ISQM 1.</p> <p>The Authority also evaluated the Firm's monitoring of the system of quality management relating to the Firm's fulfilment of responsibilities in accordance with relevant ethical requirements, including those related to independence, and tested the operating effectiveness of selected responses.</p> <p>The Authority has no findings or recommendations to report in this area.</p>
Resources – human resources	<p>The Authority evaluated whether the Firm had established quality objectives that address appropriately obtaining, developing, using, maintaining, allocating and assigning human resources in a timely manner to enable the design, implementation and operation of the system of quality management. The Authority evaluated quality risks identified and assessed by the Firm for each of the quality objectives relating to human resources and the responses designed and implemented to address the quality risks.</p> <p>The Authority also evaluated the Firm's monitoring of the design, implementation and operation of the system of quality management relating to human resources and tested the operating effectiveness of selected responses.</p> <p>The Authority has no findings or recommendations to report in this area.</p>

Governance and leadership	<p>The Authority evaluated the Firm’s monitoring of the design, implementation and operation of the system of quality management relating to the Firm’s governance and leadership. The Authority also evaluated the operating effectiveness of selected responses in the component.</p> <p>The Authority has no findings or recommendations to report in this area.</p>
Resources - technological resources, intellectual resources and service providers	<p>The Authority evaluated the Firm’s monitoring of the design, implementation and operation of the system of quality management relating to technological, intellectual and service provider resources. The Authority also evaluated the operating effectiveness of selected responses in the component.</p> <p>The Authority noted that, the quality response “inventory of intellectual resources” was identified by the Firm to mitigate the quality risk “inadequate tracking of intellectual resources”. This quality response is not operating effectively. (Finding 2)</p> <p>The Authority further noted that there is insufficient evidence of annual monitoring for quality responses that originate from the Firm’s network. (Finding 3)</p>
Information and communication	<p>The Authority evaluated the Firm’s monitoring of the design, implementation and operation of the system of quality management relating to the quality objectives, that address obtaining, generating or using information regarding the system of quality management, and communicating information within the Firm and to external parties on a timely basis. The Authority also evaluated the operating effectiveness of selected responses in the component.</p> <p>The Authority has no findings or recommendations to report in this area.</p>
Engagement quality reviews	<p>The Authority evaluated the Firm’s policies, processes and procedures in place relating to engagement quality reviews. The Authority also evaluated the implementation of these policies, processes and procedures by reviewing a sample of engagement quality reviews completed by the Firm as part of the Authority’s inspection of PIE audits during the period.</p> <p>The Authority has no findings or recommendations to report in this area.</p>

Findings and recommendations on the Firm's system of quality management

Area and significance rating	Background	Issue	Recommendation
Acceptance and continuance of client relationships and specific engagements Finding 1  Yellow	<p>The Firm identified a quality risk titled “untimely acceptance and continuance decisions”.</p> <p>The response linked to this quality risk includes the following:</p> <p>“For both new clients and new engagements on existing clients, the engagement partner does not issue an engagement letter until the acceptance procedures have been completed. On very rare occasions, in circumstances outside of the control of the engagement team, the engagement team may wish to issue an engagement letter before the completion of the acceptance/continuance procedures. In these instances, a member of the Quality and Risk Committee should be consulted, and the engagement letter may only be issued early once approval has been obtained from the Quality and Risk Committee.”</p>	<p>For one of the sampled engagements, it was noted that the letter of engagement was signed prior to the acceptance procedures being completed. No consultation was performed with the quality and risk committee in this instance.</p> <p>Furthermore, it was noted that, as part of the Firm's own operating effectiveness testing, two engagements within the Firm's sample had a similar issue.</p>	<p>The Authority recommends that, going forward, the Firm performs enhanced monitoring on acceptance and continuance procedures to ensure that all acceptance and continuance decisions are performed in accordance with the Firm's policies and procedures.</p>

IAASA selected a sample of acceptance and continuance engagements and assessed the operating effectiveness of this response for this sample.

Resources - technological resources, intellectual resources and service providers

Finding 2

 **Yellow**

The Firm has identified the quality response “inventory of intellectual resources”, to mitigate the quality risk “inadequate tracking of intellectual resources”.

In testing the operating effectiveness of this control, the Firm noted that:


“The quality and risk department did not perform the annual review of the underlying intellectual resources for current relevance, and it was noted that there were a number of outdated intellectual resources still reflected on the Firm's internal page.”

The Firm’s human resources and learning and development departments did not perform the semi-annual and annual checks for updates.

The Firm noted in its documentation of this matter that there is a risk that outdated information is used by the Firm in the performance of engagements and that this issue does therefore have the possibility of impacting the overall objective of ISQM 1.

The identified quality response “inventory of intellectual resources”, identified to mitigate the quality risk “inadequate tracking of intellectual resources” is not operating effectively and there is a risk that the quality objective “use of appropriate intellectual resources” may be impacted.

The Authority recommends that, going forward, the Firm takes steps to remediate the ineffective quality response to ensure all required reviews of intellectual resources are performed.

<p>Resources - technological resources, intellectual resources and service providers</p> <p>Finding 3</p> <p> Yellow</p>	<p>ISQM 1 requires that the Firm establish a monitoring and remediation process to provide relevant, reliable and timely information about the design, implementation and operation of the system of quality management.</p> <p>The standard also states that the Firm shall design and perform monitoring activities to provide a basis for the identification of deficiencies. Irrespective of where the response is operating, the Firm is required to monitor all quality responses that form part of their system of quality management.</p> <p>The Firm received a number of documents from the Firm's network, outlining the details of the design and development of resources allocated to the Firm by its network.</p>	<p>It is not clear how the Firm monitored the network controls as part of its annual system of quality management monitoring. The documentation provided by the network to the Firm to support the monitoring results for network responses is inadequate and there is inadequate documentation of the Firm's assessment of network results.</p>	<p>The Authority recommends that, going forward, the Firm ensures sufficient evidence is retained on the monitoring of network responses including the assessment by the Firm of monitoring activities undertaken by the Firm's network.</p>
<p>Relevant ethical requirements</p>	<p>The Authority has no findings or recommendations to report in this area.</p>		
<p>Resources – human resources</p>	<p>The Authority has no findings or recommendations to report in this area.</p>		

Governance and leadership	The Authority has no findings or recommendations to report in this area.
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Information and communication	The Authority has no findings or recommendations to report in this area.
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Engagement quality reviews	The Authority has no findings or recommendations to report in this area.
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Summary of audits of PIEs inspected

	Assigned grade ²	Audit areas reviewed
Audit one	1	<ul style="list-style-type: none"> Valuation of financial assets Management override of controls Communications with those charged with governance Review of financial statements Review of the engagement quality control review Identifying and assessing risks of material misstatement
Audit two	2	<ul style="list-style-type: none"> Valuation of provisions Management override of controls Communications with those charged with governance Review of financial statements Review of the engagement quality control review Identifying and assessing risks of material misstatement
Audit three	4	<ul style="list-style-type: none"> Valuation of provisions Management override of controls Communications with those charged with governance Review of financial statements Review of the engagement quality control review Identifying and assessing risks of material misstatement Review of engagement partner review

Key recommendations arising from the inspection of audits of PIEs

This table sets out the key recommendations for the Firm arising from the inspection of audits of PIEs. These are recommendations deemed by the Authority to be key to an individual inspection or which were recurring across inspections. Not all recommendations apply to all audits of PIEs inspected and not all recommendations issued to the Firm are included in this table.

Audit area	Recommendation
Valuation of provisions	The Authority recommends that, going forward, the Firm considers the relevance and reliability of the information to be used as audit evidence for this significant risk audit area.

² See Appendix for detailed description of ratings and grades

	<p>The Authority recommends that, going forward, the audit file sufficiently evidences the engagement team's evaluation of whether information produced by the entity is sufficiently reliable for the auditor's purpose, including sufficient evidence about the accuracy and completeness of the information.</p>
	<p>The Authority recommends that, going forward, the audit file sufficiently evidences the audit procedures performed for the purpose of obtaining sufficient appropriate audit evidence for the significant risk and associated material balances.</p>
Communications with those charged with governance	<p>The Authority recommends that, going forward, top-side adjustments or late corrections to the financial statements are communicated to those charged with governance.</p>
	<p>The Authority recommends that, going forward, audit opinion templates are reviewed annually to ensure all required disclosures are captured.</p>
	<p>The Authority recommends that, going forward, the engagement team accurately describes how they addressed the key audit matter in the auditor's report.</p>
Review of financial statements	<p>The Authority recommends that, going forward, the audit file sufficiently evidences the audit procedures performed on the financial statement disclosures to support the opinion as to whether the financial statements as a whole are free from material misstatement, whether due to fraud or error.</p>
	<p>The Authority recommends that, going forward, the audit file sufficiently evidences the design and performance of substantive procedures for each material class of transaction, account balance, and disclosure in the financial statements.</p>
	<p>The Authority recommends that, going forward, the audit file sufficiently evidences the audit procedures performed by the engagement team on related party relationships and transactions and the engagement team's conclusion as to whether the information presented in the financial statements is relevant, reliable, comparable, and understandable in view of the requirements of the applicable financial reporting framework.</p>

	<p>The Authority recommends that, going forward, the audit file sufficiently evidences the engagement team's evaluation as to whether the effects of the related party relationships and transactions disclosed in the financial statements are misleading or prevent the financial statements from achieving fair presentation.</p>
Management override of controls	<p>The Authority recommends that, going forward, the audit file evidences the audit procedures designed by the engagement team in respect of journal entry testing and the engagement team's conclusions.</p> <p>The Authority recommends that, going forward, the audit file sufficiently evidences how the engagement team concluded on the completeness of the population of journal entries from which they selected entries for testing, including evidencing how any differences arising from completeness testing are addressed with the client's management and resolved.</p> <p>The Authority recommends that, going forward, top-side adjustments or late corrections to the financial statements of this nature are tested due to the risk of management override of controls.</p> <p>The Authority recommends that, going forward, an analytical review is performed at entity level and that a review for biases is performed for accounting estimates.</p>
Review of the engagement quality control review	<p>The Authority recommends that, going forward, the engagement quality reviewer receives additional training on the requirement of the engagement quality reviewer to perform an objective evaluation of the significant judgments made by the engagement team, and the conclusions reached in formulating the auditor's report, and what this evaluation should involve.</p>
Review of engagement partner review	<p>Following the Authority's review of an audit where significant improvements were required, the Authority recommends that, going forward, the Firm performs a root cause analysis to determine how the engagement partner concluded that there was sufficient appropriate audit evidence to support the audit opinion.</p> <p>The Authority further recommends that, going forward, the Firm evaluates what additional training the engagement partner is required to complete in order to sign the audit opinion on engagements of this nature.</p>

Results of follow up procedures

The Firm is required to implement the Authority's recommendations within 12 months. The Authority is satisfied that all recommendations made to the Firm in 2023 were appropriately implemented in 2024.

Purpose and limitations of this report

The purpose of the quality assurance review is to assess the effectiveness of the Firm's system of quality management. The purpose of this report is to communicate any findings identified through the quality assurance review and the recommendations arising.

This report is not intended to serve as a balanced scorecard or as an overall rating tool. Although this report on the quality assurance review may comment positively on certain items, it is not designed to give a balanced analysis of all areas of the Firm.

Where an inspection of an audit of a PIE identifies an area where the Firm did not obtain sufficient audit evidence, this does not necessarily indicate that the audit opinion is inappropriate or that the financial statements are misstated. Furthermore, it would be inappropriate to infer that any issues identified in this quality assurance review report are replicated in audits that have not been inspected by the Authority.

Appendix – Detailed description of ratings and grades

Ratings

Findings arising in relation to the effectiveness of the design or implementation of a firm's system of quality management have their significance rated by way of a red-amber-yellow (RAY) system.

● **Red** indicates that a finding is a significant deficiency³. Failure to implement a recommendation and/or remediation set out in a prior finding in relation to a firm's system of quality management, or, in relation to a matter arising from a PIE inspection is also likely to be assigned a red grading.

● **Amber** indicates that an improvement is required. This is a less than significant failure to:

- meet the requirements of the ethical standards and ISQM 1; or
- apply a firm's processes or procedures.

● **Yellow** indicates that a finding is a minor deficiency. This is:

- a minor failure in the application of a firm's procedures or processes; or
- a low level deficiency that has the potential to develop into a significant or less than significant failure to meet the requirements of the ethical standards and ISQM 1.

Grades

Each of the audits of PIEs inspected as part of the quality assurance review is assigned a grade.

- 1** A 1 grade is a good audit with no concerns regarding the sufficiency and quality of audit evidence or the appropriateness of significant audit judgements in the areas reviewed. Any concerns are very limited in their implications (both individually and collectively).
- 2** A 2 grade is an audit that requires limited improvements. There are only limited concerns regarding the sufficiency or quality of audit evidence or the appropriateness of significant audit judgements in the areas reviewed. Although there may be some concerns, their implications (both individually and collectively) are limited.
- 3** A 3 grade is an audit that requires improvements. There are some concerns, assessed as less than significant⁴, regarding the sufficiency or quality of audit evidence or the appropriateness of significant audit judgements in the areas reviewed. Although there may be concerns, their implications (both individually and collectively) are less than significant.
- 4** A 4 grade is an audit that requires significant improvements. There are significant concerns regarding the sufficiency or quality of audit evidence or the appropriateness of significant audit judgements in the areas reviewed. There may be concerns in other areas, with implications that are individually or collectively significant.

³ A significant deficiency is a significant failure to meet the requirements of the ethical standards or ISQM 1; or, a pervasive failure to apply a firm's processes or procedures where there is more than a remote likelihood that the deficiency could affect the firm's independence or the quality of audits performed by the firm.

⁴ For audits of PIEs, four key factors will be considered in assessing 'significance' of findings, these are as follows: the materiality of the area or matter concerned; the extent of any concerns regarding the sufficiency or quality of audit evidence (e.g. whether they relate to specific elements of the audit evidence only or are more pervasive to the overall sufficiency or quality of audit evidence in the areas concerned); whether appropriate professional scepticism appears to have been exercised in forming audit judgements; and the extent of any non-compliance with standards or the firm's methodology identified.



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