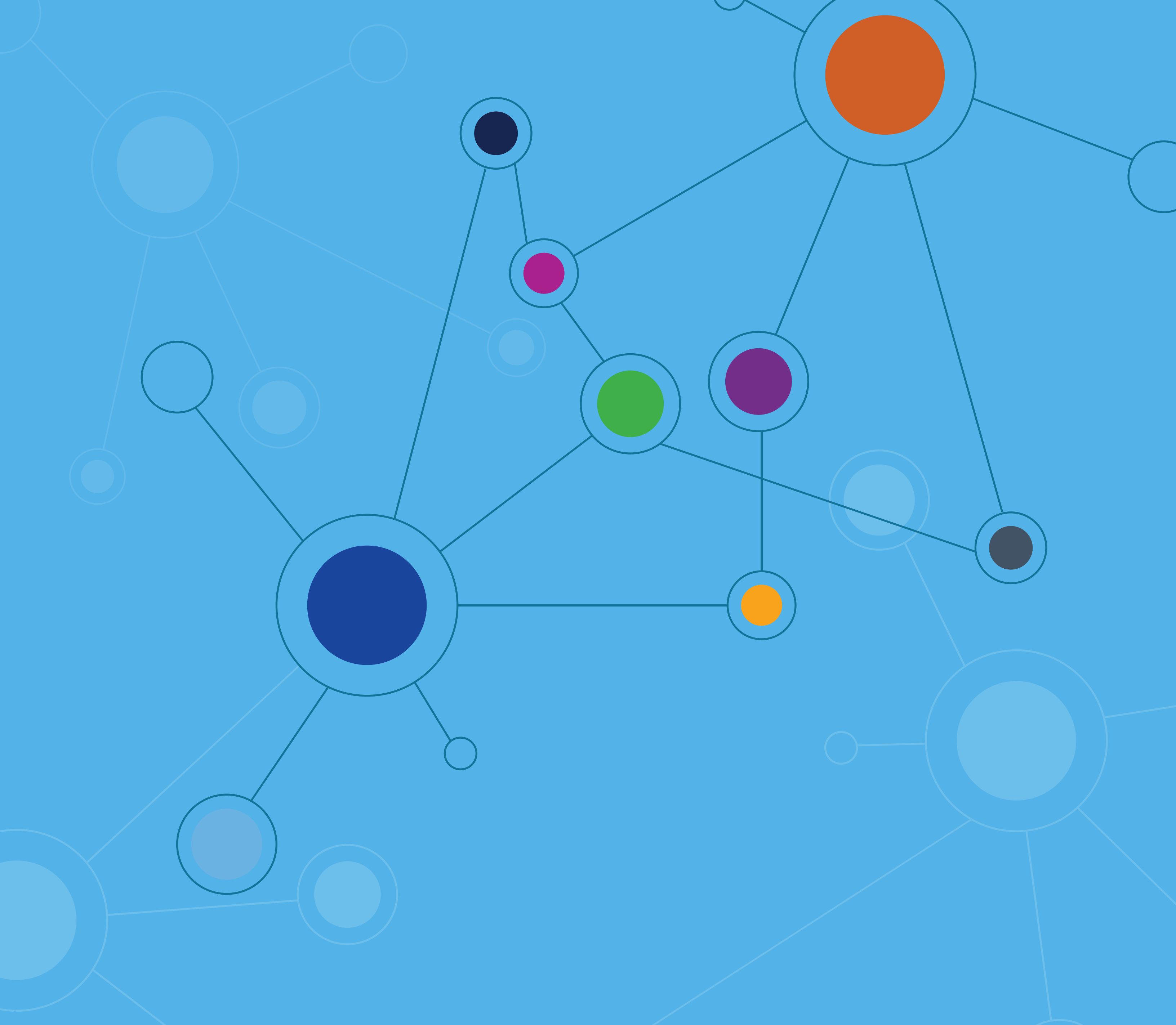

FOCUS ON PRACTICE INSPECTION

2021

CPA ONTARIO

CHARTERED PROFESSIONAL ACCOUNTANTS OF ONTARIO

FOCUS ON PRACTICE INSPECTION

2021

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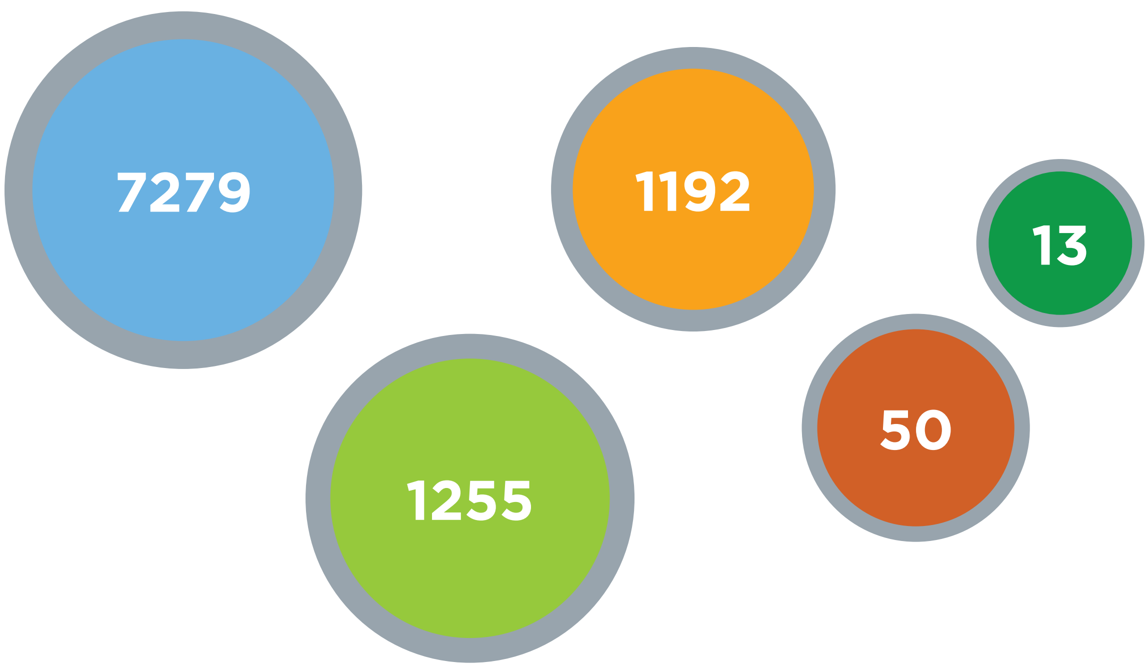
MESSAGE FROM THE CHAIR AND DIRECTOR

At CPA Ontario, our regulatory duties include advising, compliance, inspecting, investigating, enforcing and imposing discipline, if necessary. Practice Inspection is a key component of this regulatory continuum, contributing to the protection of the public interest by promoting the highest standards of integrity and expertise in the practice of public accounting.

Improving the effectiveness of our processes and systems is critical in our effort to make it easier for members and firms to meet their obligations. That's why we took a major step forward in improving the way Practice Inspection functions in the future by streamlining multiple obligations, including the Practice Profile Questionnaire and exemption declarations, and housing touchpoints within the process in My Portal. These efforts will enhance the user experience and provide greater transparency and visibility throughout the inspection process.

Additionally, the collection of critical data in a single location will improve CPA Ontario's data collection, analysis, and risk assessment functions. This will allow us to better identify and track firms that have an elevated risk profile and inspect them in a timely manner to ensure we are proactively protecting the public.



Registered offices for the inspection year

Offices that required no further action or an action plan response

Offices that require a partial or full reinspection

Inspections completed

Offices referred to the Professional Conduct Committee

This year, we inspected 1255 practising offices, of which 502 were assurance offices and 753 were compilation-only. Approximately 89 per cent of inspected assurance offices and 99 per cent of compilation-only offices had satisfactory inspection results as they did not require further action or submitted an acceptable action plan response. The remaining practising offices had reportable deficiencies of such significance that they were subject to remedial action, ranging from reinspection to referral to the Professional Conduct Committee for possible disciplinary action. This year 12 assurance offices and one compilation-only office were referred to the Professional Conduct Committee.

Of particular concern this year, we identified several instances where we found evidence that practitioners altered or backdated their working papers. While the number of such incidents is low, the nature of the breaches of professional conduct resulted in referrals to the Professional Conduct Committee. This report highlights these instances of backdating or altering working papers and the consequences that result.

Inspections of early adopters of the new compilation standard, CSRS 4200, resulted in a high failure rate. We are concerned that many practitioners have not sufficiently prepared for this standard. We have included our analysis in this report to assist practitioners in determining whether any improvements to their practice aids, templates, processes or procedures are needed.

As always, we could not fulfil our critical mandate without the members of the Practice Inspection Committee. Committee members are practitioners in public accounting who volunteer their valuable time to this important process. We would also like to recognize the entire inspection team for their professionalism and agility for not only ensuring that inspection activities were completed effectively and efficiently but doing so while implementing our new practice inspection system.

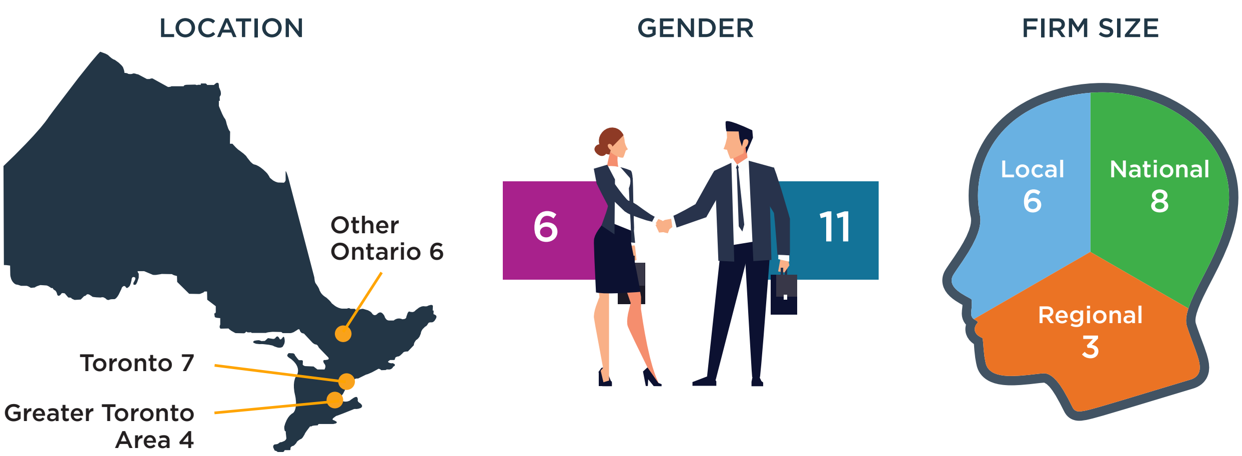
Christa Casey, CPA, CA
Chair, Practice Inspection Committee

Michael A. Weinman, CPA, CA
Director, Practice Inspection

GOVERNANCE

The Practice Inspection Program is governed by CPA Ontario Regulation 18-1 and "applies to all Members and Firms engaged in the Practice of Public Accounting or in Providing Accounting Services to the Public." Inspections are performed for practising offices on a risk-adjusted cyclical basis resulting in each practising office being inspected at least once every three years. In the case of new practising offices, an inspection takes place after the first year of operation.

The Practice Inspection Committee ("Committee") is comprised of 17 members, including the Committee Chair, and is appointed by the CPA Ontario Council. Committee members are not compensated for their participation on the Committee.



The Committee's composition is intended to be representative of CPA Ontario's membership. CPA Ontario has conducted a review of all its regulatory committees to ensure appropriate stewardship of the profession and we strive to ensure the Committee represents CPA Ontario's membership.

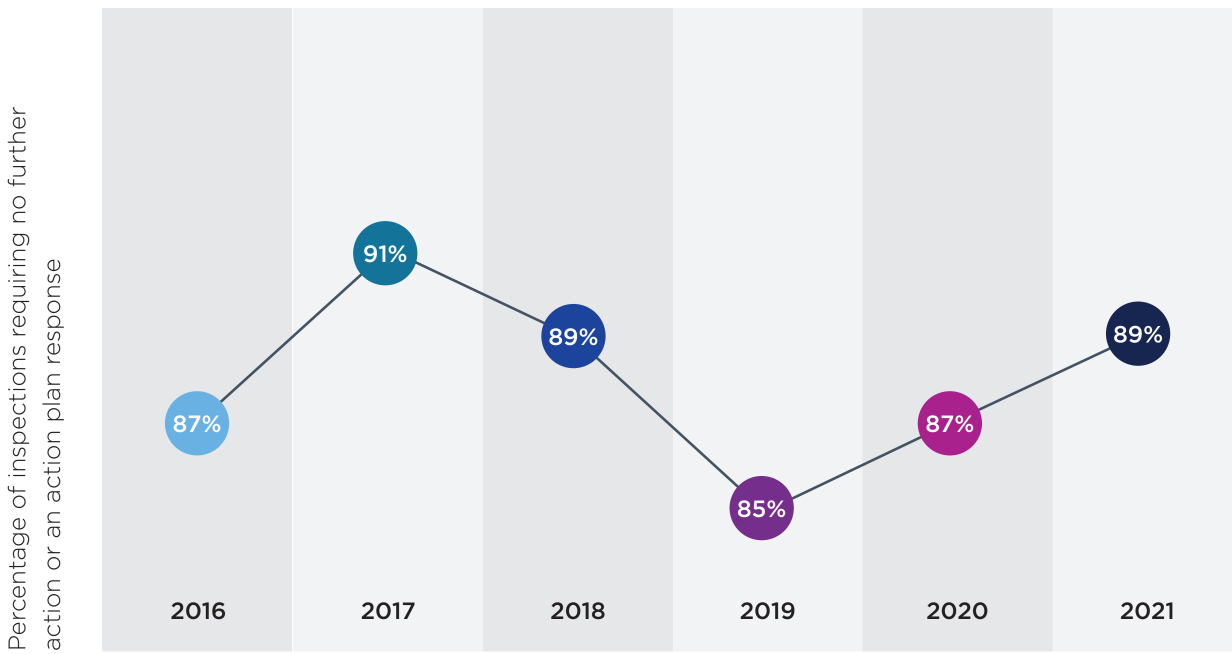
The Committee meets four times each year to review inspection results to determine the outcome of inspections and whether further action is required by a practising office or whether a reinspection or referral to the Professional Conduct Committee for an independent review is warranted. The factors considered by the Committee in determining the action to be taken following an inspection may include, but are not limited to:

- the degree to which the requirements of the Practice Inspection Program have been met;
- the nature and severity of any identified deficiencies;
- the cooperation of the practising office;
- the public interest; and
- upon reinspection, the results of the previous inspection of the practising office and the degree to which the practising office addressed identified deficiencies.

All reports and action plans reviewed by the Committee are anonymized to avoid any conflict of interest and to maintain the Committee's independence and objectivity.

TRENDS IN INSPECTION RESULTS

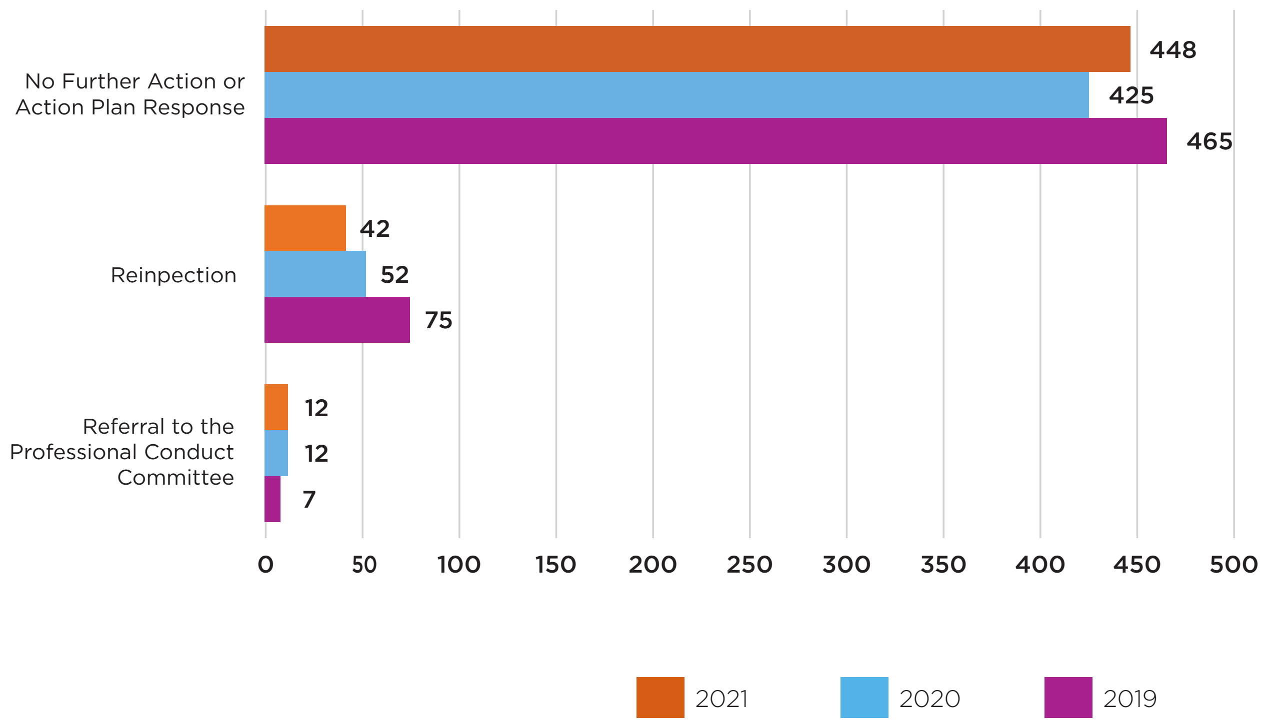
Over the last two inspection cycles we observed a continual decline in assurance quality. This year 89 per cent of assurance-based practices had satisfactory inspection results, an improvement of two per cent over last year and equivalent to the 2018 results, which is the most comparable year. Up until last year, the review engagement standard that became effective for financial statement periods ending on or after December 14, 2017 was a significant driver of the downward trend in successful inspections. Most practitioners are now in their second cycle of being inspected under this standard and appear to have addressed previously identified deficiencies, which contributed to the stabilization of inspection results.



RESULTS OF ASSURANCE INSPECTIONS

During the 2021 inspection year, 502 assurance-based practising offices (489 in 2020; 547 in 2019) were inspected or reinspected, of which:

- 448 resulted in no further action or the submission of an acceptable action plan response from the practising office (2020 – 425; 2019 – 465),
- 42 resulted in a reinspection of the practising office (2020 – 52; 2019 – 75), and
- 12 resulted in referral of a practising office to the Professional Conduct Committee for an independent review of professional conduct and possible disciplinary action (2020 – 12; 2019 – seven).



RESULTS OF ASSURANCE REINSPECTIONS

Included in the results of inspections above are 41 reinspections of assurance-based practising offices that were completed in 2021 (71 in 2020; 47 in 2019):

- 31 required either no further action or the submission of an acceptable action plan response from the practising office (2020 – 61; 2019 – 33),
- Three resulted in a further reinspection of the practising office (2020 – six; 2019 – nine), and
- Seven resulted in referring a practising office to the Professional Conduct Committee for its independent review of professional conduct and possible disciplinary action (2020 – four; 2019 – five).

Historically, the reinspection process has resulted in sufficient increases in quality and appropriate corrective action by practising offices resulting in a low number of referrals to the Professional Conduct Committee.

The decision to reinspect a practising office is based on the significance of deficiencies identified. The goal of practising offices should always be to improve the quality of work performed and avoid reinspections and referrals to the Professional Conduct Committee.

NATIONAL FIRM RESULTS

During the 2021 inspection year, we inspected practising offices of three of the four largest national firms, consistent with the 2020 and 2019 inspection years. Our inspections included 11 practising offices (2020 – 11, 2019 - 14) from these firms and 96 engagement files (2020 - 64, 2019 – 106) which was an average of 32 engagement files (2020- 21, 2019 - 35) per firm.

We identified significant reportable deficiencies[1] in 26 per cent of inspected files (2020 – 28 per cent, 2019 – 25 per cent). While these deficiencies are important to the quality of the work done, we did not identify any instances in which the deficiencies would adversely affect the opinion on these engagements to the extent that a reinspection would be required. As a result, no reinspections arose from inspections conducted in 2021, 2020 or 2019.

With respect to the other national firms[2], we inspected 44 practising offices (2020 - 51, 2019 – 40) and 240 engagement files (2020 – 274, 2019 – 198) for an average of 60 engagement files (2020- 69, 2019 – 50) per firm. We identified significant reportable deficiencies in 46 per cent (2020 – 41 per cent, 2019 – 37 per cent) of the inspected files; however, these did not result in any reinspections in 2021 (2020 – three, 2019 – one).

Although our inspections did not result in the reinspection or referral of any national practising office, the high number of significant deficiencies in these inspections remains concerning. Due to their prominence in the profession, national firms are expected to be leaders in engagement quality. National firms have greater resources than many other firms and should have a robust Quality Management System (QMS) that proactively supports their engagement teams in completing higher quality engagements. We recommend that National firms perform a thorough assessment of their QMS and develop action plans with the goal of improving practice inspection results and reducing their significant reportable deficiencies to a more acceptable level.

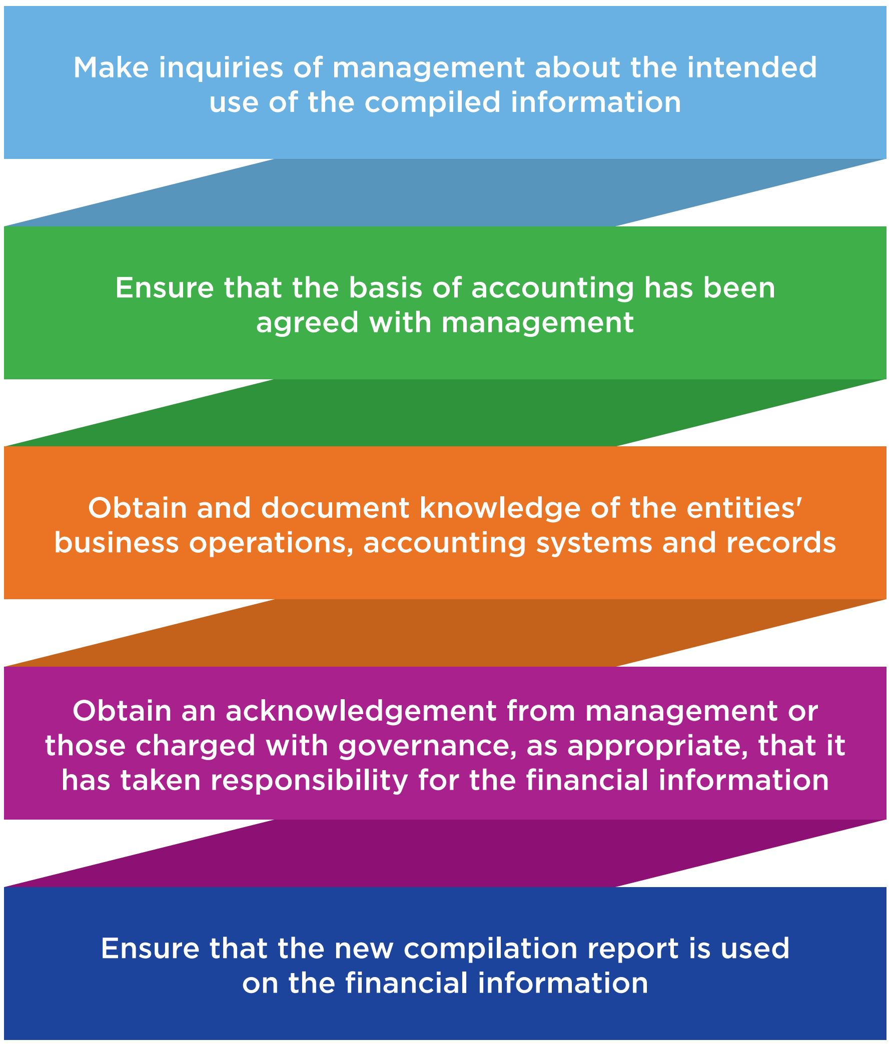
RESULTS OF COMPILATION-ONLY INSPECTIONS

During the 2021 inspection year, we inspected or reinspected 753 compilation-only practising offices (767 in 2020; 816 in 2019) of which:

- 744 resulted in no further action or the submission of an acceptable action plan response from the practising office (2020 – 765; 2019 - 816);
- Eight resulted in a reinspection of the practising office (2020 – two; 2019 – zero); and
- One resulted in referral of a practising office to the Professional Conduct Committee for an independent review of professional conduct and possible disciplinary action (zero in 2020 and 2019).

1 Significant reportable deficiencies are material departures from handbook requirements which are important to the users of the financial statements.
2 Other national firms are those firms other than the four largest firms with offices in multiple provinces.

This year's inspections saw a high failure rate for early adopters of the new compilation standard, CSRS 4200, which differs significantly from the previous standard. CSRS 4200 must be adopted for periods ending on or after December 14, 2021. While the number of early adopters were low (19), eight resulted in reinspection. In comparison, significantly all of those practices that *did not* early adopt resulted in no further action or the submission of an acceptable action plan. This suggests that practitioners may not yet have a sufficient understanding of the new standard. With the standard becoming effective in December 2021, we expect to inspect a larger population of files completed under CSRS 4200 in the upcoming inspection cycle.



For those eight early adopters of CSRS 4200 that resulted in reinspection, four issued the new compilation report without meeting any of the requirements of the standard. The remaining four issued the new compilation report and included a basis of accounting note in the financial information but performed none of the required procedures of the standard.

In evaluating the practising offices that *successfully* early adopted CSRS 4200, we found that many of these practitioners either contacted our Professional Advisory Services team for implementation assistance or followed standard templates and checklists available from CPA Canada. By now, practitioners should have a thorough understanding of CSRS 4200, including the additional inquiry and new documentation requirements. Those who do not yet have sufficient understanding of the new standard should strongly consider attending additional training.

We also would like to reiterate that when intended to be used by a third party, the practitioner generally cannot accept or continue the engagement unless the third party is in a position to request and obtain further information from the entity or has agreed with management on the basis of accounting to be used. If neither condition is met, the practitioner can accept or continue the engagement only if the basis of accounting is a general-purpose framework. **It is expected that compiled financial information prepared in accordance with a general-purpose framework will be rare.**

REFERRALS

Where the results of an inspection demonstrate a significant risk to the public, a referral is made to the Professional Conduct Committee for their independent evaluation. In 2021, there were six referrals (five assurance-based practices and one compilation-only practice) made to the Professional Conduct Committee after an initial inspection with respect to professional standards (eight in 2020, one in 2019) and seven referrals were made after a reinspection (four in 2020, five in 2019).

The following were the most common reasons for referrals to the Professional Conduct Committee in 2021.

Inspectors identified evidence that four practising offices did not prepare a complete set of working papers and added or altered documents more than 60 days after the corresponding reports were issued. Furthermore, we found evidence that the practitioners backdated those documents to make it appear as if they had been completed on or before the date of the corresponding report thereby concealing their deficiencies in the performance of the engagements. As a result, practising offices may have issued reports that falsely stated that engagements had been performed in accordance with applicable standards. All four of these practising offices were sole practitioners, each with 12 or fewer assurance clients, and none of which had clients that were Reporting Issuers. While the number of such incidents is low, these incidents have been exceedingly rare in the past and are such a severe breach of professional conduct that even a small number present a risk to the public and to the reputation of the profession. Although this year may simply be an outlier, the issue is critical to the integrity of the profession and warrants continued attention. Practitioners must be aware that backdating or altering working papers is never acceptable.

Two referrals were due to significant deficiencies identified in engagements that presented a greater risk to the public. One engagement was an audit of a mortgage investment company for which the practitioner did not perform sufficient appropriate procedures over material items, including the allowance for mortgages receivable. The second engagement was an audit of a Reporting Issuer for which the practitioner failed to appropriately perform almost all audit procedures, including substantive procedures over significantly all material balance sheet and income statement items.

In three inspections, practising offices were unable to provide complete engagement files and were unable to demonstrate that sufficient appropriate evidence was obtained to support their reports.

INSPECTION OBSERVATIONS

Below we present illustrative examples of inspections that resulted in reinspection. These illustrations are based on actual inspections with identifying information removed and demonstrate the significant deficiencies that led to the Committee's decisions. These examples are provided as guidance only and the inspection results are based on specific facts and circumstances.

FIRM A

This is a multi-partner firm with numerous audit and review engagements including audits of Reporting Issuers. The audits include entities in the manufacturing, mining, insurance, and not-for-profit industries.

Of concern was the firm's failure to adequately document in one audit file their reliance on evidence about the operating effectiveness of controls obtained in a previous audit relating to inventory and payroll. Together with this deficiency, all the inspected audit files failed to adequately demonstrate that sufficient appropriate evidence had been obtained to support recorded revenue, deferred revenue, accounts receivable, capital assets, payroll and convertible debt. In addition, the audit reports were all incomplete in that the auditor's responsibility paragraph had been omitted and two of the reports inappropriately referred to the corresponding figures. All the audit files also had numerous other departures from handbook standards, including inadequate risk assessments, incomplete sampling procedures, unsupported reliance on a service organization and incomplete accumulation of identified misstatements.

Due to the number and severity of the deficiencies identified in this inspection, the Committee concluded that a reinspection of the audits completed by the firm in the next inspection year was appropriate.

FIRM B

This is a sole practitioner who completed a limited number of review engagements and no audit engagements. These engagements are in the retail, car dealership and real estate industries.

Our inspection determined that the practitioner had not effectively adopted the review engagement standard that became effective for financial statement periods ending on or after December 14, 2017. The practitioner did not identify areas of likely material misstatement and did not complete sufficient analytical procedures over significant areas in the files including revenue, costs of sales, payroll, inventory, accounts payable and accounts receivable. While worksheets and calculations of some areas were provided to the practitioner by their clients, no analysis was completed to substantiate these schedules.

Due to the lack of analysis performed in the review engagements, the Committee determined that a reinspection of the review engagements completed by the firm should occur in the next inspection year. The Committee also determined that in the event the firm completes any audit engagements that those would also be subject to inspection.

FIRM C

This is a multi-partner firm that completes audit and review engagements. The audit clients conduct business in the manufacturing and not-for-profit industries.

In this inspection, the audit engagement file for one partner was identified as having a greater number of significant departures from handbook requirements than the audit and review engagement files completed by the other partners.

For this audit engagement, we identified that many audit areas did not have sufficient audit evidence to support the audit opinion. The substantive procedures addressing expenses, payroll, cost of sales and rental revenue were insufficient. In addition, the practitioner did not evaluate whether any identified risks were significant and did not evaluate which types of revenue, revenue transactions or assertions gave rise to the risk of fraud in revenue. The practitioner identified material estimates in the financial statements, but inadequate procedures were performed when evaluating these estimates. The client provided information relating to a material accrual, but no work was done to substantiate the accrual. Although certain amounts in the financial statements were prepared with the assistance of an actuary, the practitioner did not consider the appropriateness of the actuary's findings and conclusion.

As a result of the above deficiencies, the Committee concluded that a reinspection of the audit engagements for this partner was necessary.

FIRM D

This is a two-partner practice with both audit and review engagements. The majority of the firm's clients are review engagements in the wholesale, construction, real estate and travel industries.

Our inspection identified that one partner's review engagement files had significantly more deficiencies than those of the other partner.

For this partner's review engagement file, there was no documentation that the practitioner had completed an assessment with respect to the acceptance and continuance of the client relationship and review engagement. We also found no documentation of compliance with relevant ethical requirements, including those pertaining to independence. The practitioner did not demonstrate an understanding of the entity's accounting systems and accounting records and did not identify areas where material misstatement might arise. Finally, the representation letter was signed after the review engagement report date.

We also determined that the firm did not complete an evaluation of the firm's quality control system, which should have included cyclical inspection monitoring of a sample of completed assurance engagements. Had cyclical monitoring been completed we believe that the deficiencies may have been identified and addressed. The Committee determined that the review engagements for one partner should be reinspected in the next inspection year.

TOP 10 MOST COMMON DEFICIENCIES IN 2021

Highlighted below are the 10 most common identified deficiencies arising from practice inspections for both audit and review engagements. Inspection results and consequences are determined based on the number and severity of all deficiencies identified in an audit and any one deficiency may not result in a reinspection or referral to the Professional Conduct Committee.

AUDIT ENGAGEMENTS

1. The auditor did not document the design and performance of substantive audit procedures for each material class of transactions, account balance, and disclosure.

   CAS 330 paragraph 18; CAS 500 paragraph 6

2. The auditor did not document the design and performance of audit procedures to test the appropriateness of journal entries recorded in the general ledger and other adjustments made in the preparation of the financial statements.

   CAS 240 paragraph 33

3. When the auditor used audit sampling to provide a reasonable basis to draw conclusions about the population from which the sample was selected, the documentation did not reflect how the auditor met the requirements of the standard. The auditor shall determine a sample size sufficient to reduce sampling risk to an acceptably low level and select items for the sample in such a way that each sampling unit in the population has a chance of selection. The auditor shall perform audit procedures on each item selected for the sample, with a replacement item selected if the procedure is not applicable to the selected item or treat it either as a misstatement in a test of detail if the auditor is unable to apply the designed audit procedure on it (and project the misstatements found to the population) or as a deviation in a control test. The auditor shall then evaluate the results of the sample and whether it was provided a reasonable basis for conclusions about the population that had been tested.

   CAS 530 paragraphs 6-15

4. Subsequent event procedures did not cover the period from the date of the financial statements to the date of the auditor's report, or as near as practicable thereto.

   CAS 560 paragraphs 6-8

5

When identifying and assessing the risks of material misstatement due to fraud, the auditor did not, based on a presumption that there are risks of fraud in revenue recognition, evaluate which types of revenue, revenue transactions or assertions gave rise to such risks. If the auditor has concluded that the presumption that there is a risk of material misstatement due to fraud related to revenue recognition is not applicable in the circumstances of the engagement, the auditor shall include in the audit documentation the reasons for that conclusion.

CAS 240 paragraphs 27, 48

6

The written representation from management was not appropriately dated as near as practicable to the date of the auditor's report. Written representations are necessary audit evidence; as such, the auditor's opinion cannot be expressed, and the auditor's report cannot be dated, before the date of the written representations. Furthermore, because the auditor is concerned with events occurring up to the date of the auditor's report that may require adjustment to or disclosure in the financial statements, the written representations are dated as near as practicable, but not after, the date of the auditor's report on the financial statements.

CAS 580 paragraph 14

7

Documentation of risk assessment procedures with respect to obtaining an understanding of the entity and its environment, the applicable financial reporting framework and the entity's system of internal control did not include the entity's information system and communication relevant to the preparation of the financial statements

CAS 315 paragraphs 13-16, 25, 38

8

When designing and performing substantive analytical procedures, either alone or in combination with tests of details, the auditor did not evaluate the reliability of data from which the auditor's expectation of recorded amounts or ratios is developed, taking account of source, comparability, and nature and relevance of information available, and controls over preparation.

CAS 520 paragraph 5

9

The risk of material misstatement, including the risk of material misstatement due to fraud, was not identified, and assessed at the financial statement level and at the assertion level for classes of transactions, account balances, and disclosures to provide a basis for designing and performing further audit procedures.

CAS 240 paragraph 26; CAS 315 paragraphs 28, 30-34

10

The auditor's risk assessment included an expectation that controls at the service organization were operating effectively. The auditor did not obtain and read a type 2 report on the service organization's controls and determine whether the service auditor's report provides sufficient appropriate audit evidence about the effectiveness of the controls to support the auditor's risk assessment.

CAS 402 paragraphs 16-17

REVIEW ENGAGEMENTS

1

The practitioner did not sufficiently document the inquiry and analytical procedures performed on the material items and/or areas in the financial statements where material misstatements are likely to arise. In obtaining sufficient appropriate evidence as the basis for a conclusion on the financial statements as a whole, the practitioner shall design and perform analytical procedures on material items in the financial statements and focus on addressing areas in the financial statements where material misstatements are likely to arise. The documentation shall be sufficient to enable an experienced practitioner, having no previous connection with the engagement, to understand the nature, timing, and extent of the procedures performed to comply with CSRE 2400 and applicable legal and regulatory requirements.

CSRE 2400 paragraphs 46, 104

2

The documentation of the practitioner's inquiries of management and others within the entity, as appropriate, did not include some or all the inquiries required by paragraph 47. In a review, inquiry includes seeking information of management and other persons within the entity, as the practitioner considers appropriate in the engagement circumstances. The practitioner may also extend inquiries to obtain non-financial data if appropriate. Evaluating the responses provided by management is integral to the inquiry process.

CSRE 2400 paragraph 47

3

The documentation of the practitioner's understanding of the entity's accounting systems and accounting records was not completed or partially completed. The understanding establishes a frame of reference within which the practitioner plans and performs the review engagement and exercises professional judgment throughout the engagement. Specifically, the understanding needs to be sufficient for the practitioner to be able to identify areas in the financial statements where material misstatements are likely to arise, to inform the practitioner's approach to designing and performing procedures to address those areas.

CSRE 2400 paragraphs 43, 44

4 The practitioner did not obtain an understanding of the entity and its environment, and the applicable financial reporting framework, to identify areas in the financial statements where material misstatements are likely to arise and thereby provide a basis for designing procedures to address those areas.

CSRE 2400 paragraphs 43, 44

5 Based on the practitioner's understanding, the practitioner did not identify areas in the financial statements where material misstatements are likely to arise.

CSRE 2400 paragraph 45

6 The date of the written representations was not as near as practicable to, or was after, the date of the practitioner's report.

CSRE 2400 paragraph 73

7 In documenting the nature, timing and extent of procedures performed the practitioner did not record who reviewed work, the date and extent of the review, significant matters arising during the engagement, the practitioner's conclusions reached thereon, and significant professional judgments made in reaching those conclusions.

CSRE 2400 paragraphs 104 - 107

8 The engagement letter, agreeing the terms of the engagement with management or those charged with governance, was not obtained prior to performing the engagement.

CSRE 2400 paragraph 34

9 There was no documentation that the practitioner had completed an assessment with respect to the acceptance and continuance of the client relationship and review engagement. This assessment shall be undertaken at the beginning of the current review engagement.

CSRE 2400 paragraph 27

10 The practitioner did not include an emphasis of matter paragraph immediately after the paragraph that contains the practitioner's conclusion on the financial statements, under the heading "Emphasis of Matter," or other appropriate heading, when it was necessary to highlight the existence of a material uncertainty relating to an event or condition that may cast significant doubt on the entity's ability to continue as a going concern, and draw attention to the note in the financial statements that discloses the matter.

CSRE 2400 paragraphs 95, 96, 99

ROOT CAUSES

Practice Inspection has performed a root cause analysis of inspections that resulted in reinspection or referral in the past year. Since every practice is unique, practitioners are cautioned to perform their own assessment.

COMMON ROOT CAUSES FOR DEFICIENCIES FROM THE LEAST TO THE MOST FREQUENT

We found that many firms had a combination of causes for not meeting the standards set out in the handbook. The most frequent root cause was a lack of technical knowledge of the standards, which is closely linked to inadequate attendance of professional development courses. Practitioners that did not achieve successful inspection results often fulfilled their professional development requirements by attending tax or estate planning courses rather than attending accounting or assurance courses. Practitioners are reminded that continuing professional development should be relevant to their professional responsibilities and address all aspects of their practice.

We also identified instances where practitioners performed engagements while lacking appropriate tools and templates, or, if using appropriate tools, lacking understanding of their use. Practitioners could greatly benefit from attending relevant professional development courses to gain knowledge of how to effectively use tools and the templates. In addition, we noted instances where practitioners were using outdated tools and templates. We recommend that practitioners update all tools and templates on an annual basis to ensure that the most recent versions are used.

We continue to identify a lack of professional skepticism as a root cause that resulted in reinspections. Practitioners need to thoroughly evaluate inconsistent or contradictory evidence and not overly rely on management representations. Too often, only corroborative evidence is sought out rather than evaluating all relevant evidence and appropriately challenging management's representations. Practitioners should examine information from differing perspectives, be open-minded and be prepared to challenge representations by evaluating the reliability, relevance and completeness of information as well as its consistency with other gathered information.

THEMATIC INSPECTIONS FOR 2022

We have observed that many organizations are outsourcing an increasingly broader range of their business activities to service organizations. This means that internal controls over the outsourced operations are designed and implemented by service organizations and not by the organization that is being audited. This has increased the use of service organization reports by auditors in the performance of their audits which in turn places greater reliance on the work performed by auditors of service organizations.

We plan to complete a focused review of the work performed by auditors of service organizations during the 2022 inspection year to evaluate how the quality of these reports may affect audits where reliance is placed on these service organization reports. The results of these inspections will be reported in next year's Focus on Practice Inspection.

QUESTIONS

Should you have questions and/or require more information on any of the above, please contact: pracinsp@cpaontario.ca.