

20-113 Visitors Program

We have completed our audit of the Visitor Program. This audit was performed at the request of the UTHealth Audit Committee and was conducted in accordance with the *International Standards for the Professional Practice of Internal Auditing*.

EXECUTIVE SUMMARY

The Observers, Trainees, and Visiting Scientists Programs are administered by the Office of the Executive Vice President & Chief Academic Officer (Office of EVPCAO) and by the Office of Global Health Initiatives (OGHI). Participants in the program are generally referred to as visitors. A visitor is an individual who, though uncompensated by UTHealth, may be given access to UTHealth property, facilities and/or information systems, at the discretion of UTHealth for a specific period of time for collaborative or educational purposes.

There are six categories of Visitors to UTHealth: Guest, Observer, Pre-Baccalaureate Trainee, Professional Trainee, Visiting Student Trainee, and Visiting Scientist. Our audit did not include Guests, but focused on the other five categories. The Visiting Scientist program was suspended March 2019 and the remaining categories of the Visitors Program were suspended March 2020 due to the COVID-19 pandemic.

To apply for one of the five Visitor categories, the Applicant must identify a Faculty Sponsor at UTHealth and complete and submit the *Application for Observer/Trainee/Visiting Scientist (OTVS application)* for review and approval. After obtaining required approvals, the sponsoring department submits the OTVS Application and supporting documents to the Office of EVPCAO for processing. The Office of the EVPCAO notifies the Faculty Sponsor of the application's approval or denial. The Office of EVPCAO maintains a database of applicants to the Visitor Program.

Prior to the program start, foreign visitors must obtain clearance through the Office of International Affairs. The sponsoring department is responsible for monitoring activities to ensure compliance with UTHealth rules and regulations and ensure that the activities are limited to those outlined in the approved application. Upon completion of the visit, the Faculty Sponsor/Department is responsible for ensuring the Visitor's official end date is observed and the off boarding is completed.

OBJECTIVES

To determine whether controls over the application and approval, onboarding, monitoring, and offboarding processes for Visitors are adequate and functioning as intended.

SCOPE PERIOD

The scope period was fiscal years 2019 to 2020 through June 12, 2020.

Overall, controls around the Visitors Program are adequate and functioning as intended. We noted the following opportunity for improvement:

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ISSUE #	SUMMARY ¹	RISK FACTOR ²	RATING ²
1	Tracking of applicants, documented procedures for onboarding & offboarding, specific department training requirements, and documented supervision for Visitors in the program is not consistent.	Risk that without documentation and formal processes, a visitor may not be adequately trained or monitored.	Medium

¹ See **Appendix A** for UT System Priority Findings Matrix.

DETAILED ISSUES & MANAGEMENT RESPONSES

<p>Issue #1</p>	<p>The following processes are decentralized (sponsoring department responsibility) and the OTVS policies & procedures do not provide guidance or documentation requirements:</p> <ul style="list-style-type: none"> • Applicant Tracking • Onboarding & Program Start • Monitoring & Supervision (including Guest intake and supervision) • Program Completion & Offboarding <p>There are no general training and compliance requirements for Visitors. This also includes HIPAA for Visitors in clinical settings. The Visitor’s signature on the application is the only documentation of acknowledgement of applicable policies and procedures and compliance requirements.</p> <p>In addition, the onboarding for Observers and Trainees does not include international background checks and drug screens for foreign applicants.</p> <p>A&AS also determined the sponsoring departments have inconsistent procedures for:</p> <ul style="list-style-type: none"> • Tracking of applicants • Onboarding and program start • Department training requirements • Supervision during the program • Program end and offboarding <p><i>HOOP 125 Visitors</i> defines Visitors and the location of policy and procedures for compliance with the program (Observers, Trainees and Visitors - OTVS). Each school must appoint a coordinator(s) who is responsible to facilitate the Visitor program. Visitors must comply with all applicable federal, state, and local laws and regulations and all policies and procedures of the university, not limited to HOOP.</p>
<p>Recommendation #1</p>	<p>We recommend the Office of EVPCAO Management:</p> <ol style="list-style-type: none"> a) Develop and communicate minimum required guidelines for: 1) applicant tracking; 2) onboarding/program start; 3) training requirements; 4) supervision; and 5) program end/offboarding. b) Review general training and compliance requirements for all Visitors and assess the need for inclusion of documented orientation or training for knowledge of applicable policies, procedures, and compliance requirements. Update policies and procedures, for any changes. c) Review onboarding procedures for Observers and Trainees to assess the need for inclusion of international background checks and drug screens for foreign visitors.
<p>Rating</p>	<p>Medium</p>
<p>Management Response</p>	<p>We agree with the recommendations to develop better communication and guidelines for applicant tracking, onboarding, compliance training and supervision of visitors in all visitor categories. The development of improved</p>

guidance and processes for all categories of visitors, along with appropriate compliance training, will reduce potential risk to the university and provide each school/department with clear responsibilities when participating in the program. Because of the continued growth, size and nature of this program (more than 800 visitors/year pre-COVID-19), we believe that the results and recommendations of this audit require a comprehensive review of the program, including significant input from executive leadership.

Beginning in the spring of 2020, the visitors program (all categories) was suspended due to COVID-19 (the Visiting Scientist Program had been suspended a year earlier to undergo review by a UTHealth task force). During this time, senior management in the EVPCAO Office began to review the various guidelines, instructions, forms and requirements for each category of visitor.

On December 1, 2020, after approval from executive leadership, the Visiting Student category was reopened with new guidelines and requirements for the visiting students, the Faculty Sponsor and the sponsoring school/department. These revisions included engagement and input from faculty, department chairs, DMOs and deans/school administrators prior to reopening this category of visitor. The category of Visiting Student now includes only undergraduate and graduate level students, with proof of enrollment and good academic standing from the applicant's home institution. Visiting high school students and minors will be included in a newly developed category of "Youth Programs" with guidelines that comply with UT System's revised policy UTS 192 (efforts of the EVPCAO Office, in collaboration with the Office of Legal Affairs, have already begun).

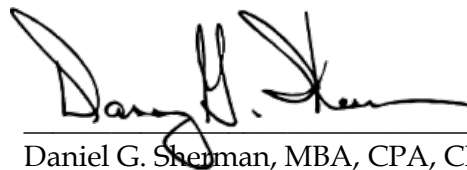
Senior management in the EVPCAO Office will use the next several months (prior to reopening all visitor categories) to plan, develop and communicate new applicant guidelines, school/department responsibilities and required onboarding procedures. This plan will include the following:

- a) Propose to rename the visitors program at UTHealth as the "Visiting Scholars Program" (an accepted best practice/program name at academic health centers in the U.S.), while maintaining appropriate categories;
- b) Receive input and prioritization of visitor program categories by the University Executive Council (UEC), including outlining the importance of each visitor category in relation to UTHealth's mission and make changes accordingly;
- c) Appoint a committee (appointed by the EVPCAO Office) for each visitor category to review and provide feedback on revisions to applicant tracking, onboarding procedures, compliance training requirements, and school/department/faculty sponsor responsibilities during the program and off-boarding; and

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	<p>d) Establish a Visiting Scholars Program Oversight Committee to provide ongoing guidance to best practices and to include representation from the EVPCAO Office, Office of Institutional Compliance, Office of Legal Affairs, Human Resources, Office of Enterprise Risk Management, and other representation on an ad hoc basis to provide oversight for the program.</p> <p>These initial reviews and assessments will be based on the previous guidelines, policies and procedures to provide a starting point for analysis and revisions needed to comply with the audit recommendations. Additionally, because the “Guest” category is handled by the hosting department/school (and not the EVPCAO Office), a separate set of guidelines will be incorporated into the reviews outlined above, with recommendations made on best practices.</p> <p>Finally, because the McGovern Medical School (MMS) is the largest host of all visitor categories, a special focus in planning and implementation of revised guidelines will be made to centralize the onboarding, training, supervision and off-boarding at MMS. The EVPCAO Office has already begun discussions with senior leadership in the MMS Dean’s Office.</p>
Responsible Party	Eric Solberg, Vice President of Academic and Research Affairs
Implementation Date	September 30, 2021

We would like to thank staff and management of the Office of Academic & Research Affairs, Faculty Sponsors and School coordinators who assisted us during our review.



 Daniel G. Sherman, MBA, CPA, CIA
 Associate Vice President & Chief Audit Officer

NUMBER OF PRIORITY FINDINGS REPORTED TO UT SYSTEM

None

MAPPING TO FY 2020 RISK ASSESSMENT

Risk (Rating)	FIN 47 Processes for off boarding visiting scientists (i.e., terminating access, collecting badges) may not be appropriate. (High)
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	FIN 48 Visiting scientists/professors may stay longer than the allowed period for an "observer". (Medium).
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DATA ANALYTICS UTILIZED

Data Analytic #1	None
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AUDITING & ADVISORY SERVICES ENGAGEMENT TEAM

AVP/CAO	Daniel G. Sherman, MBA, CPA, CIA
Audit Manager	Nathaniel Gruesen, MBA, CIA, CISA, CFE
Auditor Assigned	Chandra Jones, CPA, CHIAP
End of Fieldwork Date	February 1, 2021
Issue Date	May 25, 2021

Copies to:

Audit Committee
Dr. Michael R. Blackburn
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APPENDIX A UT SYSTEM PRIORITY FINDINGS MATRIX

The University of Texas System
Systemwide Internal Audit
Priority Findings Matrix

Priority Findings Matrix	ACRMC Reporting	Institutional Reporting		
	Priority Finding	HIGH	MEDIUM	LOW
QUALITATIVE RISK FACTORS – Potential Probability and Consequences in various risk areas with respect to impact on institution as a whole				
Reputation: Damaged to the image of the institution and/or UT System	High probability that donors and other funding sources will withdraw or withhold funding	High probability that individuals will not choose to participate as students, faculty, or other stakeholders	Medium probability that individual stakeholders will not choose to participate in the institution	Low probability that individual stakeholders will be affected
	National media exposure	Adverse regional media exposure	Adverse local media exposure	No media exposure
Information Security: Integrity, confidentiality and availability of information	High probability of regulatory action or loss of reputation or affect on availability of budget in connection with incorrect external financial reporting	Medium probability of some external financial/operating data being incorrect	Low probability of external financial or operating data being incorrect	N/A
	High probability of data breach	Medium probability of data breach	Low probability of data breach	Opportunity to enhance existing acceptable system
	N/A	High probability of key internal financial/operating data being incorrect	Medium probability of internal data being incorrect	Low probability of internal information being incorrect
Compliance: Compliance with external legal or regulatory requirements	High probability of loss of funding, prosecution, significant financial penalty, negative legal action and/or significant, prolonged adverse impact on institution's	Medium probability of loss of funding, prosecution, significant financial penalty, negative legal action and/or significant, prolonged adverse impact on	Low probability of loss of funding, prosecution, significant financial penalty, negative legal action and/or significant adverse impact on institution's reputation	N/A
	N/A	High probability of increased monitoring or negative perception by the regulators	Medium probability of increased monitoring or negative perception by the regulators	Low probability of increased monitoring or negative perception by the regulators
Accomplishment of Management's Objectives: Goals being met, projects being successful	High probability that a major operating project or initiative (i.e. a new degree program or information system) will be materially late, over budget or technically deficient	Medium probability that an operating project will miss time, cost or technical goals	Low probability that an operating project will not achieve some of its goals	Process improvement opportunity to assist in achieving a goal
	N/A	High probability that an internal activity or project will not achieve its goals	Medium probability that an internal activity or project will not achieve some of its goals	Low probability that an internal activity or project will not achieve some of its goals
Effectiveness and Efficiency: Objectives at risk and/or resources being wasted	High probability of a mission critical activity failing with major regulatory, reporting consequences	Medium probability of a mission critical activity failing with major regulatory, reporting consequences	Low probability of a mission critical activity failing with major regulatory, reporting consequences	N/A
	N/A	High probability that some objectives are not met	Medium probability of some objectives not being met	Low probability that some objectives may not be met
	N/A	High probability of significant cost over runs	Medium probability of significant cost over-runs	Low probability of significant cost over runs
	N/A	High probability of a significant waste of resources	Medium probability of a significant waste of resources	Low probability of a significant waste of resources
Capital Impact: Loss or impairment of use of assets	High probability of significant financial loss of use of assets with reputation consequences	Medium potential for significant financial loss of use of assets with reputation side effects	Low probability for significant financial loss of use of assets with reputation side effects	Probability of immaterial and/or small financial losses of use of assets with minimal reputation
	Loss of control over significant assets	Loss of control over other assets	Minor control deficiency over assets	Opportunity to improve existing controls over assets
Life Safety	High probability for loss of life	Medium probability for loss of life	Low probability for loss of life	N/A
	N/A	High probability for personal injury	Medium probability for personal injury	Low probability for personal injury
	High probability of material release of toxics/infectious disease	Medium probability for: release of toxics/infectious disease	Low probability for release of toxics/infectious disease	N/A
	High probability of Substantial incident of toxics/infectious disease effects	Medium probability of toxic/infectious disease effects	Low probability of toxic/infectious disease effects	N/A

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Systemwide Internal Audit
Priority Findings Matrix

Priority Findings Matrix	ACRMC Reporting	Institutional Reporting		
	Priority Finding	HIGH	MEDIUM	LOW
OPERATIONAL CONTROL RISK FACTORS - Vulnerabilities in operational controls with consequences of not achieving objectives (If strategy or important operational objectives are directly impacted):				
<i>Operational Oversight/Alignment</i>	Operational oversight, alignment or management issue has the capacity to derail or significantly impact an Institutional or UT System strategic initiative	Operational oversight, alignment or management issue has the capacity to impair progress on an Institutional strategic initiative	N/A	N/A
<i>Management Oversight</i>	Management oversight control of critical organizational objectives is absent	Management oversight control of critical organizational objectives is ad hoc and/or not formalized	Management oversight control of critical organizational objectives is weak in important areas	Management oversight control of critical objectives can be improved
<i>Management Alignment</i>	Management's alignment of people, process and technology to efficiently accomplish organizational objectives is lacking risk awareness creating critical inefficiency and risk exposure	Management's alignment of people, process and technology to efficiently accomplish organizational objectives is not effectively creating awareness of inefficiencies and potentially significant risks, potentially impacting objective achievement	Key organizational components (trained people, defined process, or appropriate technology) are exposed to moderate risks yet to be addressed, potentially impacting objective achievement	Key organizational components (trained people, defined process, or appropriate technology) are exposed to low risks yet to be addressed, potentially impacting objective achievement
<i>Designed Controls</i>	Designed controls within objective critical operations are inadequate or are non-functional impacting objective achievement	Designed controls within important operations are not functional on a consistent day-to-day basis, with no compensating controls, potentially impacting objective achievement	Designed controls within important processes and transactions are inconsistent in their effectiveness, with no compensating controls, potentially impacting objective achievement	Breakdown of designed controls on a frequent and regular basis with compensating controls, but little impact on the achievement of objectives
	N/A	Control or process improvement opportunities that will provide a measurable economic result (significant to the institution)	Control or process improvement opportunities that will correct a reputational or compliance deficiency	N/A
QUANTITATIVE RISK FACTORS – Estimated Financial Consequences with respect to impact on the institution as a whole (quantitative factors % will vary by institution, so may be agreed upon by the institutional Chief Audit Executive & Chief Business Officer)				
<i>Payments (including fines and legal costs)</i>	>5% of outlays/expenditures	>2% to 5% of outlays/expenditures	1% to 2% of outlays/expenditures	<1% of outlays/expenditures
<i>Lost Revenues (actual and/or opportunities)</i>	>5% of Revenue	>2% to 5% of Revenue	1% to 2% of Revenue	<1% of Revenue

Last Updated: June 2014