

DCLG Scheme Operating Requirements Associated with the Production of Energy Performance Certificates for Non-Domestic Buildings at NOS Level 5.

Preamble

The Energy Performance of Buildings Directive (EPBD) became part of EU law in December 2002. The EPBD has been implemented into law via the Energy Performance of Buildings (Certificates and Inspections) (England and Wales) Regulations 2007 (S.I. 2007/991 as amended) (“the 2007 regulations”) in respect of sales and lettings, and in regulation 29-33 of the Building Regulations 2010 (S.I. 2010/2214 as amended or superseded) (the Building Regulations) in respect of the duty on construction. Hereinafter the 2007 Regulations and the Building Regulations are referred to collectively as the ‘EPBR’.

This document sets out the Secretary of State’s current requirements for the operation of those organisations in receipt of a Letter of Approval on behalf of the Secretary of State for Communities and Local Government to operate an Accreditation Scheme (Scheme) for Energy Assessors (EAs) providing Non Domestic Energy Performance Certificates (EPCs) at Level 5 (ie EPCs produced using dynamic simulation modelling (DSM)) under Regulation 25 of the 2007 Regulations. Schemes shall comply with these regulations from 1 April 2012.

This document includes:

- Minimum outcomes that the Secretary of State requires Schemes to deliver.
- In support of these, some prescriptive approaches which shall be followed to ensure that these outcomes can be undertaken and reported in a consistent way across Schemes.

The purpose of Schemes is to ensure that consumers and others who rely on EPCs can have confidence in the credibility of the reports and the EAs responsible for them.

Scheme operators may apply additional voluntary standards to their member EAs provided that the minimum requirements as laid out in this document are met.

In this document reference to DCLG means the Department for Communities and Local Government, its authorised representatives, and its appointed agents. This includes the Operator of the Register.

Overview of requirements

For Schemes to remain compliant with DCLG requirements, they shall be able to demonstrate that the following provisions are in place, and are functioning correctly:

1. Ensure that members of the Scheme are “fit and proper” persons to undertake energy assessments and that they operate within a code of conduct as defined in Appendix 1.2 which is actively enforced by the Scheme.
2. Ensure that members of the Scheme are qualified to undertake energy assessments.
3. Ensure that members of the Scheme have in force suitable indemnity cover.
4. Ensure that members of the Scheme use operational procedures that ensure consistency and accuracy of energy assessments, including the statutory lodgement of EPCs.
5. Maintain active quality assurance procedures that are calculated to ensure so far as is reasonably practical that the other provisions listed here are delivered.
6. Facilitate the resolution of complaints against members of the Scheme.
7. Implement disciplinary procedures in a proportionate and reasonable manner.
8. Establish and maintain a register of members.
9. Ensure financial probity, financial stability and operational resilience of the Scheme.
10. Allow DCLG to monitor the Scheme periodically to ensure that it continues to comply with the terms of its approval and delivers compliance with the legislation.
11. Maintain suitable administrative and operational systems that are applied in a consistent, fair and open way that is compliant with all relevant legislation.
12. Meet other requirements that DCLG has specified from time to time, and in line with the “Approval Letter”.

Section 13 sets out the Definition of Terms used in this document.

Where references are made to Section numbers or paragraphs, unless otherwise stated if the reference is made to a Section or paragraph in an Appendix, it refers to the Section or paragraph in that Appendix, and the same applies to the main document.

NB: For the avoidance of doubt, Schemes should note that in meeting the DCLG Scheme Operating Requirements (SOR), they must comply with the Data Protection Act and other relevant legislation. Should there be a conflict between the SOR and statutory requirements, the latter take precedence. Scheme operators shall make DCLG aware of any perceived conflicts and the provisions they propose for resolving them. DCLG will circulate all Scheme operators their rulings on whether reported conflicts are real and in the event provide official guidance on their resolution.

EA Scheme Operating Requirements

1. Ensure that members of the Scheme are “fit and proper” persons to undertake energy assessments and that they operate within a code of conduct which is actively enforced by the Scheme.

1.1 Members are ‘Fit and Proper’

1.1.1 Schemes shall be able to demonstrate that proper and effective operational, recording and reporting procedures are in place to decide whether applicants are, and members remain, ‘fit and proper’ persons.

1.1.2 Applicants to a Scheme to become an EA who are not determined by the Scheme to be ‘fit and proper’ shall have their membership application rejected.

1.1.3 Where Scheme enquiries, activities, or other evidence shows that an existing member is no longer ‘fit and proper’, that member shall have their membership revoked.

1.1.4 Schemes shall have an appeals procedure in place for those applicants who are rejected, or members who have their membership revoked, because they are deemed by the Scheme not to be ‘fit and proper’ persons.

1.1.5 These procedures shall be applied in a fair and open way that is compliant with legislation.

1.1.6 DCLG criteria for assessing whether an individual is a ‘fit and proper’ person, and its detailed requirements, are provided in Appendix 1.1.

1.2 Code of Conduct

1.2.1 Schemes shall have an energy assessor “Code of Conduct” (see Appendix 1.2 for detailed requirements). Schemes shall ensure that all members formally sign in assent to this, and to all other Scheme requirements, in a manner which is legally binding, and abide by its terms.

1.2.2 Procedures shall be in place for:

- a) Requiring members to sign the Code of Conduct in a manner which is legally binding
- b) Policing the Code of Conduct (see Appendix 1.2 for detailed requirements)
- c) Implementing disciplinary measures which are proportionate and reasonable in the light of a breach of the Code of Conduct. Scheme requirements for disciplinary action are given in Section 7. Appendix 1.2 provides specific instances of disciplinary measures which are considered proportionate and reasonable.

- d) Providing Members and prospective Members easy access to the procedures and any DCLG or Scheme guidance related to the Code of Conduct and its implementation.

1.2.3 The Code of Conduct shall explicitly refer to this document as the primary statement of requirements to be followed in the event of any conflicting interpretation.

2. Ensure that members of the Scheme are qualified to produce energy assessments

- 2.1.1 An applicant can be considered by a Scheme to be competent to produce Non Domestic Energy Performance Certificates (EPCs) at Level 5 (using approved DSM software), and so become a member of a Scheme register of Non Domestic EPC Energy Assessors (EAs) if they:
- 2.1.1.1 Hold a valid certificate of accreditation or of examination provided by the provider of approved DSM software which demonstrates that they are judged able to properly operate the DSM software.
 - 2.1.1.2 Can demonstrate to the Scheme that they meet the competencies set out in the relevant National Occupational Standards (Level 5) for Non Domestic Energy Performance Certificates, and have satisfied the Scheme's approval process. In this case the Scheme shall have had its APEL (Accreditation Prior (Experiential) Learning) membership route agreed by DCLG, and shall meet all DCLG requirements associated with APEL.
- 2.1.2 Applicants who have been accepted by another Scheme through the APEL route may be accepted into membership so long as:
- a) The individual is not currently suspended by another Scheme of which they are a member.
 - b) The individual has not had their membership revoked by another Scheme.
 - c) They have lodged a Level 5 EPC within the last two years.
 - d) The Scheme who accepted the individual through the APEL route confirms their acceptance of the individual into membership through APEL. Schemes shall provide such confirmations on request.
 - e) The individual can provide the receiving Scheme with a record of their CPD record over the last year, and it can be demonstrated that this meets DCLG requirements.
- 2.1.3 Scheme operators shall have procedures to confirm that a candidate has the appropriate qualification, or has been assessed as being suitable under the APEL membership route, and that, where relevant, the candidate is only operating within any limitations appropriate to the qualification.
- 2.1.4 For applicants going through the qualification route, the Scheme shall request, and retain, a colour photocopy of the qualification certificate.
- 2.1.5 Schemes shall require all applicants to undertake a witnessed site visit, which in this case is their normal place of practice, to check that they are competent and have administrative systems in place which enable the EA to operate in a manner consistent with the proper production of EPCs.

- 2.1.6 Schemes shall check the identity of applicants. These checks shall require a colour photocopy to be provided of either the applicant's passport or driving licence (where this includes a photograph). Where an applicant cannot provide either, Schemes shall require a copy of the applicant's birth certificate, and copies of two utility bills (or equivalent). However the use of these latter checks shall be the exception. In all cases where applicants are not able to supply copies of either a passport or a driving licence, Schemes shall conduct professional interviews with prospective candidates. Schemes shall require such applicants to sign a declaration stating that they do not possess either a valid passport or a valid driving licence during the professional interview.
- 2.1.7 Schemes shall require their members to undertake Continuing Professional Development (CPD) so as to maintain their occupational competence. In this context CPD is defined according to Appendix 2.
- 2.1.8 Schemes shall have procedures in place to check that Energy Assessors (EAs) maintain their competence as stipulated in Appendix 2.

3. Ensure that members of the Scheme have in force suitable insurance cover

- 3.1.1 Schemes shall have procedures for ensuring that their members have and maintain an appropriate level of insurance cover to protect Customers.
- 3.1.2 Schemes shall identify the level of cover required. DCLG requires that as a minimum EAs have professional indemnity insurance cover of £250,000 for each claim in relation to any particular EPC.
- 3.1.3 Schemes are required to:
- a) Undertake reasonable checks that EAs have the required cover. As a minimum the checks shall include obtaining copies of valid insurance at: membership applications; membership renewals; and insurance renewals.
 - b) Undertake checks that the necessary insurance is in place and valid where the Scheme has any doubts about the validity of a member's insurance.
 - c) Undertake checks of members that the necessary insurance is in place and valid where disciplinary proceedings are being instigated, or investigations are being made prior to disciplinary proceedings, against the member associated with a potential breach of the Code of Conduct.
 - d) Implement disciplinary proceedings against any member who does not have the relevant insurance cover. See Section 7 and Appendix 1.2.

4. Ensure that members of the Scheme use operational procedures that ensure reasonable consistency and accuracy of EPCs

4.1 EN 45011

- 4.1.1 DCLG is considering the introduction of a requirement for Schemes:
- a) to be working towards being accredited by UKAS to EN 45011 against this document , or a successor document by Nov 1st 2012, and
 - b) to be accredited by UKAS to EN 45011 against these requirements, or successor requirements, by Nov 1st 2013.
- 4.1.2 Should DCLG decide to follow this route DCLG will announce the requirements which will apply. In the absence of any announcement from DCLG, the requirements set out in this document shall apply.

4.2 General Requirements

- 4.2.1 Scheme operators shall have operational procedures in place to ensure that members produce consistent and accurate assessments.
- 4.2.2 Schemes shall be able to demonstrate that they are following these procedures and any other procedures or arrangements which they have in place to demonstrate that DCLG requirements are being met. All procedures and arrangements shall be consistently applied, and the outcome of all procedures shall be replicable by DCLG.
- 4.2.3 The Scheme's report generation software shall produce accurate EPCs which conform to the specifications set out by DCLG.
- 4.2.4 A single national register of EAs has been established and is operated under licence from the Secretary of State, by Landmark Solutions. All EPCs shall be lodged on this register from April 2012 in line with DCLG requirements.
- 4.2.5 All reasonable requests for information requested by the operator of the register shall be met. Schemes are required to enter into a formal agreement with the Register Operator for the purposes of lodging all EPCs and related data, including EA details and other information as required under this SOR.
- 4.2.6 Any software whether it is provided by Scheme Operators to members, or which the Scheme allows members to use, shall be approved by the Secretary of State. Schemes shall have access to a copy of any software used by their members so that they can undertake Quality Assurance (QA) checks on their work (see Section 5).
- 4.2.7 Scheme operators shall have operational procedures for EAs to lodge EPCs.

- 4.2.8 Scheme operators shall have in place procedures which check that EPCs are being lodged. Where there is a failure to lodge such a report on the register, the Scheme shall investigate the cause and take appropriate action in a timely manner. Here the response shall be to suspend the EA subject to an investigation of why the EPC has not been lodged.
- 4.2.9 Schemes shall have arrangements in place to ensure that, in circumstances where they cease to trade, appropriate information is transferred to DCLG as described in Section 9.3. Schemes shall inform DCLG of these arrangements.
- 4.2.10 Scheme procedures shall be reviewed from time to time in the face of realised outcomes.

4.3 Software Conventions

- 4.3.1 Schemes shall inform new members of acceptable conventions used by the Scheme, and existing members of changes in software requirements and conventions as they are required by DCLG.
- 4.3.2 Specifically Schemes shall:
- a) Circulate new or revised conventions issued by DCLG to their EAs, together with any other information, guidance, and testing requirements that DCLG believe are necessary to ensure that EAs read, understand, and implement, the new conventions.
 - b) Make it clear to EAs that from the date of their implementation changes in software, conventions, or other requirements, shall be included in Scheme QA checks of their members.
 - c) Change their QA procedures, and be able to demonstrate to DCLG that practices have changed, to include the new software, conventions, and any other change in DCLG requirements in their QA checks on their members. Accordingly Schemes shall ensure that those people who undertake the QA of EAs are aware of the changes, and are able to competently implement them in their production of EPCs.
 - d) Ensure that the new conventions are included, where appropriate, in any training, information, and other material made available by Schemes to their members. Schemes shall either archive material which is out of date, or make it clear to members what parts of documents are out of date, where it is necessary to provide access to those documents.

4.4 Support Services to Members

- 4.4.1 Schemes shall provide a helpdesk to members to assist them with enquiries. This helpdesk can be provided directly by the Scheme, or by a third party operating on behalf of the Scheme.

- 4.4.2 The minimum requirements of the helpdesk are:
- a) The helpdesk shall log enquiries from members and responses from the helpdesk.
 - b) This log shall be structured such that particular enquiries, and any correspondence chain, can be recalled, and the Scheme can analyse the enquiries log to support other aspects of the Scheme's operation including the provision of information to Scheme members and to prioritise the QA of Scheme members.
 - c) The average time taken to respond to an enquiry can be calculated.
 - d) Schemes shall ensure that those who undertake the provision of advice to members are competent to do so.
- 4.4.3 Schemes shall also provide information to members associated with changes in software conventions, QA requirements, or other changes which materially affect the way EAs operate. Schemes shall provide additional advice and information services in support of these changes. As a minimum Schemes shall provide:
- a) E-mail or similar alert to their members summarising the requirements
 - b) Information notices, or other similar summaries, to their members where the changes in software conventions or QA requirements are substantive.
 - c) In those instances where training is necessary, a list of Scheme recommended training providers with the statement to members that there are alternative training providers, or a summary of training provided by the Scheme, and how to access it, where this training is provided free of charge.
 - d) Other requirements as identified by DCLG, for example, associated with the release of software conventions.
- 4.4.4 Schemes shall inform would be applicants of the support services provided by the Scheme as part of the membership fee, including whether the helpdesk is provided as a telephone service, or just through e-mail and give an indication of the Level of service which the Scheme undertakes to provide. An example of this latter point would be a Service Level Agreement between a Scheme and its EAs which includes the average time that the Scheme expects to take to respond to a query.
- 4.4.5 Schemes shall provide a response to enquiries from their members. In doing so Schemes shall make their members aware that DCLG and its technical support contractors will only respond to requests from Schemes.

5 Maintain and demonstrate quality assurance (QA) procedures

5.1 Scheme QA Checks

- 5.1.1 Schemes shall have QA procedures in place to check the quality of EPCs, and corrective actions in place where required standards are not met. Requirements associated with the QA of EPCs, monthly reporting of QA and other related statistics (SOR Monthly Reporting Requirements), and disciplinary measures which Schemes shall implement in specified instances, are provided in Appendix 5.
- 5.1.2 As a summary of Appendix 5, outcomes required from Schemes are that:
- a) 90% of EAs audited through “random sampling” are considered by the Scheme QAA to be operating within specified standards.
 - b) Schemes place measures on an EA as detailed in Appendix 5 where the Scheme Quality Assurance Assessors (QAA) identifies the EA as failing to meet necessary standards.
 - c) Any EPCs identified within the Scheme QA process as being “defective” are required to be replaced in so far as it is possible to do so, and in a defined timescale.
 - d) Where an EA fails to undertake corrective action (see also Section 6) Scheme disciplinary procedures shall include a means of escalating required remedial action leading ultimately to the revocation of Scheme membership.

5.3 Responsibility for the Replacement of an EPC Which has Failed an Audit

- 5.3.1 The responsibility and costs associated with the replacement of an EPC which is identified as being defective rests with the EA who provided the EPC.
- 5.3.2 If an EA fails to respond to a Scheme requirement to replace an EPC they shall normally be suspended, and if they refuse to replace the EPC the Scheme shall normally revoke their membership. The exception to “normally” is where the Scheme can demonstrate to the satisfaction of the Scheme auditors that circumstances associated with the production of the EPC makes replacing the EPC impractical.
- 5.3.3 If the EA responsible for an EPC which fails an audit cannot be contacted, or is no longer practicing as an EA, then the Scheme through which they lodged the report shall take responsibility for replacing the EPC.
- 5.3.4 Appendix 5 gives more details of requirements in this area.

6 Complaints & Queries

6.1 Introduction

- 6.1.1 Requirements for handling complaints are provided below and in the following Appendices:
- a) Appendix 6.1 provides the definition of “complaints” and “queries” that Schemes shall apply, and also provides requirements as to how Schemes and their members shall respond to such complaints.
 - b) Appendix 6.2 gives the requirements for the provision of an independent third party complaints procedure for members’ Customers and Scheme members.

6.2 Facilitating the resolution of complaints

- 6.2.1 Schemes shall have procedures for responding to complaints against members or against the Scheme in a timely manner.
- 6.2.2 Schemes shall require their members to declare all complaints that they receive related to the EPBR, to the Scheme, regardless as to the nature of the complaint and whether or not the issue has been resolved by the EA.
- 6.2.3 Complaints procedures shall be available at no cost to Customers. Scheme complaint procedures shall be easily accessible and available to all complainants and where appropriate shall be able to provide for effective redress. Easily accessible shall require that the process for dealing with complaints is signposted on a Scheme’s home web page.
- 6.2.4 Scheme operators shall ensure that complainants understand that their legal rights are not affected by participating in the Scheme’s complaints process.
- 6.2.5 Scheme operators shall report to the police complaints, or other information received, that involve apparent criminal activity.
- 6.2.6 Where complaints cannot be resolved to the complainant’s satisfaction by the Scheme, complaints shall be referred to an independent third party for a decision (see Appendix 6.2).

6.3 Vexatious complainants

- 6.3.1 A vexatious complainant is defined here as a complainant who brings about a complaint or complaints, regardless of its or their merits, solely to harass or subdue the subject of the complaint.
- 6.3.2 A single action, even a frivolous one, is not enough to raise a complainant to the Level of being declared vexatious, though repeated

and severe instances by an individual, or by others on behalf of that individual, can result in the complainant being considered vexatious.

- 6.3.3 Schemes may judge vexatious complainants as abusing the complaints process and as such may refuse the individual access to their complaints process, although the Scheme shall disclose such instances to DCLG. If a Scheme uses this ability to prevent a legitimate complaint from being lodged, the Scheme shall be subject to disciplinary measures by DCLG.

6.4 DCLG Involvement in Complaints

- 6.4.1 DCLG only expects to become involved in complaints in the following instances:
- a) Any complaint regarding a Scheme being in breach of its approved status shall be copied to the DCLG Scheme Manager, and DCLG shall decide whether they wish to be involved in the complaint.
 - b) Section 3 of Appendix 6.2, gives other specific instances.
- 6.4.2 Schemes shall not bring the EPBR, or DCLG, into disrepute by inappropriate reference to the DCLG, EPBR and associated software.

7 Scheme Disciplinary Procedures

7.1 Introduction

- 7.1.1 Disciplinary measures implemented by the Scheme, shall be evidence based, and shall be reasonable and proportionate to the nature of the breach against Scheme requirements, and the risk of such a breach re-occurring.
- 7.1.2 Scheme disciplinary measures shall not be implemented in a manner which is perverse, vindictive or vexatious. An example of such an action would be to interpret and apply the SOR to a particular individual to prevent them from trading in response to an outstanding debt or grievance that a Scheme has against the EA, rather than implementing the SOR across all EAs in a reasonable and proportionate manner.
- 7.1.3 Scheme disciplinary measures shall be implemented in a timely manner.

7.2 Scheme Disciplinary Procedure

- 7.2.1 The Scheme disciplinary procedure shall:
- a) Consider the evidence that an EA has been in breach of the SOR requirements, and if necessary undertake additional investigations to provide additional evidence.
 - b) Consider the severity of the breach in requirement, any history of EA breaches in requirements, and any other relevant information.
 - c) Assess the likelihood of the breach re-occurring.
 - d) Identify a “reasonable and proportionate” response to a) – c) above.
 - e) Inform the member of:
 - o The outcome of the disciplinary procedure
 - o Any remedial measures they are required to implement as a result of the disciplinary procedure
 - o Any evidence and reasoning that the Scheme has applied in coming to its judgement
 - o Their right to appeal, and how to do so.
 - f) Allow the member to appeal on the grounds of disagreement about one or both of:
 - o The Scheme decision
 - o The remedial measure
 - g) Allow the EA a hearing (see later) as part of the appeal
 - h) Provide feedback to the EA following the appeal
 - i) Provide (if necessary) the EA with recourse to the Independent 3rd Party Appeal procedure (see Appendix 6.2)
 - j) Consider the feedback from the Independent 3rd Party Appeals Panel or DCLG approved equivalent and take action as appropriate.
 - k) Under exceptional circumstances (Paragraph 6.3.3, Section 6.4) refer the case to the DCLG Scheme manager.

- 7.2.2 In all instances where a disciplinary procedure has been implemented, the Scheme shall inform the member:
- a) As to the reason for the action.
 - b) As to the appeals process, including recourse to the Scheme's independent third party appeals panel (paragraph 6.2.7).
- 7.2.3 If the EA can provide a satisfactory refutation of a complaint or other basis of a suspension, the Scheme shall:
- a) Re-instate the EA, and inform the EA of their reinstatement.
 - b) Maintain a record of all material evidence, and of the reason behind the decision.

7.3 Disciplinary Hearing

- 7.3.1 Where an EA wishes to appeal against the decision of a Scheme, such that their right to trade as an EA has been affected, the principle Schemes shall implement is of allowing the EA the opportunity to make their case against suspension / membership revocation. Schemes shall be reasonable and proportionate in their response to such appeals, and as such shall normally fully disclose to the EA the evidence used as the basis for the suspension, and the Scheme's reasoning. The exceptions to full disclosure are: where such disclosure means that the Scheme will be in breach of legislation; the Scheme can make a reasonable case that such disclosure may put at risk an individual mentioned, explicitly or implicitly, in the disclosure.
- 7.3.2 The Scheme shall allow the EA an opportunity to participate in a formal hearing as part of the appeal process. Such a hearing shall be timely and shall not be deferred for perverse, vindictive or vexatious reasons of the type described in paragraph 7.1.2 above. Timely here is such that the EA has sufficient opportunity to prepare their case, whilst also being sufficiently rapid so as to not cause undue financial distress to the individual concerned. The format and location of the hearing shall be for the Scheme to decide, although the test of "reasonableness" applies.
- 7.3.3 Schemes may offer EAs a hearing before a decision is taken to revoke membership.

7.4 "Reasonable and Proportionate"

- 7.4.1 Other Sections of the SOR provide specific requirements of Schemes, and examples of "reasonable and proportionate" actions, regarding disciplinary actions on their members:
- a) Breach of the Code of Conduct (Section 1.2)
 - b) Failure to meet CPD requirements (Section 2)
 - c) EPC QA Failures & Risk Assessment (Section 5)
 - d) Complaints (Section 6)

7.5 Member with Multiple Strand Membership

- 7.5.1 Where an EA has membership of more than one EPBD strand (eg is a non domestic energy assessor and a DEA), and the EA is suspended because of quality or other issues associated with one particular EPBD strand, Schemes shall not automatically suspend a member for all Strands. However where a Scheme is aware that a member has been suspended for one particular EPBD strand, and have that individual as a member of a different EPBD strand, the Scheme shall assess the reason for the suspension and make a judgement as to whether the reason for the suspension means that the individual is no longer competent, or "fit and proper" to undertake work on the different EPBD strands. Examples are provided in paragraph 7.5.2.
- 7.5.2 An example where an EA is suspended for one strand but where there is no reason why the EA should be suspended across all strands would be where the reason for suspension is EPBD strand specific, such as a repeated failure to follow a particular EPBD strand convention picked up as part of the audit process, and where the error does not cut across the other strands. An example where an individual EA is suspended from one strand shall lead to an EA being suspended across other strands would be where an EA has been suspended as part of a failure to comply with a Code of Conduct requirement which is common to other EPBD strands, and where the failure to comply with the Code of Conduct requirement for one strand can reasonably be expected to have occurred for the other EPBD strands.

8 Establish and maintain a register of Scheme members

8.1 Register Requirements

- 8.1.1 In keeping a register and such records, the Scheme shall comply with the Data Protection Act 1998 as amended, and any other relevant statutory requirements.
- 8.1.2 Consistent with the above, Schemes shall maintain a register of current members of their Scheme and keep records of former members, with a view to:
- a) Ensuring that insurance cover of members is maintained.
 - b) Recording energy assessor helpdesk enquiries or complaints to the Scheme and any follow-up action.
 - c) Recording Customer queries, complaints, or claims, and any remedial action, related to the energy assessor.
 - d) Recording outcomes associated with QA checks, and any remedial activities.
- 8.1.3 The Level of detail required to be stored by the Scheme shall be such that the Scheme Auditors can follow and review the “paper trail” associated with any individual complaint, query, QA check, CPD check, or other activity covered by the SOR.

8.2 Scheme Membership

- 8.2.1 Scheme operators shall have a procedure that allows a Customer to easily establish the legitimacy of any individual claiming to be, or have been, an energy assessor accredited by them.
- 8.2.2 Schemes shall keep a record of all relevant material associated with membership applications and queries, and ensure that it accurately meets DCLG requirements.

8.3 Retrieval and Analysis of Information

- 8.3.1 Schemes shall from time to time, but no less frequently than once a year, analyse data to identify trends and other useful information as part of a regular review of its procedures, and ongoing risk assessment of their members.

9 Financial probity, financial stability and operational resilience.

9.1 General Requirements

- 9.1.1 Schemes shall have appropriate arrangements in place to ensure financial probity.
- 9.1.2 Schemes shall have sufficient operational resilience to ensure business continuity in the face of events such as the loss of key staff, staff illness, fire and flood damage, and sufficient protection in place to protect data from unauthorised access or theft.
- 9.1.3 Schemes shall have in place arrangements to ensure that, in the case of ceasing to trade, core information and resources have been maintained in such a way that they are available to others. Requirements are detailed in Section 9.3.
- 9.1.4 Schemes shall demonstrate that they have these arrangements in place as part of their application for approval to operate an EPBR strand and whenever they are called upon to do so thereafter by DCLG.

9.2 Financial Statement

- 9.2.1 Scheme operators shall have sufficient financial stability to provide confidence that they can continue to operate.
- 9.2.2 Scheme operators shall send annually to DCLG financial statements specifically relevant to the operations of their approved Schemes. Schemes shall agree with DCLG in advance their annual accounting dates and send the relevant statements within one month of them becoming available.

9.3 Cease to Trade

- 9.3.1 DCLG have issued a provisional "Cease to Trade" document circulated to all Schemes under cover of DCLG's letter dated 22nd December 2009. This largely relates to the transfer of a Scheme's members in the instance that it "ceases to trade". This places a series of requirements on Scheme operators receiving members from a Scheme which has ceased to trade.
- 9.3.2 In addition, each Scheme shall provide a statement to the DCLG annually which states how the Scheme's membership records will be accessible by DCLG in the case that the Scheme ceases to trade in the following instances:
- a) The Scheme voluntarily decides to cease to operate one or all of its schemes.
 - b) The Scheme ceases to trade involuntarily.

9.3.3 DCLG reserves the right to issue further instructions relating to Cease to Trade arrangements. Such instructions may apply either to individual Schemes or to all Schemes collectively depending upon what DCLG deems to be necessary according to circumstances.

9.3.4 In any event, as and when instructed to do so by the DCLG, Schemes shall complete and lodge, in a manner and form prescribed by DCLG, as and when instructed to do so by the DCLG, details of complaints and disciplinary action against either individual EAs or all of their members.

10 Allow DCLG to monitor the Scheme periodically to ensure that it operates within the published rules of the Scheme and delivers compliance with this SOR.

10.1.1 Scheme operators shall allow access to their operations and records by DCLG on request.

10.1.2 Scheme operators shall maintain records in a form that allows DCLG to inspect the operation of their Scheme for compliance with the SOR.

10.1.3 Records shall be backed up either electronically or on paper, and enable full retrieval whenever necessary. Back-up data shall be stored in such a way that it can be reasonably expected to survive instances which might affect the original material stored by the Scheme (fire, theft, various forms of attack on the Scheme's IT systems).

10.1.4 Where the Scheme employs a third party to, for example, undertake some or all of its QA procedures there shall be full DCLG access to the work of that third party, in so far as it relates to demonstrating that the requirements of the SOR are being met,

10.1.5 Scheme operators shall demonstrate the above provisions in practice during their application for scheme approval, and during operation of the approved scheme thereafter, at DCLG's discretion.

11 Suitable administrative and operational systems that are applied in a consistent, fair and open way that is compliant with all relevant legislation

11.1 Overall Objectives

11.1.1 Schemes shall:

- a) Co-operate with any authorised officer of an enforcement authority making enquiries of the Scheme for the purposes of carrying out the authority's duties under legislation.
- b) Demonstrate commitment to publicising the Scheme and its rules.
- c) Manage the avoidance of conflicts between the commercial interests of the Scheme and any sponsoring or member organisations involved with the Scheme, and the Scheme's responsibilities under the terms of its approval.
- d) Provide advice to the public seeking to engage EAs.

11.2 Conflicts of Interest

11.2.1 Schemes shall operate in such a way that there are no conflicts of interest associated with their operation as Schemes, and other activities they, or companies that they are closely associated with, provide.

11.2.2 Schemes shall declare potential conflicts of interest, and their approach to managing the potential for conflicting interest, to DCLG.

11.2.3 If in doubt as to whether an issue raises a potential conflict of interest, Schemes shall inform the DCLG Scheme Manager as to the issue and seek clarification. Failure to declare any conflict, or potential conflict, of interest may result in DCLG taking disciplinary action.

11.2.4 Should DCLG identify additional measures that they believe need to be implemented so as to manage any potential conflict of interest, the Scheme shall implement those additional measures.

11.2.5 Other DCLG Scheme guidance material, for example that associated with APEL assessment, and that associated with the QA of EAs (Appendix 5) also identifies additional measures which Scheme operators shall follow in order to ensure that conflicts of interest are avoided in these specific areas.

11.2.6 Schemes shall have no material links of any kind with companies associated with the "Panel system"¹ of providing EPCs, or with

¹ Schemes must declare to DCLG any relationship which might be considered as falling within what is commonly understood as the "Panel system" (paragraph 11.2.6). In these instances

organisations which operate a system with similar attributes. “No material links” in this context means that all the following conditions are met:

- a) Ownership of the Scheme shall be substantively different from that of any company operating a “Panel system” or a system with similar attributes.
- b) There shall be no common line management of the Scheme with that of any “Panel system” or a system with similar attributes.
- c) The Directors or managers of the Scheme shall have no material financial interest (ie they will gain financially in a manner which is likely to be perceived as affecting their judgement) in any company operating a “Panel system” or a system with similar attributes.
- d) The Scheme does not receive any benefit in terms of direct or indirect payments.
- e) The Scheme does not gain members as a result of the link with an organisation which operates a “Panel system”.

11.3 Publicly available material

11.3.1 Schemes shall allow members of the public, potential applicants to become members, and existing members to have access to all information associated with Scheme operations and pricing which has a material impact on them.

11.3.2 As a minimum, Schemes shall allow members of the public ready access to the following:

- a) Scheme complaints procedures (see also Section 6), including appeals procedures.
- b) Application procedures, requirements, and charges. All such information shall be comprehensive and transparent such that would be applicants can make informed choices when comparing Schemes.
- c) Information about EPCs, what they mean, and what people can do – which may involve links to other sites, such as DCLG and DECC.
- d) Scheme procedures which the public might have reasonable expectation of access to.
- e) A register of the Scheme’s members – to allow householders and potential clients to access their members, and to undertake a basic check that an individual who has approached them is a genuine member who has a valid registration with the Scheme and is thus permitted to lodge EPCs.
- f) The Scheme Annual Report, the content of which has previously been specified by DCLG.

DCLG shall provide guidance as to whether the relationship is, or is not, acceptable given the requirements of the SOR.

11.4 Information available & support provided to members

- 11.4.1 Members shall have access to a Scheme “help desk” (section 4.1). This is defined as a mechanism by which members can ask their Scheme for assistance with, and report on, matters including general advice about: the EPBR and associated infrastructure; conflicts of interest; complaints; QA requirements; and software issues including conventions. The Level of service which members can expect from the Scheme shall be included in material available to Scheme applicants.
- 11.4.2 Schemes shall record, and from time to time analyse, the nature of enquiries from members and be able to demonstrate how they have considered the outcome. The analysis will be undertaken at least quarterly and be used to inform QA assessments (see Section 5), and the provision of information to members (Section 4.4).

11.5 Provision of Information to Other Schemes, and Information requests from Other Schemes

- 11.5.1 DCLG wishes to ensure that individual EAs do not move from Scheme to Scheme as a means of avoiding QA checks, CPD, or to avoid corrective action associated with a failed QA check, code of conduct violation, failure to undertake CPD etc.
- 11.5.2 As such Schemes shall lodge information associated with their member’s status in line with the requirements in Appendix 11.
- 11.5.3 Schemes shall access the information about the suspension of individuals in other Schemes on a daily basis, and shall use this information to inform actions associated with existing members or new applicants.

11.6 Retention of Information

- 11.6.1 Schemes shall retain information in a secure and resilient manner that remains accessible to DCLG, and require their energy assessors to retain information in a secure and resilient manner, so that all the following are met:
- a) Any requirements associated with ensuring liability insurance are satisfied including any “run off” requirements.
 - b) Any specific DCLG requirements specified in the SOR which identify the need to access and check information.
 - c) Records are maintained for a minimum of ten years.

11.7 Membership And Multiple Registrations Within A Scheme

- 11.7.1 A member refers to an individual registered with a Scheme, who has one or more registrations with a Scheme. For the avoidance of doubt, in the SOR a “member” or “Energy Assessor” refers to a unique individual, ie multiple registrations by a single individual do not count as additional members.
- 11.7.2 Where Schemes report to DCLG about the numbers of members, Schemes shall report on the number of unique individuals who are members of the Scheme, and not the number of registrations unless so asked to do.
- 11.7.3 Schemes shall not make available information that misrepresents the size of the Scheme. When providing information about the current size of the Scheme, the Scheme shall make reference to both the number of members who are currently registered with the Scheme and the number who are currently active, which is defined as those who have lodged an EPC in the preceding 12 months. Schemes may provide information covering more than one calendar year, but shall only do so if the information is broken down into periods of time that do not exceed 12 months. DCLG will see reference to the number of registrations as a means of inflating the size of the Scheme as misrepresentation and will treat this as a disciplinary matter.
- 11.7.4 Where members have multiple registrations Schemes shall be able to demonstrate that the request for each and every registration has come directly from the EA concerned. In each case the EA shall provide proof of address, a copy of which shall be retained by the Scheme. An example of such a proof is a letter from an employer.
- 11.7.5 For any given EPBD strand, where there is a request for a second or further additional registration from an existing or new member, and at each anniversary of these registrations, the Scheme shall review whether each additional registration is necessary, and record the outcome of that review. The following are instances where additional registrations shall not be considered necessary:
- a) Administrative benefits associated with the EA’s participation in the so called Panel system, or a system with similar attributes.
 - b) Where an EA registers with a wide range of postal addresses which are not credible as representing a range of locations where the EA has their place of employment.
- 11.7.6 As part of the anniversary review, the Scheme shall review those registrations where an EA has not made a lodgement in the preceding 12 months, and unless there is a compelling reason, shall remove the additional registration. An example of a compelling reason is where an EA has been on maternity or paternity leave, or long term sick leave. An example of a reason which Schemes shall not see as compelling is where a particular registration is associated with the operation of a Panel.

12 Other Requirements

12.1 Other Clarifications

12.1.1 DCLG has issued clarifications associated with Schemes. These clarifications are still in force unless overtaken by the requirements in this document, or other later releases from DCLG.

12.1.2 Earlier clarifications / requirements include but are not limited to:

- a) IAN/1 dated 1st August 2008
- b) Letters / e-mails to Schemes from DCLG:
 - 22 December 2009 (various issues)
 - 11 May 2009 (data gatherers)
 - 30 December 2008 (APEL)

13 DEFINITIONS

- 13.1 National Occupational Standards** – standards for EAs that are approved by the United Kingdom Coordinating Group of National Occupational Standards Boards, as amended from time to time.
- 13.2 “Customer”** shall be understood as including any of the following:
- A person who commissions an energy assessment.
 - Any seller or landlord on whose behalf an energy assessment is commissioned.
 - The person who receives the EPC following a transfer of ownership or leasing arrangements.
- 13.3** A “**member**” is a person who can, unless suspended or struck off, lodge EPCs because their membership of a Scheme indicates that they meet the requirements of being an Energy Assessor.
- 13.4 “Energy assessment”** means here the production of Energy Performance Certificate including the provision of advice on possible improvements, replacement, or alternative solutions.
- 13.5** An **Energy Assessor (EA)** is a reference in this document to a person whose Scheme membership allows them to undertake and lodge Energy Performance Certificates and Recommendation Reports. As such in this document EA means Non-Domestic Building Energy Assessor.
- 13.6** A **Scheme**, or a Scheme operator, is an organisation in receipt of an “Approval Letter” on behalf of the Secretary of State for Communities and Local Government to operate an Accreditation Scheme for a particular strand of the EPBR.
- 13.7 EPBD Strand**, the following are strands associated with the EPBR, each of which requires an “Approval Letter”:
- Energy Performance Certificate (EPC) production for existing dwellings.
 - Energy Performance Certificate (EPC) production for new dwellings.
 - Energy Performance Certificate (EPC) production for non-domestic buildings (for Levels 3, 4 & 5).
 - Display Energy Certificates (DEC), and Advisory Reports for public buildings
 - Air Conditioning Inspection Reports (ACIR) (for Levels 3 & 4).
- 13.8** A **Scheme** refers to an organisation in receipt of a Letter of Approval on behalf of the Secretary of State for Communities and Local Government to operate an Accreditation Scheme associated with the EPBR.
- 13.9** If a Scheme **revokes** membership, it refers to the instance where it withdraws membership from an individual due to specified breaches in

requirements. Section 11 relates to limitations associated with the term “revoked” and “**struck off**” in the context of the sharing of information between Schemes via the registry.

13.10 APPENDIX 1.1

'FIT AND PROPER'

1. Requirements

1.1.1 Schemes shall demonstrate that proper and effective operational, recording, and reporting procedures are in place to decide whether applicants are, and Members remain, "fit and proper" persons. These procedures shall be applied in a fair and open way that is compliant with legislation..

1.1.2 Schemes shall:

- a) Make appropriate enquiries of the applicant and their employer about checks already made into the background of applicant EAs to enable them to make an informed judgement about whether the applicant is a "fit and proper" person. An applicant, who makes a false disclosure on their application, regarding their employment or previous status as an energy assessor with another Scheme, shall not be considered "fit and proper".
- b) Maintain checks / monitoring after membership is granted.
- c) Reject applicants, or revoke membership, where the applicant or member is considered not to be a "fit and proper" person.

1.1.3 Scheme operators shall respond promptly to enquiries from other Schemes to confirm the membership status and disciplinary record of any former member.

1.1.4 Schemes shall:

- a) Have procedures in place which assess an individual against paragraph 1.1.2 in a transparent manner.
- b) Have an appeals mechanism for applicants who have been turned down because they are not seen as "fit and proper", and for existing members who have been suspended or removed from membership because they are no longer deemed to satisfy the "fit and proper" requirements.
- c) Inform applicants who have been turned down because they are not seen as "fit and proper", the reason for the decision, and how the appeals mechanism operates.

APPENDIX 1.2

ENERGY ASSESSOR CODE OF CONDUCT

1. Code of Conduct Requirements

- 1.1.1 The EA shall sign a Code of Conduct, provided by the Scheme, which includes the requirements in paragraphs 1.1.2 to 1.1.17 below.
- 1.1.2 The EA shall not provide an EPC where there is a conflict of interest in doing so. If an EA is uncertain what constitutes a conflict of interest they shall contact their Scheme to gain clarification.
- 1.1.3 The EA shall act in a professional manner, as defined by the relevant “National Occupational Standards”, available from Asset Skills.
- 1.1.4 The EA shall notify the Scheme operator of any complaints they have received.
- 1.1.5 Where an EA receives a complaint they shall provide the complainant with the relevant complaints procedure, and explain to them that if they are not satisfied with the way that the complaint is handled, how the Scheme complaints procedure can be accessed. The EA shall explain that the complainant’s statutory rights are not affected by accessing the complaints procedures.
- 1.1.6 Information obtained by the EA shall be confidential where it is not covered by the requirements to provide that information to their Scheme, to the organisation or individual who has commissioned the work, and to other formal requirements associated with the EPBR, including lodging the EPC on the appropriate Register.
- 1.1.7 An EA shall not undertake an EPC if the nature of the building is such that the EA lacks the competence or knowledge to produce an accurate EPC for that building.
- 1.1.8 The EA shall agree to their Scheme sharing information it holds on the EA with other Scheme operators, Green Deal Certification Bodies, DCLG, the Department for Energy and Climate Change (DECC), and the Green Deal Oversight Body regarding paragraphs 1.1.8.1 to 1.1.8.4 below:
- 1.1.8.1 Disciplinary actions associated with any of:
- a) A failure to meet the EA Code of Conduct.
 - b) The failure of a Scheme audit.
 - c) A failure to meet CPD requirements.
 - d) Other matters relevant to the Code of Conduct.

- 1.1.8.2 Complaints against the EA which the Scheme has knowledge of.
- 1.1.8.3 Competency assessments, including the outcome of any QA checks.
- 1.1.8.4 The EA's CPD records.
- 1.1.9 In the course of their work the EA shall take reasonable steps to ensure their own, and the public's health and safety. If an EA considers a building, or part of the building, unsafe they shall:
 - a) Record any such instances.
 - b) If necessary inform others as part of their duty of care.
 - c) If necessary not continue with the provision of an EPC.
- 1.1.10 The EA shall show their identification to the Customer (if possible).
- 1.1.11 The EA shall discuss with the Customer the background to the EPC including information requirements, and what they should do if they have a complaint about the work of the EA.
- 1.1.12 The EA shall lodge all EPCs produced in accordance with Scheme requirements.
- 1.1.13 The EA shall agree to be bound by all Scheme rules, shall follow all Scheme procedures, and will be bound by Scheme disciplinary procedures unless they are overturned on appeal.
- 1.1.14 The EA shall ensure that records associated with the production of an EPC are stored in a safe and secure manner.
- 1.1.15 The EA shall ensure that they are covered by an appropriate Level of professional indemnity, and shall not provide an EPC unless so covered.
- 1.1.16 The EA shall not undertake any action that brings the EPBR or the Regulations that implement it into disrepute.
- 1.1.17 Where the EA uses others to collect information required for, or enter data into, a DSM.
 - a) The EA who lodges the EPC shall take full responsibility for the findings in the report, including information identified, or entered into the DSM, by others.
 - b) The EA shall take all reasonable steps to ensure that those who work for them recovering information or entering data have suitable insurance cover, and are competent to undertake the work.

2. Policing of the Code of Conduct

- 2.1.1 Scheme operators shall carry out checks with EPC Customers with the aim of ensuring that members are complying with the Code of Conduct. As a minimum Schemes shall engage with any Customer who complains about an EA or an EPC, and specifically check with the complainant whether the EA satisfied those elements of the Code of Conduct which the complainant might reasonably be able to comment on.
- 2.1.2 In the instance where Schemes receive a complaint the complaint shall trigger a check as to whether the individual has had the appropriate level of insurance cover required by the Scheme (Section 3).

3. Scheme Response to a Breach of the Code of Conduct

3.1 A Proportionate Response

- 3.1.1 DCLG requires that Schemes respond to transgressions against their Code of Conduct in a proportionate way.
- 3.1.2 As part of their disciplinary procedures Schemes shall include an approach which considers:
- a) The seriousness of the transgression in terms of the potential impact of the transgression on the Customer or other stakeholders.
 - b) Whether there have been previous transgressions, which might be relevant, and how recently these have taken place.
 - c) Any other evidence which the Scheme has available to it which might also be relevant.
- 3.1.3 In terms of the seriousness of the transgression, the following is provided as guidance:
- a) **Minor transgression.** No significant impact on a Customer or other stakeholder associated with the transgression. The appropriate response here would be to inform the assessor of the nature of the shortcoming, and check that the assessor's behaviour changes. An example would be where a misunderstanding of an element of the code of conduct occurs which does not result in a significant impact on the Customer or other stakeholder.
 - b) **Significant transgression.** A transgression which has a significant impact on a Customer or other stakeholder. This category falls between "Minor" and "Major" transgression. Depending on the nature of the transgression the EA may be required to undertake additional training to modify their behaviour whilst being allowed to continue to lodge EPC, or may be subject to suspension until a period of training has been completed.

c) Major transgression. Compelling evidence that an EA has failed to meet the code of conduct, in a way which has had a major impact on the Customer or other stakeholders. Here an energy assessor can be expected to be suspended pending a disciplinary hearing. An example would be where: the energy assessor has provided a specific recommendation to a Customer, which is aimed at securing additional work for the energy assessor rather than a recommendation which reflects a professional judgement.

3.1.4 In the case of “minor” or “significant” transgressions Schemes shall check on, and record, the effectiveness of remedial action. The Scheme shall have an escalation process in place if remedial action does not substantively remedy the shortcoming.

3.2 Further examples:

3.2.1 Referring to Section 1, compelling evidence regarding an EA breach of the Code of Conduct paragraphs 1.1.2, 1.1.3, 1.1.5, 1.1.6, 1.1.7, 1.1.9, 1.1.10, 1.1.12, 1.1.13, 1.1.15, 1.1.16, 1.1.17 shall be seen as a “major transgression”, which shall result in the immediate suspension of the EA, pending an investigation by the Scheme operator which shall be undertaken in a timely manner. 1.1.13 is dependant on the breach being covered by the specific DCLG requirements in Section 1 – eg Section 1 does not include Scheme suspension for late payment.

3.2.2 Where the evidence is less than compelling, but more than hearsay, the Scheme shall make enquiries before undertaking action, and that action shall be proportionate to the outcome of those enquiries and in line with other requirements laid out in this Appendix.

3.2.3 Referring to Section 1, compelling evidence regarding a breach of the Code of Conduct paragraphs 1.1.4, 1.1.11, 1.1.14 shall normally result in:

- a) 1st instance: Scheme shall inform the EA that they are in breach of the Code, and what remedial measures they need to take.
- b) 2nd instance: EA to be reprimanded, and informed that a further failure will result in them facing disciplinary action which shall be that they are suspended until they have undertaken measures to remedy the deficiency.
- c) 3rd instance: The EA is suspended, until they have undertaken measures identified by the Scheme as being reasonable and proportionate to remedy the deficiency. The Scheme shall implement additional checks to assess the effectiveness of those measures.

APPENDIX 2

CONTINUING PROFESSIONAL DEVELOPMENT REQUIREMENTS

1 General Requirements

- 1.1.1 Schemes shall have procedures in place which ensure that EAs undertake continuing professional development (CPD).
- 1.1.2 For the purposes of this document there are three types of CPD which Schemes shall require of Members and about which they shall ensure evidence that the CPD has been undertaken:
- a) **Changes in Requirements.** This relates to CPD requirements required for an EA to retain their competence in the face of changes in the way in which EPCs are required to be produced and DCLG approved DSM software used, including any conventions produced by the non-domestic EPC conventions group. This is covered in Section 1.2 of this Appendix.
 - b) **Disciplinary Requirements.** This relates to CPD requirements required by the Scheme as a result of disciplinary action. This is covered in Section 1.3 of this Appendix.
 - c) **Other Professional Development.** This covers the need for the EA to undertake on-going professional development separate to that identified in a) and b) above. This is covered in Section 1.4 of this Appendix.

1.2 Changes in Requirements.

- 1.2.1 Scheme operators shall ensure that all their members have access to changes in requirements as soon as practical where there are changes in any of:
- a) Software.
 - b) Scheme requirements.
 - c) Other changes which materially affect the way in which EPCs are provided or EAs operate.
- 1.2.2 Where training is required to ensure that the EA is competent to deliver EPCs in the changed circumstances, the Scheme shall identify suitable training providers, implements checks that this training is undertaken, and where necessary check the competence of the EA following the training. DCLG may from time to time issue instructions as to the need for information, training, and testing associated with the release of new software or software conventions.
- 1.2.3 There is no specified time requirement for this set of requirements. The requirement is for EAs to keep their professional competence up to date by undertaking whatever training is necessary.

1.2.4 Schemes operators shall keep records which can be used to demonstrate that any required training, and where necessary testing, in this category has been undertaken.

1.3 Disciplinary Requirements.

1.3.1 Where, for example due to a failure of a QA audit, an energy assessor is identified as requiring remedial training, the Scheme shall identify these requirements, ensure that the EA has completed any remedial training, and put in place procedures which ensure that the remedial training has been effective. There is no specified time requirement for this set of requirements. The requirement is for Schemes to specify an appropriate training regime and subsequent compliance regime for the EA to demonstrate their competence. Scheme operators shall keep records which demonstrate that any required training, and where necessary testing, in this category has been undertaken.

1.4 Other Professional Development.

1.4.1 Scheme operators shall work with their members to develop personal development plans which meet the requirements of the individual EA, outside of the two categories listed above. Schemes need to define the types of CPD which they believe are appropriate for their members, and the evidence needed to demonstrate that this CPD has been undertaken. Schemes shall require a minimum of 10 hours of CPD per year in this category. Where an assessor is accredited in more than one strand of the EPBR, they shall undertake a minimum of 10 hours CPD per year in this category plus an additional 5 hours CPD in this category for every additional strand.

2 CPD Monitoring

2.1.1 Schemes shall require their members to keep up to date records of the CPD they have undertaken. Schemes shall be able to demonstrate that their members have completed any requirements associated with CPD undertaken under the above headings of “Changes in Requirements”, and “Disciplinary Procedure requirements”. Particular monitoring requirements associated with “Change in Requirements” will be specified by DCLG from time to time. Schemes shall check that all CPD requirements associated with disciplinary requirements have been met. If a member fails to demonstrably undertake CPD in these areas they should be subject to a disciplinary procedure which leads to, or maintains, their suspension until they have completed the necessary CPD.

2.1.2 For CPD under the heading above of “Other Professional Development”, Schemes shall randomly sample at least 5% of members annually to ensure that they have undertaken the necessary Level of CPD. This means that Schemes shall require that members provide their CPD

return. Failure to do so shall be treated by Schemes as a disciplinary matter, which ultimately leads to the suspension of the member if the CPD return is not forthcoming within 15 working days of the request.

3 Scheme Procedures

3.1.1 Scheme operators shall have procedures in place which enable them to demonstrate that these requirements are being met. Scheme operators shall keep records of CPD undertaken by assessors that are subject to disciplinary procedures.

4 CPD / Training and Scheme Conflicts of Interest

4.1.1 Unless CPD / training is provided by Schemes as part of the membership fee, Schemes shall not require attendance on training events provided by themselves. Schemes shall not mandate training with any single training / CPD provider, and shall declare to their members any link that the Scheme has with the training provider.

4.1.2 Schemes can only charge members for competency testing following training where such training has been mandated by the Scheme as a result of disciplinary action. However Schemes shall ensure that charges for such tests are proportionate and applicants shall be made aware that these charges will be levied at the point at which they apply for membership of the Scheme or renew their membership.

4.1.3 DCLG intends to inform Schemes when software or other changes in operating practice require mandatory CPD whether the Scheme shall undertake, and may charge for, testing associated with software or other changes.

4.1.4 In the instance of EAs requiring training because of a failure associated with QA Audits, DCLG sees the additional QA monitoring regimes associated with QA failures required in Appendix 5 as being the only checks necessary to ensure that any remedial training has been successful.

APPENDIX 5. SCHEME QUALITY ASSURANCE (QA) REQUIREMENTS ASSOCIATED WITH ENERGY ASSESSORS (EA)

1 INTRODUCTION

1.1.1 Scheme requirements for Scheme QA are provided in the following Sections of this Appendix:

- Section 2: Audit methodology
- Section 3: Evidence requirements
- Section 4: The selection of EAs for audits.
- Section 5: Requirements on Quality Assurance Assessors (QAAs).
- Section 6 : Failed Audits.
- Section 7: Scheduling of audits.
- Section 8: Monthly SOR Report
- Section 9: The avoidance of conflicts of interest.
- Section 10: Participation in Cross Scheme moderation activities.
- Section 11: Corrective and Disciplinary measures.
- Section 12: Outsourcing Audits.
- Section 13: Dealing with uncertainty.

1.1.2 Cross references apply to text within this Appendix unless otherwise indicated.

1.1.3 In this Appendix:

- a) An “audit” means an audit of an EA and their work by a Scheme QAA as referred to in Section 5 using the methodology referred to in Section 2. For the avoidance of doubt, an audit is only considered completed if the QAA has been able to undertake an assessment of: the EA’s on-going competence and adherence to the Code of Conduct; the procedures they follow to ensure they meet the SOR where required to do so; and that an EPC they have lodged meet SOR accuracy requirements.
- b) “Audited” means an audit has been completed.
- c) An “audit called for in month” means that within a given calendar month that the first request to an EA regarding the requirement for an audit to be held has been sent.

1.1.4 For Level 5 EPCs, the audit methodology and requirements are based around the audit of an EA at their normal place of work where the Scheme can fully review whether the EA has met the requirements in the SOR associated with the production of Level 5 EPCs, including a review of specific EPCs.

2. AUDIT METHODOLOGY.

2.1 Requirements

- 2.1.1 The requirement on Schemes is to annually review at least 10% (see Section 4) of their members at their normal place of work to check that:
- a) The EA can demonstrate on-going competence associated with the use of DCLG approved DSM software to produce EPCs in line with conventions.
 - b) The most recent EPC lodged by the EA, at the time the audit was requested has been prepared in line with DCLG requirements, and meets accuracy requirements.
 - c) The EA can provide the Scheme QAA with sufficient evidence at the audit that the QAA has confidence that they could fully replicate the EPC if required to do so.
 - d) The EA can demonstrate that they are abiding by the Code of Conduct.
 - e) The EA can demonstrate that they have met DCLG's requirements associated with the use of "data collectors", defined here as being anyone who assists the EA in the collection of data, and entry of data into the DSM.
- 2.1.2 Scheme's shall make it clear to members what access, information, and facilitation they shall require from the EA as part of the audit process.
- 2.1.3 The Scheme shall require that the EA facilitates any request for an audit both by the Scheme, and if required by a QAA appointed by DCLG.
- 2.1.4 The DCLG "standard approach" to an audit is given in Section 2.2 . Schemes may wish to co-operatively develop an alternative to this approach, and requirements here are identified in section 2.3.
- 2.1.5 The Scheme target set by DCLG is for no more than 10% of Audits over each half year (Jan 01 –June 30; July 01 – Dec 31) to have failed an audit.
- 2.1.6 The identification as to whether or not an audit passes or fails shall be on the basis of an assessment by the Scheme QA team using the methodology identified in this Appendix. Any review shall be evidence based. One test that a Scheme QAA is undertaking audits to the necessary standard shall be that a QAA appointed by DCLG who witnesses a Scheme audit shall agree with the Scheme QAA's judgements.

2.1.7 In reviewing the accuracy of an EPC as part of the audit, the Scheme shall use approved software and conventions valid at the time the EPC was produced.

2.1.8 If the targets stipulated in paragraph 2.1.4 are not met, the Scheme shall submit a further report within 5 working days of submitting the final monthly return which makes up the half year to inform the DCLG Scheme Manager what measures the Scheme is implementing to improve the accuracy of their members' EPCs.

2.2 Audit Approach

2.2.1 For Level 5 EPCs, audits will be based on a site visit to the EA's normal place of work (paragraph 1.1.4). Specific checks that the QAA shall undertake as part of these audits are detailed in Table 1.

APPENDIX 5, TABLE 1. Audit Checks (Suggestions welcome – needs further development)			
Ref	Area	Specific Check	Commentary
1. EA On-Going Competence – DSM software and conventions			
1.1	DSM software	Check that evidence provided regarding DSM software competence is valid for the software in use.	
1.2	Software Conventions	Check EA is aware of the most relevant software conventions issued by the DSM provider (if any) as well as the non domestic EPC conventions group.	QAA to select at least four recent conventions and check that the EA knows how to implement in a DSM environment. The EA can refer to notes or e-mails regarding the convention group.
1.3	Competence	Check an instance of an EPC (see 2 below).	
2. EPC Check & Supporting Evidence			
2.1	DSM use in line with conventions. Require EA to	Check: <ul style="list-style-type: none"> Zoning is appropriate. 	Detail to be developed. See section 2.3

	walk through the DSM and calculations used to produce the EPC being assessed, and QAA to check key data entry points and assumptions - against required conventions, and that evidence available to the EA supports decisions.	<ul style="list-style-type: none"> • Check data associated with global information is in line with conventions and supported by evidence. • Check sample of at least 10 of the most critical zones and check that data entry is in line with conventions and supported by evidence, • Identify any changes in EPC and BER ratings if errors are identified in any of the above. • Identify likely BER and EPC rating errors. 	
2.2	Supporting evidence	As part of checks associated with 2.1, QAA to check that EA can provide evidence as stipulated by Scheme.	Detail to be developed.
3. Code of Conduct			
3.1	Checks on customer complaints.	<p>Is there a record of any customer complaints, and if there are complaints what is the procedure for dealing with them, and have any complaints been passed to the Scheme?</p> <p>Does the EA understand what a complaint is in the context of the EPBR?</p>	

		Procedures in place within company to deal with complaints?	
3.2	Conflict of interest	Does the EA understand “conflict of interest”, and are there any instances where one has arisen? Any procedures (formal or informal) within company if such a conflict arises?	
3.3	Data storage “safe and secure manner”	Does the EA have the ability to store data in a safe and secure manner? What procedures are there within the organisation to ensure that data is stored in a safe and secure manner? Do these meet Scheme requirements?	
3.4	“Data collectors”	Where used check on: their competency by checking that a sample of the data collected / entered by them. DCLG intends to issue more detailed requirements here. Are there formal or informal procedures which lay out how the EA checks on the competency of those they use, training,	Where the EA lodges significant numbers of Level 5 EPCs (Scheme to define but more than 5 a quarter), the QAA shall pay particular attention as to the EAs oversight of those who assist in data collection and input.

		<p>where appropriate, and checks on their work?</p> <p>Is there any evidence that such checks are undertaken?</p>	
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2.2.2 The QA assessor shall review specific errors identified with Table 1 with Table 2 (DCLG will provide a more detailed table in due course) so as to identify the magnitude of EPC errors. Table 2 provides an example of what the table will comprise.

APPENDIX 5, TABLE 2: Classification of EA Errors. Example of specific errors and whether they should be classified as “minor”, “significant”, or “major”. DCLG will develop and issue updates.

Table 1 reference	Specific check	Example of classification of errors		
		<p>Minor (Audit is assessed as a failure if there are more than three “minor” errors, or one “significant” error and two minor errors.</p>	<p>Significant (Audit is assessed as a failure if there are more than 2 significant errors).</p>	<p>Major (Audit is assessed as a “fail” if there is any one error classed as “major”)</p>
1.2	EA asked about knowledge of recent conventions	Aware of conventions, cannot find them during audit, but impression is that conventions	Aware of conventions , but misunderstood how they should be applied in a way which	Unaware of conventions, and not applying them.

		likely to be applied.	will have a material impact on the EPC.	
2.1	EPC checks	Some minor failures to enter data correctly, which by themselves have a minor (EPC and BER cumulative absolute errors as identified in non domestic EPC L3,4 SOR – are within accuracy limits) impact	Evidence as to data entry is partially incomplete and is unlikely to have a major impact on the assessment of EPC accuracy.	Data entry or measurement errors are such that either the EPC is judged defective (section 2.3)

2.2.3 Any of the following circumstances shall lead to the Scheme QAA classifying the EA audit a failure:

- a) More than 6 “minor” errors as identified in Table 2.
- b) More than 2 “significant” errors as identified in Table 2.
- c) One significant error and 4 or more “minor” errors as identified in Table 2.
- d) 2 “significant” errors and 2 or more “minor” errors as identified in Table 2.
- e) One or more “major” errors as identified in Table 2.

2.2.4 Evidence (see also section 3) required by the Scheme shall be assessed by the QAA to check that it is contemporaneous with the energy assessment, and of sufficient quality to allow the QAA to review the EPC. Table 4 provides a summary of the minimum evidence requirements associated with an Audit.

REQUIRED EVIDENCE	COMMENTRY
<p>Data file, and/or software data collection forms, relating to information used by an Energy Assessor to calculate the BER and asset rating, which allows Scheme QAA to assess the accuracy of the EPC against each stage of data entry associated with SBEM. The information shall allow the Scheme to deduce the software (and version) used to produce the EPC.</p> <p>Solar values, U, L Km and T values</p>	<p>The QAA needs to validate that the EA has correctly input data into the EPC generation software. As such the QAA needs access to the same Level of information as that required to produce the EPC. For more complex buildings the QAA may limit the number of zones (see section 2) which are checked.</p>
<p>Design Floor Plan, elevations, sections, which allows the EPC to be recalculated.</p>	
<p>Evidence of zoning.</p>	<p>Evidence of zoning shall be assessed by examination of an annotated drawing of the building identifying the zones. If architectural drawings with references are submitted, these references shall be annotated by titles on the zoning diagram or a copy of the architects references provided.</p> <p>If no documentation is available which provides a summary of what is in each zone, sample photos shall be provided for each type of zone and these shall be referenced against a schedule of what is in each zone.</p>
<p>Any supplementary calculations undertaken by the assessor.</p>	
<p>Any other evidence required to justify the suppression or inclusion of additional recommendations</p>	<p>Example of this might be:</p> <ul style="list-style-type: none"> • a guarantee or a building control notice for improvements • evidence of a building's age
<p>Data collectors – statement of where they have been used, and how supervised.</p>	

2.3 EPC ACCURACY & CHECKING METHODOLOGY

2.3.1 Any EPC assessed by the QAA as part of an EA audit shall meet the following accuracy requirements:

- a) The absolute sum of any BER errors identified by the QAA shall be either less than 10% of the BER calculated by the EA, or within 5kgCO₂/m² of the value calculated by the EA.

2.3.2 The methodology used by the QAA to check the accuracy of the EPC shall be as follows:

- a) The QAA shall ask the EA to talk through the assumptions and data entry associated with the EPC selected to be assessed as part of the audit.

- b) The QAA shall initially review all global values, checking that all conventions which apply to the DSM have been used, and against the evidence which the EA.
- c) The QAA shall work through all global values. Where the QAA would have entered a different value to the EA, the EA is requested to amend the data point, and the impact on the BER is noted as an absolute value. The EA is then requested to return the data point to its original value and move on to the next global value.
- d) After the EA has worked through the global values the QAA forms a view as to the most critical zones in the building.
- e) The EA shall then be asked to correct all the global values in line with the QAA's instructions, and to then review at least 10 zones of the building with the most critical zones being selected ahead of the less critical zones in all instances. Critical in this case means that the zones are selected where a data entry error can be expected to have the greatest impact on BER calculations. For each zone where the QAA would use a different data entry point to the EA, the EA shall be asked to change the value, and the QAA shall record the difference in BER as an absolute number. All differences in BER between the QAA and the EA shall be recorded separately as an absolute value to those differences associated with the global values.
- f) For the zones checked, calculate the cumulative treated floor area of those zones ("TFA of sampled zones"), compared to the treated floor area of the building as a whole ("TFA of EPC"). Calculate the "escalation factor" (F) by dividing the total floor area of the EPC by the total floor area of sampled zones: $F = \text{TFA of EPC} / \text{TFA of sampled zones}$. Multiply the cumulative error in the BER associated with all zones sampled with F. If this error plus any error associated with global zones is outside acceptable accuracy limits given in paragraph 2.3.1, the EPC shall be classed as "defective", and the EA required to replace it. If the recommendations associated with the EPC changes due to differences between the QAA and the EA data entry, the EPC shall be classed as defective and the EA required to replace it.
- g) The sampling requirements specified in 2.3.2(e) above are minimum requirements. QAAs may apply additional sampling, of anything up to 100% of zones, to establish whether an error that is identified in one zone is a single occurrence or whether it is likely to have been repeated in other zones. Where additional zones are checked and the error is found to be repeated in 45% or more of the zones in which a similar error might occur, then the escalation factor described in 2.3.2(f) above shall be applied. Where the error is found to be repeated in less than 45% of the zones in which a similar error might occur, then the QAA may make a judgement that the escalation factor described in 2.3.2(f) above shall not be

applied. However, any zones in which the error is repeated shall be treated as cumulative errors for the purposes of determining the outcome of the audit. In either case the QAA shall record the evidence to support their decision such that an independent auditor can make an assessment of whether the judgement made by the QAA was reasonable. If the error plus any error associated with global zones or the application of the escalation factor is outside acceptable accuracy limits given in paragraph 2.3.1, the EPC shall be classed as “defective”, and the EA required to replace it. If the recommendations associated with the EPC changes due to differences between the QAA and the EA data entry, the EPC shall be classed as defective and the EA required to replace it.

- h) The QAA shall ask the EA to calculate the EPC rating for the building based on all corrected data entry points. If the calculated EPC rating is in a different band to the original EPC but the BER rating is within accuracy limits, the audit shall not be marked as a fail on the basis of the EPC BER and EPC rating alone.

2.3.3 An acceptable alternative to the above where an EPC is identified as “defective” before all data entry checks are completed is to move to a shortened approach whereby the QAA no longer has to identify the absolute errors associated with each data entry, but instead identifies any further errors the EA has made, and records these.

2.4 Cross Scheme Alternative Approach

2.4.1 DCLG would welcome a proposal from Schemes acting in collaboration to develop an alternative approach to the QA of L5 EPCs. Annex A to this Appendix provides detailed DCLG requirements associated with such an approach. In summary Annex A requires:

- a) That the proposed alternative QA approach is submitted on behalf of at least two Schemes who currently QA L5 EPCs.
- b) That the submission provides details of the governance (standard development, cross scheme moderation, ownership, membership); details of the initial standard (which shall cover each of the main headings in Appendix 5 of the SOR); and a statement which demonstrates how the alternative QA approach is at least as effective as the “standard DCLG approach”.
- c) In any proposed alternative DCLG shall require that it has the final say on any alternative QA “standard” or governance approach, or amendments to these.
- d) DCLG shall continue to have full powers of access and inspection for the purposes of establishing on-going performance compliance.

3. EVIDENCE REQUIREMENTS

- 3.1.1 Schemes shall require their members to provide access to all information required by the QAA to audit the work of the EA. The level of information required by the Scheme shall be sufficient to allow a DCLG appointed QAA to undertake an audit in line with the SOR requirements.
- 3.1.2 Evidence provided by an EA shall be such that an independent QAA can be reasonably certain it relates to a particular EPC.
- 3.1.3 Schemes shall maintain records of the evidence provided by an EA at a Scheme audit, and of the workings of the QAA undertaking the audit such that DCLG can assess the QAA's work.
- 3.1.4 Schemes shall circulate information to their members, copied to the DCLG Scheme Manager, regarding specific evidence required by the Scheme to allow QAAs to satisfactorily complete audits. The overriding principle is that Schemes shall be able to demonstrate to DCLG that the evidence being required by them, and supplied by the EA, is of sufficient quality and detail to enable thorough assessment by the Scheme QAA, and to be open to review by DCLG.
- 3.1.5 Schemes shall notify EAs of their auditing requirements.
- 3.1.6 Schemes shall assess the quality evidence, which is provided by their EAs regarding relevance, clarity, accuracy and provenance. As part of this process Schemes shall include checks on previous audits of an EA's work.
- 3.1.7 Where Schemes have doubts about the evidence provided by a particular EA, they shall require that EA to provide further information, and in future require a greater degree of evidence from the EA, or undertake additional checks on the EA's work.

4. SELECTION OF EAs FOR AUDITS

4.1 Introduction

- 4.1.1 DCLG requires Schemes to audit during the calendar year (January to December inclusive) at least 10% of the EA's who lodge an EPC during the "year in question". Given the time lag between lodgement and audit, Schemes may elect to take the "year in question" as running two months ahead of the calendar year, or as being the calendar year. As an example for the 2013 calendar year, the "year in question" can therefore be defined as either Nov 2012 to Oct 2013 inclusive), or Jan 2013 to Dec 2013 inclusive.
- 4.1.2 DCLG requires that Schemes select EAs for audit on the following two categories:
- a) "Mandatory checks" where a specific event automatically leads to an audit being undertaken in all circumstances regardless as to whether or not the 10% audit target has been met.
 - b) Audits selected by the Scheme on the basis of a "risk assessment".

4.2 Mandatory Checks

- 4.2.1 Schemes shall audit an EA under the following circumstances:
- a) An EA's client complaints to a Scheme about the work of the EA, and the complaint is not a reflection of a client misunderstanding of the requirements associated with an EPC, or software limitations associated with an EPC. In this instance the audit shall include a review of the EPC over which the client has complained.
 - b) An EA is new to the Scheme as a Level 5 EA, and has not previously lodged a Level 5 EPC with another Scheme. In this instance the audit shall be arranged following the lodgement of the EA's first Level 5 EPC.
 - c) An EA is new to a Scheme as a Level 5 EA, and is registered with another Scheme which has required the EA to implement a remedial measures associated with a failed audit. In this instance the audit shall be arranged following the lodgement of the EA's first EPC with the Scheme.
 - d) The EA has failed a previous audit, in which case the EA shall be audited following lodgement of one of the next three Level 5 EPCs they lodge.
 - e) DCLG direct that a specific EPC or EA shall be audited.

4.3 Risk Assessment

4.3.1 To ensure they sample at least 10% of their members in each calendar year in addition to undertaking mandatory checks Schemes shall have a process of risk assessment to identify those members who they should audit because they are assessed as being at highest risk of producing an EPC which does not meet the requirements of the SOR. Schemes shall include in their assessment of risk the following factors (in order of importance):

- a) Those who make excessive use of the help desk.
- b) Those who lodge an unusually high number of L5 EPCs in any quarter. Schemes shall define “unusually high” as being those in the top 5% of highest lodgers of L5 EPCs in the Scheme, and who have not previously been audited within the last four years.
- c) Those who have not been audited within the last four years.
- d) Other risk criteria which the Scheme can justify as being effective indicators of risk.

4.3.2 DCLG may issue further guidance on risk assessment in due course..

4.4 Feedback to EAs & Minor Errors

4.4.1 Schemes shall provide feedback to the EA following every Audit.

4.4.2 Even where no, or just minor errors are identified which do not result in an audit being failed, the EA shall be given feedback which includes guidance on what they need to do to prevent a re-occurrence of any minor errors.

5. REQUIREMENTS FOR SCHEME QUALITY ASSURANCE ASSESSORS (QAA)

5.1 Introduction

5.1.1 This Section deals with requirements in the following areas:

Section 5.2: Demonstration that Scheme QAA are occupationally competent

Section 5.3: Moderation activities across Scheme QAA

Section 5.4: Verification activities where there is a sole QAA

Section 5.5: EA appeals against the work of a QAA

5.2 QAA are Occupationally Competent.

5.2.1 Schemes shall be able to demonstrate that QAAs are competent to undertake audits. DCLG consider that competence can be demonstrated if an individual has satisfied all of the following:-

- a) Is registered with a Scheme as being able to lodge L5 EPCs.
- b) Has at least five years of relevant, and recent, experience associated with the DSM. Relevant here means that they have experience in DSM which is relevant to the production of L5 EPCs. Recent here means that their predominant form of employment has been relevant to L5 EPCs in five of the last ten years.
- c) Can demonstrate that they have been trained in the relevant software and conventions.
- d) Has been trained in the process the Scheme is using to undertake Audits, and will undertake additional training or CPD as necessary to maintain their competence. As a minimum this annual CPD shall be 10 hours.
- e) Demonstrates awareness and implementation of the current suite of technical and administrative requirements, calculation procedures, and software versions and earlier variants where these may be applicable to their work.
- f) Has their work moderated against fellow QAA, or verified by a more senior individual who has extensive experience of assessing the work of EAs or of training EAs for non-domestic Level 5 EPCs.
- g) Demonstrates an awareness of the need to identify and declare conflicts of interest and to avoid them where possible.
- h) Declares to the Scheme any previous, current or likely future relationship existing between the QAA and the member being audited. In such circumstances the Scheme shall decide whether a conflict of interest exists.
- i) Declares that they are unable to audit an EA if the DSM being used is sufficiently different from their own knowledge and experience that they will be unable to undertake the audit.

5.2.2 For existing L5 EPC QAA, Schemes may approach the DCLG Scheme Manager to receive approval for individuals which do not fully meet the requirements of paragraph 5.2.1. Here the Scheme shall provide the Scheme Manager with a case as to how existing QAA have equivalent and relevant experience to someone who fully satisfies paragraph 5.2.1

5.3 Moderation activities across Scheme QAA

5.3.1 Schemes shall moderate the activities of all their QAAs where more than one QAA undertakes Audits whether they are members of staff or subcontractors.

5.3.2 Moderation procedures shall:

- a) Seek to ensure correct implementation of the SOR.
- b) Seek to ensure consistency of process and outcome between QAAs.

- c) Enable learning through sharing experience.
- d) Identify QAAs' training and CPD needs
- e) Enable reviews and corrective actions as necessary of the progress of training and CPD programmes.

5.3.3 Schemes shall implement the following checks, or an equivalent approach which they can demonstrate to DCLG's satisfaction is at least as effective:

- a) The Scheme shall conduct a moderation meeting of QAAs on a quarterly basis, and shall keep records of discussion topics, actions arising and outcomes.
- b) The Scheme shall appoint a lead QAA to chair these meetings.
- c) The lead QAA shall accompany each QAA on two audits each calendar year to check the work of the QAA. If as part of this work a QAA's practices or knowledge are found to be deficient, the Scheme shall identify appropriate remedial measures for the QAA as soon as is practicable. The Scheme shall check that, apart from those instances beyond the Scheme's control, these remedial measures have been successfully implemented within one month after their identification.
- d) Schemes shall ensure that all anomalies in practice identified in the quarterly moderation meeting are addressed by the end of the following meeting, apart from those instances which are beyond the Scheme's control.
- e) The lead QAA shall be the first line of response to appeals by EAs against the judgements of other QAAs.

5.4 Verification activities where there is a sole QAA

5.4.1 Schemes with just one QAA shall develop and implement procedures that seek to verify satisfactory performance. Schemes shall implement the following checks, or an equivalent approach which they can demonstrate to DCLG's satisfaction is at least as effective.

5.4.2 Any individual who acts as a verifier shall be suitably competent as defined in Section 5.2.1.

5.4.3 Verification procedures shall :

- a) Seek to ensure the correct implementation of the SOR.
- b) Seek to ensure consistency of process and outcomes.
- c) Enable learning through sharing experience.
- d) Identify QAAs' training and CPD needs.
- e) Enable reviews and corrective actions as necessary of the progress of training and CPD programmes.

- 5.4.4 Verification procedures shall ensure that the QAA's practice is verified by accompanying the QAA on an audit at least twice in a calendar year. However the verifier shall accompany the QAA on additional visits if:
- a) The QAA is operating as a QAA for the Scheme for the first time. Here the verifier shall additionally accompany the QAA on the first two audits they undertake.
 - b) Verification has indicated the QAA is not meeting SOR requirements. Here the verifier shall additionally accompany the QAA on the next available two audits.
 - c) DCLG inspection finds that the QAA is not meeting SOR requirements, in which case DCLG shall specify additional verification needs.
- 5.4.5 The verifier shall hear appeals by EAs against the judgement of the QAA who undertook the audit unless there is a conflict of interest in them doing so, in which case the Scheme shall identify another verifier who can do so.

5.5 EA appeals against the work of QAAs

- 5.5.1 Schemes shall have a procedure in place that enables EAs to appeal against QAA judgements they contend are wrong.
- 5.5.2 Appeals shall be heard by a person other than the QAA whose judgement has been challenged. Such persons shall be suitably competent, and experienced as QAAs, and have an appropriate Level of authority.
- 5.5.3 Where appeals include claims of uncertainties in the SOR or the software conventions, Schemes shall make judgements in pursuit of equitable resolutions in the particular cases and pass the details to DCLG, the conventions group, or the QA moderation group as appropriate. The judgements must seek to maximise compliance with the SOR.
- 5.5.4 Schemes shall have procedures to be followed in cases where EAs repeatedly and unsuccessfully appeal. In such cases remedial measures shall be introduced in line with the requirements in Section 12.7.

6 FAILED AUDITS

6.1 Actions on EAs

6.1.1 Where an EA fails an audit the Scheme shall identify an appropriate form of remedial measure in line with the nature of the audit failure. Instances of appropriate corrective action are provided in Section 11. DCLG will forward additional examples of failed audits and appropriate remedial action which Schemes shall use to form the basis of their judgement.

6.1.2 Schemes shall fail an Audit (desk or witnessed visits) and require the EA to undertake corrective action which if the EPC is judged “defective” shall require the replacement of the EPC, when the Audit is judged a fail by the QAA (see Section 2).

6.2 EA Replacement of Defective EPCs

6.2.1 Where an EA replaces an EPC the replacement EPC shall be produced using the software and conventions in force at the date at which the EPC is replaced.

6.3 EA failure to replace an EPC

6.3.1 If the EA fails to replace an EPC when required to do so, the Scheme shall use its best endeavours to do so, e.g. by commissioning a new EPC.

6.3.2 Where it proves impractical for a Scheme to replace an EPC (e.g. where data provision is refused), Schemes shall maintain a log of the cases where it is not possible to replace the EPCs. These logs shall include records of how the Scheme used all reasonable endeavours to effect a replacement and the reasons why they were unsuccessful.

6.3.3 Where the EA does not replace an EPC, and it proves impractical for the Scheme to do so, the Scheme shall use all reasonable endeavours to provide the client with a summary as to why the EPC failed the audit, and the EA’s professional indemnity insurance details which it holds.

7 DEADLINES ASSOCIATED WITH THE QA OF EPCS

7.1.1 Schemes shall undertake QA work in ways which achieve the timetables set in Table 5.

APPENDIX 5, TABLE 5: TIME LIMITS ASSOCIATED WITH AUDITS

Row No	Scheme Process		Maximum Period ¹	Permissible Exceptions
	From:	To:		
1.	1. EA identified for audit	2. EA audited	45 working days	Circumstances beyond Scheme's control ²
2	2. EA audited	3. Feedback provided to EA	10 working days	EA appeals. Excludes instances where the EA is or will be late for legitimate reasons ³
3	4. EA required to replace specific EPC	5. EA replaces specific EPC	20 working days	Scheme makes other arrangements ⁴ Circumstances beyond Scheme's control ² EA shall be suspended if the EPC is not replaced.

Notes

1 – Schemes may apply to DCLG for a temporary variation in these deadlines in the case of exceptional circumstances.

2 - Schemes must log the circumstances and their reasoning in cases where exceptions are granted. And these logs must be capable of separate reporting.

3- Legitimate reasons include absence from work due to illness, holiday, or similar, coupled with no lodgement activity. An extension can be allowed to cover a period of up to 5 days after the EA's point of return to work.

4 - Schemes can make other arrangements to replace an EPC, but here the replacement EPC shall be provided within 3 months of the EA being required to replace the EPC.

8 SCHEME SOR MONTHLY REPORT

- 8.1.1 Schemes shall provide feedback on QA statistics to DCLG on a monthly basis using a template which will be provided DCLG.
- 8.1.2 Schemes shall complete the template in line with the timetable set out by DCLG. The numbers reported in the returns shall be a true reflection of activity within the Scheme, and it shall be possible for DCLG, to be able to replicate the return by inspection of Scheme records.
- 8.1.3 Table 6 lists the information which Schemes shall provide to DCLG on a monthly basis.

9 CONFLICTS OF INTEREST

- 9.1.1 Scheme QAAs shall declare previous, current or future relationships to the Scheme or Scheme members where they think they may have a conflict of interest in the outcome of an audit. Schemes shall determine in these cases whether there is a real conflict and if so act to remove it. A way of removing the conflict would be to refer the audit to another QAA who has no interest.
- 9.1.2 DCLG considers a conflict of interest to mean situations where it is reasonable to surmise that a person's judgement is affected by the circumstances in which they find themselves. Such instances include, but are not limited to, where someone:
- a) Is related to, or has employment links with, the person whose work they are assessing.
 - b) Has a financial or other interest in seeing that audits do not fail.
 - c) Feels threatened or coerced by EAs or others.
- 9.1.3 Although there is no embargo on QAAs practicing as EAs, Schemes shall have a procedure in place for dealing with the conflicts of interest that might arise when their employees practice both functions.
- 9.1.4 Schemes shall be able to demonstrate that employees understand the need to avoid conflicts of interest in their work, and that there are procedures in place for an employee to raise concerns if they feel they have been asked to implement practices which run contrary to this.
- 9.1.5 Schemes shall have a QAA "Code of Practice" or similar in place which QAAs are obliged to formally accept in writing before they can practice. The Code or similar must include obligations to:
- a) Declare any potential relationships and / or conflicts of interest.
 - b) Abide by the DCLG requirements in so much as they relate to them.

- c) Avoid giving advance warnings to EAs, or their employers, of audit sampling intentions.

9.1.6 Schemes shall require QAAs to declare any misgivings they have about EAs engaging in fraudulent, or other activity aiming to circumvent the SOR

- 9.1.7 Schemes shall have procedures and / or guidance in place which:
- a) Provide training and guidance on the need for QA assessors as to what a conflict of interest is – anything which might be reasonably be expected to materially influence their judgement or assessment of a particular audit – and how they should declare or deal with such a conflict.
 - b) Record any complaints or concerns from an EA QAA, and provide such complaints to the Scheme Auditor on request.

10 CROSS SCHEME MODERATION ACTIVITIES

10.1.1 Schemes shall participate in any cross-scheme QAA moderation or verification activities as specified by DCLG. DCLG will circulate to Schemes the requirements and conditions associated with such activities ahead of implementation.

11 CORRECTIVE AND DISCIPLINARY MEASURES

- 11.1.1 Schemes shall impose disciplinary measures in the instances where:
- a) An EA fails to facilitate an audit, and does not disclose evidence material to the audit when the EA is asked to do so, and has no legitimate reason for not providing the evidence (see Section 11.2).
 - b) The results of one or more audits reveal a lack of understanding, or failure to act in a professional manner, which materially affects an EPC's accuracy (see Sections 11.3).
 - c) The EA fails to replace an EPC when required to do so (Section 11.4).

11.2 Failure to Facilitate an Audit

11.2.1 Failure by an EA to facilitate an audit within the timetable set out in Table 5 shall result in the EA being suspended until such time as the EA is audited, or can provide a compelling reason why they cannot be audited (eg long term sick leave, normal place of work precludes access to auditors).

11.2.2 Failure of an EA to provide evidence required by the QAA to undertake the audit, at audit shall result in the audit being assessed as a “fail”. Continued failure by the EA to provide information when requested in a subsequent audit shall result in the EA being suspended until such time that they can demonstrate that they have understood, and shall comply with, the Scheme’s evidence requirements.

11.3 Failed Audit

11.3.1 Where an EA fails an audit the Scheme shall identify remedial measures which are proportionate to the audit failure, and which are informed by any history of audit failures. Failure to implement these remedial measures shall result in the suspension of the EA which shall only be lifted when the remedial measures are undertaken.

11.3.2 .DCLG will circulate additional guidance on what constitutes a proportionate response from time to time. Current examples of what should be seen as proportionate action which Schemes shall use to base their judgements on are:

- a) A major failure to recognise, or to apply, conventions shall result in the EA being suspended until they can demonstrate to the Scheme that they have remedied the situation.
- b) Where there is no evidence that data collectors are trained or supervised, and multiple data entry errors occur as a result of this, shall result in the EA being suspended until they can demonstrate that there is a procedure and supervision in place within the company to remedy the situation.
- c) Where there are a couple of significant errors associated with conventions or data entry which result in an audit failure, and there is no audit history of similar failures, the EA is provided feedback on necessary remedial measures.

11.4 EA fails to replace an EPC when requested to do so

11.4.1 If the EA fails to give a reasonable excuse as to why he has failed to replace an EPC the EA shall be suspended ahead of a disciplinary hearing. “Reasonable” here means outside of the control of the EA.

11.5 EA Appeals

11.5.1 Where an EA disputes and/or eventually appeals against the outcome of an audit, or on any other disciplinary matter arising from QA procedures, they shall have the right to appeal against the decision.

12 OUTSOURCING AUDITS

12.1.1 Schemes may subcontract audits to other firms or to individuals but must be able to demonstrate:-

- a) That the subcontractors' QA systems comply with the SOR and
- b) That they are supervising the subcontractors to the degree necessary to ensure satisfactory practice.
- c) That the subcontractors are obliged to give DCLG access to their activities as necessary for compliance auditing.

12.1.2 Where a Scheme has a mix of staff and subcontract QAAs they shall be able to demonstrate how they ensure consistency, see Section 5.3, 5.4.

13 DEALING WITH UNCERTAINTY

13.1.1 Schemes shall not temporarily suspend, set aside or in any other way adjust the requirements and their implementation of them without prior approval.

13.1.2 Schemes wishing to formally request supplementary guidance shall provide details of the issues and why they believe further guidance is necessary. It would be helpful if such requests are accompanied by proposals for resolving matters in ways that can be communicated to other Schemes.

APPENDIX 5 – ANNEX A: Alternative QA approach by Schemes.

A1. Summary

A1.1 DCLG would welcome a proposal from Schemes working together of an alternative approach to the QA of L5 EPCs. This Annex provides detailed DCLG requirements associated with such a submission.

A1.2 Schemes should note that DCLG also intends to establish a QA conventions group to contribute to the development of DCLG's standard approach. Where Schemes develop an alternative approach which is accepted by DCLG, it is DCLG's intent to require the alternative approach across all Schemes.

A1.2 This Annex provides the following:

Section A2 “Basic Requirements” provides the basic attributes required of the submission (e.g. minimum number of Schemes supporting the proposal)

Section A3 “Governance” provides the DCLG's requirements related to the operation of the alternative approach.

Section A4 “Alternative QA standard” provides a summary of the areas which Schemes shall include in their standard.

Section A5 “Cross Scheme Moderation” which provides the mechanism by which the alternative approach shall be moderated across those Schemes who operate it.

Section A6 “Audit approach” which provides a summary of the requirements for the proposal to identify how the alternative approach shall be audited.

Section A7 “Equivalence” provides a statement on how the proposed alternative approach provides at least as good an approach to ensuring that EPCs which fail a Scheme Audit are identified and replaced as the DCLG standard approach.

A2. Basic Requirements

A2.1 Any submission to DCLG shall include details covering the areas included in sections A3, A4, A5, and A6.

A2.2 The proposal is supported by at least two Schemes who are currently undertaking audits of L5 EPCs.

A2.3 DCLG is not required to fund the development or operation of the alternative approach.

A2.4 DCLG shall be able to audit the implementation of any alternative approach.

A2.5 Once agreed, all Schemes shall be able to operate the alternative QA approach subject to any membership requirements associated with the alternative QA approach.

A3. Governance & Operation

A3.1 DCLG shall be able to agree, and if necessary stipulate the amendment of, any and all aspects of the proposed alternative approach, including the submission and later amendments.

A3.2 DCLG shall have the right to take use any proposed alternative QA approach, and include it, or elements of it, in a future SOR.

A3.3 That the proposals identify how an alternative standard is going to operate in terms of its governance (chairing, membership requirements) and operation (including any membership costs)

A4. “Alternative QA standard”

A4.1 This is the detailed alternative to the DCLG standard approach. The DCLG accuracy requirements, and general requirements associated with the replacement of an EPC which fails a Scheme audit shall be included. The alternative QA standard shall include:

- Methodology for reviewing whether an audit shall be a pass or a fail.
- Evidence required for supporting audits.
- Methods of sampling of Scheme members’ audits.
- Requirements on Quality Assurance Assessors (QAAs).
- Provisions for replacing EPCs.
- Scheduling of audits and the replacement of audits should they fail an audit.
- Monthly reporting to DCLG of the results of Schemes’ member QA (in line with current requirements)
- The avoidance of conflicts of interest.
- Requirements for Disciplinary measures.
- Handling the outsourcing of QA.

A5. “Cross Scheme Moderation”

A5.1 The submission shall provides details of the establishment of a cross scheme moderation panel to ensure that all Schemes implement the alternative approach consistently, and shall detail how that cross – scheme moderation panel shall operate.

A5.2 All Schemes who participate in the alternative approach shall be required to participate in the cross scheme moderation panel.

A5.3 The submission shall show how the partners propose to deal with failures to abide by the rules.

A6 “Audit approach”

A6.1 The submission will identify how the alternative approach shall be audited by DCLG.

A7 “Equivalence”

A7.1 The proposal shall include an assessment on how the proposed alternative approach achieves at least as good a quality outcome in ensuring that audits which are likely to be assessed by a Scheme audit as a fail, are identified and replaced as the DCLG standard approach.

APPENDIX 5, TABLE 6. DCLG SCHEME NDEA – Level 3 & 4 QUALITY AUDIT MONTHLY MONITORING RETURN – NB: A Template will be Issued to Schemes to Complete

Note: If Schemes are unclear what is being asked for they should contact the DCLG EPBD Scheme Manager.

For the avoidance of doubt, DCLG requires monthly Quality Assurance Monitoring returns to be submitted on the last working day of each month for the previous month's activity.

Ref Nos	Description of Metric	Value	Scheme Qualifying comments	Examples, further clarification
1	Number of member EAs who can operate at L5 in the month being reported on.			
2	Number of L5 EPCs lodged in the month being reported on.			
3	Number of L5 EA audited in the month being reported on.			
4	Number of L5 EA suspended in the month being reported on arising from audits.			

5	Number of L5 EPCs which are marked as defective in the month being reported on.			
6	Number of L5 EPCs which replace defective certificates in the month being reported on.			
7	Number of L5 EA suspended for reasons other than those associated with a Scheme audit.			

APPENDIX 6.1

SCHEME REQUIREMENTS ASSOCIATED WITH COMPLAINTS & QUERIES

1. Complaints

1.1.1 For the purposes of Schemes in receipt of an Approval Letter to operate elements of the EPBD, a complaint is any statement in whatever form of communication from a person regarding concerns about the behaviour of a person or organisation associated with the production of an EPC, or outcome associated with the provision of an EPC.

1.1.2 Complaints are categorised as being either:

- a) Verbal
- b) Written (including electronic media)

1.1.3 Types of complaint are categorised as falling into one of the following categories:

- a) Behaviour of an EA
- b) Behaviour of an EA's company
- c) Behaviour of a Scheme
- d) Timing & outputs associated with a particular EPC
- e) Generic complaint regarding the EPBD and its implementation
- f) Other

1.1.4 Those who raise a complaint can be categorised as falling into one of the following categories:

- a) Occupier, which in this context means anybody who owns or lives in, or who otherwise has an interest in, a building or buildings for which an EPC has been prepared
- b) Householder's agent (estate agent, solicitor)
- c) A company who employs EAs
- d) Another Scheme
- e) An EA who is a member
- f) Another EA
- g) Trading Standards Officer, Building Control Officer, or some other individual who has a formal role regarding ensuring compliance with the Regulations implementing the EPBD, the Building Regulations, the Green Deal.
- h) DCLG.
- i) Another interested party not listed above.

- 1.1.5 Where a complaint to an EA or Scheme is made verbally or in writing, EAs and Scheme operators shall record details of the complaint and the outcome of discussions.
- 1.1.6 Scheme operators shall require their members to disclose any complaint made to them, or about any complaint made to the company they work for about them or their work, or about the Scheme, which they are aware of.
- 1.1.7 Where a complaint to an EA is verbal or written, Schemes shall require the EA to:
- a) Inform Customers or others who complain that if they are unhappy with the EA's response that they should put the complaint in writing to the EA.
 - b) As a minimum they shall inform the person complaining as to the relevant complaints procedure.
 - c) Inform the Scheme of the details of the complaint.
- 1.1.8 Where EAs are members of multiple Schemes, the requirement is for the EA to inform that Scheme which is most relevant to the complaint (eg if a complaint is about a particular EPC, then the Scheme through which the EPC has been lodged).

2. Queries

- 2.1.1 A query is defined in this document as correspondence or discussion of any sort between a Customer and the EA where the nature of the discussion is purely a point of clarification, rather than any sort of statement which implies concern with an EA's professional conduct (ie breach of the Code of Conduct), or accuracy of the EPC.
- 2.1.2 EA's shall be required by the Scheme which they are members of to make and retain any correspondence associated with a query.
- 2.1.3 Schemes shall require their EAs to allow them access to records associated with queries on request. Schemes shall request these records in instances where there is evidence that an EA is not disclosing complaints to the Scheme, and shall check them to ensure that the EA has not incorrectly categorised a complaint as a query.

3 DCLG Requirements of Schemes

- 3.1.1 Schemes shall:
- a) Publicise their complaints procedures, and have a clear mechanism by which Customers and other interested parties, can address a complaint directly to the Scheme.

- b) As a minimum these procedures need to be easily accessible on the Scheme web site, and be provided on request in another form of media when an individual requests them.
- c) Deal with complaints that they (Schemes) receive directly from Customers and other interested parties regarding an individual EA directly with the complainant, unless it is clear that the EA is in the best position to deal with the complaint in the first instance.
- d) Record complaints and from time to time analyse them, and provide an analysis of complaints to DCLG, on request.
- e) Have a disciplinary process which can suspend, expel, or require a member to undertake corrective training on the basis of a complaint in line with the evidence, and nature of the complaint.
- f) Have an appeals mechanism for EAs.
- g) Have an appeals mechanism for Customers and other stakeholders
- h) For Customers and member EAs have an independent 3rd party appeals mechanism
- i) In all dealings with Customers, including in documentation associated with complaints, Schemes shall inform Customers that their statutory rights are not affected by them using the complaints and associated appeals procedures.
- j) Subject to meeting the requirements of the Data Protection Act and other relevant legislation, Schemes shall pass on to other Schemes, and the DCLG details of individuals disciplined as part of the complaints procedure where those members are either suspended, or had their membership revoked (see Section 11.5 of the main document),.

4 Specific Instance Where an EA is an Employee of a Company

- 4..1.1 Where an EA is an employee of a company where the Scheme is satisfied that the complaints procedures within that company are equivalent to that of the Scheme, and so meet the obligations placed on the Scheme by the SOR, the following apply:
- a) Complaints to an EA shall be dealt with in the first instance by with the company's complaints procedure.
 - b) The EA shall be required to notify the Scheme that the complaint has been received, and is being dealt with in line with the company's procedures, and shall notify the Scheme as to the outcome of the complaint.
 - c) Where a complaint is being dealt with through a company complaints procedure, the Scheme shall ensure that the complainant understands that as part of an escalation procedure that if they are not happy with the outcome of the company complaints procedure, they can have recourse to the Scheme's complaint's procedures. The complainant shall be informed how to access the Scheme's complaints procedure, and shall be informed

that their statutory rights are not affected by their access to the company's or the Scheme's complaints procedures.

- d) As with other complaints, if the complainant is unhappy with the outcome of the Scheme complaints procedure they shall be informed that they have recourse to the Scheme's independent third party appeals procedure.

APPENDIX 6.2

INDEPENDENT THIRD PARTY COMPLAINTS PROCEDURE FOR CUSTOMERS

1. General Requirements

- 1.1.1 In the case where a Scheme receives a complaint, DCLG requires Schemes to be in a position to:
- a) Respond to that complaint.
 - b) Provide an appeal's mechanism for the householder if they are not satisfied with the Scheme's response.
 - c) Refer, or advise the complainant to refer, the complaint to an independent third party appeals panel, if the complainant is not satisfied with the outcome of any appeal.

2. Third Party Independent Appeals Panel

- 2.1.1 Schemes shall ensure that the Independent Third Party Appeals Panel is independent of the Scheme.
- 2.1.2 By "independent" DCLG means that the people on the panel shall have no commercial or other link to the Scheme which might influence their deliberations.
- 2.1.3 As a minimum panel members shall not be employed by the Scheme, or have a common line management reporting point with the managers of the Scheme, or work for a company where the ownership of the two companies is substantively similar.
- 2.1.4 Schemes shall:
- a) Have an Independent Third Party Appeals Panel in place.
 - b) Provide the Panel with terms of reference.
 - c) Send a copy of the make up of the Independent Third Party Appeals Panel, including affiliations of the individuals concerned, and the terms of reference of the Panel, to the DCLG for their endorsement.
 - d) Schemes shall amend their Independent Third Party Appeals Panel, and its terms of reference, if required to do so by the DCLG.
 - e) Send a copy of any complaint forwarded to the Independent Third Party Appeals Panel to DCLG at the same time as it is sent to the Panel.
 - f) Send a copy of the Independent Third Party Appeals Panel's findings to the person complaining and to DCLG when they are available.

- g) Consider the Independent Third Party Appeals Panel's findings, and implement them as necessary. If the Scheme declines to implement the Panel's findings it shall send a copy of the Third Party Independent Appeals Panel's findings to both the complainant and DCLG stating the reasons why the Scheme has declined to implement the Panel's findings.
- h) Relating to g) above, the Scheme shall implement measures as directed by DCLG.
- i) In all correspondence it shall be made clear to the complainant that their statutory rights are not affected by the appeals process or outcome.
- j) Maintain a record of all material correspondence associated with a complaint.

3 Recourse to DCLG

- 3.1.1 Under exceptional circumstances, Schemes may refer an individual complainant direct to DCLG. Instances which Schemes may consider as exceptional are:
 - a) Instance of an EA who has been suspended by one Scheme, so preventing them from trading, and another Scheme having considered the evidence believing that there is a compelling case that the individual has been treated in a vindictive or perverse manner by the Scheme who suspended them.
 - b) An EA has been suspended in a way which is wholly in line with the SOR, but which demonstrates a shortcoming in the specific wording of the SOR.
- 3.1.2 Persistent unwarranted use of this approach by a Scheme shall be treated as a disciplinary matter by DCLG.
- 3.1.3 In paragraph 3.1.2 one definition of persistent is DCLG having informed the Scheme on two previous occasions in the previous eighteen months that it has forwarded complaints which the Scheme should have dealt with using normal procedures.

APPENDIX 11

SHARING OF INFORMATION WHERE A MEMBER HAS THEIR MEMBERSHIP SUSPENDED OR REVOKED

1 Uploading Member Status to the Registry

- 1.1.1 Schemes shall maintain the minimum mandatory information specified in Table 1 in relation to every registration held by every member. Schemes shall as a minimum upload this information to the EPC Register as part of the daily member upload process.
- 1.1.2 Scheme operators shall include in the information that is uploaded the current status of every EA according to one of the following categories:
- (a) "Active" – able to lodge certificates
 - (b) "Not Active" – suspended for disciplinary reasons given in paragraph 1.1.5
 - (c) "Suspended" – suspended for disciplinary reasons given in paragraph 1.1.4
 - (d) "Struck Off" – membership revoked following disciplinary action associated with reasons given in paragraph 1.1.4
 - (e) Deleted – no longer a member for reasons other than covered by (d) above. Schemes shall remove membership details for individual assessors from the information uploaded onto the Register in order to activate this status.
- 1.1.3 Schemes shall make it part of the terms and conditions of membership that EAs give prior written consent to share information about their status with other Schemes, the Operator of the EPC Register, and DCLG.
- 1.1.4 Schemes shall declare EAs as "Suspended" or "Struck Off" in circumstances where EAs are either suspended or struck off by their Scheme for one of the following reasons:
- a) The EA is no longer considered to be "fit and proper" (Section 1.1 of the main document).
 - b) Disciplinary action for committing a breach of the Code of Conduct in those areas covered by Appendix 1.2.
 - c) Disciplinary action following a failure to meet the QA standards, or failing to meet requirements following a QA failure.
 - d) Disciplinary action associated with a failure to provide evidence associated with a QA request.
 - e) Disciplinary action associated with a request to replace a defective certificate.
 - f) Disciplinary action associated with a failure to meet CPD requirements associated with the Scheme Operating Requirements.
 - g) Disciplinary action following a failure to provide a Basic disclosure certificate.

- 1.1.5 Schemes may suspend members, and ultimately revoke membership, for any breach of the terms of their membership including non-payment of membership fees. However, in instances other than those covered by paragraph 1.1.4. Schemes shall also not declare EAs as being “Suspended” or “Struck Off” when uploading EA details onto the EPC Register in the following circumstances:
- a) The Scheme is in dispute with the EA over whether a breach has occurred – ie the EA has appealed against the decision. In the instance where the EA has not acted in a reasonable and timely manner as part of a request for information associated with an appeal, the Scheme shall, however mark the individual as suspended or revoked.
 - b) The Scheme has been instructed by DCLG not to do so.
 - c) Any breach of the Scheme Code of Conduct associated with paragraph 1.1.13 of Appendix 1.2 does not relate to a specific requirement in the SOR (eg it is related to a breach in requirements associated with payments from the EA to the Scheme).
- 1.1.6 Schemes who suspend or revoke membership of an EA shall fully disclose the reasons why they have suspended or revoked the EA’s membership to other Schemes on request.

2 Uploading Member Status from the Registry

- 2.1.1 When a Scheme uploads EA details onto the Register and is notified as part of the upload process that one of their members has been marked as “suspended” or “struck off” by another Scheme, within 1 working day they shall seek further information from the Scheme that has struck the Assessor off as to their reasons for doing so.
- 2.1.2 If it is confirmed that the EA has been suspended or struck off for any of the reasons described in paragraph 1.1.4 above, then the Scheme shall suspend or revoke the EA’s membership subject to the requirements of Section 3.

3 Lifting the Suspension Status of a member suspended by another Scheme

- 3.1.1 Where a Scheme is notified as part of the upload process that an EA has been suspended, they shall also suspend that EA until the issue or issues that have led to disciplinary action being taken against them have been resolved. The Scheme shall at the same time request further information, from the Scheme that originally revoked membership (struck off) or suspended the EA, about the circumstances that have led to disciplinary action being taken against them.
- 3.1.2 If the EA has been suspended for reasons associated with paragraph 1.1.4 a) or 1.1.4g), a Scheme may lift the suspension of the individual only if that Scheme is satisfied that the individual continues to be “fit

and proper". With respect to 1.1.4 g) this requires that the Scheme at least has a valid Basic disclosure certificate. Where a Scheme lifts a suspension associated with 1.1.4 a) or 1.1.4 g) this Scheme shall inform the Scheme which triggered the suspension, and the DCLG Scheme Manager, as to why it considers the individual is "fit and proper".

- 3.1.3 If an EA has been suspended for reasons other than a) in paragraph 1.1.5, the EA shall remain suspended across all Schemes apart from exceptions detailed in paragraphs 3.1.3.1 to 3.1.3.3 below.
- 3.1.3.1 A Scheme has compelling evidence that the judgement of the original Scheme is incorrect in which case it shall inform the Scheme Manager (see Section 3 of Appendix 6.2) before taking further action.
- 3.1.3.2 A Scheme has compelling evidence that the initial Scheme suspension was perverse or vindictive in which case it shall inform DCLG (see Section 3 of Appendix 6.2) before taking further action.
- 3.1.3.3 The EA has undertaken sufficient action (e.g. additional training / CPD) for a Scheme to view that the risks of an EA being re-suspended if they should practice, as being very low. In this case the Scheme shall:
- a) Be able to demonstrate that it has undertaken an assessment of the EA's work based on an accompanied visit (see section 3.2) or an equivalent to test continued competence.
 - b) Have in place additional measures for the next six months to check the on-going competence of the EA.
 - c) Inform DCLG as to the reasons why the Scheme believes that it can lift the suspension (paragraph 3.1.3.3 a)), and those measures it has in place to ensure the on-going competency of the EA (paragraph 3.1.3.3 b)), and agrees to implement any additional measures that DCLG believes are necessary.
- 3.1.4 In the instance that a Scheme has implemented the measures in paragraph 3.1.3.3, and after a review at the end of the six month period identified in 3.1.3.3 b), the Scheme has a compelling case that the EA is fully competent to practice as an EA, the Scheme shall formally request to all Schemes who have marked the EA as membership suspended or revoked, to change the status to one which allows the EA to practice across Schemes. This does not necessarily mean that the Scheme has to re-instate the individual. Schemes receiving such a request shall normally comply. In the instance that a Scheme has evidence that the EA continues to be in breach of requirements, and they do not wish to change the EA's status, they shall give reasons to DCLG who will provide a final view to both Schemes.

3.2 Accompanied Visits

- 3.2.1 An accompanied visit is where the EA is accompanied to a dwelling by a QAA. Here the QAA witnesses the work of the EA, whilst at the same time undertaking their own assessment of the dwelling. After the visit concluded the QAA compares their EPC with that of the EA, and identifies any differences between the EA and QAA, and why they have occurred. The QAA shall also check, in so far as they can, that the EA has met the requirements of the Code of Conduct.
- 3.2.2 The EA shall be given feedback by the QAA. Where there is a failure by the EA to meet all requirements associated with an EPC or Code of Conduct, the Scheme shall implement appropriate measures.

Appendix 11, Table 1: Mandatory Information to be Provided by Accreditation Schemes when Uploading Assessor Information onto the EPC Register.

Section 1 - Personal Details			Notes to Schemes
(i)	Name	Prefix First Name Middle Name(s)* Last Name Suffix	<p>The information provided by Energy Assessors and uploaded by Schemes onto the Register shall replicate how this would be recorded on the person's passport or driving licence. Schemes shall treat submission of superfluous punctuation, abbreviation or pseudonyms as a breach of the Code of Conduct. Uploading of incorrect information onto the Register by Schemes shall be deemed non-compliant with the SORs.</p> <p>* Middle name information will not be displayed on the Register websites. The words "Not Applicable" should be entered where no middle name is either given or exists.</p>
(ii)	Address	Address 1 (building name/number) Address 2 Address 3 Town Postcode	As above. Address lines 2 and 3 are optional.
(iii)	Date of Birth	DD/MM/YYYY	As above.
(iv)	E-mail address		The Energy Assessor shall provide the e-mail address that is most up to date and most frequently used by them. Schemes shall treat provision of false or misleading information as a breach of the Code of Conduct.

(v)	Telephone		As above.
(vi)	Assessor ID	CCCCnnnnnn	The unique identifier assigned to the assessor by the certification scheme by which they can be identified throughout their membership of the certification scheme. The assessor identifier is included in the report.
(vii)	Qualification(s)		The qualification held
(viii)	Qualification Status		The status of the assessors qualification (inactive/registered/suspended/struck off)

General comments – Section 1:

- No additional validation will be carried out by the Register over and above what is currently carried out or proposed in section 1.

Section 2 – Optional Company Details as they Appear on the Registers (To be completed only if relevant and different from the details entered at Section 1 above).			
(i)	Company Name		The Energy Assessor shall provide the full registered name of the company such as would be recorded in official documents Registered with Companies House or on official letterheads or websites associated with the Company. Schemes shall treat failure to provide correct and up to date information as a breach of the Code of Conduct. Uploading of incorrect information onto the Register by Schemes shall be deemed non-compliant with the SORs.
(ii)	Company Registration Number		As above, but in specific connection with the Company Registration Number.

(iii)	Company Address	Address 1 (building name/number) Address 2 Address 3 Town Postcode	As above, but in specific connection with the Company Address.
(iv)	Company Telephone		The Energy Assessor shall provide the current telephone number of the Company, such as would be recorded in official documents Registered with Companies House or on official letterheads or websites associated with the Company. Schemes shall treat failure to provide correct and up to date information as a breach of the Code of Conduct. Uploading of incorrect information onto the Register by Schemes shall be deemed non-compliant with the SORs.
(v)	Company Fax		As above, but in specific connection with the Company Facsimile Number.
(vi)	Company Website		As above, but in specific connection with the Company's Website Address.
(vii)	Company Email Address		As above, but in specific connection with the Company's E-mail Address.

General comments - Section 2:

- No additional validation will be carried out by the Register over and above what is currently carried out or proposed in section 2 and what can sensibly be carried through from section 1.

Section 3 – Optional Personal Information (To be completed only if relevant).		
(i)	Base Postcode Location	The full postcode that the assessor works from
(ii)	Postcode Coverage	A list of postcode areas and/or postcode outcodes that the assessor covers - for example: NN, PE18, LE27. This is used by the general public as part of the assessor search to find assessors that take work in a particular area. An empty list means that the assessor does not cover any specific areas (which would be the case if they did not take privately commissioned work) and hence would not match on any postcode based search.