DCLG Scheme Operating Requirements Associated with Domestic Energy Assessors and the Production of Energy Performance Certificates for Existing Dwellings

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respect of sales and lettings, and in regulation 29-33 of the Building Regulations 2010 (S.I. 2010/2214 as amended or superseded) (the Building Regulations) in respect of the duty on construction.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 Domestic Energy Assessors (DEAs) under Regulation 25 of the 2007 Regulations. Schemes shall comply with these requirements 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 Energy Performance Certificates (EPC) can have confidence in the credibility of EPCs, their accompanying recommendations for cost-effective improvement, and the Energy Assessors (EAs) responsible for them.

Scheme operators may apply additional voluntary standards to their member DEAs 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 EPC 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.

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 views on whether reported conflicts are real and in the event provide official guidance on their resolution.

DEA 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 a DEA for existing dwellings 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 (EA) "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. The use of electronic record processes are acceptable, however schemes shall ensure that members provide a separate electronic signature to confirm their acceptance of the Code of Conduct and that a record of this is retained.

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 with 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 Applicants can be considered to be qualified to become DEAs if they hold an appropriate qualification that has been approved by Office of Qualifications and Examinations Regulation (OFQUAL) as consistent with the relevant National Occupational Standards (NOS).

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 an EPC within the last 2 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. The Scheme shall request, and retain, a colour photocopy of the qualification certificate.

2.1.4 Schemes may require an applicant to undertake an accompanied site visit followed by a professional discussion, or some other check, as an additional test of competence.

2.1.5 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.

2.1.6 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.

2.1.7 Schemes shall have procedures in place to check that EAs maintain their competence as stipulated in Appendix 2.

NB: The APEL (Accreditation by Prior Experiential Learning) route for applicants to become DEAs is no longer in place. Existing members of a Scheme who joined using APEL can transfer to another Scheme so long as DCLG requirements associated with APEL transfer are met.

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 insurance cover to protect Customers.

3.1.2 Schemes shall ensure DEAs have a minimum professional indemnity insurance cover of £50,000 for each claim in relation to any particular EPC, and public liability insurance of £1,000,000 per claim.

3.1.3 Where Schemes do not automatically provide insurance as part of membership, they are required to:

a) Undertake reasonable checks that EAs have the required cover. As a minimum the checks shall include obtaining copies of valid certificates of insurance as part of 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 so as 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 and, operating on its behalf, the Scheme Auditors.

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 EPCs has been established, and is currently operated under licence from the Secretary of State, by Landmark Solutions. All EPCs shall be lodged with this register 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 Energy Assessor 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 as compliant with the National Calculation Methodology current at the date of lodgement. 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 software and software conventions (including versions/patches) 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 assessment 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 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) 95% of random sampling EPCs are within + or – 5SAP points of the "truth".
b) Schemes place measures on an EA as detailed in Appendix 5 where they produce a defective EPC.
c) Defective EPCs identified by QA procedures are 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.

5.2 Certificates for dwellings in the social and private rented sector which use Multiple EPC Production Techniques

5.2.1 Schemes shall have procedures in place which determine whether an EPC has been produced using multiple EPC production techniques (e.g. sampling and multiple certification or the common values approach).

5.2.2 Where such techniques have been used, Schemes shall have procedures in place that undertake additional QA checks to ensure that DCLG requirements in this area are met.

5.3 Responsibility for the Replacement of Defective Certificates

5.3.1 The responsibility and costs associated with the replacement of defective certificates rests with the EA who provided the certificate.

5.3.2 If an EA fails to respond to a Scheme requirement to replace a defective EPC they shall be suspended, and if they continue to refuse to replace the EPC the Scheme shall revoke their membership.

5.3.3 If the EA responsible for a defective EPC cannot be contacted, or is no longer practicing as an EA, then the Scheme through which they lodged the certificate shall take responsibility for replacing the defective certificate.

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 Scheme complaint procedures shall be accessible and available at no cost to all complainants and where appropriate shall be able to provide for effective redress. Complaints procedures shall be available at no cost to Customers.

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 Complainants shall have easy access to Scheme complaints procedures. Easy access to the Scheme complaints procedure includes clear signposting on a Scheme’s web home page of what complainants can do if they have a complaint about an EPC or EA or Scheme and how to proceed.

6.2.7 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 DCLG, 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:
   - The outcome of the disciplinary procedure
   - Any remedial measures they are required to implement as a result of the disciplinary procedure
   - Any evidence and reasoning that the Scheme has applied in coming to its judgement
   - 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:
   - The Scheme decision
   - 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 Third Party Appeal procedure (see Appendix 6.2)
j) Consider the feedback from the Independent Third Party Appeals Panel or DCLG approved equivalent and take action as appropriate.
k) Under exceptional circumstances (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.

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.

7.4 "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, Scheme operators shall maintain a register of current members of the 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 (see also paragraph 11.2.6e).

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 Scheme operators shall have appropriate arrangements in place to ensure financial probity.

9.1.2 Scheme operators 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 Scheme operators 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. Scheme operators 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 operator 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 operator 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, 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 enabling 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 Scheme operators 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 operator 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 Scheme operators 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 Scheme operators 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 requirements on Schemes 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 organisations associated with the so-called "Panel system"[1] of providing EPCs, or

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

with 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 organisation 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 Scheme, or directors or managers of the Scheme, shall not gain financially in a manner which is likely to be perceived as affecting their judgement in any organisation 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 from the Panel.
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 the 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 potential Customers 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.

11.4 Information available & support provided to members

11.4.1 Members shall have access to a Scheme "help desk" (Section 4.4). 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 Scheme operators 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 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 EPBR 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".
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 an organisation operating a so called "Panel system".

12 Other Requirements

12.1 Other Clarifications

12.1.1 DCLG has issued clarifications associated with Scheme operations. 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) A person who commissions an energy assessment.
b) Any seller or landlord on whose behalf an energy assessment is commissioned.
c) Any person acting on behalf of the seller or landlord of a building for whom an energy assessment is produced.
d) The person who receives the assessment or Energy Performance Certificate (EPC) following a transfer of ownership or leasing arrangements.

13.3 A "**member**" is a person who can, unless suspended or struck off, lodge Energy Performance Certificates (EPCs) for existing dwellings because their membership of a Scheme demonstrates that they have been assessed as meeting the requirements of being an Energy Assessor. A member is an individual who may have one or more registrations with a Scheme, or Schemes. For the avoidance of doubt, when Schemes report on membership numbers they shall report on the number of unique individuals rather than the number of registrants.

13.4 "**Energy assessment**" means here the production of energy performance certificates for existing dwellings and the accompanying recommendations for the improvement of the energy performance of the building.

13.5 An **Energy Assessor**, is a generic reference to a person who has membership of a Scheme, and so can lodge EPCs for existing dwellings subject to Scheme requirements being met. In this document Energy Assessor equates to "Domestic Energy Assessor" (DEA).

13.6 A **Scheme**, or a Scheme operator, is 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 (Scheme) for a particular strand of the EPBR.

13.7 EPBR 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 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 terms "revoked" and "**struck off**" in the context of the sharing of information between Schemes via the registry.

APPENDIX 1.1

'FIT AND PROPER'

1. Requirements

1.1.1 Scheme operators shall ensure that all members are 'fit and proper'. This includes a requirement for Schemes to consider initially and review thereafter the Basic disclosure criminal records check (see http://www.disclosurescotland.co.uk/what-is-disclosure/) from all applicants and existing members.

1.1.2 Schemes shall require either:

a) An original copy of the Basic Disclosure certificate; or
b) A colour copy of the Basic Disclosure certificate that has been authenticated by an employer, where the individual is employed, or by a person who is not a relative or friend, but someone of standing in the community who can reasonably expected to be able to vouch for the individual concerned[2],as a true image of the original.

1.1.3 The application of "fit and proper" shall be to both new applicants and existing members.

a) Individuals wishing to join a Scheme shall provide a Basic Disclosure criminal records check (see http://www.disclosurescotland.co.uk/) which should act as the basis for the Scheme's assessment as to whether an individual is 'fit and proper'. The Basic Disclosure certificate shall be no more than one year old at the time the application is received by the Scheme.
b) For their existing members Schemes shall ensure that the criminal records check Basic Disclosure certificate is never more than three years old. Schemes shall immediately suspend any member whose Basic Disclosure certificate is more than three years old. The suspension shall remain in force until the Basic Disclosure certificate is renewed.
c) Schemes shall place a requirement on members to disclose convictions and cautions received since the date of the last Basic Disclosure criminal records check (see also Section 1.2 in main document) provided to the Scheme. Any information so received shall then be used by the Scheme to check that the member is still deemed by them to be 'fit and proper'.
d) Where Schemes receive evidence that a particular energy assessor may no longer be "fit and proper" they shall have procedures in place which require that person to provide a fresh Basic Disclosure certificate or other information which allows the Scheme to check whether or not the member remains 'fit and proper'. In this instance, Schemes shall record any evidence they receive, the

[2] Example of someone of standing in the community could include: Counselor, employee of the police or courts service, MP, teacher or a social worker.,

assessment by the Scheme of that evidence, and any subsequent action.

2. Determining Whether A Person Is 'Fit And Proper' For Membership Based On Basic Criminal Records Disclosure Check

2.1.1 Where Schemes are aware that a prospective or existing member has committed an offence, in deciding whether that person is 'fit and proper' Schemes shall take into account:

a) The relevance of the offence to the role of the energy assessor.
b) The seriousness of that offence.
c) Whether there is any significant pattern of offending.
d) How recently the offence was committed.

2.1.2 In ordinary circumstances a person is unlikely to be 'fit and proper' if a person has been convicted or cautioned for a serious offence including:

a) Murder
b) Manslaughter
c) Death by reckless driving
d) Rape
e) Kidnapping
f) Firearms offences
g) Terrorism
h) Hostage taking
i) Hijacking or torture
j) Violence and abuse which is racially or sexually motivated
k) Incitement to others to commit any of the above

2.1.3 In ordinary circumstances a person is unlikely to be fit and proper if a person has been convicted of offences that are less serious than those listed above if these are offences against the person or property, or offences which involve elements or acts of dishonesty, corruption, substantial financial gain or serious loss to anyone (including theft, fraud and deception), which resulted in a prison sentence within the last 5 years.

3. Checks with / from Other Schemes

3.1.1 The requirements of Section 11.5 of the main document apply regarding the sharing of information.

4. Scheme Procedures

4.1.1 Schemes shall:

a) Have procedures in place which assess an individual against Sections 1, 2 and 3 above 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.
d) Have proper and effective operational, recording and reporting procedures in place which can demonstrate to DCLG that Schemes have undertaken assessments against the DCLG criteria in a consistent way.
e) Have readily available to potential applicants and members the Scheme’s requirements and procedures relating to ‘fit and proper’, for example through the Scheme’s web site.

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 "National Occupational Standards for Domestic Energy Assessors", available from Asset Skills.

1.1.4 The EA shall notify the Scheme operator of any complaint they have received within two weeks of having received it.

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 property is such that the EA lacks the competence or knowledge to produce an accurate EPC for that property.

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 production of defective EPCs.
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 property, or part of the property, unsafe they shall:
a) Record any such instances in their site notes.
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 Where a property is occupied the EA shall implement the following:
a) An EA shall not enter the property if there are children in the property unless those children are accompanied by a responsible adult.
b) An EA shall show their identification to the responsible person who allows them access to the property.

1.1.11 The EA shall discuss with the person allowing them access to the property:
a) What access will be required, and whether this access is possible (eg loft access).
b) What photographs will be required, and why they are being taken.
c) What the person allowing access to the property should do if they have a complaint about the behaviour 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 provide their Scheme with a Basic disclosure criminal record's check which is never more than three years old, and will disclose to the Scheme any convictions or criminal charges since the date of the Basic disclosure.

1.1.15 The EA shall ensure that records associated with the production of an EPC are stored in a safe and secure manner.

1.1.16 The EA shall ensure that they are covered by an appropriate level of Professional Indemnity and Public Liability insurance, and shall not provide an EPC unless so covered.

1.1.17 The EA shall not undertake any action that brings the EPBR into disrepute.

2. Policing of the Code of Conduct

2.1.1 Scheme operators shall carry out checks with Customers (as defined in paragraph 13.2 of the main document), their representatives or the responsible adult who is present during inspections, with the aim of ensuring that members are complying with the Code of Conduct. In doing so, and in addition to requirements elsewhere, Scheme operators may elect to undertake one of the following approaches identified in paragraphs 2.1.2 to 2.1.4 below:

2.1.2 Schemes shall require their Energy Assessors, in those properties which were occupied when visited, to either leave a questionnaire and postage paid reply envelope provided by the Scheme or provide the customer or their representative (or in the absence of the Customer or their representative, the responsible adult who allowed access) with the details of an email or website address that they can access to allow them to participate in an electronic survey. The electronic or paper based questionnaire should at least cover those areas identified in points a) – i) below.

a) Did the Customer make a complaint to the DEA?
b) If the Customer made a complaint to the DEA what was the nature of that complaint?
c) If the Customer made a complaint to the DEA did the DEA explain how the complaint would be dealt with, and what else the Customer could do if they were not satisfied by the initial response to the complaint?
d) Was the Customer present when the EA visited the property?
e) If yes to d), did the DEA act in a professional manner?
f) If yes to d), did the DEA show their ID?
g) If yes to d) were there reasons why the DEA could not gain access to all parts of the property (eg a roof space)?
h) If no to d) were there unaccompanied children in the building at the time the visit took place?
i) If no to d) is the Customer sure the EA visited the property?

2.1.3 Schemes may undertake a different feedback mechanism from that described in paragraph 2.1.2 (eg web based feedback), but only where the feedback mechanism covers at least those areas identified in paragraphs 2.1.2 a) to i), including whether the customer complained to the EA, such that a response of 1% of all lodgements is achieved from those properties visited which were occupied at the point the EPC was issued. In this case the Scheme shall inform the DCLG as to the feedback mechanism being used.

2.1.4 Schemes may submit an alternative procedure for DCLG approval, aiming to achieve the same outcomes as that in paragraphs 2.1.2 and 2.1.3. In this instance Scheme operators shall allow DCLG to circulate the proposals to other Schemes, and shall place no constraint on other Schemes or DCLG regarding the use of these alternative procedures.

Such alternative procedures may include the use of a mystery shopper approach.

2.1.5 Associated with paragraphs 2.1.3 to 2.1.4 Scheme operators shall demonstrate:

a) That the approach adopted is a reasonable means of identifying EAs who are not complying with the specified elements of the Code of Conduct covered in paragraphs 2.1.2, as well as acting as an incentive on EAs to inform Schemes about complaints received.
b) That they are acting on the information received from Customer feedback in a timely and responsible manner.

2.1.6 Where Scheme operators suspend a member following a breach of the Code of Conduct they shall check whether the individual has maintained, and continues to maintain, 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 Customer or other stakeholders 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 householder or other stakeholder.

b) Significant transgression. A transgression which has a significant impact on a householder 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 certificates, or may be subject to suspension until a period of training has been completed. An example would be where feedback from clients as part of a standard Scheme user feedback exercise indicates a significantly higher than usual level of discontent with the assessor's behaviour, but where there is no actual complaint to the Scheme.

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 client or other stakeholders. Here an energy assessor can be expected to be suspended pending a disciplinary hearing. Examples would be where the energy assessor has provided specific advice to a householder, outside of the remit of the EA, which is aimed at securing additional work from the energy assessor. Or there has been a failure to disclose the Scheme's complaints mechanism to the householder, or other stakeholder, on request from the householder or other stakeholder.

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, 1.1.8, 1.1.9, 1.1.10, 1.1.12, 1.1.13. 1.14, 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. Action on 1.1.13 is dependant on the nature of the breach being covered by specific DCLG requirements in the SOR outside of paragraph 1.1.13. For example individuals who the Scheme suspends for late payment shall not be marked at "suspended" on the EPC Register (see Section 11) as this is not a specific requirement of the SOR.

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, 1.1.15 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 the DEA Scheme 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. 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, implement 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 Scheme 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 EPBR, they shall undertake an additional 5 hours CPD per year in this category for every additional strand, over and above the minimum 10 hours required.

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 “Changes 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” (OPD), Schemes shall randomly sample at least 5% of members annually to ensure that they have undertaken the necessary level of OPD. This means that Schemes shall require that those 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 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 DOMESTIC ENERGY ASSESSORS (EA)

1 INTRODUCTION

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

- Section 2: Accuracy of EPCs, and the methodology for auditing the EPC.
- Section 3: Evidence supporting EPCs.
- Section 4: Methods of sampling of Scheme members' EPCs.
- Section 5: Requirements on Quality Assurance Assessors (QAAs).
- Section 6: Provisions for replacing defective certificates.
- Section 7: Scheduling of EPC audits and the replacement of defective EPCs.
- Section 8: Monthly reporting to DCLG of the results of Schemes' member QA.
- Section 9: The avoidance of conflicts of interest.
- Section 10: Participation in Cross Scheme moderation activities.
- Section 11: Requirements for Disciplinary measures.
- Section 12: Handling the outsourcing of QA.
- 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 "EPC audit" means an audit of an EPC by a QAA as referred to in Section 5 using the methodology referred to in Section 2. For the avoidance of doubt, this refers only to those EPCs for which sufficient evidence has been provided to undertake an EPC audit, and where the results of the audit have been provided to the EA.

b) "EPC audited", or "audited" means an EPC audit has been completed and EPC feedback provided.

c) An "EPC called for in month" means that within a given calendar month, the first request to an EA has been sent for evidence to be provided to allow an audit to be undertaken.

2. ACCURACY REQUIREMENTS AND EPC AUDIT METHODOLOGY.

2.1.1 The Scheme target set by DCLG is for no more than 5% of EPC audits in any month under the heading "random sample" (see Section 4) being defective.

2.1.2 Whether an EPC is defective shall be assessed by a Scheme Quality Assurance Assessor (QAA), shall be evidence based, and the quality and availability of the evidence used by the Scheme shall be such that the QAA's assessment can be replicated by DCLG.

2.1.3 In calculating the accuracy of EPCs, the Scheme shall use the software conventions approved by DCLG extant at the time the EPC was produced, and using the approved software as used by the EA.

2.1.4 If the Scheme's monthly return to DCLG (see Section 8) is worse than the 5% target referred to in paragraph 2.1.1, the Scheme shall inform the DCLG Scheme Manager what measures the Scheme is implementing to improve their members' accuracy.

2.1.5 In the case of EPCs which are re-lodged due to assessor self-reporting of errors, Schemes shall request evidence, and review, the quality of the certificate lodged at the point where the request to the EA is made. So, if the EA has re-lodged an EPC prior to the Scheme requesting evidence, the re-lodged EPC shall be assessed.

2.1.6 Schemes shall inform their EAs about Scheme QA procedures including evidence requirements, and the methodology used to calculate the whether an EPC is defective.

2.1.7 Apart from specific instances identified in the SOR, Schemes shall not forewarn individual EAs that they will be undertaking QA on a particular certificate.

2.1.8 The error between the EA and the QAA shall be the sum of the absolute errors associated with each data entry field of SAP (to avoid the instance where self-cancelling errors lead to an acceptable SAP score). The procedure for the QAA is:-

a) Work through the EA's assessment and his evidence.
b) At each data field where you believe there is a need to change the data, make the change and recalculate the SAP Rating.
c) Note the difference in the SAP points result as a positive value whether the difference is negative or positive.
d) Reset the field in question to the EA's original value.
e) Move to the next RdSAP entry field and repeat testing from step b) above.
f) Carry on until all SAP entry fields have been checked.
g) Add all the differences found to arrive at the cumulative error.
h) If this cumulative error exceeds 5 SAP points, the audit shall be marked as a fail, and the EPC shall be marked as defective and replaced. Issues associated with rounding errors are covered in paragraph 2.1.9.

i) Enter all data fields and recalculate the EPC rating, noting whether the banding of the EPC changes.

2.1.9 DCLG will continue to review the software validation process. In the meanwhile:

a) Schemes shall not make use of truncation within their calculation processes, eg 4.6 cannot become 4 where software provides a more accurate outcome; and

b) The final rounding shall be such that an error between 4.5 and 5.4 are rounded to 5 SAP points and therefore 'Pass'; whereas an error of greater than 5.4 is a 'Fail'.

2.1.10 For any areas where there is uncertainty as to interpretation of a particular software convention, Schemes shall inform their members as to their interpretation of an acceptable approach. Schemes shall also raise the issue with DCLG and the appropriate software conventions group so as to achieve consistency.

3. EVIDENCE REQUIREMENTS ASSOCIATED WITH EPC AUDITS

3.1.1 Schemes shall require a level of evidence from EAs sufficient to meet the requirements in paragraphs 3.1.2 and 3.1.3 of this Appendix.

3.1.2 Schemes shall require their members to provide sufficient material to their Scheme such that the EPC can be recreated by an independent QAA appointed by DCLG without the need for access to the EA's RdSAP input data file.

3.1.3 Evidence provided by an EA shall be such that an independent assessor can be reasonably certain it relates to a particular EPC.

3.1.4 Schemes shall retain the evidence provided by an EA to a Scheme, and the workings of the QAA undertaking the audit of the EPC.

3.1.5 Table 1 in this Appendix indicates the minimum level of evidence Schemes shall demand from EAs for QA purposes. However, the over-riding principle is that Schemes shall be able to demonstrate to DCLG that the evidence being supplied is of sufficient quality and detail to enable thorough assessment by the Scheme QAA, and replicated by DCLG as identified in paragraphs 3.1.2 and 3.1.3. Requirements for disciplinary procedures for dealing with non-provision or inadequate provision of evidence are given in Section 12.

3.1.6 Schemes shall notify EAs of their EPC auditing requirements.

3.1.7 Schemes shall provide their members with information regarding minimum levels of evidence, and this shall include information about the need to take photographs which are clear and, where possible, are in context. Examples would be:-

a) A photograph showing a radiator may also show a bay window which provides some contextual evidence around the description of the building being a 1930's semi.
b) For a wood burning stove, context would include a log basket next to the stove.
c) For lighting general views of rooms including the fixed lighting as well as detailed photos of individual luminaires.
d) For heating controls general views of rooms showing the thermostat(s) and controllers as well as detailed photos of the equipment.
e) For solid walls a photograph of an external door opening showing the overall masonry thickness
f) For an inaccessible loft a photo of the landing or other room showing why the loft hatch is out of reasonable reach.

3.1.8 Schemes have to assess the quality of photographic material, or other evidence, which is provided by their EAs. As part of this, Schemes shall include checks on previous EPC audits of an EA's work should there be concerns that the EA may be using stock photographs. These checks shall be satisfied by comparing photographs supplied for the three previous EPC audits (if available) to assess whether the same image has been provided as evidence for more than one EPC.

3.1.9 In addition to these checks on specific cases, in 2% of EPCs audited the Scheme shall undertake checks that stock photographs have not been used in a similar manner to that identified in paragraph 3.1.8.

3.1.10 Where Schemes have doubts about the photographs 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. An example here would be to require a photograph of a house with the front door open as proof of a visit.

APPENDIX 5, TABLE 1: Minimum Evidence Requirements

REQUIRED EVIDENCE	COMMENTARY
Data file, and / or RDSAP Data Collection Forms, relating information used by DEA to calculate the EPC, which allows QAAs to assess the accuracy of the EPC against each stage of data entry associated with RdSAP.	
Floor Plan	E.g. a sketch plan covering all levels, annotated with measurements, areas and showing the HLP.
Site notes – paper or electronic file	The DEA shall provide within the site notes anything used in support of decision making, reflective thought, or amendments to recommendations (identifying property age, construction, assessing primary heating system etc), which is not provided through other sources of evidence.
Photographic evidence requirements. Minimum Requirements: • Front elevation • Rear elevation • Side elevation for detached / semi-detached • Cavity Wall Insulation – evidence • Roof construction • Openings – windows, chimneys etc (if previous photographs don't provide sufficient evidence) • Primary Heating System (e.g. boiler showing any associated key features such as a condensate pipe or label indicating the boiler model) • Secondary Heating System • Loft Insulation – photograph which gives evidence of the depth of insulation • Evidence of wall thickness • Conservatory – photographic evidence of whether it is separated or not Where relevant, other photographs are required by Schemes to support site notes, including: • Heating System control system • Hot water cylinder and stat • Electricity and gas meters • LPG Cylinder • Fixed Low energy light fittings • Any other feature of the building or limitation whose presence or absence may be reasonably considered likely to	Where the DEA believes that photographs are not practically achievable, but a particular element / energy using device is present, site notes shall explain why the photographic evidence is not available. QA Assessors shall assess, and record, their views as to whether the reason given is credible. In such instances the Scheme shall investigate whether there has been a trend in non-provision of information, and undertake further investigations if such trends are identified. Photographs shall be dated within the image to provide some reassurance that they relate to the property being assessed and the date of the assessment. Electronic files shall be acceptable if there is a reasonably secure means of dating the file. Photographs embedded in e.g. WORD files or otherwise altered to reduce file size for transmission purposes shall be dated within the image. The master images shall be retained in EAs' archives for possible inspection by Schemes or DCLG

affect the SAP rating • Any other feature which supports a claim in the report that could be queried or be the subject of a complaint	
Evidence that inspection of a particular element which has a significant impact on the SAP score (taken as meaning having an impact of more than one SAP point) is impractical.	As a minimum Schemes shall stipulate requirements to provide site notes or other evidence explaining why key elements associated with the SAP calculations have not been undertaken – for example if access to a loft is said to be not available the site notes shall say why, and wherever practicable photographic evidence in support of the assertion be provided. Schemes shall record trends with evidence provided by an EA, such that further investigations are required should a particular EA routinely fail to access a certain building element (eg roof insulation).
Any other evidence required to justify the suppression or inclusion of additional recommendations.	Examples of this might be a guarantee or a building control notice for improvements

4. SAMPLING REQUIREMENTS.

4.1.1 DCLG requires Schemes to use a mix of nominally "random sampling" and "targeted sampling" when undertaking checks on their members' work. The requirements for these two sampling approaches are detailed in this Section. The reporting of outcomes from these audits is covered in Section 8.

4.2 Random Sampling

4.2.1 "Random sampling" is defined as the selection of audits such that:

a) The EA whose EPC is to be audited shall be unable to identify which EPCs are to be called for audit – apart from those instances noted later.

b) The selection of EPCs for audits shall not be biased in any way to make the outcome of an audit more favourable, or easier to undertake, than a sample selected entirely by a truly random selection.

4.2.2 For each Scheme in each calendar year, a minimum of 2% of the EPCs lodged in that year shall be audited by Schemes through a process of random sampling. The 2% check excludes "targeted" audits, which are covered in Section 4.4.

4.2.3 While the numbers of EPCs audited may vary between individual calendar months the number shall not fall below 2% of EPCs lodged in any Quarter, or below 1% of the number of EPCs lodged in any calendar month.

4.2.4 The calendar year is 01 January to 31 December. Quarters are the periods: January 1st to March 31st; April 1st to June 30th; July 1st to Sept 30th; Oct 1st to December 31st.

4.2.5 The numbers of EPCs reported under "random sampling", as contributing to achieving the minimum 2% annual sampling rate, can include the other minimum checks on EAs described in paragraphs 4.2.6 and 4.2.8. DCLG accepts that in these cases the requirements in paragraph 4.2.1 may not be met.

4.2.6 **Minimum checks**. Members shall be subject to a minimum check of:

a) One EPC audit per quarter unless they lodge no EPCs in that quarter
b) 1% of their EPCs over the calendar year.

4.2.7 **Schemes** can elect that no EA is subject to more than two audits in any single calendar month subject to at least 1% of their EPCs being assessed over the calendar year.

4.2.8 **New members**. New members shall be assessed within the first 30 days of their membership, if the EA undertakes an assessment within 30 days, and if not then the first available EPC. Following this the sampling rate for newly registered EAs shall be at least 5% of lodged EPCs during the first six months of their membership. New members to the Scheme include those who are:

a) New to the EPBR.
b) Or new to the Scheme, unless they are currently members of another Scheme, or Schemes, and that checks with all Schemes which they have membership of have found that the individual is not subject to heightened QA by any other Scheme.
c) Or have not lodged in the previous two years.

4.2.9 Schemes shall on request provide information about whether an EA is a current or former member of their scheme, whether the EA is subject to heightened monitoring, and that the EA has lodged an EPC at the appropriate level in the preceding two years, when requested to do so by another Scheme which is making the request for the purpose of complying with the requirements of 4.2.8.

4.2.10 The Scheme can apply to DCLG to allow a temporary reduction in monthly or quarterly sampling requirements in light of, for example,

unusually high lodgement rates in any month. Although agreement to such variations will not be unreasonably withheld, any shortfall shall be required to be made up in the next quarter.

4.3 Targeted Sampling

4.3.1 Targeted sampling refers to a number of specific instances where risk factors such as a failed random sample EPC audit trigger the need for additional audits. Targeted sampling is required in instances defined in paragraphs 4.3.2 to 4.3.13.

4.3.2 **"Random sample" failed audit**. Where a "random sample" EPC audit is assessed as a failure and the EPC marked as defective, the Scheme shall audit 2 further EPCs including at least one EPC lodged within the 30 day periods both prior to and following the date at which audit feedback is given to the EA. If this is not possible, Schemes shall select 2 EPCs for audit that were lodged within the 30 days following the date of the initial call for audit, or the next 2 EPCs to be lodged if this time period is exceeded. An additional exception to this is if the calculation conventions have changed in the period of 30 days prior to feedback being given to the initial case failure. In this situation the first two EPCs produced since the introduction of the new calculation conventions shall be selected for audit.

4.3.3 **"Targeted sample" failed audit**. Where a "targeted sample" EPC audit identifies a defective EPC, the Scheme shall take due account of the nature of the failure, and history of other failures, and any risk factors which the Scheme is aware of and take appropriate action. Section 11 gives requirements for Scheme actions in a number of examples of "targeted sample" audit failure.

4.3.4 **Failure to Provide Evidence**. Where an EA fails to provide any evidence, the Scheme shall immediately suspend the EA subject to the requirements of Section 11.2.1.

4.3.5 **Failure to Provide Sufficient Evidence**. Where an EA fails to provide sufficiently good evidence to allow a QAA to undertake an EPC audit, the Scheme shall audit additional EPCs in line with requirements set out in Section 11, including the need for additional checks.

4.3.6 **Use of Stock Photos**. In those instances where there is compelling evidence that an EA has used stock photographs, and does not have their membership revoked, disciplinary actions and targeted sampling requirements are given in Section 11.

4.3.7 **Replacement EPCs**. EPCs produced to replace those which have been failed shall be audited.

4.3.8 **Excessive use of help desk**. Schemes shall have procedures in place which identify EAs who make unusually high use of the help desk, without obvious reason such as dealing with an unusual building, or whose queries suggest they are at high risk of producing EPC failures. These cases shall trigger as a minimum the auditing of the next available EPC and a sampling rate of 5% over the next six months.

4.3.9 **Customer Complaints**. Customer complaints shall normally result in an EPC being assessed by the Scheme under "targeted sampling". Instances where this will not be the case can be where the complaint refers to an aspect of the software used by the EA beyond the EA's control; or a complaint which reflects a demonstrable lack of Customers understanding of the requirements of the EPC rather than any failing on the part of the EA. If the audit fails the Scheme shall audit two further EPCs as in Section 4.3.2.

4.3.10 **High Lodgement Rates**. Where Schemes assess that an EA is lodging an unusually high number of certificates in any calendar month Schemes shall undertake additional checks that provide assurance that the EA has indeed visited the properties. EPCs that have been lodged using multiple certification or sampling and cloning techniques can be excluded from this assessment. Requirements in a) to d) below shall apply:

a) Consideration of what constitutes an unusually high number of lodgements shall take account of information received from DCLG or other Schemes where available (it is not yet a requirement to share information about the activities of EAs who may be lodging energy certificates through a number of Schemes).
b) Schemes shall be able to demonstrate that they are being proactive in this respect.
c) Scheme operators shall set their own thresholds for triggering high lodgement rate alarms but they shall not be more than 120 per calendar month.
d) Schemes shall be able to show DCLG that their approach and practice here are reasonable. A way of sampling whether an EA thought to be over-lodging is actually visiting dwellings would be to choose 3 dwellings visited on the same day, and undertake checks that the photos are all dated and different.

4.3.11 **Other risk factors**. Schemes shall intervene if they come to believe an EA is at high risk of lodging erroneous EPCs for any other reason.

An acceptable intervention in these cases as a minimum would be to call for an audit of the EA's next EPC.

4.3.12 **DCLG specified audits**. The Scheme shall undertake QA checks on specified EPCs if requested to do so by DCLG.

4.3.13 **"Targeted Sample" Audit failure**. The requirements for disciplinary action and additional targeted EPC audits are provided in Section 11.

4.3.14 Statistics associated with failures of targeted sample audits shall be reported separately from those for the random samples - see Section 8.

4.4 Feedback to DEAs & Minor Errors

4.4.1 Schemes shall provide feedback to the EA as part of every EPC audit.

4.4.2 Where minor errors are identified which do not result in an EPC being failed, the EA shall be given feedback which includes guidance on what they need to do to remedy the errors.

4.4.3 Where there is a pattern of repeated errors which do not result in a failed audit but which are assessed as being likely to result in future failed audits the requirements of Section 11.7 shall apply.

5. REQUIREMENTS ASSOCIATED WITH INDIVIDUALS WHO UNDERTAKE EPC AUDITS.

5.1 Introduction

5.1.1 This Section deals with requirements in the following areas:
Section 5.2: Demonstration that Scheme QAAs 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 would be demonstrated if an individual has satisfied all of the following:-

a) Has passed the DEA qualification, or met the requirements of the APEL framework prior to July 2010. Those working towards the relevant qualification may undertake QA assessments as a trainee

under the supervision of an experienced QAA. However, in these circumstances, the experienced QAA shall be responsible for the quality of the QA work undertaken, and the trainee shall achieve the DEA qualification within 3 months of starting to practice as a trainee QAA.

b) Has been trained in the process the Scheme is using to undertake EPC audits, and is undertaking additional training or CPD as necessary to maintain their competence. As a minimum this annual CPD shall be 10 hours.
c) 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 caseload.
d) Has their work moderated against fellow QAA, or verified by a more senior individual who has extensive experience of assessing the work of DEAs or of training DEAs.
e) Demonstrates an awareness of the need to identify and declare conflicts of interest and to avoid them where possible.
f) 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.

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 EPC 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. The Scheme shall appoint a lead QAA to chair these meetings.

b) The lead QAA shall randomly check at least 1 audit each month for each QAA who undertook audit work that month. 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.
c) As part of the moderation meetings in a) above, prior to that meeting the Scheme shall also arrange for all QAA undertaking audits on behalf of the Scheme in the preceding quarter to independently assess the same EPC to allow a comparison to be undertaken between all QAA, and identify corrective action accordingly in line with the actions required in paragraph b) above.
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.

5.3.4 The lead QAA in 5.3.3b shall be the first line of response to appeals by EAs against the judgements of other QAAs, unless there is a conflict of interest in them doing so, in which case the Scheme shall identify another QAA who can do so.

5.3.5 Where a DCLG inspection finds that a QAA has material errors in more than 1 in 10 audits examined, the Scheme shall implement appropriate corrective actions as identified by DCLG.

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 examination of at least 2% of their caseload over each quarter, with a minimum (if practical) of at least 1 audit verified each month for the QAA. However at least 10% of the caseload of a QAA shall be examined each month under any of the following circumstances:
a) The QAA is operating as a QAA for the Scheme for the first time.
b) Verification has indicated a significant level of error, where significant is defined as more than 1 in 10 EPC audits having errors.
c) DCLG inspection finds that the QAA is not meeting SOR requirements in more than 1 in 10 instances.

5.4.5 The verification rate may fall back to 2% after the QAA has operated for 3 months so long as criteria 5.4.4 b) c) have been met for each monthly period.

5.4.6 The verifier shall hear appeals by EAs against the judgement of the QAA who undertook the EPC 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.

5.4.7 Where DCLG inspection finds that a QAA has material errors in more than 1 in 10 instances examined, the Scheme shall implement appropriate corrective actions as identified by DCLG.

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 shall 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 EPCs WHICH FAIL SCHEME AUDITS

6.1 Requirements

6.1.1 Schemes shall fail an EPC and make arrangements for it to be replaced, when any one of the following conditions apply:

a) The sum of the absolute errors between the EA's and QAA's SAP Rating is more than 5 SAP points (see Section 2).
b) Errors in the dwelling's description result in a change in the recommendations made.
c) The dwelling's description is sufficiently inaccurate to cause Customers to doubt the accuracy of the SAP Rating. 'Sufficiently inaccurate' means information in EPCs which is demonstrably incorrect and capable of correction within the bounds of the SAP current at the time of the assessment on the basis of what the EA should have observed.

6.1.2 The SOR requires Schemes to keep their and their members' activities under review in an effort to improve overall performance by undertaking all of:

a) Spotting systemic weaknesses.
b) Introducing corrective measures in their own operations.
c) Notifying DCLG, and the conventions forum of shortfalls in the national calculation methodology, the SOR and the software and their ways of overcoming them if found.

6.1.3 Because there are differences in the ways different SAP software calculates SAP ratings, QAAs shall normally use the same software as used by the EA when carrying out EPC audits. Schemes shall retain back copies of software, or access to back copies of software, to permit this. As an exception QAAs may use a different software version from that used by the EA so long as the Scheme can demonstrate differences in the software versions will have no impact on calculating EPC accuracy.

6.1.4 Schemes shall provide feedback to EAs as part of the outcome of each EPC audit.

6.2 EA Replacement Of A Defective Certificate

6.2.1 Where an EA replaces a defective certificate, the replacement EPC shall be audited by the Scheme to ensure it is satisfactory.

6.3 Scheme Replacement of a Defective Certificate

6.3.1 Where an EA fails to replace a defective EPC, Schemes shall use their best endeavours to do so. Where a Scheme is obliged to replace a defective EPC, if the QAA has sufficient evidence provided by the original EA to produce a satisfactory EPC, and there are no indicators of false evidence, the QAA may lodge a replacement EPC so long as they are willing to accept the insurance obligations associated with doing so. In other circumstances Schemes shall undertake all reasonable endeavours to arrange for the replacement EPC to be lodged. A way of doing this would be to engage substitute EAs to produce a new EPC.

6.3.2 Where it proves impractical to replace an EPC (eg where the original EA's evidence is unsatisfactory and the customer refuses to provide evidence they hold), Schemes shall maintain a log of the cases where they have been prevented from replacing 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 In replacing defective EPCs Schemes shall ensure that the replacement EPC is generated using the software and conventions in force at the date at which the EPC was replaced.

6.3.4 Where the Scheme replaces a defective EPC it may wish to recover costs where it has to undertake work, from the EA who produced the original EPC. If Schemes wish to recover their costs in this way they shall have already publicised ahead of any QA request a list of such charges to existing Members, and new applicants, and these costs shall be reasonable.

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 2.

APPENDIX 5. TABLE 2. TIME LIMITS FOR EPC AUDIT WORK

Row No	Scheme Process		Maximum Period [1]	Permissible Exceptions
	From:	To:		
1.	1. EPC lodged	2. Scheme first calls for evidence from EA	25 working days	Excludes audit requirements associated with minimum sampling rate of 1 EPC lodged / quarter. Circumstances beyond Scheme's control [2]
2.	2. Scheme first calls for evidence	3. Evidence received	15 working days	Period can be extended by up to 5 working days in cases where the EA is or will be late for legitimate reasons [3].
3.	3. Evidence received	4. Auditing work completed	15 working days	Circumstances beyond Scheme's control [2]
4.	5. Auditing work completed	6. Feedback provided to EA	5 working days	Circumstances beyond Scheme's control [2]
5.	6. Feedback provided to EA	7. Lodgement of a replacement EPC by EA where required	10 working days	EA appeals. Excludes instances where the EA is or will be late for legitimate reasons [3] Scheme makes other arrangements[4]

Notes

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

2 - Schemes shall log the circumstances and their reasoning in cases where exceptions are granted. And these logs shall 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 make other arrangements to replace a defective certificate should the EA fail to do so, but here the replacement EPC shall be provided within 3 months of the EA being required to replace the EPC.

7.1.2 Schemes may apply to DCLG for a temporary variation in these deadlines under exceptional circumstances.

8 SCHEME SOR MONTHLY REPORT

8.1.1 Schemes shall provide feedback on QA statistics to DCLG, or a person acting on behalf of DCLG, on a monthly basis using a template provided by 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 3 lists the information which Schemes shall provide 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 EPC 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 EPC 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 EPC 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 "Code of Practice" or similar in place which QAAs are obliged to formally accept in writing before they can practice. The Code or similar shall 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 EPC 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 EPC – and how they should declare or deal with such a conflict.
b) Record any complaints or concerns from DEA QA assessors, 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 provide all or part of the data required to undertake an EPC audit within required deadlines (see Section 11.2).
b) An EA repeatedly fails to provide evidence of sufficient quality to allow an EPC to be properly audited (see Section 11.3).
c) They can show that an EA has submitted false evidence such as stock photographs, or falsely claimed to have visited the dwelling (see Section 11.4).
d) The results of one or more EPC audits reveal a lack of understanding, or failure to act in a professional manner, which materially affects the EPC's accuracy (see Sections 11.5, 11.6).

e) Other issues indicate the EA is at unacceptable risk of breaching the Code of Conduct or of producing defective EPCs (Section 11.7)

11.2 Failure To Provide Evidence By The Required Timetable

11.2.1 Failure by an EA to provide satisfactory evidence within the deadlines set out in Table 2 shall trigger immediate suspension from membership. This suspension shall only be lifted if the EA provides a "reasonable and compelling" case as to why the information is not available. Where the suspension is lifted, the Scheme shall undertake two further audits from the subsequent 30 days following the date of the initial call for audit, or the next 2 EPCs lodged if this time period is exceeded, except where the EA provides a "reasonable and compelling" case as to why the information is not available.

11.2.2 Schemes shall exercise their judgement as to what constitutes a "reasonable and compelling case" on a case by case basis, and take action in line with the examples given in paragraphs 11.2.3, and 11.2.4

11.2.3 An example of a "reasonable and compelling case" would be where there is a specific client requirement that no photographs shall be taken, or other information provided, (e.g. MoD living accommodation) the requirement on an EA is to provide evidence that there is a specific client requirement which prohibits the provision of information. In this instance the Scheme shall select another EPC to audit where the same constraints do not apply. If the EA has no other EPCs apart from those where a client requires that evidence shall not be provided, then the QAA shall use their best endeavours to undertake an audit on an EPC with the limited evidence available.

11.2.4 An example of a "reasonable and compelling case" which depends on the number of times the excuse, or similar excuses, are used would be where an EA has given an excuse which is not client directed (eg camera malfunction). Multiple uses of this, and similar, instances shall lead to the Scheme suspending the EA who fails to provide the data requested more than twice in any given 12 month period following the date of the initial failure to provide evidence. Suspension shall only be lifted after the Scheme has investigated the EA, and is assured that the EA shall meet future requirements associated with evidence provision.

11.2.5 Where an EA simply does not respond to a request, they shall remain suspended. Should the EA eventually respond to the request, but without a reasonable case, the Scheme shall investigate the reason for the late provision of data, and impose appropriate measures.

11.2.6 Where an EA provides a reasonable excuse Schemes shall record all of:

a) The date the request for evidence was sent;

b) Why (if applicable), eg if the DEA is on holiday, off sick, or some similar reason (an out of office e-mail with a specified date of return is an example of evidence the Scheme may use);
c) The reason (if applicable) given by the EA as to the non-availability of data;
d) In the case where the Scheme accepted the explanation in c) above as a "reasonable and compelling case", the Scheme's reasoning.

11.2.7 EAs shall be subject to increased EPC auditing frequency following reinstatement after a suspension. The additional auditing shall be classed as "targeted sampling", and comprise the selection of 2 EPCs lodged in the period of 30 days following the reinstatement or if this is not possible the next 2 EPCs lodged The EPCs selected shall exclude any where survey work or lodgement predate suspension.

11.3 Failure To Provide Evidence Of Sufficient Quality

11.3.1 Where a Scheme QAA is unable to audit an EPC due to unsatisfactory evidence such as poor photographs or site notes the Scheme shall fail the audit, and mark the EPC as defective. The EA shall be informed of the shortcomings, including specific instances where evidence needs to be clearer, and given instructions as to how to improve their performance. The Scheme shall audit a further 2 EPCs lodged within the 30 days following the date at which the audit feedback was given, or if insufficient lodgements are made, the next 2 EPCs. If any of these targeted audits fail due to a failure to provide evidence the Scheme shall suspend the member. Re-instatement shall only occur if either:
a) New, satisfactory evidence is provided.
b) Or if the EA can demonstrate without doubt that the reason for the non provision of data was beyond their control, and that the EA has taken steps to ensure that further instances do not occur. In this instance Schemes shall record the evidence received, and their reasoning, which shall include an assessment of that EA's audit history.

11.3.2 On return from suspension the EA shall be subject to increased auditing at a rate of:
a) Which ever is greater of either 10% of their EPCs over the next six months or five EPCs over the next six months.
b) The next five EPCs lodged after the six month period if requirements in a) above cannot be met.
c) Where an EA that is subject to increased auditing does not exceed 1 EPC lodgement in a given quarter, each EPC that has been lodged shall be called for audit and may also qualify as meeting the minimum random sampling requirement in 4.2.6 provided that it is not double counted in the Monthly QA returns submitted to DCLG.
d) Wherever possible these additional auditing requirements should be conducted on a random sample.

11.4 Stock Photos or No Visit to Property

11.4.1 Where there is evidence that an EA has used stock photographs or failed to visit dwellings when required, the EA shall be suspended pending investigation which shall include:

a) Discussions with the EA.
b) A formal interview with the EA
c) A review of all photographic evidence provided by the EA for auditing purposes over the past two years
d) A review of other evidence available to the Scheme, including any which the EA provides.

11.4.2 EAs shall only be reinstated if Schemes are confident that all the following apply:

a) The EA is visiting dwellings as required.
b) The EA has shown the use of stock photographs was not intended to mislead. An example here would be where an EA mistakenly submits photographs previously submitted for a different audit. Where there are multiple instances of use of the same photographs, this shall be taken as clear evidence that an EA has intended to mislead.
c) The EA has undertaken not to use stock photographs again under any circumstances.

11.4.3 Following reinstatement, Schemes shall implement the following additional checks:-

a) Two new EPCs lodged in the succeeding 30 days following the lifting of suspension, or if this is not possible the next two shall be subjected to EPC audits. These audits shall be recorded under the heading “targeted sampling”.
b) All subsequent “random sampling” EPC audits for at least the next year shall include checks that stock photographs are not being used.

11.4.4 The suspension on the EA shall only be lifted if the Scheme is satisfied that the EA has visited properties in line with DCLG requirements. In this case the additional checks associated with paragraph 11.4.3 shall be implemented by the Scheme.

11.4.5 If the Scheme is satisfied that the EA has not visited a property when they are supposed to have done so, then that EA shall have their membership revoked. Where an EA has been found to be using stock photographs apart from exceptional circumstances (no intent to mislead – see paragraph 11.4.2 b)), they shall have their membership revoked.

11.5 QA Failures – Random Sample

11.5.1 Where there are errors which result in an EPC being failed, the EA shall be given feedback as to why and appropriate remedial action to both replace the failed EPC, and ensure similar failures do not reoccur.

11.5.2 The remedial action in paragraph 11.5.1 shall be informed by any history of failures associated with the EA.

11.5.3 Targeted sampling requirements following EPC audit failure are given in Section 4.

11.6 QA Failures – Targeted Sampling

11.6.1 There are a number of situations that could arise in EPCs subjected to targeted sampling.

11.6.2 Where the EA has two additional EPCs audited triggered by a random sample audit failure the requirements in paragraphs 11.6.2.1 to 11.6.2.7 apply.

11.6.2.1 If the EA fails one of the two additional audits the Scheme will need to make a judgement as to the appropriate remedial action based on the seriousness and nature of the failure:

a) If the error is due to, eg, an oversight, or a misunderstanding of a software protocol which is easily corrected, and so the error is unlikely to be repeated, the EA shall be informed, and their future work checked to see that they have learnt from the feedback.
b) If the error indicates the EA lacks basic understanding the EA shall be suspended until the results of suitable training convince the Scheme there is low risk of repetition.
c) If the error indicates fraudulent practices, the EA shall be suspended pending further investigation.
d) If the EA fails both the two additional audits the EA shall be suspended until the results of suitable training convince the Scheme there is low risk of repetition.

11.6.2.2 DCLG recognises that Schemes need to respond specifically to the circumstances in each case in determining suitable remedial measures and supervision of their implementation.

11.6.2.3 If an EA passes both the two additional audits the EA can revert to the random sampling schedule appropriate to their status as either a new or established member as given in Section 4.

11.6.2.4 The duration of any suspension (applicable in paragraphs 11.6.2.1, 11.6.2.2) and the criteria for reinstatement shall be determined by Schemes based on their assessment of the nature of the error. A

member shall normally be suspended until they complete the activities identified by the Scheme. Shortcomings in competence shall be tackled initially by a series of appropriate measures including mandatory training and / or site based checks.

11.6.2.5 The Scheme shall subject the EA to post-reinstatement targeted sampling to the extent whichever is the greater of:
a) 10% of lodgements for a period of 6 months subject to at least 5 EPCs being assessed during the period; or
b) An audit of 5 EPCs within 6 months or
c) The next 5 EPCs lodged.

11.6.2.6 The targeted sampling in these cases should exclude any EPCs that do not require a visit to the property. If Schemes wish to implement an alternative approach to sampling, they shall only do so with the consent of the DCLG Scheme Manager.

11.6.2.7 Schemes can charge an EA for implementing the higher level of QA required post suspension in paragraph 11.6.2.5, in line with transparency and reasonableness requirements identified elsewhere in the SOR.

11.6.3 Where a replacement EPC itself fails, the EA shall be suspended until the Scheme has assessed the nature of the failure, the likelihood of future EPCs being defective, and suitable remedial action has been successfully completed. In this instance a regime similar to that described in paragraph 11.6.2.5 would be a satisfactory response.

11.6.4 Where the EAs “targeted sampling” EPC audit was triggered by other risk factors and the EPC is assessed as defective, then the requirements of paragraph 11.7 apply.

11.7 Handling Other Risks of EPC failure

11.7.1 Schemes shall have written procedures for:-
a) identifying risks, and assessing their magnitude,
b) recording/logging their occurrence and
c) periodic examination for trends
d) designing and implementing proportionate corrective action including additional targeted sampling to the extent whichever is the greater of:
- 10% of lodgements for a period of 6 months subject to at least 5 EPCs being assessed during the period; or
- An audit of 5 EPCs within 6 months or
- The next 5 EPCs lodged.

11.7.2 Examples of actions which DCLG consider may be proportionate may be developed and circulated by DCLG from time to time.

11.8 EA Appeals

11.8.1 Where an EA disputes and/or eventually appeals against criticism or an EPC being failed the requirements in Section 6 of the main SOR shall apply.

11.9 Revoking Membership

11.9.1 Examples of instances where Schemes would normally be expected to revoke the membership of an EA have been given elsewhere in the text, and further examples may be developed and circulated by DCLG from time to time.

12 SUBCONTRACTING QA

12.1.1 Schemes may subcontract their QA to other firms or to individuals but shall 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, TABLE 3. DCLG SCHEME DEA 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 EPBR 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.

NOs	Description of Metric	Total	Scheme Qualifying comments	Examples, further clarification
1	Number of DEAs registered with EPBD Accreditation Scheme in the month being reported on.			Number of members with the Accreditation Scheme, including those who are suspended on the last day of the month reported on.
2	Number of DEAs who have lodged an EPC through the Accreditation Scheme in the month being reported on.			
3	Number of EPCs lodged by DEAs in the month being reported on.			If the month being reported on is for March 2012, then the numbers here relate to the number of certificates lodged through the Scheme in March 2012. The report for this month would be provided to DCLG on or before the last day of April 2012.
4	Number of "Random" assessments called for audit in the month being reported on.			In the case of the report for March 2012 the number here would relate to the number of EPC audits called for in March 2012 regardless of the month in which the EPC was lodged.

5	Number of DEAs called for “random” audit in the month being reported on.			If the month’s report is for March 2012, then the numbers here relate to the numbers of DEAs who have received a request for their work to be audited under the random sampling approach. This may well be a different number from the number of EPCs called for audit.
6	Number of "random" assessments completed and feedback given to Energy Assessors in the month being reported on.			In the case of the report for March 2012 the number here would relate to the number of audits which were undertaken and feedback given to energy assessors in March 2012.
7	Number of “random” assessments called in the month being reported on and not yet completed in the month being reported on.			
8	Number of random assessments called for in previous month to that being reported on that remain incomplete.			In the case of the report for March 2012 the number here would relate to the number of audits called for audit in February which remain incomplete at 31 March 2012.
9	Number of random assessments called for two months prior to the month being reported on that remain incomplete.			In the case of the report for March 2012 the number here would relate to the number of audits called for audit in January which remain incomplete at 31 March 2012.
10	Number of random assessments called for more than two months prior to the month being reported on that remain incomplete.			In the case of the report for March 2012 the number here would relate to the number of audits called for audit prior to January which remain incomplete at 31 March 2012.

11	Number of "random" assessments completed in the month being reported on which failed due to SAP errors > 5.			In the case of the report for March 2012 the number here would relate to the number of audits completed in March 2012 which were failed because they lie outside of the 5 SAP points accuracy target. This means that the sum of the absolute errors associated with the SAP calculation can be any value greater than 5.5.
12	Number of "random" assessments completed in the month being reported on which failed due to reasons other than SAP errors.			In the case of the report for March 2012 the number here would relate to the number of audits called for in March 2012 which were undertaken and feedback given to energy assessors in March 2012, and were failed for reasons other than SAP errors.
13	Number of DEAs who have failed to provide requested information for audit who have been suspended in the month being reported on.			In the case of the report for March 2012, the number here would be the number of assessors suspended in March 2012 due to non-provision of data, whenever the request for information took place, and regardless as to whether or not the assessor remains suspended at the time that the report is submitted to DCLG.
14	Number of defective EPCs which were identified as defective as a result of random sampling in the month being reported on and which have been replaced in the month being reported on.			In the case of the report for March 2012 the number here would relate to the number of defective certificates which were identified as a result of random sampling in March 2012, and which were replaced in March 2012, regardless of when the original report was lodged.
15	Number of defective EPCs which were identified as a result of random sampling being defective in the month previous to the month being reported on which have been replaced in the month being reported on.			In the case of the report for March 2012 the number here would relate to the number of defective certificates which were identified as a result of random sampling in February 2012, and which were replaced in March 2012, regardless of when the original report was lodged

16	Number of DEAs suspended in the month being reported on due to failure to relodge an EPC after being notified of errors more than 10 working days previously.		Certification bodies must provide a breakdown here of the reasons why EPCs have not been completed on schedules – eg 4 EPCs in appeals process	In the case of the report for March 2012 the number here would relate to the number of members (excluding any who have had their membership revoked) who as of the end of March 2012 have taken more than 10 working days to upload a new report after being notified of errors, and hence should be suspended.
17	Number of DEAs who are subject to "targeted" sampling in the month being reported on due to errors identified in the month being reported on.			In the report for March 2012 the number here would be the number of individual DEA who have failed a random audit during the current month and are subject to a requirement of "targeted" sampling.
18	Number of targeted audits called in month being reported on			In the report for March 2012 the number here would be the number of individual EPCs which have been called for QA because of a requirement of "targeted" sampling
19	Number of DEAs who are subject to “targeted” sampling in the month being reported on due to other factors than QA failures (eg excessive use of helpdesk) identified during the month being reported on.			In the report for March 2012 the number here would be the number of individual DEAs who are subject to a requirement of “targeted” sampling for reasons other than previous SAP errors > 5 (eg excessive use of helpdesk, or other identified risk factors).
20	Number of targeted audits completed in the month being reported on.,			In the report for March 2012 the number here would be the number of individual EPCs where the targeted audits has been completed in the March 2012..
21	Total number of "targeted" QA checks which fail due to SAP errors > 5 and / or other factors in the month being reported on.			Number of targeted EPCs completed in the month where the assessor has been informed of a failure with the EPC.
22	Number of DEAs suspended during the month being reported on due to QA issues..			Suspended (or suspended and re-instated) due to failed audits during the current month.

23	Average time for a QAA to complete a QA assessment in the month being reported on.			This shall be based on the time that the individual QAA spends checking EPCs and giving feedback to members, it will exclude time that is spent on any other matters (eg training, moderation). To nearest 5 minutes.
24	Number of QA assessments in month being reported on which are re-assessed by a moderator or external verifier.			This is the total number of QA assessments checked by a moderator or external verifier in the month being reported on (eg if this is the report for March 2012, then numbers should relate to completed moderator / verifier assessments undertaken in March 2012.
25	Number of QA checks in month being reported on which are re-assessed by a moderator or external verifier which identify shortcomings in the QAA's work eg due to misunderstanding of software conventions etc.		Provide a brief summary of the nature of errors, and remedial action.	This is the total number of audits checked by a moderator or external verifier in the month where the work of the QAA is found to be at fault eg due to a misunderstanding of a software convention) If this is the report for March 2012, then numbers should relate to the number of EPC QAs inspected by the moderator / external verifier in March 2012, where errors have been identified. .
26	Number of Customer questionnaires returned during the month being reported on.			This is the total number of Customer questionnaires received by the Scheme during the reporting month regardless of original survey date
27	Number of Customer questionnaires that require follow-up action in the month being reported on.			This is the total number of Customer questionnaires received by the Scheme that have comments or feedback which need to be addressed by the Scheme.

28	Number of DEAs suspended for failure to provide an updated criminal record Basic disclosure certificate in the month being reported on.			This is total number of DEAs suspended during the reporting month for failure to provide a new criminal record Basic disclosure certificate.
29	Number of DEAs suspended by the Scheme due to issues other than failure to upload evidence for audit or QA issues in the month being reported on.			This will include suspensions due to complaints, code of conduct issues and failure to supply CPD returns.
30	Scheme Feedback		Provide feedback on the implementation of the SOR, and SOR monthly return.	For the Accreditation Scheme to complete.

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 EPBR, 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 EPBR 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) Householder, 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 certificate 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 Third 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 in 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 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 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 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. Independent Third Party 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 Independent Third Party 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" of "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, is 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	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. * 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.
(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. This entry is limited to one telephone number.
(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. However, it would be acceptable to allow Energy Assessors who do not wish their home address to be made publicly available via the Register to use either the address of the Scheme or a PO Box address. Address information provided in this field will appear in place of the EA's home address should the EA choose either of these options.
(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		As above, but in specific connection with the Company's E-mail Address.

	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		This shall be limited to postcodes in England and Wales for the England and Wales Registers and Northern Ireland for the Northern Ireland Registers. 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.