

DCLG EPBD Scheme Operating Requirements Associated with Energy Assessors and the Production of Energy Performance Certificates for Newly Constructed Dwellings

Introduction

This document sets out the Secretary of State's current requirements for the operation of those organisations in receipt of an "Approval Letter" on behalf of the Secretary of State for Communities and Local Government to operate an Accreditation Scheme (Scheme) for Energy Assessors (EAs).

This document sets out:

- Minimum outcomes that the Secretary of State requires Schemes to deliver.
- In support of these, some prescriptive approaches which must 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 (EPCs) can have confidence in the certificates, accompanying recommendations for cost-effective improvement, and the EAs responsible for them.

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

Overview of requirements

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

1. Ensuring 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.
2. Ensuring that members of the Scheme are qualified to undertake energy assessments.
3. Ensuring that members of the Scheme have in force suitable indemnity cover.

4. Ensuring that members of the Scheme use operational procedures that ensure consistency and accuracy of energy assessments.
5. Maintaining active quality assurance procedures.
6. Facilitating the resolution of complaints against members of the Scheme.
7. Establishing and maintaining a register of members.
8. Ensuring financial probity, financial stability and operational resilience of the Scheme.
9. Allowing 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.
10. Maintaining suitable administrative and operational systems that are applied in a consistent, fair and open way that is compliant with all relevant legislation.
11. Other requirements that may be specified from time to time.

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, legal requirements take precedence over the SOR.

Schemes Operating and Reporting Requirements

1. Ensuring 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 Fit and Proper

Proper and effective operational, recording and reporting procedures must be in place to decide whether applicants are, and members remain, ‘fit and proper’ persons.

Applicants to a Scheme to become an Energy Assessor of newly constructed dwellings who are not determined by the Scheme to be ‘fit and proper’ must have their membership application rejected.

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

Schemes must have appeals mechanisms in place for those applicants or members who are rejected because they are deemed by the Scheme not to be ‘fit and proper’ persons.

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

DCLG criteria as to the assessment of whether individuals are a ‘fit and proper’ person, and detailed requirements on Schemes are provided in Appendix 1.1

1.2 Code of Conduct

Scheme must have an energy assessor “Code of Conduct” to which all members must sign up to. It must include the following:

- The need to avoid any conflict of interest in undertaking energy assessments. Further guidance from DCLG which must be implemented is available in Appendix 1.2.
- The need to declare complaints received from customers and others to the Scheme (see section 6).
- In the case of customer complaints, EAs must make the customer aware of the Scheme procedures for dealing with complaints.

Procedures must be in place which:

- Require members to sign the Code of Conduct.
- Demonstrate that the Scheme is actively policing the Code of Conduct (Scheme requirements are provided in Appendix 1.2).

- Enforce the Code of Conduct. These procedures should take account of the nature of the transgression, the strength of the evidence, and any relevant history, and then respond in an appropriate way. Where an energy assessor has transgressed the Code of Conduct Schemes need to demonstrate that they have checked that the remedial action has been successful. An escalation process must be in place within Scheme procedures which deals with circumstances where remedial action does not substantively remedy the situation with sanctions including suspension or disqualification from membership where appropriate.
- Give the reasons why to a member who is suspended or expelled because of a failure to adhere to a code of conduct.
- Provide an appeals mechanism for those who are expelled or suspended from membership.
- Members and prospective members need to have easy access to all procedures and guidance related to the Code of Conduct.

The Code of Conduct must explicitly refer to the published DCLG requirements associated with EAs undertaking energy performance certificates for newly constructed dwellings.

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

An applicant can be considered by a Scheme to be competent to produce EPCs for newly constructed dwellings, and so become a member of a Scheme register of On Construction Domestic Energy Assessors (OCDEA) if they either:

- (i) Hold an appropriate qualification that has been approved by OFQUAL which is consistent with the relevant National Occupational Standard (NOS). Scheme operators must have procedures which confirm that a candidate has the appropriate qualification and that, where relevant, the candidate is only accredited to operate within any limitations appropriate to the qualification.

Or

- (ii) Can demonstrate to the Scheme that they meet the competencies set out in the National Occupational Standards for Newly Constructed dwellings Energy Assessments and have met the Scheme's approval process. In this case the Scheme needs to have its APEL (Accreditation Prior (Experiential) Learning) membership route agreed by the DCLG, and meet the DCLG requirements associated with APEL.

Scheme operators must have procedures to confirm that a candidate has the appropriate qualification and that, where relevant, the candidate is only accredited to operate within any limitations appropriate to the qualification.

Schemes may require an applicant to undertake some other check of competence, including a professional interview.

Schemes must make reasonable endeavours to check the identity of the applicant.

Schemes must 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. Schemes must have mechanisms in place which demonstrate that they have checked EAs maintain their competence as stipulated in Appendix 2.

3. Ensuring that members of the Scheme have in force suitable indemnity cover

Scheme operators must demonstrate that they have suitable arrangements for ensuring that their members, or those member's employers, or the Scheme itself, has and maintains arrangements to protect customers.

For Schemes accrediting EAs to produce EPCs for new residential dwellings, the Scheme must have procedures in place to ensure a minimum indemnity cover of £50,000 for each claim in relation to any particular EPC.

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

- Undertake reasonable checks that EAs have indemnity cover.
- Have procedures in place which require a spot check on an EA where there is sufficient evidence that they are operating without indemnity insurance.
- Have procedures in place which discipline any energy assessor who does not knowingly have indemnity insurance, with the expectation that the energy assessor will normally have their membership revoked.

4. Ensuring that members of the Scheme use operational procedures that ensure consistency and accuracy of energy assessments produced

4.1 General Requirements

Scheme operators must have operational procedures to ensure that members produce consistent and accurate assessments.

The Scheme's report generation software must produce accurate EPCs which conform to the specifications set out by the Department of Communities and Local Government.

A single national register of EPCs for dwellings has been established, operated under licence from the Secretary of State, by Landmark Solutions. All EPCs for dwellings must be lodged with this register in line with DCLG requirements.

Any software either provided by Scheme Operators to members, or which the Scheme allows members to use, must comply with the relevant National Calculation Methodology, and be approved by the Secretary of State. Schemes must 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).

Scheme operators must have operational procedures for EAs to lodge EPCs. Scheme operators should have in place procedures which record Report Reference Numbers (RRN) of the EPCs which have been lodged.

Schemes must have arrangements in place to ensure that, in those circumstances where a Scheme ceases to trade, they can ensure that appropriate information is transferred to the Department for Communities and Local Government or its appointed agent. This is discussed further in section 8.3.

Schemes must inform DCLG of these arrangements.

Schemes must have procedures which ensure that they monitor compliance with, and improvement against, their operational procedures by members.

These procedures must include an assessment of risk, and be reviewed from time to time in the face of realised outcomes.

4.2 Software Conventions

Schemes must 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.

Specifically Schemes must:

- Circulate new or revised conventions issued by DCLG to their EAs, together with any other information, guidance, and testing requirements that they believe are necessary to ensure that EAs read, understand, and implement, the new conventions.
- Make it clear to EAs that from the date of their implementation changes in software, conventions, or other requirements, will be included in Scheme QA checks of their members.
- 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 must 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.
- Ensure that the new conventions are included, where appropriate, in any training, information, and other material made available by Schemes to their members, and remove from circulation any previous material which is now out of date.

4.3 Support Services to Members

Schemes must 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.

DCLG requirements are:

- The helpdesk must log enquiries from members and responses from the helpdesk. This log must be structured such that:
 - Particular enquiries, and any correspondence chain, can be recalled.
 - 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.
 - The average time taken to respond to an enquiry can be calculated.
- Schemes must ensure that those who undertake the provision of advice to members are competent to do so.
- Schemes must provide the information associated with the helpdesk to the DCLG Scheme manager on request.

In addition to the requirement to provide specific information to members, for example associated with changes in software conventions or QA requirements, Schemes are expected to provide additional advice and information services in support of these changes.

Schemes must 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 the average time that the Scheme expects to take to respond to a query.

5. Maintaining and demonstrating quality assurance procedures

5.1 Scheme QA Checks

Schemes must have quality assurance procedures in place to check the quality of EPCs, and corrective actions in place where required standards are not met.

Required DCLG outcomes from Schemes are that:

- 95% of randomly sampled EPCs are within + or – 4% of the Dwellings Emissions Rate (DER) determined by the Scheme Operator's Energy Assessor who undertakes quality monitoring in line with the detailed requirements in Appendix 5.
- Sampling rates and approach are as given in Appendix 5.
- Schemes must have procedures in place which look at the performance of EAs and have procedures which respond proportionately to reasons why an energy assessor falls outside of +/- 4% of the DER.
- Scheme procedures must result in all defective (defined in Appendix 5) EPCs identified by QA procedures being replaced.
- These procedures need to include escalation procedures which lead eventually to suspension and/or revoking of membership for those EAs whose competence is not improved.

Detailed description and requirements on Schemes in order to demonstrate the above requirements are given in Appendix 5.

5.2 Responsibility for the Replacement of Defective Certificates

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

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

If a Scheme requires that an EA replace a certificate and that EA does not do so, and is suspended, and then moves to register certificates through another Scheme, then the Scheme which was responsible for the lodgement of the certificate in the first instance must inform the other Scheme(s). In this instance Schemes so informed must have procedures in place which suspend the individual concerned unless there is compelling evidence that the energy assessor has acted reasonably in failing to replace the certificate.

If the EA responsible for a defective EPC cannot be contacted and is no longer practicing as an EA then the Scheme through which he lodged the certificate must take responsibility for replacing the defective certificate.

6. Facilitating the resolution of complaints against members of the Scheme

Schemes must have procedures for responding promptly and efficiently to customer complaints against members. Appendix 6.1 provides guidance from DCLG as to what constitutes a complaint, and how Schemes and their Members should respond to such complaints.

Schemes must require their Members to declare complaints that they receive from their customers and the householder (if different), to the Scheme, regardless as to the nature of the complaint and whether or not the issue has been resolved.

Schemes must have in place a mechanism which provides assurance that complaints made to the energy assessor have been passed onto the Scheme. An acceptable mechanism would include a customer questionnaire (see Appendix 6.1).

Transparent and effective procedures must be operational to promote investigation, adjudication, and mediation procedures for dealing with such complaints.

EAs' customers must be able to have ready and easy access to Scheme complaints procedures.

Such procedures must be accessible and available at no cost at the point of access to customers and, where appropriate, provide effective redress.

Where complaints cannot be resolved to the customer's satisfaction, complaints must be referred to an independent third party for a decision. The independent third party mechanism for resolving complaints is to be operated on behalf of the accreditation Scheme but the Scheme must be able to demonstrate operational separation from it. Appendix 6.2 provides DCLG requirements for the provision of an independent 3rd party mechanism.

Scheme operators must ensure customers understand that they are not deprived of their legal rights by participating in the Scheme's customer complaints process.

Scheme operators must report complaints that involve apparent criminal activity to the police.

7. Establishing and maintaining a register of Scheme members

7.1 Register Requirements

In keeping a register and such records, the Scheme must comply with the Data Protection Act 1998, and any other legal requirements.

Consistent with the above, Schemes operators must maintain a register of current members of the Scheme and keep records of former members, with a view to:

- Ensuring that indemnity cover of members is maintained.
- Recording energy assessor queries or complaints to the Scheme.
- Recording customer queries, complaints, or claims, and any remedial action, related to the energy assessor.
- Recording outcomes associated with QA checks, and any remedial activities.

The level of detail required to be stored by the Scheme must be such that the Scheme Auditors can review the “paper trail” associated with any individual complaint, query, QA check, and CPD returns.

7.2 Scheme Membership

Scheme operators must have a process that allows a customer to establish the legitimacy of any individual claiming to be, or have been, an accredited energy assessor.

Schemes must keep a record of all relevant material associated with membership applications and queries, and ensure that it accurately reflects DCLG requirements.

7.3 Retrieval and Analysis of Information

Scheme systems must be in a position to provide the following:

- **DCLG:** All information requirements specified by DCLG in line with the required timetable. These will vary from time to time, but DCLG will identify particular requirements in advance, and an example, relating to the QA of OCDEA is given in Appendix 5. In doing so Schemes must provide a true representation.
- **Scheme Auditors:** This information provided to DCLG will need to be checked by Scheme Auditors from time to time. As such the Scheme Auditors will need to be able to replicate the returns provided to DCLG from the base information available to Schemes. Other requirements identified in this document will also need to be checked by the Scheme Auditors.

- **Scheme Operator:** An analysis of data to identify trends and other useful information on which the Scheme can base a review of its procedures. As a minimum Schemes must be in a position to analyse the data identified under “Register Requirements” above.

8. Financial probity, financial stability and operational resilience.

8.1 General Requirements

Scheme operators must demonstrate that they have appropriate arrangements in place to ensure financial probity.

Scheme operators must demonstrate that they 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.

Schemes must 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 a successor organisation can be appointed to replace the Scheme operator.

8.2 Financial Statement

Scheme operators must demonstrate that they have sufficient financial stability to provide confidence that they can continue to operate.

Schemes must send their annual financial statements through to the DCLG Scheme Manager for the organisation which is in receipt of the Approval's Letter, or another organisation to which DCLG has agreed transfer of the Approval Letter.

8.3 Cease to Trade

DCLG have issued a provisional "Cease to Trade" document circulated to all Schemes with Peter Matthew'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 onto the Scheme receiving members from a Scheme which has ceased to trade.

In addition, each Scheme will provide a statement to DCLG which will state how the Scheme's membership records will be accessible by DCLG in the case that the Scheme ceases to trade.

9. Allowing DCLG to monitor the Scheme periodically to ensure that it operates within the published rules of the Scheme and delivers compliance with the legislation.

Schemes must allow access to their operations and records by the Scheme Auditors on request.

Scheme operators must maintain records in a form that allow DCLG or its appointed agent to monitor the operation of the Scheme against functional outcomes.

All records must be backed up either electronically or on paper, and Schemes have to demonstrate to the Scheme Auditors how such records can be retrieved if necessary. Back-up data needs to 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. Suitable administrative and operational systems that are applied in a consistent, fair and open way that is compliant with all relevant legislation

10.1 Overall Objectives

Scheme operators must;

- 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 the legislation.
- Demonstrate commitment to publicising the Scheme and its rules.
- 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.
- Provide advice to the public seeking to engage EAs.

In meeting the following requirements, Schemes must ensure that the requirements of the Data Protection Act and other relevant legislation are met.

10.2 Conflicts of Interest

Schemes must operate in such a way that there are no conflicts of interest associated with their operation as Schemes, and other activities.

If in doubt Schemes must declare potential conflicts of interest and their approach to managing the conflict to the DCLG Scheme Manager.

Other DCLG Scheme guidance material, for example that associated with APEL assessment, have identified activities which Schemes need to undertake in order to demonstrate that conflicts of interest have been avoided. These documents also identify certain activities which are expressly forbidden so as to ensure that there is no conflict of interest.

10.3 Publicly available material

As a minimum, Schemes must allow members of the public ready access to the following material:

- Scheme complaints procedures, including appeals procedures.
- Application procedures, requirements, and charges.
- Information about EPCs, what they mean, and what people can do – which may involve links to other sites, such as the Energy Savings Trust.
- Scheme procedures to which the public, applicants, and members might have reasonable expectation of access to.
- The Annual Report, the content of which is specified by DCLG.

10.4 Information available to members

Members should have access to all procedures, associated documentation, and other information that has a material impact on what they do.

Members should also have access to some form of “help desk”, by which they can ask the Scheme for assistance with, for example, conflicts of interest, complaints, and software issues. The level of service which members can expect from the Scheme should be included in documents relating to Scheme membership.

Schemes must record, and from time to time analyse, the nature of enquiries from members and be able to demonstrate how they have considered the outcome.

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

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 etc.

As such Schemes must provide others Schemes, copied to the DCLG Scheme Manager, information associated with members who have had their membership suspended or withdrawn in line with the requirements in Appendix 10.5

Where this information is received it must be considered by Schemes receiving the information either where the information relates to an existing member of that Scheme, or the information relates to a member who has applied to join the Scheme within a year of the information being received.

Dependant on the reason for the energy assessor being suspended, having their membership withdrawn, or being in the disciplinary procedure, the new Scheme, or Schemes which the energy assessor is also a member of, must review the information received, and put in place checks (eg heightened QA requirements), or actions which are proportionate to the information received, and to the checks that the original Scheme would have put in place.

The following points (i), (ii), and (iii) below apply:

- (i) An applicant’s suspension from another Scheme need not necessarily lead to that applicant being rejected, or an existing member being suspended.

- (ii) The Scheme must demonstrate that its procedures have ensured that, depending on the nature of the disciplinary action by another Scheme, the applicant or existing member is still considered:
- Likely to operate in such a way that the Scheme's Code of Conduct will be met.
 - Sufficiently competent that customer complaints are unlikely to occur.
 - Able to pass the Scheme's QA checks.
- (iii) If the energy assessor has been suspended because of a failure to provide a CPD return, then the Scheme must be able to demonstrate that its CPD requirements for that individual have been met by requiring that individual to provide a CPD return. This requirement is above and beyond other requirements associated with Scheme requirements associated with CPD.

Any Scheme may contact another Scheme to check on the status of an energy assessor who has membership of both Schemes, or who is applying to one of the Schemes, and is already a member of the other Scheme.

10.6 Retention of Information

Schemes should retain information, and require their energy assessors to retain information, so that all the following requirements are met:

- Any requirements associated with ensuring liability insurance are satisfied including any “run off” requirements.
- Any specific DCLG requirements specified in the SOR which identify the need to access and check information.
- A minimum of five years

Other Requirements

11.1 Regular Update and Review of Scheme Documentation

Schemes must review their procedures and associated documentation in line with changes in DCLG requirements and clarifications, and in line with an on-going review of outcomes associated with Scheme procedures.

11.2 Other Clarifications

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.

Earlier clarifications / requirements include:

IAN/1 dated 1st August 2008

Letters / e-mails to Schemes from:

- Peter Matthew dated 22 December 2009 (various issues)
- Peter Matthews dated 11 May 2009 (data gatherers)
- Jonathan Bramhall dated 30 December 2008 (APEL)

DEFINITIONS

National Occupational Standards¹ – standards for EAs that are approved by the United Kingdom Coordinating Group of National Occupational Standards Boards, as amended from time to time.

“Customer” includes-

1. a person who commissions an energy assessment;
2. any seller or landlord on whose behalf an energy assessment is commissioned; and

“Energy assessment” means -

3. the production of energy performance certificates and the accompanying recommendations for the improvement of the energy performance of the building;
4. the production of display energy certificates and advisory reports;
5. the inspection of an air conditioning system and provision of advice on possible improvements, replacement or alternative solutions.

APPENDIX 1.1

'FIT AND PROPER'

DCLG requirements are for Scheme operators 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. These procedures must be applied in a fair and open way this is compliant with legislation.

For Schemes related to the inspection of non-dwellings, Scheme operators must:

- Make appropriate enquiries of the applicant and their employer about checks already made into the background of applicant EAs to enable them to make an informed judgement about whether the applicant is a "fit and proper" person.
- Maintain checks / monitoring after membership is granted.
- Where prior checks have not been instigated, the Scheme must instigate appropriate enquiries.
- Reject applicants, or revoke membership, where the applicant or member is considered not to be a "fit and proper" person.

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

APPENDIX 1.2

ENERGY ASSESSOR CODE OF CONDUCT

1. Scheme Response to Code of Conduct Violations

DCLG requires that Schemes respond to transgressions against their Code of Conduct in a proportionate way.

As part of their disciplinary procedures Schemes must include an approach which reviews:

- The seriousness of the transgression in terms of the potential impact of the transgression on the client or other stakeholders.
- Whether there have been previous transgressions, which might be relevant, and how recently these have taken place.
- Any other evidence which the Scheme has available to it which might also be relevant.

In terms of the seriousness of the transgression, the following is provided as guidance:

- **Minor transgression.** No significant impact on customers or other stakeholders (eg Estate Agent who procures the service on behalf of a vendor) 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.
- **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 Energy Assessor should be required to undertake additional training to modify their behaviour whilst being allowed to continue to lodge certificates, and 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.

Major transgression. Compelling evidence that an energy assessor 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 energy assessor, 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.

In the case of "minor" or "significant" transgressions Schemes must check on, and record, the effectiveness of remedial action. The Scheme also needs to have an escalation process in place if remedial action does not substantively remedy the shortcoming.

2. Active Policing of the Code of Conduct

Schemes must take steps to ensure that

- Members sign the Code of Conduct.
- Checks are in place to actively ensure that members are complying with the Code of Conduct. Schemes must specify how they will achieve this in the Quality Plans that they are required to submit to DCLG.

Schemes must have procedures in place which deal proportionately with outcomes associated with the active policing of the Code of Conduct.

APPENDIX 2

CONTINUING PROFESSIONAL DEVELOPMENT REQUIREMENTS

1. General Requirements

Schemes must have procedures in place which ensure that EAs undertake continuing professional development (CPD).

For the purposes of the EPBD Scheme there are three types of CPD which Schemes must require of Members and about which they must ensure evidence that the CPD has been undertaken:

Changes in Requirements. Where there are changes in software, Scheme requirements, and any other changes which materially affect the way in which EPCs need to be provided, or EAs operate, Schemes must ensure that all their members have access to the changes, are aware of them, and where training is required to ensure that the energy assessor is competent to deliver the changes, that this training is undertaken. There is no specified time requirement for this set of requirements. The requirement is for EAs to maintain their professional competence by undertaking whatever training is necessary to keep up to date with changes in requirements. Schemes must keep records which demonstrate that any required training, and where necessary testing, in this category has been undertaken.

Disciplinary Procedure Requirements. Where, for example due to a failure of a QA audit, an energy assessor is identified as requiring remedial training, the Scheme has to identify these requirements, ensure that the energy assessor 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 assessor to demonstrate their competence. Schemes must keep records which demonstrate that any required training, and where necessary testing, in this category has been undertaken.

Other Professional Development. Schemes must work with their members to develop personal development plans which meet the requirements of the individual energy assessor, 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 which is necessary to demonstrate that this CPD has been met. Schemes must require a minimum of 10 hours per year of CPD in this category. Where an assessor is accredited in more than one strand, they must undertake a minimum of 10 hours CPD per year in this category plus an additional 5 hours CPD in this category for every additional strand above one.

CPD Monitoring

Schemes must require their members to keep up to date records of the CPD they have undertaken. Schemes must 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” and must randomly sample at least 5% of assessor CPD records to ensure compliance. If a member fails to demonstrably undertake CPD in these areas they should be subject to a disciplinary procedure which leads to their suspension until they have completed the necessary CPD.

For CPD under the heading above of “Other Professional Development”, Schemes must randomly sample at least 5% of members annually to ensure that they have undertaken the necessary level of CPD. This means that Schemes will have to require that those members provide their CPD return. Failure to do so must be treated by Schemes as a disciplinary matter, which ultimately leads to the suspension of the member if the CPD return is not forthcoming.

Scheme Procedures

Schemes must have procedures in place which allow DCLG requirements to be demonstrably met. Schemes must keep records of CPD undertaken by assessors that are subject to disciplinary procedures.

CPD / Training and Scheme Conflicts of Interest

Unless CPD / training is provided by Schemes as part of the membership fee, Schemes must not mandate training regimes provided by themselves, or another organisation where there is a common management or ownership structure. Schemes can charge members for competency testing following external training where such training has been mandated by the Scheme as a result of a disciplinary procedure. However Schemes must ensure that charges for such tests are proportionate, and applicants should be made aware that these charges will be levied.

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 QA REQUIREMENTS ASSOCIATED WITH OCDEA

DCLG detailed requirements on Schemes associated with the QA of OCDEA are given below in Table 1, Annex A, and Annex B.

TABLE 1: CLARIFICATIONS ASSOCIATED WITH THE QA OF OCDEA

Note: If Schemes are unclear what is being asked for they should contact the DCLG EPBD Scheme Manager, and in the absence of any clarification should declare to the Scheme Manager the approach and assumption that they have adopted.

AREA	DCLG CLARIFICATION	NON COMPLIANCE Examples
<p>ACCURACY REQUIREMENTS</p>	<ul style="list-style-type: none"> • 95% of certificates which are representative of the work of the body of assessors (i.e. part of the random selection process) should be within 4% of the DER as determined by the Schemes QA assessor. • The assessment by the Scheme QA team must be evidence based, and the quality and availability of the evidence must be such that the QA assessment can be replicated by an external QA assessor appointed by DCLG. Annex A to this appendix provides additional DCLG requirements associated with evidence. • In calculating the accuracy of EPCs, the Scheme must use the software conventions agreed by DCLG at the time of the EPC was produced. • If the Scheme’s return to DCLG is worse than the 95% target, DCLG will require the Scheme to say what measures it is implementing to improve members’ EPC accuracy. The intention, at least in the short term, is not to discipline Schemes who report a higher value. • In the case of audited EPCs, or EPCs replaced as a consequence of complaints, it is only the original failed EPC that count within any reporting of QA compliance statistics. • In the case of EPCs which are relogged due to assessor self-reporting of errors, Schemes must request evidence, and review, the quality of the certificate lodged at the point where the request to the OCDEA is made to review the certificates accuracy. If the OCDEA has previously re-logged a certificate prior to the Scheme requesting evidence, because the energy assessor has identified an error, it is the certificate that has been lodged at the point where Schemes have requested evidence which must be assessed. • Although Schemes must inform their EAs about QA procedures, Schemes must not forewarn individual OCDEAs that they will, at some point in the future, be undertaking QA on a particular certificate. However Schemes must let EAs know the QA protocols they will be using to assess the “truth”, and evidence requirements. 	<p>Initial Notice:</p> <ul style="list-style-type: none"> • Scheme QA procedures for EAs are unclear. • Aggregate data provided to DCLG Manager is late without a delay in submission being agreed with the DCLG Manager. • Scheme has failed to inform members of a change in software protocol from DCLG, or of any other change or clarification in DCLG requirements, which have a material bearing on the EPC. <p>Final Notice:</p> <ul style="list-style-type: none"> • Scheme does not provide aggregate data on energy assessor QA statistics as required; • Data which makes up the aggregate data has systemic errors associated with poor procedures within Scheme. • Schemes who do not follow the QA procedures, or report QA statistics in a way as to mislead DCLG. <p>Termination Notice:</p> <ul style="list-style-type: none"> • Scheme colludes with individual OCDEAs to give notice that a

	<ul style="list-style-type: none"> • Scheme reporting requirements on the QA of OCDEA will need to separate out those QA checks which are instigated as a result of an energy assessor's recent failure to meet QA standards (called targeted sampling). • The error between the energy assessor and the QA assessor will be defined as the sum of the absolute errors associated with each data field used in calculations leading to the calculation of the DER (ie avoid the instance where self-cancelling errors lead to an acceptable SAP score). As the Scheme QA assessor or works through the assessment, each data field where the QA assessor believes there is a need to change the data, the effect on the outcome shall be noted as an absolute value. If the sum of the absolute errors for all of the data fields in terms of carbon emissions is such that the 4% DER limit is exceeded, the EPC must be replaced. Issues associated with rounding errors are covered below. • DCLG will review error calculation and subsequent rounding with a view to potentially incorporating this within the Q3 2010 software validation process. In the meanwhile DCLG requires: <ul style="list-style-type: none"> ○ In calculating carbon dioxide emissions from the dwelling, Schemes must not make use of truncation within their calculation processes, i.e. 4.66 cannot become 4 where software provides a more accurate outcome; and ○ Where software allows it, the DER for each stage of the calculation process should be calculated to two decimal places. • For any areas where there is uncertainty as to a particular software protocol, Schemes need to inform their members what is an acceptable approach, and flag the issue to the DCLG Scheme Manager so as to facilitate consistency, and ensure an ethos of continuous improvement. • Schemes must, as a minimum, have internal procedures to: (a) moderate QA assessors; (b) verify the work of a QA assessor if there is a single assessor within a strand; (c) moderate between the work of Schemes (see later); (d) manage an appeals mechanism for instances where there is a difference between the energy assessor and the QA team; (e) provide feedback to the assessor; and (f) provide aggregate data to DCLG on a monthly basis using the forms attached at Annex B. <p>DCLG is giving consideration to requiring individual accreditation Schemes to increase their QA sampling rates where QA statistics fall outside of the accuracy target.</p>	<p>particular certificate is about to be assessed, and so allow the OCDEA to re-lodge the certificate ahead of a formal audit.</p>
DEFECTIVE CERTIFICATES	<p>Certificates are deemed to be defective and must be replaced when any one of the following conditions is met:</p>	<p>Initial Notice:</p> <ul style="list-style-type: none"> • A limited number of defective

	<ul style="list-style-type: none"> • The sum of the absolute errors between the energy assessor's and QA assessor's calculation of the DER is more than 4%. • Errors in the building's description result in a change in the recommendations made. • The building's description is sufficiently inaccurate that it brings into question the accuracy of the rating by the seller. 'Sufficiently inaccurate' is taken to mean information on the EPC which is demonstrably incorrect subject to an ability to change the description in the software to account for what the assessor has seen. <p>Notes: In future DCLG may periodically issue Schemes with advice from the Conventions Group on how such instances should be handled in a consistent manner by assessors. Schemes will be expected to implement this advice in accordance with the circulated notice.</p> <p>Recognising that there may be differences in the way in which different software versions calculate the DER, QA assessor must normally use the same software version as that used to create the original EPC. Schemes are required to retain back copies of software, or access to back copies of software, to permit this. The exception is that Schemes may use a different version of software from that used in preparing the EPC so long as the Scheme can fully demonstrate that differences in the software versions will have no impact as to the calculation of the accuracy of the certificate.</p> <p>In all instances of an audit of an EPC, Schemes must provide feedback to EAs of the results of the audit, and be able to provide evidence to the Scheme Auditors, on request, that this has been done.</p>	<p>certificates are not replaced due to procedural or system shortcomings.</p> <p>Final Notice:</p> <ul style="list-style-type: none"> • A systemic failure of procedures or their implementation leads to a widespread failure to replace defective certificates. • Absence of feedback mechanisms to EAs. <p>Termination Notice:</p> <ul style="list-style-type: none"> • Provision of falsified information to the Scheme Auditors or DCLG.
<p>SAMPLING APPROACH</p> <p>Random Sampling</p>	<p>DCLG requires a mix of so called "random" and "targeted" sampling of EPCs by Schemes. The reporting of outputs from these audits is covered in Table B1, B2, and B3 in the Addendum.</p> <p>Random Sampling</p> <p>Overall DCLG requires a <u>minimum</u> of 2% of lodged EPCs to be successfully audited by Schemes through a process of random sampling. The 2% check excludes targeted audits for those individuals who have failed a QA check, and requirements here are covered later. While the proportion of lodged EPCs subject to QA checks may vary between individual calendar months it should not fall below 2% for any given Quarter. Quarters are the periods: January 1st to March 31st; April 1st to June 30th; July 1st to Sept 30th; Oct 1st to</p>	<p>Initial Notice:</p> <ul style="list-style-type: none"> • A limited number of instances are found where sampling rates have not been implemented as required due to procedural or system shortcomings. • Sampling rates in any month fall more than 50% below the stipulated targets without the prior agreement of the DCLG Manager. • Procedures are not in place to

	<p>December 31st. The method of checking EPCs must be a desk based audit, which complies with the requirements identified in this document, of EPCs over a calendar membership year but with the following requirements:</p> <ul style="list-style-type: none"> • Minimum checks. All members will be subject to a minimum check of 1 EPC in every six month period unless there are no lodgements during that six month period. Six month periods are: January 1st to June 30th; July 1st to December 31st. • New registered members. These are new entrants to the Scheme whether they are: new to the EPBD; new to the Scheme; or rejoining the Scheme after a break in membership. All new members must be assessed within no more than the first 30 days of their membership, if the energy assessor undertakes an assessment within 30 days, and if not then the first available certificate. Following this the sampling rate for newly registered members must be at least 2% of lodged EPCs during the first six months of their membership. • Other Instances This covers those instances not covered elsewhere. As a minimum, each energy assessor will have at least 1% of their EPCs over the year audited. Schemes can elect that no assessor is subject to more than two audits in any single calendar month subject to at least 1% of their EPCs being assessed over the year. • Scheduling of Audits. Schemes are required to undertake audits, both as a whole, and of specific individuals, across the year such that audits undertaken each month are broadly in line with the overall sampling requirements. As an example, a period of three months where few or no Scheme audits of all members are conducted, followed by a period where numbers are made up is not acceptable. If circumstances are such that Schemes cannot undertake the necessary level of checks in any calendar month (broadly taken here to mean at least 50% of the expected number of monthly audits), the Scheme must apply to the DCLG Scheme Manager to allow a temporary variation in monthly sampling, which may, or may not, be accepted by them. <p>In addition to random audits which meet the DCLG minimum requirements detailed above, and targeted audits which are summarised later, there are some other instances where Schemes need to instigate audits which will be reported under the heading of “random sampling”, when it comes to reporting to DCLG, and which are additional to the requirements listed above, and which take precedence to them in any instances where there is a clash in requirements to hold an audit. These are:</p> <ul style="list-style-type: none"> ○ Excessive use of help desk. Schemes should have procedures in place 	<p>identify EAs who are more likely to be at higher risk of producing defective certificates.</p> <p>Final Notice:</p> <ul style="list-style-type: none"> • Sampling rates for any year fall below 70% of requirements • Systemic failure to undertake sampling as required by DCLG due to failure in procedures.
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<p>Targeted Sampling</p>	<p>which flag up individuals who make unusually high use of the help desk, or who in the opinion of the help desk the nature of the question is such that they are at a high risk of producing EPCs which will need replacing. In these cases as a minimum the auditing of an energy assessor's work should be brought forward to the next available certificate, and should result in a Scheme increasing its sampling rate of that individual.</p> <ul style="list-style-type: none"> ○ Consumer Complaints. Consumer complaints should normally result in an EPC being assessed by the Scheme. Instances where this will not be the case will be: where the complaint refers to an aspect of the software used by the energy assessor which is outside of the assessor's control; or a complaint which reflects a demonstrable lack of understanding of the requirements of the EPC rather than any failing on the part of the energy assessor. ○ Other risk factors. Where a Scheme forms a view, for whatever reason, that a particular energy assessor may be at high risk of providing an erroneous certificate, the auditing of an energy assessor's work should be brought forward to the next available certificate, and depending on the level of risk the sampling rate of that persons work should be increased. <p>Audits undertaken as part of the three sub clauses above can contribute to the 2% annual target so long as other minimum sampling rates and requirements identified required under the heading of "random sampling" are met.</p> <p><u>Targeted sampling following initial audit failure</u></p> <p>Schemes are required to implement additional monitoring on those assessors who have failed a QA check.</p> <ul style="list-style-type: none"> • The first step in the process will be to audit 2 further EPCs lodged within the 30 day period prior to the initial audit failure. If this is not possible, Schemes should select 2 EPCs for audit from the subsequent 30 days or the next 2 EPCs to be lodged if this time period is exceeded. See "escalation process" for the subsequent corrective action which needs to be taken. • The replacement certificate associated with any failed EPCs <p>The statistics associated with these failures will be reported separately from those</p>	
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	associated with the so-called “random sampling”.	
ESCALATION PROCEDURES	<p>Schemes must have an escalation procedure in place which initially identifies the degree of risk from an energy assessor, implements corrective action, and if needed results in suspension (i.e. temporary inability to lodge EPCs), followed ultimately by expulsion of the member (removal of accredited status) by the Scheme. At present the basic requirements are:</p> <p>Non provision of QA data</p> <ul style="list-style-type: none"> • Temporary suspension of an energy assessor who does not provide sufficient details associated with an EPC to allow a Scheme to undertake a QA assessment within the timetable specified in Annex A, Table A: • If the energy assessor has a reasonable excuse as to why the data could not be provided then the energy assessor is given a warning and any future infringement associated with the non-provision of required information should normally lead to disciplinary procedures being implemented. Schemes need to log such “reasonable” excuses, and be able to provide the rationale behind the decision that the excuse is reasonable to the Scheme Auditors on request. • In instances where Schemes have decided that an energy assessor has a reasonable excuse as to why the necessary data is not available Schemes must be able to demonstrate that they have undertaken a careful assessment of those reasons and why they have accepted them as reasonable. Schemes must record the energy assessor’s details, and the reason why the Scheme has accepted their excuse, and this information must be provided on request to the DCLG Scheme Manager, or the Scheme Auditors. <p>QA failure</p> <ul style="list-style-type: none"> • If the assessor fails one of the two additional audits triggered by the initial audit failure the Scheme will need to make a judgement as to the appropriate remedial action based on the seriousness and nature of the failure: <ul style="list-style-type: none"> ○ 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 replicated, in which case the energy assessor needs to be informed, and the assessor’s work checked to see that they have learnt from the feedback. ○ the error is an indication that the assessor lacks the basic 	<p>Initial Notice:</p> <ul style="list-style-type: none"> • A failure by the Scheme to have escalation procedures in place where those members who have a repeated failure in their EPCs do not face termination of membership, or where practically thresholds for such action are such that such an individual is unlikely to have their membership terminated within six months of the issue being identified. • Failure of Scheme procedures to escalate sampling rates on EAs] on individuals (ie not systemic). <p>Final Notice:</p> <ul style="list-style-type: none"> • Systemic failure to implement an escalation procedure which is consistent with DCLG requirements. • Scheme implementation of procedures to ensure that a particular member’s EPC QA record is biased to provide a successful outcome

	<p>understanding to provide EPCs, in which case suspension may be required and CPD required to be undertaken before the suspension is lifted. Schemes should also be prepared to require accompanied site visits, if necessary, to verify that an energy assessor meets the necessary level of competence. Any judgement should be clearly documented and evidence of follow through is to be maintained by the Scheme.</p> <ul style="list-style-type: none"> ○ The error is strongly indicative of fraudulent practices, in which case the member should be suspended pending further investigation. <ul style="list-style-type: none"> • If the assessor fails both of the two additional audits triggered by the initial failure then the assessor is automatically suspended until it is clear that remedial action has been taken to correct the lack of knowledge. DCLG recognise that Schemes need to respond to the nature of the error in determining the type of action which is necessary. • Note that if the problem with the first additional audit undertaken were sufficiently serious then we would expect Schemes to make proactive contact with an assessor in any case to resolve it. • Should an assessor pass both of the subsequent 2 audits they will revert to the audit schedule appropriate to the auditing regime appropriate to their status as a new or established member. <p>Auditing regime post return from suspension</p> <ul style="list-style-type: none"> • The duration of any suspension and criteria for returning to active lodgement post suspension will be determined by Schemes based on their assessment of the nature of the error. Shortcomings in competence will be tackled initially by a series of appropriate measures including mandatory CPD and site based checks. • Unless a QA assessor could demonstrate that the two consecutive failures in the follow on audits were minor in nature and likely to be corrected, on a return following suspension the Scheme should subject the assessor to whichever is the greater of: <ul style="list-style-type: none"> ○ A clear auditing regime with a sampling rate of 10% for a period of 6 months subject to at least 5 EPCs being assessed during the period; or ○ An audit of 5 clear EPCs within the 6 month period following a return to lodgement. Should 6 months be insufficient to generate 5 EPCs then the Scheme should select the first available EPCs. <p>The EPCs from which selections for audit are made should exclude any where the property has not been visited. In extreme cases where a Scheme believes this approach is unworkable, e.g. an assessor who has been suspended on the grounds of QA is undertaking large scale surveys in the social sector and therefore has a lodgement rate which would result in an unacceptably burdensome auditing</p>	
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	<p>requirement they should discuss a suitable approach with DCLG.</p> <ul style="list-style-type: none"> • Schemes can consider whether they will charge an assessor for implementing the higher level of QA required post suspension. <p>Expulsion</p> <ul style="list-style-type: none"> • Accreditation Schemes need to have procedures with clear criteria for when an assessor's failure to respond appropriately to the suspension process as required by their Scheme, or repeated incidences of suspension which demonstrate a lack of competence and a failure of corrective actions, should lead to the expulsion of the energy assessor from membership. • The period between an energy assessor first failing an energy assessment and expulsion should not normally be more than six months. 	
<p>COMPETENCE OF QA ASSESSORS</p>	<p>QA assessors will need to:</p> <ul style="list-style-type: none"> • Have passed the OCDEA qualification, or to have met the requirements of the APEL framework. People working towards the relevant qualification may undertake QA assessments under the supervision of an experienced QA assessor. However, the senior QA assessor will in those circumstances be responsible for the quality of the QA work undertaken. • Be trained in the process the Scheme is using to undertake OCDEA QA. • Demonstrate their ongoing awareness and implementation of changes associated with software / software protocols. • Have their work moderated against colleagues or verified by a more senior individual who has extensive experience of assessing or training OCDEAs. • Be prepared to have their work assessed by an external assessor at DCLG's request. <p>DCLG retain the right to assess the work of individual EAs, and the use by a Scheme of QA assessors who repeatedly fail to correctly identify errors will be a disciplinary matter.</p>	<p>Initial Notice:</p> <ul style="list-style-type: none"> • An individual QA assessor does not have the OCDEA qualification. • There is only limited information that the Scheme has trained and moderated QA assessors. <p>Final Notice:</p> <ul style="list-style-type: none"> • There is a deliberate attempt to avoid the external inspection of an individual undertaking QA work for a Scheme. • Systemic failure to implement DCLG's requirements
<p>DCLG REQUESTS FOR SPECIFIC QA REQUESTS</p>	<p>DCLG retains the right to request (or allow its agents to request) that specific EPCs are QAd, and the results provided to DCLG. DCLG retains the right to review all information and procedures associated with the QA of OCDEAs.</p>	<p>Initial Notice:</p> <ul style="list-style-type: none"> • Failure of Scheme to meet DCLG request for information on a specific instance.

<p>ENERGY ASSESSOR QA CHECKS BY 3rd PARTIES</p>	<p>DCLG is willing for accreditation bodies to outsource their QA to third parties. Where this is the case an accreditation body will need to demonstrate that the QA procedures in place at the 3rd party are at least as demanding as those required by the accreditation body themselves and that the accreditation body has in place suitable monitoring to verify this. Any 3rd party will be subject to the same inspection regime by the Scheme Auditors as a Scheme undertaking its own QA.</p> <p>Although there is no need for Schemes to report separately on the QA data from their third party service providers were they to be sharing QA duties within a single strand of activity, they must be able to demonstrate to DCLG on request how they ensure compatibility with their own Scheme processes.</p> <p>3rd party organisations¹ cannot assess EPCs produced by EAs from within their own organisation; or make any such arrangements for QA with accreditation Schemes which could give rise concerns of conflict of interest. Any such arrangements must be subject to DCLG scrutiny.</p> <p>DCLG proposes to consider any specific issues that may arise in the social sector from this decision with the relevant bodies and report back to Schemes should any amendments to this proposal be required. DCLG also proposes to review the specific QA requirements for instances of multiple certification techniques / sampling and cloning.</p>	<p>Final Notice:</p> <ul style="list-style-type: none"> • Systemic failure of Scheme to provide information as to how it ensures that any 3rd party meets DCLG's requirements. <p>Final Notice</p> <ul style="list-style-type: none"> • Deliberate misrepresentation of QA data affecting how a Scheme's performance is assessed <p>Termination</p> <ul style="list-style-type: none"> • Proven fraud relating to EPC quality assurance (depending on its severity and nature)
<p>CONFLICTS OF INTEREST (GENERAL)</p>	<p>Those who undertake the QA of EAs should be aware that they need to declare whether there is a conflict of interest in them undertaking an assessment. Conflicts of interest is a situation where there is a reasonable perception that the person undertaking the QA may have their judgements and work materially affected by the circumstances in which they find themselves. Such instances include, but are not limited to, where as energy assessor:</p> <ul style="list-style-type: none"> • Is related to, or has employment links with, the person whose work he is assessing. • Has a financial interest in seeing that the energy assessor passes their QA. • Feels threatened or coerced by the energy assessor, or others. <p>Similarly, although it has not been considered necessary to prevent a QA assessor from practising as an energy assessor, a Scheme must ensure they have a process for dealing</p>	<p>Initial Notice:</p> <ul style="list-style-type: none"> • Individual instance of a conflict of interest between a QA assessor and the QA of an EPC reflecting a failure to properly implement procedures or training to ensure no such conflict arises. <p>Final Notice:</p> <ul style="list-style-type: none"> • Failure of Scheme to have: checks in place to ensure that there are no conflicts of interest; training of EAs about requirements.

¹ An 'organisation' in this context is taken to mean the employer of the OCDEA or any other body (excluding the accreditation Scheme) who will make financial gain from the assessor such as a Panel.

	<p>with the QA of their QA assessor's work.</p> <p>Schemes will need to demonstrate that employees understand the need to identify and avoid conflicts of interest, and that there are clear procedures in place for an employee to raise concerns if they feel they have been asked to implement practices which run contrary to this.</p>	
<p>CONFLICTS OF INTEREST – Scheme QA Assessor guidance</p>	<p>Schemes will give OCDEA QA assessors a “Code of Practice” or similar which QA assessors will need to sign and return to the Scheme, and which will include the need for QA assessors to:</p> <ul style="list-style-type: none"> • Declare any potential conflicts of interest to the Scheme. • Follow DCLG guidance and requirements on OCDEA QA. • Not provide prior information to individual EAs, or their employer, whether directly or indirectly, to alert them to the intent to audit a particular EPC, and so allow them time to amend and re-lodge that EPC. • Declare to the Scheme whether there is any evidence that applicants they are assessing have engaged in activities which the QA assessor believes are fraudulent, or outside of the DCLG requirements. • Follow a Scheme procedure relating to ‘conflict of interest’ or other applicable policy if they believe themselves to be under pressure from the Scheme to accept a candidate who they do not believe to be competent. <p>Schemes must have procedures and / or guidance in place which:</p> <ul style="list-style-type: none"> • Provide training and guidance on the need for OCDEA 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. • Record any complaints or concerns from an OCDEA QA assessor, and provide such complaints to the Scheme Auditor on request. 	
<p>Separating OCDEA QA assessment from the operation of any so-called “Panel” system</p>	<p>Some Schemes operate a “Panel system” in parallel to the operation of accreditation services. In the case of the “Panel” system members, or a sub-group of members, of a Scheme are essentially passed work by the company which also operates the accreditation service. DCLG sees a number of potential conflict of interest here which it wishes to avoid including:</p>	

	<ul style="list-style-type: none"> • Will the QA of OCDEA be compromised? • Will the QA of EAs and complaints procedures as applied to “Panel” members operate without prejudice? • Will all Scheme members be treated equally from a membership perspective in other respects? <p>Where Schemes either operate, or are associated with (defined as there being either the same individual in the management reporting chain, or common ownership of the business), both a Panel type system and a QA assessment function, DCLG requires:</p> <ul style="list-style-type: none"> • Schemes to have a clear statement on how conflicts of interest are dealt with, the measures in place to avoid them, and how the Scheme can provide evidence to the Scheme Auditors that such measures are being actively publicised and policed internally. A simple statement of measures will not, in itself, be deemed acceptable. The statement will need to refer at last to the following documents / procedures relating to QA assessment activities: <ul style="list-style-type: none"> ○ “Conflicts of interest” and how to deal with them should be included in the employee handbook or its equivalent. ○ Employees engaged on assessment activities need to have been trained about the need to avoid “conflicts of interest”, what such conflicts entail, and how they should respond if such a conflict arises, or if they believe that there is potential for conflict. Scheme Auditors need to be able to access records which demonstrate that such training has been undertaken, and can be expected to ask employees engaged in the QA of OCDEA as to their understanding of the issue as evidence that training and guidance is in place and working. • Schemes should be able to provide evidence that shows demonstrably different staff managing the two functions of OCDEA QA and “Panel” operation. In no circumstances can an individual provide “Panel” related services and undertake activities associated with the QA of OCDEA. • Records should be available to Scheme Auditors as to which members receive work from a Panel, or similar system. <p>If Schemes are uncertain whether their approach falls under the heading of “the Panel system” they must seek clarification from the DCLG Manager (as of January 2010, Andy De Lord).</p>	
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<p>QA MONITORING AND FEEDBACK TO DCLG</p>	<p>DCLG will provide a template for accreditation Schemes to provide feedback on QA statistics on a monthly basis (attached at Annex B). These statistics will be used to inform DCLG's programme of QA checks.</p> <p>Accreditation Schemes must complete, and include in the returns submitted to DCLG the outcome of, all Quality Assurance checks relating to the EPCs or DEC's lodged during the calendar month being reported on. The outcome of any Quality Assurance checks not completed by the time the monthly QA report is submitted to DCLG must be reported on separately in the subsequent month's QA report. Reporting deadlines are included in Annex B, Table B4.</p>	<p>Examples.</p> <p>Initial Notice:</p> <ul style="list-style-type: none"> • Scheme does not provide completed template on time, unless previously agreed with DCLG Manager. <p>Final Notice:</p> <ul style="list-style-type: none"> • Consistent failure to complete returns or submit them on time. <p>Termination notice:</p> <ul style="list-style-type: none"> • Deliberate falsification of returns
<p>OCDEA QA MODERATION BETWEEN SCHEMES</p>	<p>DCLG will forward proposals shortly to place a requirement on Schemes to participate in a forum which will moderate energy assessor QA across Schemes. This may be based on an existing group. The objective of the forum will be to identify and promote best practice, and suggest changes to the DCLG OCDEA QA clarifications so as to meet DCLG's quality requirements.</p>	
<p>COMMUNICATION TO MEMBERS</p>	<p>Schemes must communicate changes in the QA regime to members explaining what the new requirements are, and how they affect EAs.</p>	<p>Initial Notice:</p> <ul style="list-style-type: none"> • Failure to inform members of QA requirements which will have a material impact on the consistency and reporting of EPCs • Failure to undertake pro-active checks as to whether members have read, understood, and implemented any such changes.
<p>ALTERNATIVE MONITORING PROCEDURES</p>	<p>Schemes can submit plans for alternative monitoring procedures to those outlined above at any time. The proposals will need to demonstrate that the alternatives will produce QA data which can be compared to other Schemes following the DCLG requirements, and that the effectiveness of the proposed alternatives at assessing DCLG's QA requirements is better than the DCLG proposals. DCLG will assess such proposals from time to time, and unless DCLG agrees with the arguments put forward by the accreditation Scheme the default will be that Schemes will need to meet the DCLG requirements listed in Table 1 and Annex A, B.</p> <p>Schemes should note that the option to allow alternatives has been made to ensure that</p>	<p>Final Notice.</p> <ul style="list-style-type: none"> • Scheme implements an alternative monitoring procedure without the agreement of DCLG

	<p>options exist for exceptional circumstances which have not been foreseen in the development of these requirements. Schemes should note that the intent of these requirements is to constrain QA approaches to ensure consistency. As such approval by DCLG of alternative monitoring regimes is unlikely.</p> <p>DCLG is minded to publish all allowable monitoring regimes.</p>	
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Notes:

- 1) Schemes may apply to the DCLG Manager to allow a temporary suspension of the DCLG requirements in this area due to circumstances beyond the Scheme's control. In the absence of such an agreement from DCLG the requirements remain in place.
- 2) DCLG recognises that there will be a number of instances where Scheme will want further guidance. Where the guidance above is, in the opinion of the Scheme, unclear, it must:
 - Provide the DCLG Manager with the specific instance of any uncertainty, and reason why it believes that further clarification is necessary.
 - Provide the DCLG Manager with the particular interpretation that it intends to implement ahead of any clarification.
- 3) DCLG proposes to review the requirements on Schemes arising from correspondence, Scheme Audits, and data returns. DCLG may establish a new cross Scheme moderation body, or use an existing meeting, to seek further discussion on future QA requirements associated with OCDEA.
- 4) DCLG proposes to consider the issue of data sharing by Schemes on incidences of suspension and expulsion separately. This work would also produce definitions of different suspension types.
- 5) Schemes need to provide monitoring returns to the DCLG Scheme Manager.

ANNEX A: DCLG REQUIREMENTS ON SCHEMES REGARDING THE QA OF OCDEAS - MINIMUM EVIDENCE REQUIREMENTS

Note: If Schemes are unclear what is being asked for they should contact the DCLG EPBD Scheme Manager, and in the absence of any clarification should declare to the Scheme Manager the approach and assumption that they have adopted.

The following requirements come into place on 1 October 2010.

The core requirement is that the evidence provided by an energy assessor to a Scheme, and retained by that Scheme, must be sufficient for an independent assessor to generate an EPC with an identical SAP rating as the QA assessor based on the evidence provided, and that the evidence provided should be of such a nature that an independent assessor will be reasonably certain that the evidence provided relates to the particular energy performance certificate.

DCLG proposes to seek input from the Conventions Group as to subsequent development of the evidence requirements. However as a starting point the DCLG requirement is that Schemes to require that their members provide sufficient material such that there is a reasonable expectation that the EPC could be recreated by the QA assessor without the need for the QA assessor to have access to the input data file.

DCLG sees that Schemes must require a level of evidence from EAs sufficient to meet the core requirement, and that this evidence must include the provision of photographs, site notes, floor plan, and data file and / or RdSAP data collection forms, which relate to the particular building being assessed.

Table A below provides the minimum level of evidence which must be required by Schemes as part of the QA of OCDEA, and the minimum action which Schemes have to implement should the evidence not be available. However, the over-riding principle is that Schemes have to be able to demonstrate to DCLG that the evidence that has been collected is of sufficient quality and detail that a proper assessment of the EAs domestic energy certificate can be undertaken.

Schemes must have provided all OCDEAs with a set of Scheme requirements associated with OCDEA QA such that it is clear to OCDEAs what Scheme QA procedures and requirements are, and what will happen to them should these requirements not be met, before 15 September 2010.

TABLE A. MINIMUM EVIDENCE REQUIRED FROM OCDEA

REQUIRED EVIDENCE	SCHEME ACTION ON NON-PROVISION OF EVIDENCE TO THE NECESSARY STANDARD
AS DESIGNED CALCULATIONS	
Data file, relating to information used by OCDEA	Failure by OCDEA to provide necessary evidence, or a reasonable and compelling case for its non-availability, within

<p>to calculate EPC, which allows Scheme QA assessors to assess the accuracy of the EPC against each stage of data entry associated with DER.</p>	<p>three working weeks of Scheme request for data should automatically lead to the suspension of an OCDEA. Schemes must exercise their judgement as to what constitutes a “reasonable and compelling case” on a case by case basis. Schemes should suspend DEAs who fail to provide the data requested for the same reason more than once in any given 12 month period. Where it is clear that the OCDEA is on leave, or off sick, or some similar reason, when the request is sent such that the fifteen working day period will not be met, a further period can be allowed at the Scheme’s discretion which allows the OCDEA one week to provide all the information requested after their return to work.</p> <p>Schemes must record or have easily available (i) the date the request was sent; (ii) the evidence as to why it is believed that the OCDEA 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); (iii) the reason given by the OCDEA as to the non-availability of data; (iv) in the case where the Scheme accepted the explanation as reasonable and compelling, the Scheme’s reasoning. All this information must be available to the Scheme Auditors on request.</p> <p>Where an OCDEA is suspended because of a failure to provide the necessary information the Scheme must have an appeals process or procedure.</p> <p>Where a suspended OCDEA subsequently provides the necessary information they should be subject to a further QA of an EPC which is either a previous EPCs (lodged within the previous two months), or one of the next five EPCs lodged by the OCDEA.</p> <p>If there is a particular reason for a failure to provide information to the Scheme which is outside of the control of the OCDEA, the Scheme can apply to the DCLG Scheme Manager to implement a revised set of requirements.</p>
<p>Design floor plans, elevations, sections etc which allows the EPC to be recalculated. These must provide sufficient information to allow the QA assessor to measure the following:</p> <ul style="list-style-type: none"> • Internal perimeters • Internal Floor Areas • Warmer Living Area • Storey Heights • Roof Areas • Wall Areas • Window / door sizes 	<p>Schemes need to require sufficient evidence from the energy assessor that allows the EPC to be recalculated without recourse to the energy assessor’s data file. If sufficient evidence is not provided the EPC must be marked as defective.</p>
<p>Any other evidence required to justify the suppression or inclusion of additional</p>	<p>Where the energy assessor has either included additional recommendations, or suppressed recommendations generated by the software, the energy assessor must provide notes as to the change, and the Scheme QA assessor</p>

recommendations.	should apply their professional judgement to check the validity of the change. A failure to provide sufficient justification must result in the EPC being assessed as defective.
The provision of any manual calculations undertaken in line with SAP "Appendix Q", "innovative energy saving features", and the evidence used by the energy assessor to support the calculations (eg manufacturers' data sheets).	Manual data input into SAP using Appendix Q criteria need to be checked. Non provision of supporting evidence must result in the EPC being classified as defective if the manual data input results in a total absolute SAP error outside of the DCLG requirements. Scheme QA assessor to apply judgement as to whether the level of evidence provided by the EA is acceptable.
Specification Notes and U value Calculations. A copy of the U value calculations should be submitted so that the Scheme QA EA can cross reference these with the specification notes.	Where EAs have calculated U values based on BR443, these calculations should be provided, and the Scheme should check that the calculations have correctly followed BR443. If there is an error in calculations the EA must be informed. Whether the EPC is marked as defective will depend on whether the DCLG requirements associated with EPCs are met or not.
AS BUILT CHECKS	
<p>Schemes must ensure that their EAs provide the following as evidence that the dwelling has been built as per the design:</p> <ul style="list-style-type: none"> • Statement from the developer, or equivalent person who is the client for the building's construction, that the building has been constructed in line with the design, and if not what the differences between are between the constructed dwelling and the design. • Copy of the pressure test certificate which is relevant to the building. • Copy of the Accredited Construction Details (ACD) certificate, if applicable. 	Schemes need to check that the "as built" evidence is available, where appropriate. Failure to provide evidence in line with requirements must result in the EPC being marked as defective.

ANNEX B. DCLG SCHEME OCDEA QA REPORTING REQUIREMENTS

DCLG requires that each of Tables B1, B2, and B3 below are completed by Schemes and returned to DCLG in line with the Schedule listed in Table B4

Note: If Schemes are unclear what is being asked for they should contact the DCLG EPBD Scheme Manager, and in the absence of any clarification should declare to the Scheme Manager the approach and assumption that they have adopted.

For the avoidance of doubt, DCLG requires monthly Quality Assurance Monitoring returns to be submitted on the last working day of each month. Each report should cover activity that occurred during the previous calendar month (which is also referred to as the calendar month being reported on). Any activity not completed by the time that the return is submitted should be reported on separately in the space provided at items 15-20 in Table B1.

TABLE B1. "RANDOM SAMPLE". DCLG ACCREDITATION SCHEME OCDEA QUALITY AUDIT MONTHLY MONITORING RETURN

Name of Scheme:	
Calendar Month Being Reported On [MM/YYYY]:	

REF NOS	DESCRIPTION OF METRIC	VALUE OR NUMBERS		SCHEME QUALIFYING COMMENT
		APEL	QUAL	
NUMBERS OF CERTIFICATES LODGED				
1.	Number of EPCs lodged by accreditation Scheme OCDEAs in this calendar month			
2	Number of EPCs called for audit in this calendar month			

NUMBERS OF EAS				
3	Total number of registered OCDEAs with Scheme			
4	Numbers of OCDEAs who have been given a requirement to undertake corrective action (not suspended)			
5	Numbers of OCDEA who are suspended (or have been suspended and reinstated within this period) due to non-provision of QA data			
6	Numbers of OCDEA who are suspended (or who have been suspended and reinstated during this period) due to implementation of the Scheme escalation procedure (ie consistently poor QA)			
NUMBERS OF CERTIFICATES QAd IN MONTH AND THEIR ACCURACY				
7	Number of QA assessments completed in relation to the EPCs called for audit in this calendar month as "random sample" audits			
8	Number of QA assessments not completed from the EPCs called for audit in this calendar month as "random sample" audits			
9	Number of QA assessments that were reported in previous calendar month as incomplete that have subsequently been completed			
10	Number of "random sample" assessments outside of 4% of the DER.			Please provide a statement of the number of failures of more than 4% DER for assessors who have recently been accredited having passed through the qualification route and for assessors who have recently been approved through the APEL process compared with more established members who have gone through each route. Recently in this context is taken to mean within the last 6 months. Example: from 25 failures, 10 (i.e. 40%) were from recently accredited members having passed

				through the qualification route. This compares to 5 (i.e. 20%) of our established membership who have entered the Scheme through the qualification route.
11	Numbers of "random sample" certificates replaced in calendar month.			
12	Number of "random sample" certificates replaced in month where there is an error in DER > 4%.			
13	Number of "random sample" certificates replaced in month because of errors where DER errors are < =4%			
NUMBERS OF CERTIFICATES CALLED FOR FOR AUDIT IN PREVIOUS MONTH AND QAd IN THIS MONTH AND THEIR ACCURACY				
14	Number of QA assessments that were reported in previous calendar month as incomplete that have subsequently been completed			
15	Number of "random sample" assessments outside of 4% of the DER.			See item 10 above
16	Numbers of "random sample" certificates replaced in calendar month.			As above
17	Number of "random sample" certificates replaced in month where there is an error in DER > 4%.			
18	Number of "random sample" certificates replaced in month because of errors where DER errors are < =4%			

TABLE B2. "TARGETED SAMPLE". DCLG ACCREDITATION SCHEME OCDEA QUALITY AUDIT MONTHLY MONITORING RETURN

REF NOS	DESCRIPTION OF METRIC	VALUE OR NUMBERS		SCHEME QUALIFYING COMMENT
		APEL	QUAL	
1	Number of EAs who are subject to heightened QA procedures due to previous errors			
2	Number of "targeted" audits undertaken in month			
3	Number of "targeted" audits which result in certificates which are replaced.			
4	Number of EAs who are suspended due to audit procedures.			
5.	Number of EAs who have been expelled from membership due to audit procedures.			
NUMBERS OF CERTIFICATES QAd IN MONTH AND THEIR ACCURACY				
6.	Number of "targeted" audits undertaken in month			
7.	Number of "targeted" assessments outside of 4% of DER			
8.	Numbers of "targeted" certificates replaced in calendar month.			
9.	Number of "targeted" certificates replaced in month where there is an error in DER > 4%.			

10.	Number of “targeted” certificates replaced in month because of errors, but where SAP errors are < =4% DER			
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TABLE B3. COMBINED “RANDOM” AND “TARGETED” SAMPLE OCDEA QUALITY AUDIT MONTHLY MONITORING RETURN

TIME FOR ALL QA ASSESSMENTS TO BE COMPLETED		Number or Value	
1	Average time those QA assessments completed in month - to be calculated from the point where the accreditation Scheme sent the request for information.	(days)	
QA ASSESSOR DETAILS			
2	Number of employees or contracted staff who undertake all QA assessments – random and targeted.		Please state whether QA assessors are employees, under contract, or a mix.
3	Average time take per employee to undertake a QA assessment (approximate time to nearest 5 minutes).	(minutes)	
4	Scheme Narrative – what Schemes have found from the implementation of the DCLG requirements, and any suggestions for future improvement		Scheme narrative: <ul style="list-style-type: none"> o Scheme changes in procedures, or information, to members, based on audit outcomes. DCLG expects that QA outcomes will inform other aspects of Scheme operation. o Suggestions for DCLG.

TABLE B4 REPORTING DEADLINES FOR SCHEMES

Tables B1, B2, and B3 need to be completed and returned to DCLG on the following timetable.

OCDEA QA MONTH (month in which QA is undertaken)	REPORTING DEADLINE TO DCLG
October 2010	30 November 2010
November 2010	31 December 2010
December 2010 and onwards	By the last working day of the following month

APPENDIX 6.1

SCHEME REQUIREMENTS ASSOCIATED WITH COMPLAINTS

1. Definition

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

Complaints are categorised as being either:

- Verbal
- Written (including electronic media)

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

- Behaviour of an energy assessor
- Behaviour of an energy assessor's company
- Behaviour of a Scheme
- Timing & outputs associated with a particular domestic EPC
- Generic complaint regarding the EPBD and its implementation
- Other

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

- Householder
- Householder's agent (estate agent, solicitor)
- A company who employs EAs
- Another Scheme
- An energy assessor who is a member
- Another energy assessor
- Trading Standards Officer, Building Control Officer, or some other individual who has a formal role regarding ensuring compliance with the EPBD
- Another stakeholder

Where a complaint to an energy assessor or Scheme is made over the phone, EAs should, and Schemes must, record details of the complaint and the outcome of discussions.

These records need to be accessible and analysed by Schemes from time to time.

Where a complaint to an energy assessor is verbal, Schemes must require the energy assessor to:

- Inform customers or others who complain that if they are unhappy with the energy assessor's response that they should put the complaint in writing to the energy assessor.
- As a minimum they must direct the person complaining to the Scheme's complaints procedure.
- Inform the Scheme of the details of the complaint. It is recognised that there is some interpretation as to whether a complaint is simply a query, and whether the Energy Assessor believes that the matter has been resolved. However EAs must err on the side of caution, and take the next opportunity possible to record the complaint, and send a copy of the complaint to the Scheme.

Where EAs are members of multiple Schemes, then Schemes must ensure that it is a requirement that EAs provide details of the complaint to all Schemes to which they are members. In this case the complaint needs to be dealt with by the most appropriate Scheme (eg if a complaint is about a particular EPC, then the Scheme through which the certificate has been lodged).

2. DCLG Requirements on Schemes

Schemes must:

- Publicise their complaints procedures, and have a clear mechanism by which customers and other stakeholders, can address a complaint directly to the Scheme.
- 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.
- Deal with complaints received directly from customers and other stakeholders regarding an individual energy assessor directly with that energy assessor.
- Record complaints and from time to time analyse them, and provide an analysis of complaints to the DCLG Scheme Manager, on request.
- 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.
- Have an appeals mechanism for EAs.
- Have an appeals mechanism for customers and other stakeholders
- For customers have a 2nd appeals mechanism which is provided by an independent 3rd party.

- In all dealings with the householder, including in documentation associated with complaints, Schemes must inform customers that their statutory rights are not affected by them using the complaints procedures and associated appeals.
- Subject to meeting the requirements of the Data Protection Act and other relevant legislation, Schemes must pass on details of individuals disciplined as part of the complaints procedure where those members are either suspended, or had their membership revoked, to other Schemes, and the DCLG Scheme Manager.

3. DCLG Requirements on Schemes to Impose on their Members

Scheme must ensure that their Members undertake the following:

- Record verbal complaints from customers and others and inform the Scheme.
- Pass a copy of any written complaints to the Scheme.
- Inform customers and other stakeholders of the Scheme complaints procedure where a complaint is raised.
- Undertake corrective action required by a Scheme where required as a result of the Scheme's disciplinary procedures associated with complaints.

APPENDIX 6.2

INDEPENDENT THIRD PARTY COMPLAINTS MECHANISM FOR CUSTOMERS

1. General Requirements

In the case where a customer complains to a Scheme about an EPC, an energy assessor's behaviour, or the Scheme itself, DCLG Requires Schemes to be in a position to:

- Respond to that complaint.
- Provide an appeals mechanism for the customer if they are not satisfied with the Scheme's response.
- Refer, or advise the complainant to refer, the complaint to an independent third party appeals panel, if the complainant is not satisfied with the outcome of any appeal.

2. Third Party Independent Appeals Panel

Schemes must ensure that the third party independent appeals panel is independent of the Scheme.

By "independent" DCLG means that the people on the panel must have no commercial or other link to the Scheme which might influence their deliberations.

As a minimum panel members must not be employed by the Scheme, or the owners of the Scheme, or have a common line management reporting point with the managers of the Scheme.

Schemes must:

- Have a Third Party Independent Appeals Panel in place.
- Provide the Third Party Independent Appeals Panel with terms of reference.
- Send a copy of any complaint forwarded to the Third Party Independent Appeals Panel to the DCLG Scheme manager at the same time as it is sent to the Panel.
- Send a copy of the Third Party Independent Appeals Panel's findings to the person complaining and to the DCLG Scheme Manager when they are available.
- Review the Third Party Independent Appeals Panel's findings, and implement them as necessary. If the Scheme declines to implement the Panel's findings it must send a copy of the Third Party Independent Appeals Panel's findings to the person complaining, and the DCLG

Scheme Manager stating the reasons why the Scheme has declined to implement the Panel's findings.

- In all correspondence it must be made clear to a person complaining that their statutory rights are not affected by the appeals process or outcome.
- Maintain a record of all correspondence associated with a complaint.

APPENDIX 10.5

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

1. Accreditation Schemes (ASs) are required to upload Energy Assessor (EA) details onto the EPC Register on a daily basis.

2. ASs must include in the information that is uploaded an indication of the current status of every EA according to one of the following categories:

- (a) Active
- (b) Not Active
- (c) Suspended
- (d) Struck Off
- (e) Deleted

3. ASs must make it part of the terms and conditions of membership that EAs give prior written consent to share information about their status with other ASs and/or the Operator of the EPC Register and/or DCLG.

4. ASs are required to declare EAs as “Suspended” or “Struck Off” in circumstances where EAs:

(a) are either suspended after being charged with or struck off after being found guilty of committing a criminal offence including but not limited to murder, manslaughter, burglary, theft, assault, fraud and/or sexual offences of any kind; and/or

(b) are either suspended or struck off for committing a breach of the Code of Conduct operated by the AS; and/or

(c) are either suspended or struck off for failure to meet the Quality Assurance (QA) standards set by the AS or to respond to requests for information associated with the QA procedures operated by the AS; and/or

(d) fail to comply with any requirements arising from the QA procedures operated by the AS, including the need to keep proper records, undertake additional training or CPD or to submit to re-evaluation of their professional competence.

6. Nothing in this document prevents ASs from suspending or expelling members for any breach of the terms of their membership including non-payment of membership fees. However, ASs may not declare EAs as being

“Suspended” or “Struck Off” when uploading EA details onto the EPC Register in circumstances where EAs:

(a) fail to pay fees associated with the accreditation services provided by the AS; or

(b) fail to attend training or CPD that is not associated with or connected to the terms of Approval granted to the AS by the Secretary of State; or

(c) either breach a term of their contract with their AS or are in dispute with their AS over whether a breach has occurred; or

(d) breach terms and conditions of accreditation that fall outside the scope of those specified either by Statute or by DCLG.

7. When an AS seeks to upload Assessor details onto the Register and is notified as part of the upload of EA details that the Assessor has been struck off then they must suspend that Assessor and seek further information from the AS that has struck the Assessor off as to their reasons for doing so. If it is confirmed that the Assessor has been struck off for any of the reasons described in paragraph 4 above, then the AS must also strike off that Assessor.

8. Where an AS is notified as part of the upload process that an Assessor has been suspended, they must also suspend the Assessor until the issue or issues that have led to disciplinary action being taken against them has been resolved. The AS must at the same time request further information, from the AS that struck off or suspended the Assessor, about the circumstances that have led to disciplinary action being taken against them. In such circumstances, it will be for the AS to decide whether to maintain any sanctions that have been imposed once they have been informed of the circumstances.

9. Any AS that is asked by another AS for information about the reason for suspending or striking off an assessor must provide the information requested.