
Scheme Operating Requirements for the production of Energy Certificates

Level 2 Document

2026 edition

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Document Control

Change History

Version Number	Author	Description of Change	Date
1.1	D.Wilkinson	Typographic & formatting errors Appendix 11 added	25.05.18
1.2	D.Wilkinson	OCDEA and NDEA auditing processes and reporting templates added to appendices: 1.2, 5.1, 5.2, 5.3 Minor typographic errors corrected. s.1.6 Maintaining Impartiality added 5.1.1 Smart Audits 7. added Appendix 5.1 Implementation dates added to 'Audit selection' for OCDEA, NDEA L3/4, DEC and ACEA strands.	03.12.18
1.3	D.Wilkinson	s.1.5.4 Data Management s.1.6 Maintaining impartiality s.8.4 Independent Third Party Appeals Appendix 2.3 Fit and Proper Appendix 10 5.3, Glossary: 'Revoke'	07.06.19
1.4	D.Wilkinson	Appendix 1.2.2, 5.1 (NDEA L3/4, DEC, ACEA strands)	19.07.19
1.5	D.Wilkinson	Appendix 2.1.5, Appendix 4.2.1 (point added re. digital certificate)	04.12.19
1.6	S.Fairlie	Appendix 5.1 Surveillance Audit selection: NDEA L3/4, DEC, ACEA and NDEA L5. Clarified periodic random audits and backstop requirement.	28.04.20
1.7	S.Fairlie	IT WG added to EASOB schematic, added clarification that WGs can group together, but have separate chairs. Appendix 5.3, Failure to provide evidence of sufficient quality clarified. Appendix 5.2, OCDEA strand auditing process amended.	23.11.20
1.8	S. Fairlie	1.1.2 amended financial statements on companies house, Added 1.2.6 to appendix 1.2 reaccrediting struck off members. 1.5.8 added new clause for evidence storage not beyond 10yrs; same clause in 'audit evidence requirements' section amended clause 5. Added a new clause 6 following when evidence not available to follow conventions. Added new clause 4. into Appendix 4.3 CPD to 'other professional dev' section regarding structured CPD.	13.09.21
1.9	D.Wilkinson	'MHCLG' amended to 'MHCLG' throughout document, Sections 1.5.9 and 1.5.10 added to 'Data Management'.	08.08.22
1.10	D.Wilkinson	'Oversight', Sections 1.4 added & merged with 1.5, 5.1., 5.1.1, Audit Evidence Requirements, 4 added, 5.1.1 High Lodgement Rates for DEAs added, Appendix 5.1, 1.2 11 added	15.02.24
1.11	S.Marriott	Regulatory changes, amendments to data sharing clauses, minor working changes	18.06.24 24.06.24
1.12	S.Marriott	Appendix 5.1, DEA and OCDEA 2% inline with commercial EPC procedure. 'DLUHC' reverted back to 'MHCLG' following name change.	11.11.24
1.13	D.Roberts	Appendix 2 section 2.3 paragraph 3 in reference to fit and proper checks: removed reference to 'prison sentence', replaced 'convicted' with 'identified as committing'. 7.4.3. new clause added to cover complaints about EPC methodology. 4.4.2. clause amended to focus on multiple registrations with the same trading name. Appendix 11, 5.5. clarification smart rules implementation timeline, Appendix 5.2 new clause (5) missing photo/evidence and amendments to NDEA and DEC strand auditing process, new Appendix 7 Software Error Tolerance Provision	20.06.25

1.14	D.Roberts	Appendix 2, section 2.1, added paragraph 7 to confirm minimum age. Section 5.1.1, Energy certificates lodged by members clause 4 updated and audit evidence requirements section clause 4 updated to include reference to new minimum evidence requirements, previous clauses 5 and 7 removed and added new clauses relating to assessor declaration. Appendix 5.2 paragraph 5 and all strand auditing processes updated to include reference to new minimum evidence requirements. Section 8 paragraph 5 recourse to EASOB removed.	04.09.26
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Code	Reason For Issue:
-	Not issued.
I	For information only – no action required.
R	For review – comments to be directed to the Project Manager.
S	For sign-off approval.
A	Approved for issue (electronic approval via e-mail or meeting minutes)

Introduction

These Scheme Operating Requirements (SORs) set a benchmark for all Accreditation Schemes to meet and follow; a common process for all levels of membership across the Industry.

Ownership

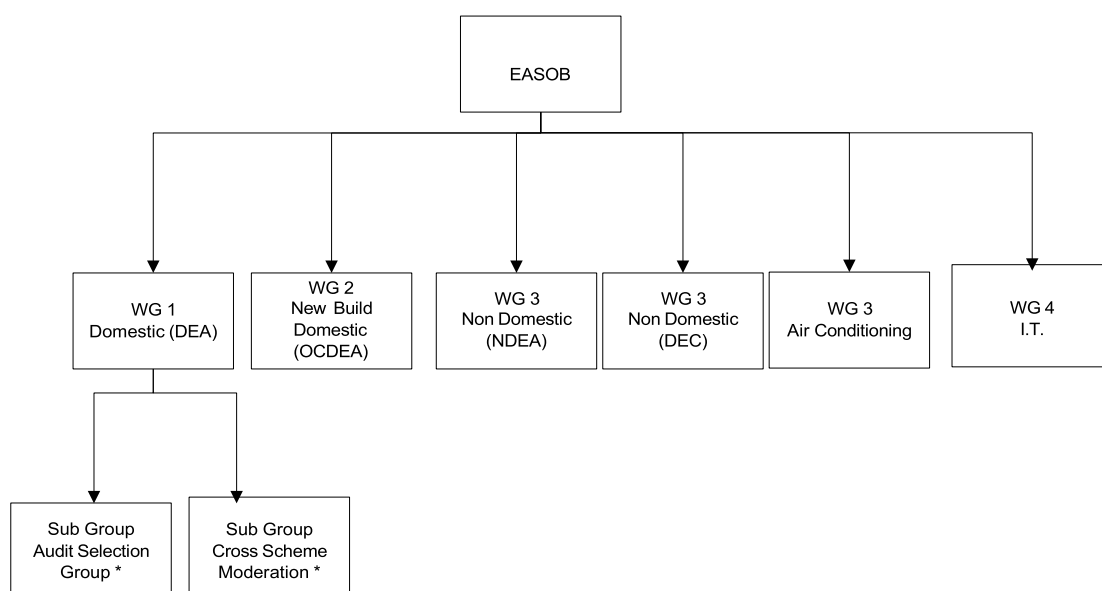
This document is managed on behalf of approved Accreditation Schemes by the Energy Assessor Scheme Operating Board (EASOB).

Documents	Owner	Sign Off	Key Stakeholders
SOR Document (Level 2) Appendices EASOB Terms of Reference Glossary	Energy Assessors Scheme Operating Board (EASOB)	Energy Assessors Scheme Operating Board (EASOB)	MHCLG Third Party Auditors

The Energy Assessor Scheme Operating Board (EASOB)

EASOB will follow the Terms of Reference as laid out in Appendix 10:

- review the Level 2 SORs and consider any updates that may be required,
- be made up of all Accreditation Schemes and will have a chair, elected annually, and,
- manage Working Groups (WGs), which will be tasked to look after strand specific elements of the SORs and other areas as required, e.g. I.T.



*The Sub Groups are for illustrative purposes only and each WG can utilise Sub Groups as they see fit.

**WG3 may meet together in one meeting, but may have separate chairs for the different strands.

Working Groups:

Working Groups (WGs) will:

- be used to continuously improve the SORs for each strand,
- be represented by appropriate Accreditation Schemes who operate within that strand,
- have a nominated chair,
- have Terms of Reference which set out the rules the WG should operate by and
- if required, set tasks to be undertaken by Sub Groups. Examples are shown above, such as Audit Selection and Cross Scheme Moderation. The WGs will manage these to provide oversight.

Oversight

EASOB will provide management oversight for Level 2 SORs. MHCLG and its appointed third-party auditors will be stakeholders in the overseeing of the documents.

MHCLG is the 'key' stakeholder for Level 2 SORs and have the 'Golden Vote'. This means that MHCLG can stop any proposed amendment to Level 2 they deem inappropriate or unacceptable.

As key stakeholders MHCLG are invited to all EASOB meetings and will be party to all correspondence. All proposed changes to Level 2 SORs will be clearly flagged and highlighted to MHCLG and third-party auditors. EASOB will apply version control and effective go live dates to the Level 2 document; this is to ensure that all stakeholders are always aware of the latest version.

N.B. Appendices elaborate further on the main sections in this document, and share the numbering format with those sections. Appendices may not always be necessary, hence potential gaps in numbering.

Ref. Appendix 10 - Energy Assessor Scheme Operating Board (EASOB) - Terms of Reference

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1. Accreditation Scheme Organisation

1.1 Financial and operational stability

1.1.1. Accreditation Schemes will have an operational resilience plan which sets out the actions the organisation will take to ensure business continuity if faced with an unexpected event, .e.g. loss of key staff, staff illness, fire and flood damage, etc. This will be made available to MHCLG or its auditors on request.

1.1.2. Accreditation Schemes will make Annual Reports available to MHCLG on an annual basis and publish them on their websites.

1.1.2.1 The Annual Report shall report on the accreditation activities of a scheme, retrospectively for the previous year and include the following as a minimum:

- Accreditation numbers per strand
- Lodgement figures per strand
- Audit numbers and percentages per strand
- Other relevant information a scheme wishes to include.

1.1.3 Accreditation Schemes will publish financial accounts on Companies House and MHCLG can view them as and when required.

1.1.4 Accreditation schemes will send a copy of their Quality Management Plan and 'cease to trade' statement to MHCLG within one month of receipt of the approval letter, or the anniversary of approval. The 'cease to trade' statement will state:

- what the Accreditation Scheme would do in the event of one or more of its strands ceasing to operate (voluntarily and involuntarily),
- how membership records will be accessible to MHCLG following 'cease to trade',
- the procedures in place for transferring members to other schemes that have been affected by 'cease to trade' and
- how the Accreditation Scheme will manage data from their own or other scheme members following 'cease to trade'.

1.2 Management systems

1. Accreditation Schemes will have a management system that is maintained and includes details of the organisation structure and how the requirements of the Accreditation Scheme are met.

2. As a minimum an Accreditation Scheme's management system should cover the following:

- Organisation structure
- Management System
- Process
- Complaints
- Surveillance including auditing
- Corrective Actions
- Control of Records
- Data Management
- Internal Audits
- Management Reviews.

3. Accreditation Schemes will have operational procedures in place to ensure that members produce consistent and accurate energy assessments.
4. Accreditation Schemes will be able to demonstrate that they are following these procedures and any other procedures or arrangements which they have in place to demonstrate that MHCLG requirements are being met. All procedures and arrangements shall be consistently applied and the outcome of all procedures must be replicable by MHCLG and any organisation operating on its behalf, e.g. auditors appointed by MHCLG.
5. Any requests for information by MHCLG or their representative will be met. Accreditation Schemes are required to enter into a formal agreement with the Register Operator for the purposes of lodging all Energy Performance Certificates (EPCs), Display Energy Certificates (DECs), Air Conditioning Inspection Reports (ACIRs) (referred to collectively as 'Energy Certificates') and related data including member details and other information to meet the requirements of the Energy Performance of Buildings (England and Wales) Regulations 2012, as amended, (EPBR) and the Scheme Operating Requirements (SORs).
6. Any software, whether it is provided by Accreditation Schemes to members, or which the Accreditation Scheme allows its members to use, will be approved by the Secretary of State as compliant with the National Calculation Methodology. Accreditation Schemes will have access to a copy of any software used by their members so that they can undertake a surveillance audit of the members work.
7. Accreditation Schemes will have a Fraud Identification Plan which sets out procedures for identifying, preventing and dealing with fraudulent activities. The Fraud Plan must be made available for inspection on request by MHCLG or a representative working on its behalf.
8. Accreditation Schemes shall take the appropriate action in line with their Fraud Identification Plan in the event of suspected fraud. This will include informing the appropriate authorities, for example, local trading standards bodies, as required, or if criminal activity is suspected, the police.
9. Accreditation Schemes shall keep MHCLG informed of suspected fraudulent or dishonest practice. Where there is more than one Accreditation Scheme involved, the Accreditation Scheme that first became aware of the issue shall inform MHCLG and consider, along with MHCLG, which other authorities should be notified, e.g. Ofgem.
10. In the event of acquiring another Accreditation Scheme, the purchasing Accreditation Scheme must take responsibility for Energy Certificates and any issues pertaining to these energy certificates produced through the former Accreditation Scheme.
11. Accreditation Schemes will have a minimum of either ISO 27001 or Cyber Essentials Plus and provide the certificate to MHCLG, on request.
12. Where an Accreditation Scheme shares assessment data (as defined below) with the owner, landlord or occupier (an authorised person) of that building, or a third party with the consent of an authorised person, an accreditation scheme must demonstrate to MHCLG (or its appointed auditors) that the scheme's data sharing process complies with both the EPBR and Data Protection legislation.
 - assessment data shall be defined as the energy calculation data, floor plans, photographs, and any other documentation to support the data entry and the assumptions made during the assessment process

13. Accreditation Schemes will be required to produce a Data Sharing Plan, which explicitly states how the data sharing process is managed and complies with legislation and other data protection requirements. The plan must include (but is not limited to) procedures for

- i. recording, monitoring and reporting on data sharing activities to include at least a minimum of an annual audit and ensure that UK General Data Protection Regulations and other relevant Data Protection legislation has been accepted by the recipient of the data.
- ii. managing data security
- iii. managing the loss or the unauthorised release of assessment data.

14. Accreditation Schemes who share assessment data with the owner, landlord or occupier of that building, or a third party with the consent of an authorised person, will become a Data Controller for the assessment' data.

15. Data Controllers will be responsible for managing the assessment data in accordance with the UK General Data Protection Regulation. Accreditation Schemes will be responsible for reporting non-compliance to MHCLG and to the appropriate authorities.

16. Where members share assessment data they shall always use the controls approved by the Accreditation Scheme and complies with the EPBR and Data Protection legislation.

17. Accreditation Schemes and their members must comply with all relevant Data Protection legislation. Should there be a conflict between the SORs and statutory legislation, the latter takes precedence.

Ref. Appendix 1.2 - Management Systems

1.3 Insurance Requirements

1. Accreditation Schemes will have processes in place to ensure that members are suitably insured to produce Energy Certificates for their strand(s) and Accreditation Schemes will:

- provide appropriate levels of professional indemnity (PI) and public liability (PL) insurance for their members (past and present) or
- have a process for checking that their members hold appropriate levels of PI and PL insurance and ensure the cover is valid.

Ref. Appendix 1.3 - Insurance Requirements

1.4 Members' Records

Accreditation Schemes will:

1. maintain records in the form of a register of current and former members and their activities in a secure and resilient manner,
2. require their members to retain information in a secure and resilient manner for a minimum of fifteen years (as stated in the Code of Conduct, ref. section 4.2),
3. upload member status changes to the Domestic and Non-Domestic Energy Performance of Buildings Registers (the Registers),
4. comply with prevailing Data Protection legislation and any other relevant legislative requirements and

5. share information with other Accreditation Schemes, MHCLG and the Register Operator as appropriate.

1.5 Data Management

1.5.1 Accreditation Schemes and their members will be familiar with and comply with prevailing Data Protection legislation and other relevant regulatory requirements.

1.5.2 Accreditation Schemes and their members must acknowledge that the energy performance of buildings data collected under the EPBR (including data collected before lodgement) remains the intellectual property of MHCLG. This includes the Unique Property Reference Number (UPRN) and Report Reference Number (RRN) generated by the Registers.

1.5.3 Accreditation Schemes and their members must comply with the EPBR, the requirements of any prevailing Data Protection legislation and the terms of the Royal Mail's copyright for address level data in which Royal Mail owns the intellectual property rights, as well as any other licences that are appropriate.

1.5.4 Accreditation Schemes will comply with all data related requirements contained within their Service Agreements as agreed with the Register Operator and amended from time to time.

1.5.5 Accreditation Schemes and their members must comply with the requirement to store EPBR data for the purpose of complying with the SORs, e.g. audits and complaints.

1.5.6 Accreditation Schemes will inform their members that data they collect under the EPBR is for the purpose of improving energy efficiency of buildings. Data can only be shared in accordance with the EPBR and must exclude green deal information; the name of an individual; assessment data in relation to 'excluded buildings' (as defined in regulation 2 (Interpretation) of the EPBR. EPBR data must be stored to facilitate compliance with the SORs.

- 'name of an individual' shall include the Energy Assessor, homeowner, or any other identifying name for an individual.
- 'excluded buildings' shall include military buildings, or other excluded, buildings as defined in regulation 2 of the EPBR.

1.5.7 Accreditation Schemes will be required to provide MHCLG with the details of their Data Protection Officer.

1.5.8 Accreditation Schemes should not store evidence provided by a member for audit purposes, for longer than is necessary and not beyond 10 years (from date of audit) in accordance with prevailing data protection legislation. Accreditation Schemes may store the outcome of the audit beyond the timeframe e.g. a record that the audit took place and was a pass or fail.

1.6 Maintaining Impartiality

1.6.1 Accreditation Schemes shall act without fear or favour, conducting themselves in such a way that they maintain their independence to ensure that there are no conflicts of interest associated with their operation, and/or other activities they, or companies that they are closely associated with, provide.

1.6.2 Where an Accreditation Scheme engages in the sharing of assessment data with one or more owners, landlords, occupiers or third parties in accordance with clause 1.2 above, the Accreditation Scheme shall act impartially and without fear or favour in response to all requests to share assessment data made by owners, landlords, occupiers or a third parties in accordance with clause 1.2. For the avoidance of doubt, this clause 1.6.2 shall not obligate an Accreditation Scheme to engage in the sharing of assessment data in accordance with clause 1.2 above.

2. Suitability to become a member and maintain membership - 'fit and proper'

2.1 Accreditation Schemes will demonstrate that proper and effective operational, recording and reporting procedures are in place to decide whether prospective members are 'fit and proper' persons (a "fit and proper person" or "fit and proper"). These procedures should be applied in a fair and open way.

2.2 Accreditation Schemes will:

- i. make appropriate enquiries of the prospective member and if applicable their employer about checks already made into the applicant's background to enable Accreditation Schemes to make an informed judgement about whether the prospective member is a 'fit and proper' person. Any applicant who makes a false disclosure on their application regarding their employment, or previous status as an energy assessor with another Accreditation Scheme, will not be considered 'fit and proper' and
- ii. reject applications, where the prospective members or member is considered not to be a 'fit and proper' person.

2.3 Accreditation Schemes will respond promptly to enquiries from other Accreditation Schemes to confirm the membership status and disciplinary record of any current or previous member.

2.4 Accreditation Schemes will inform prospective members whose applications have been refused on the grounds that they are not 'fit and proper'. Accreditation Schemes will inform applicants of the reason for the decision and how its appeals mechanism operates.

Ref. Appendix 2 - Suitability to become a member (and maintain membership)

3. Competence of Prospective Members

3.1 The criteria for prospective members will be strand specific and Accreditation Schemes will ensure that:

- i. prospective members hold a qualification or are eligible under the Approved Prior Experiential Learning (APEL) standard for the strand they are applying for and
- ii. the identity of the prospective members can be verified.

3.2 Prospective members who do not meet the competence criteria will have their application for accreditation rejected, together with a reason and advice on the next steps where appropriate.

Ref. Appendix 2 - Suitability to become a member (and maintain membership)

4. Obligations on Accreditation Schemes

4.1 Code of Conduct

1. Accreditation Schemes will produce a Code of Conduct.

2. Accreditation Schemes will ensure prospective members agree to comply with the Code of Conduct.

3. Accreditation Schemes will be required to monitor its members to ensure they are complying with the Code of Conduct.

Ref. Appendix 4.1 – Code of Conduct

4.2 Continuous Professional Development (CPD)

1. Accreditation Schemes will notify members of the minimum appropriate Continuing Professional Development (CPD) requirement.

2. Accreditation Schemes will randomly sample 5% of members CPD annually to assure compliance.

Ref. Appendix 4.2 – Continuous Professional Development (CPD)

4.3 Replacement of a defective Energy Certificate

Accreditation Schemes will ensure Members will be responsible for replacing defective Energy Certificates that they have produced.

Accreditation Schemes will liaise with the Member who lodged the defective Energy Certificate, to mark it 'Not for Issue' and will ensure that the Member replaces the defective Energy Certificate.

Where the member is 'no longer practising', has been 'struck off' or 'suspended' or is refusing to cooperate, it is the responsibility of the Accreditation Schemes to mark the defective Energy Certificate as not for issue and replace with a correct Energy Certificate in order to protect consumers. This will be the standard procedure except in extenuating circumstances where it may not be possible to issue a correct Energy Certificate. (In these situations the Accreditation Scheme will record the reason why the Energy Certificate could not be replaced).

Where the Accreditation Scheme that lodged the Energy Certificate has 'ceased to trade' it is the responsibility of the energy assessor's current Accreditation Scheme to replace the defective Energy Certificate.

Accreditation Schemes will be able to mark defective Energy Certificates as 'Not for Issue' where they know that the Energy Certificate is incorrect and to ensure a replacement Energy Certificate is produced (if appropriate).

Ref. Appendix 4.3 - Replacement of a defective Energy Certificates

4.4 Multiple Registrations within an Accreditation Scheme

1. For any given EPBR strand, where there is a request for a second or further additional registration from an existing or new member, and at each anniversary of these registrations, the Accreditation Scheme shall review whether each additional registration is necessary and record the outcome of that review. The following are instances where additional registrations shall not be considered necessary:

- Administrative benefits associated with the member's participation in the so called "Panel system".
- Where a member registers with a wide range of postal addresses which are not credible as representing a range of locations where the member has their place of employment.

2. As part of the anniversary review, the Accreditation Scheme shall review individuals that have multiple registrations with the same Trading Name, to ascertain if all accounts are still required. An example of a reason which Accreditation Schemes shall not see as compelling is where a particular registration is associated with the operation of an organisation operating a so called "Panel system".

4.5 Data Controller

1. Accreditation Schemes, will ensure they perform their role as Data Controllers, where assessment data is shared with the owner, landlord or occupier of that building, or with a third party with the consent of an authorised person and must act in accordance with the UK General Data Protection Regulation, EPBR, and other relevant legislation.

2. During an Accreditation Scheme's audit, Accreditation Schemes will demonstrate the processes in place to control:

- How the Accreditation scheme are sharing assessment data
- How their members are sharing assessment data
- Accreditation Schemes must act accordingly if their members are sharing assessment data in contravention of the EPBR and Data Protection legislation.

3. Accreditation Schemes shall make it clear that any recipient of assessment data understands that they must act in accordance with the UK General Data Protection Regulation, EPBR, and other relevant legislation.

4. Accreditation Schemes will be required to provide MHCLG with the details of their Data Protection Officer.

5. Surveillance

5.1 Surveillance of Members

Accreditation Schemes will undertake surveillance of members in three areas: energy certificates lodged by members, member's CPD and member's Criminal Disclosure Certificate.

5.1.1 Energy Certificates lodged by Members

The quality of an Energy Certificate is gauged against the definition that, in order of priority:

1. on the balance of probability it accurately reflects the property being assessed;
2. where the Energy Certificate is correct, the tolerance is within an appropriate level for the strand;
3. it meets the agreed Conventions for the assessment process; and
4. it meets the minimum evidence requirements for the strand (for the most recent minimum evidence requirements see [EASOB website](#))

Audit Volumes:

1. A minimum of 2% of Energy Certificates will be audited every 12 months to check quality.
2. A significant proportion will be randomly sampled.
3. Every member will be audited periodically.
4. Each month a Scheme will complete a minimum number of audits. The number of lodgements and the number of members must be a determining factor. Depending on the strand, the number of members and lodgements can be very different. Accreditation Schemes may choose to audit above that minimum number at their discretion.

Audit Selection:

In order to meet the audit volumes above the following criteria must be met.

1. Members will be subject to a minimum check which will be strand specific.
2. Accreditation Schemes will audit a significant proportion of Energy Certificates in a random manner.
3. Time Periods relating to audits;
 - the calendar year is 1st January to 31st December.
 - a six-month period covers the periods: 1st January 1st to 30th June and 1st July to 31st December and
 - 'quarters' refers to the period of three calendar months starting on: 1st January; 1st April; 1st July; 1st October.
4. Accreditation Schemes will undertake audits on specified Energy Certificates if requested to do so by EASOB or MHCLG.
5. In order for auditing to be more effective each strand will have its own specific tailored audit selection rules. These are outlined below.

Audit Categories:

This explains the different types of audit categories that will be used by Accreditation Schemes. Each strand will have an appropriate mix of audit categories to ensure that the volume of audits is used most effectively to improve the quality of Energy Certificates.

Periodic Random audits - These audits are to ensure that all members are audited over a defined time period and Energy Certificates are randomly selected – this will help to maintain the overall quality of Energy Certificates, ensure members are audited at an appropriate frequency and highlight new issues that may lead to the introduction of new 'smart' audits as a result.

Non Periodic Random audits - Audits of randomly selected Energy Certificates – this will help to maintain the overall quality of Energy Certificates and highlight new issues that may lead to the introduction of new 'smart' audits as a result.

New Entrant – a new entrant is a member who has qualified and is joining a scheme for the first time (this is not an experienced member switching schemes). The scheme will audit this member's first lodged Energy Certificate.

Complaint Audits - Audits that are undertaken due to a complaint from a stakeholder.

Re-lodgement Audits - Audits that are undertaken due to a defective Energy Certificate being identified and the 'replacement' certificate is audited to ensure it is now correct.

1. Schemes must ensure that members re-lodge an Energy Certificate where an earlier Energy Certificate was found to be defective.
2. The member must ask their Accreditation Scheme to mark the defective Energy Certificate as 'Not for Issue'.
3. If an Energy Certificate is still found to be defective after it is re-lodged the member must re-lodge the Energy Certificate until it is correct. The Member must ensure the earlier defective Energy Certificate is marked as 'not for issue'.

Accompanied Visits

A member is accompanied to an assessment by an auditor. The auditor witnesses the work of the member, whilst at the same time undertaking their own assessment. After the accompanied visit has concluded, the auditor compares their Energy Certificate with that of the member and identifies any differences between the two. The auditor shall also check, is so far as they can, that the member has met the requirements of the Code of Conduct

Smart audits - A smart audit is a 'risk based' audit based on pre-defined set of criteria.

1. A smart audit is designed to find potentially defective Energy Certificates.
2. A smart audit will focus on the data items and associated evidence related to the smart rule(s) that the lodgement has triggered.
3. If a smart audit fails for a reason other than the smart audit rule that it triggered, then the subsequent follow on audit should be based on the same criteria that caused the fail.
4. If a lodgement is called for smart audit and triggered multiple smart audit rules then it should be audited against them all but only counted as one smart audit.
5. If a smart audit has a volume set, e.g. 10 or more in a month, then Accreditation Schemes will select one of them to audit.
6. If a member passes a smart audit, they do not need to be audited on the same smart audit trigger (rule number) for six months, as they have demonstrated their competence on the issue. However, Accreditation Schemes reserve the right to call an audit(s) for the same trigger within those six months in exceptional circumstances. E.g. a highly unusual number of the same rule being triggered.
7. If a member does not trigger the same smart rule within six months, the requirement for the follow-on audit will be cancelled.
8. Smart Audits should aim to ensure that the incidence of erroneous 'multi lodgements' on the same property are minimised.

Follow on audits - These audits are a consequence of failure of another audit type.

1. Accreditation Schemes will request a specific future lodgement for audit to ensure that the member has understood and is applying the knowledge/advice from the feedback provided.
2. A follow on audit as a result of a random audit failure can be a randomly selected audit or an audit appropriate to the failure of the original random audit.
3. A follow on audit as a result of a smart audit failure should be a lodgement that triggers the same smart audit rule. The follow on audit will be carried forward until such a lodgement takes place in a subsequent month.
4. A follow on audit as a result of a new entrant failure can be a randomly selected audit or an audit appropriate to the failure of the original audit.

Audit Timescales:

	Scheme Process		Maximum Period ¹	Permissible Exceptions
1.	1. Energy Certificate lodged.	2. Accreditation Scheme first calls for evidence from EA.	46 working days.	Excludes audit requirements associated with minimum sampling rate of 1 Energy Certificate lodged / quarter. Circumstances beyond Accreditation Scheme's control. ²
2.	Accreditation Scheme first calls for evidence.	Evidence received.	15 working days	Period can be extended by up to 5 working days in cases where the member is or will be late for legitimate reasons ³ .
3.	Evidence received.	Auditing work completed.	15 working days.	Accreditation Circumstances beyond Scheme's control. ²
4.	Auditing work completed.	Feedback provided to the member.	5 working days.	Accreditation Circumstances beyond Scheme's control. ²
5.	Feedback provided to member.	Lodgement of a replacement Energy Certificate by the member where required.	10 working days.	Member appeals. Excludes instances where the member is or will be late for legitimate reasons ³ Accreditation Scheme makes other arrangements. ⁴

Notes:

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

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

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

4 - Accreditation Schemes make other arrangements to replace a defective certificate should the member fail to do so, but here the replacement Energy Certificate shall be provided within three months of the member being required to replace the Energy Certificate.

Ref. Appendix 5.1 Surveillance Audit Selection**Surveillance Audit Methods**

Appropriate surveillance audit methods are detailed below. Accreditation Schemes employ these methods as appropriate:

Desktop audits

Accreditation Schemes will obtain evidence from members to validate the quality of the Energy Certificate.

Desktop Audit - Rule Attributes: Each rule has a number of attributes:

Priority	Audit Category	Rule no	Trigger	Volume	Audit Approach	Corrective Action	Number of follow on audit(s) - if fail
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Each column is explained as follows:

Priority: This identifies the order in which to process audit requests.

Audit Category: This identifies the type of audit.

Rule Number: This provides a unique reference number for each rule and will not be changed.
If amendments to a rule alter the nature of the rule, a new rule and number will be generated.
If amendments to the rule only clarify its requirement, then the rule number need not change.

Trigger: The conditions which will cause the audit to be identified.

Volume: The volume can be set to a number of parameters such as:
1 lodgement per month
>10 lodgements per month
1 audit per 6 months

Audit Approach: This will identify what approach Schemes take when auditing this rule – which may include the level of evidence required.

Corrective Action: In the event of failure of the audit the appropriate corrective action will apply.

Number of Follow On Audit(s): In the event of an audit failure, this identifies whether another future audit is required for the same member.
This is set to a number to ensure consistency e.g. 1, 2 etc.

Professional Interview Accreditation Schemes will discuss with the member Energy Certificates they have produced to validate the quality of the Energy Certificate.

Witnessed Assessment Accreditation Schemes will observe the member producing Energy Certificates to validate the quality of the Energy Certificate.

Additional audit methods may be introduced in the future if, and when, appropriate.

Audit Evidence Requirements

1. Members will provide sufficient evidence to their Accreditation Scheme to prove that the Energy Certificate lodged is correct. The evidence presented must be of sufficient clarity to enable the Accreditation Scheme to replicate the Energy Certificate in order to judge within all reasonableness that it is correct.
2. All evidence provided must be unique to the property visited and be reflective of the nominated date.
3. Acceptable evidence will consist of floor plans, and photographic and/or documentary evidence, together with any other documentation to support the data entry and the assumptions made during the assessment process. The minimum evidence required for each data item is set out in the Minimum Evidence Requirements for the relevant strand (for the most recent minimum evidence requirements see [EASOB website](#)).
4. Members should always ensure that they have access to evidence collected, even if stored in previous employer's files.
5. Accreditation Schemes should not store evidence provided by a member for audit purposes, for longer than is necessary and not beyond 10 years (from date of audit) in accordance with prevailing data protection legislation. Accreditation Schemes may store the outcome of the audit beyond the timeframe e.g. a record that the audit took place and was a pass or fail.
6. Accreditation Schemes must ensure that, prior to lodgement of an EPC, DEC, or ACIR, the Energy Assessor makes a declaration confirming that the minimum evidence required under the applicable methodology, conventions and Scheme Operating Requirements, as set out in the minimum evidence requirements (see [EASOB website](#)) has been obtained and retained.
7. Accreditation Schemes must implement controls to ensure this declaration is completed at the point of lodgement.
8. Where declarations are found to be inaccurate or unsupported by retained evidence or recorded justification, Accreditation Schemes must apply appropriate disciplinary and/or remedial action in line with their procedures, which may include suspension or removal from the Scheme for repeat offenders.

Surveillance Audits – Audit Process and Success Criteria

1. Accreditation Schemes will have a suitable process in place to audit Energy Certificates.
2. Each Strand will have its own process and success criteria.

Ref. Appendix 5.2 – Audit Process and Success Criteria

Consequences of Audit Failure

1. Accreditation Schemes will have an appropriate process in place to deal with audit failures by its members.
2. The process for dealing with audit failures must be strand specific.

Ref. Appendix 5.3 – Surveillance Audits – Process for dealing with Audit Failure

Accreditation Scheme requirements associated with Auditors

1. Accreditation Schemes will ensure that Auditors are suitably competent.

2. Accreditation Schemes will ensure there is appropriate moderation activity to ensure consistency across all audits.
3. Accreditation Schemes will ensure any conflicts of interest associated with auditing are managed appropriately.

Ref. Appendix 5.4 – Auditors – Accreditation Scheme Requirements

High Lodgement Rates:

For DEA strand only:

Where Schemes assess that a member is lodging an unusually high number of certificates in any calendar month Schemes shall undertake additional checks that provide assurance that the member has indeed visited the properties. Energy certificates that have been lodged using multiple certification (sampling and/or common values) techniques can be excluded from this assessment.

Requirements in a) to d) below shall apply:

- a) Consideration of what constitutes an unusually high number of lodgements shall take account of information received from government or other Schemes where available (it is not yet a requirement to share information about the activities of members who may be lodging energy certificates through a number of Schemes).
- b) Schemes shall be able to demonstrate that they are being proactive in this respect.
- c) Schemes shall set their own thresholds for triggering high lodgement rates; these will differ between operational strands.
- d) Schemes shall be able to demonstrate that their approach and practice here are reasonable e.g. a way of sampling whether a member thought to be over-lodging is actually visiting dwellings would be to choose 3 properties visited on the same day, and undertake checks that the photos are all dated and different.

N.B. High lodgement checks are not to be included in a schemes 2% audit requirement.

5.1.2 Members' Continuing Professional Development

1. Members are required to keep a record of CPD and make this available to their Accreditation Scheme annually
2. Accreditation Schemes will sample 5% of members CPD records each year to ensure that the members CPD obligations have been met.

Ref. Appendix 4.3 - Continuous Professional Development

5.1.3 Members' Disclosure Certificates

For applicable strands, Accreditation Schemes will ensure:

1. members will supply to schemes an updated disclosure certificate every three years or on request from the Accreditation Scheme and
2. members will inform the Accreditation Scheme of any incidents that would appear on an updated disclosure certificate. It is for the Accreditation Scheme to determine the relevance of the incident to

the members continued accreditation

Ref. Appendix 2 - Suitability to become a member (and maintain membership)

5.2 Surveillance of Accreditation Schemes

1. Accreditation Schemes will be subject to an audit by MHCLG or their appointed contractors; this may be either a scheduled audit or a spot audit. Accreditation Schemes will fully cooperate with the audit and address any agreed non-conformities.

6. Disciplinary

Accreditation Schemes will have appropriate disciplinary procedures in place for the following circumstances.

6.1 Audit failure

Where any audit fails to meet the quality standards Accreditation Schemes will take suitable action:

1. the Accreditation Scheme will agree with the Member suitable corrective actions to prevent re-occurrence,
2. the Accreditation Scheme will consider the likelihood that this is a recurring problem,
3. the Accreditation Scheme will liaise with the member to consider the implications on other Energy Certificates issued and
4. the Accreditation Scheme will identify defective Energy Certificates and follow the process in 4.4 Replacement of defective Energy Certificates.

Ref. Appendix 5 – Surveillance – Consequences of Audit Failure

Ref: Appendix 6 – Breach of Obligations on the Member

6.2 Breach of Obligations

Accreditation Schemes will ensure that members have appropriate level of insurance cover, abide by the Code of Conduct and maintain appropriate CPD.

Ref. Appendix 6 - Breach of Obligations on the Member

6.3 Failure to be considered suitable (fit & proper)

Accreditation Schemes will ensure that Members are 'fit and proper'.

6.4 Consequences of Failure and Breaches

1. Accreditation Schemes will ensure that disciplinary measures are proportionate to the professed breach and are implemented in a timely manner.
2. The Accreditation Scheme may take whatever action it deems necessary to enforce the scheme rules. Members who do not comply may be prevented from operating on a temporary or permanent basis.
3. Temporary suspension can be applied in appropriate circumstances.
4. Permanent removal (revocation) of membership can be applied in appropriate circumstances.
5. Accreditation Schemes will inform the member of any disciplinary action, together with the reason for the action and notification of the right to appeal. The third party appeals process is documented in Section 8.

Ref. Appendix 6 - Breach of Obligations on the Member

7. Complaints

7.1 Complaints about Accreditation Scheme members or the quality of Energy Certificates

1. Accreditation Schemes will have a complaints process that is available to stakeholders who are dissatisfied with the quality of an Energy Certificate or the conduct of a member. This will be free at point of use for the stakeholder.
2. A 'stakeholder' for the purpose of this section can be defined as:
 - anyone who owns or lives in, or who otherwise has an interest in, a building or buildings for which an Energy Certificate has been prepared;
 - a person working on behalf of a property owner or landlord, e.g. estate agent, letting agent, solicitor, etc.;
 - a company who employs Energy Assessors;
 - another Accreditation Scheme;
 - a member;
 - an Energy Assessor from another scheme,
 - Trading Standards Officer, Building Control Officer, or some other individual who has a formal role regarding ensuring compliance with the EPBR the Building Regulations, the Green Deal, etc.;
 - MHCLG or the Register Operator; and
 - another interested party not listed above.
3. Accreditation Schemes will advise members that they are required to have their own complaints procedure which they should disclose to any stakeholder on request (Appendix 4.2 Code of Conduct).
4. Accreditation Schemes will advise members that they should notify the relevant Accreditation Scheme of any complaints they receive (Appendix 4.2 Code of Conduct).
5. The Accreditation Scheme will set out the process for handling complaints:
 - the Energy Assessor who produced the Energy Certificate is the first point of contact;
 - if the complainant is not satisfied after dealing with the assessor, the matter can be brought to the attention of the Accreditation Scheme; and
 - the Accreditation Scheme will have an escalation process detailed in the complaints process.
6. Accreditation Schemes will handle all complaints in a timely manner.
7. Accreditation Schemes will **not** refer individual complainants or its members to MHCLG for adjudication.
8. Accreditation Schemes will have an independent third party Appeals Panel to review complaints where resolution has not been possible.
9. Accreditation Schemes will advise complainants that their legal rights will not be affected by the appeals process or the outcome.
10. Accreditation Schemes will carry out checks to see if there are any previous complaints against the member, who is the subject of the complaint.

7.2 Complaints about the Accreditation Scheme

1. Accreditation Schemes will have an independent complaints process for members who are dissatisfied with the conduct of the Accreditation Scheme. This should be available at no cost to the member.
2. Accreditation Schemes will have an independent complaints process for Stakeholders who are dissatisfied with the conduct of the Accreditation Scheme. This should be available at no cost to the Stakeholder.

7.3 Complaints Register

Accreditation Schemes will maintain a register of all complaints sent to them and provide a monthly breakdown in a format in a format prescribed by MHCLG

7.4 General

1. Complaints may be verbal or written (including e-mail and other forms of electronic communication).
2. Whilst there is no cost to the complainant, where the member has failed to deal with the complaint professionally, the Accreditation Scheme reserves the right to recover costs from the member. These terms must be set out in the Accreditation Schemes Terms and Conditions. This will apply in exceptional circumstances e.g. where a complaint is being handled by the Accreditation Scheme's insurers and the member has been advised to not engage with the complainant, but the member continues to interact with the complainant; thus acting against the Accreditation Scheme's direct instructions to the member.
3. Where a complaint relates primarily to the EPC methodology (or a 'perceived' inaccuracy of the EPC itself which is outside the control of an assessor), the Accreditation Scheme will first investigate that the assessor has applied the correct conventions and accurately followed the national methodology. If no assessor error is found, the scheme will inform the complainant accordingly and is not required to investigate further regarding the methodology itself. If, after being notified of this, a complainant still seeks to escalate based solely on dissatisfaction with the methodology (through repeated or identical complaints), the Accreditation Scheme may treat the complaint as vexatious and close it at that stage.
4. Where a complaint is found to be vexatious, i.e. where the complainant makes a complaint or complaints solely for the purpose of harassing or pursuing the subject of the complaint, the Accreditation Scheme may refuse the individual access to their complaints process and will disclose such instances to MHCLG. In these circumstances, an Accreditation Scheme must inform the complainant in writing why they consider the complaint to be 'vexatious' and why they will not be allowed access to the complaints process.
5. Where a member belongs to more than one Accreditation Scheme, the member will inform the Accreditation Scheme (that the Energy Certificate was lodged through), of any complaint.

8. Appeals

8.1 Prospective members

1. Accreditation Schemes will have an Independent Third-Party Appeals procedure for prospective members who have had their application for accreditation rejected.
2. The panel shall have no commercial or other link to the Accreditation Schemes which might influence their deliberations and decision.

3. The decision from the appeals procedure is final and binding. (This does not prevent the applicant from approaching another Accreditation Scheme).

8.2 Existing Members

1. Accreditation Schemes will have appropriate appeals procedures for members who want to appeal accreditation decisions.

2. Accreditation Schemes will have appropriate escalation processes in place that enable existing members to 'appeal' the following decisions:

Audit Failure

CPD Failure

Disclosure Certificate Failure

Code of Conduct

Insurance

3. Audit failure appeals will be heard by a person other than the auditor whose judgement has been challenged unless there is a conflict of interest in them doing so, in which case the Accreditation Scheme will identify another auditor who can do so. Such persons must be suitably competent and experienced as auditors and have an appropriate level of authority.

4. Where audit failure appeals include claims of uncertainties in the SORs or the conventions, Accreditation Schemes shall then make judgements in pursuit of equitable resolutions in the particular cases and pass the details to the most appropriate organisation or group. The judgements shall seek to maximise compliance with the SOR.

5. Accreditation Schemes will have procedures to be followed in cases where members repeatedly and unsuccessfully appeal audit failures.

6. Accreditation Schemes will ensure impartiality in any appeals procedure using personnel not involved in the original decision.

7. The outcome of any such appeal is final and binding, except, where a member has their accreditation revoked. See Independent Third-Party Appeals Process below.

8.3 Stakeholders

1. Accreditation Schemes will have an appeals process in place for Stakeholders appealing an Accreditation scheme's decision relating to a complaint.

2. Accreditation Schemes will ensure impartiality in any appeals using independent personnel not involved in the original decision.

3. Accreditation Schemes will ensure that stakeholders can appeal to an Independent Third-Party Appeals Panel.

4. In all correspondence it will be made clear to the complainant that their statutory rights are not affected by the appeals process or outcome.

5. The Accreditation Scheme will maintain a record of all material correspondence associated with an appeal.

8.4 Independent Third Party Appeals Process

1. The Independent third-party appeals panel will have Terms of Reference, agreed by the Panel members and shared with MHCLG.
2. Members of the panel will have no commercial or other link to the Accreditation Scheme which might influence their deliberations.
3. Accreditation Schemes will send a list of Panel members with career summaries to MHCLG.
4. Members of the Panel may receive reasonable expenses.
5. Accreditation Schemes will send a copy of the Independent Third-Party Appeals Panel's findings to the complainant.

9. Support

9.1 Support to Stakeholders

1. Accreditation Schemes will provide members of the public general information and guidance on Energy Certificates and energy assessment of buildings.
2. Accreditation Schemes will acknowledge enquiries from stakeholders within one working day; the response must include an indication of when they can expect a substantive reply outlining what action is being taken to resolve the matter.
3. Accreditation Schemes will have a mechanism for stakeholders to check the current accreditation status of its members.
4. Accreditation Schemes will make available on their website a copy of the Scheme's current Annual Report, as a minimum: membership numbers, lodgement volumes, audit activity and disciplinary activity.
5. Accreditation Schemes will make available on their website a copy of their Complaints and Appeals procedures.

9.2 Support to Members

1. Accreditation Schemes will operate a helpdesk which logs queries and responses. This helpdesk can be provided directly by the Accreditation Scheme or by a third party operating on behalf of the Accreditation Scheme:
 - a. Accreditation Schemes will ensure that the staff working on the helpdesk are competent;
 - b. Accreditation Schemes will have the ability to monitor response times to enquiries;
 - c. Accreditation Schemes will have the ability to analyse the type of queries received from members. Schemes will record and from time to time analyse the nature of enquiries from members and be able to demonstrate how they have considered the outcome. The analysis will be undertaken at least quarterly and be used to inform the audit process and the provision of information to members and

- d. Accreditation Schemes will have procedures in place which identify members who make unusually high use of the help desk without an obvious reason, such as dealing with an unusual building or whose queries suggest they are at high risk of producing Energy Certificate failures. Schemes shall deal with the members appropriately.
2. Accreditation Schemes will provide information to members to keep them updated with changes in software, conventions, audit requirements or other changes which materially affect the way members operate.
3. Accreditation Schemes will allow prospective and active members access to pricing information and other relevant documents.
4. Accreditation Schemes will inform prospective members of the support services provided by the Scheme as part of any Service Level Agreement.
5. Accreditation Schemes will ensure that members are aware that MHCLG and the Operator of the Register will only respond to requests from Accreditation Schemes.
6. Members must not refer stakeholders to MHCLG or the Register Operator for the purposes of resolving an issue that has been identified during the assessment process. Any software, conventions or other issue which may have materially affected the way the Energy Certificate has been produced must be referred to Accreditation Schemes in the first instance.
7. If an Accreditation Scheme is unable to resolve the issue internally, it must bring the issue to the appropriate body for further discussion, e.g. EASOB, Cross-Scheme Moderation Group, Conventions Group, etc.

Appendix 1.2: Management Systems

1.2.1 Accreditation Scheme Requirements:

1. Accreditation Schemes will publicise their complaints procedures and will have a clear mechanism by which members and stakeholders, can address a complaint directly to them.
2. As a minimum, complaint procedures will be easily accessible on the Accreditation Scheme's website and on request, will be provide in another form of media when an individual requests them.
3. Accreditation Schemes will deal with complaints they receive directly from members and stakeholders in a timely manner with no cost to the complainant.
4. Where ever possible, initially refer the complainant to the member who produced the Energy Certificate.
5. Accreditation Scheme will record complaints and from time to time analyse them and provide an analysis to MHCLG, on request.
6. Accreditation Schemes will have a disciplinary process which can suspend, 'strike off', or require a member to undertake additional corrective training, in line with the evidence and nature of the complaint.
7. Accreditation Schemes will have an independent appeals mechanism for members.
8. Accreditation Schemes will have an independent appeals mechanism for stakeholders.
9. In all dealings with complaints, Accreditation Schemes will inform all parties that their statutory rights are not affected when using the complaints and associated appeals procedures.
10. Subject to meeting the requirements of any prevailing Data Protection legislation and other relevant legislation, Accreditation Schemes shall pass on to other Schemes and the MHCLG details of individuals disciplined as part of the complaints procedure where those members are suspended, or had their membership revoked.

1.2.2 Reporting

1. Accreditation Schemes will return a completed Scheme Quality Audit Monthly Monitoring Return to MHCLG, or a person acting on behalf of MHCLG, on a monthly basis using the agreed template.
2. Accreditation Schemes will complete the template in line with the timetable set in the Appendix. The numbers reported in the returns will be a true reflection of activity within the Scheme and it should be possible for MHCLG, or their designated auditors, to replicate the return by inspection of Scheme records. Accreditation Schemes shall also send a completed Audit selection table at the same time as the Accreditation Scheme audit Monthly Monitoring Returns.
3. The templates are listed below.

DEA TEMPLATE - MHCLG SCHEME QUALITY AUDIT MONTHLY MONITORING RETURN

DEA Monthly Monitoring Return			
This report provides a snapshot of the Accreditation Scheme's DEA activity. The report is due in the month following the month being reported on; at the latest on the last working day of said month.			
Ref	Description	Number	Comments
1	Number of surveillance audits requested (Output from the audit selection table will be provided. This will show a breakdown of type of surveillance audit requested).		
2	Number of surveillance audits failed due to lack of evidence		
3	Number of surveillance audits failed for technical reasons		
4	Number of defective Energy Certificates identified as a result of auditing this month.		
5	Number of re-lodgements carried out following failed surveillance audits.		
6	In the month being reported on, the number of members suspended.		
7	Number of surveillance auditors' audits that were checked by the Accreditation Scheme.		
Complaints			
8	Number of complaints received. (complaints are defined as enquiries/complaints registered as a complaint).		
9	Number of complaints referred to independent appeals panel. (Independent panel as defined in the SORs).		
10	Number of complaints upheld by independent appeals panel.		
Fraud			
11	Number of alleged fraud cases identified. (definition of fraud as identified in Fraud Act 2006 https://www.legislation.gov.uk/ukpga/2006/35/section/1)		
12	Number of cases of fraud reported to the appropriate authorities.		

DEA Template: Monthly Audit Selection Table

DEA Monthly Audit Selection Table: month/year				
Priority	Audit Category	Rule number	Trigger	Number
1.	Complaint	A001	Complaint Received	
2.	New Entrant	B001	A newly qualified DEA's first lodgement	
3.	Periodic Random	C001	DEA lodges a Certificate and has not been audited in the period	
4.	Follow on	D001	New Entrant, Original Periodic or Random Audit = Fail	
5.	Smart Follow on	E001	Smart rule 1	
		E002	Smart rule 2	
		E003	Smart rule 3	

6.	Smart	F001	Smart rule 1	
		F002	Smart rule 2	
		F003	Smart rule 3	
7.	Non-Periodic Random	G001	To achieve 2% minimum audit requirement	

OCDEA TEMPLATE - MHCLG SCHEME QUALITY AUDIT MONTHLY MONITORING RETURN

OCDEA Monthly Monitoring Return			
This report provides a snapshot of the Accreditation Scheme's OCDEA activity. The report is due in the month following the month being reported on; at the latest on the last working day of said month.			
Ref	Description	Number	Comments
1	Number of surveillance audits requested (Output from the audit selection table will be provided. This will show a breakdown of type of surveillance audit requested).		
2	Number of surveillance audits failed due to lack of evidence		
3	Number of surveillance audits failed for technical reasons		
4	Number of defective Energy Certificates identified as a result of auditing this month.		
5	Number of re-lodgements carried out following failed surveillance audits.		
6	In the month being reported on, the number of members suspended.		
7	Number of surveillance auditors' audits that were checked by the Accreditation Scheme.		
Complaints			
8	Number of complaints received. (complaints are defined as enquiries/complaints registered as a complaint).		
9	Number of complaints referred to independent appeals panel. (Independent panel as defined in the SORs).		
10	Number of complaints upheld by independent appeals panel.		
Fraud			
11	Number of alleged fraud cases identified. (definition of fraud as identified in Fraud Act 2006 https://www.legislation.gov.uk/ukpga/2006/35/section/1)		
12	Number of cases of fraud reported to the appropriate authorities.		

OCDEA Template: Monthly Audit Selection Table

OCDEA Monthly Audit Selection Table: month/year				
Priority	Audit Category	Rule number	Trigger	Number
1.	Complaint	A001	Complaint Received	
2.	New Entrant	B001	A newly qualified OCDEA's first lodgement	

3.	Periodic Random	C001	OCDEA lodges a Certificate and has not been audited in the period	
4.	Follow on	D001	New Entrant, Original Periodic or Random Audit = Fail	
5.	Smart Follow on	E001	Smart rule 1	
		E002	Smart rule 2	
		E003	Smart rule 3	
6.	Smart	F001	Smart rule 1	
		F002	Smart rule 2	
		F003	Smart rule 3	
7.	Non-Periodic Random	G001	To achieve 2% minimum audit requirement	

NDEA L3 & 4 TEMPLATE - MHCLG SCHEME QUALITY AUDIT MONTHLY MONITORING RETURN

NDEA L3 & 4 Monthly Monitoring Return			
This report provides a snapshot of the Accreditation Scheme's NDEA L3/4 activity. The report is due in the month following the month being reported on; at the latest on the last working day of said month.			
Ref	Description	Number	Comments
1	Number of surveillance audits requested (Output from the audit selection table will be provided. This will show a breakdown of type of surveillance audit requested).		
2	Number of surveillance audits failed due to lack of evidence		
3	Number of surveillance audits failed for technical reasons		
4	Number of defective Energy Certificates identified as a result of auditing this month.		
5	Number of re-lodgements carried out following failed surveillance audits.		
6	In the month being reported on, the number of members suspended.		
7	Number of surveillance auditors' audits that were checked by the Accreditation Scheme.		
Complaints			
8	Number of complaints received. (complaints are defined as enquiries/complaints registered as a complaint).		
9	Number of complaints referred to independent appeals panel. (Independent panel as defined in the SORs).		
10	Number of complaints upheld by independent appeals panel.		
Fraud			
11	Number of alleged fraud cases identified. (definition of fraud as identified in Fraud Act 2006 https://www.legislation.gov.uk/ukpga/2006/35/section/1)		
12	Number of cases of fraud reported to the appropriate authorities.		

NDEA L3 & 4 Template: Monthly Audit Selection Table

NDEA L3&L4 Monthly Audit Selection Table: month/year				
Priority	Audit Category	Rule number	Trigger	Number
1.	Complaint	A001	Complaint Received	
2.	New Entrant	B001	A newly qualified NDEA's first lodgement	
3.	Periodic Random	C001	NDEA lodges a Certificate and has not been audited in the period	
4	Follow on	D001	New Entrant, Original Periodic or Random Audit = Fail	
5.	Smart Follow on	E001	Smart rule 1	
		E002	Smart rule 2	
		E003	Smart rule 3	
6.	Smart	F001	Smart rule 1	
		F002	Smart rule 2	
		F003	Smart rule 3	
7.	Non-Periodic Random	G001	To achieve 2% minimum audit requirement	

DEC TEMPLATE - MHCLG SCHEME QUALITY AUDIT MONTHLY MONITORING RETURN

DEC Monthly Monitoring Return			
This report provides a snapshot of the Accreditation Scheme's DEC activity. The report is due in the month following the month being reported on; at the latest on the last working day of said month.			
Ref	Description	Number	Comments
1	Number of surveillance audits requested (Output from the audit selection table will be provided. This will show a breakdown of type of surveillance audit requested).		
2	Number of surveillance audits failed due to lack of evidence		
3	Number of surveillance audits failed for technical reasons		
4	Number of defective Energy Certificates identified as a result of auditing this month.		
5	Number of re-lodgements carried out following failed surveillance audits.		
6	In the month being reported on, the number of members suspended.		
7	Number of surveillance auditors' audits that were checked by the Accreditation Scheme.		
Complaints			
8	Number of complaints received. (complaints are defined as enquiries/complaints registered as a complaint).		
9	Number of complaints referred to independent appeals panel. (Independent panel as defined in the SORs).		
10	Number of complaints upheld by independent appeals panel.		
Fraud			

11	Number of alleged fraud cases identified. (definition of fraud as identified in Fraud Act 2006 https://www.legislation.gov.uk/ukpga/2006/35/section/1)		
12	Number of cases of fraud reported to the appropriate authorities.		

DEC Monthly Audit Selection Table: month/year				
Priority	Audit Category	Rule number	Trigger	Number
1.	Complaint	A001	Complaint Received	
2.	New Entrant	B001	A newly qualified DECEA's first lodgement	
3.	Periodic Random	C001	DECEA lodges a Certificate and has not been audited in the period	
4.	Follow on	D001	New Entrant, Original Periodic or Random Audit = Fail	
5.	Smart Follow on	E001	Smart rule 1	
		E002	Smart rule 2	
		E003	Smart rule 3	
6.	Smart	F001	Smart rule 1	
		F002	Smart rule 2	
		F003	Smart rule 3	
7.	Non-Periodic Random	G001	To achieve 2% minimum audit requirement	

ACEA TEMPLATE - MHCLG SCHEME QUALITY AUDIT MONTHLY MONITORING RETURN

ACEA Monthly Monitoring Return			
This report provides a snapshot of the Accreditation Scheme's ACEA activity. The report is due in the month following the month being reported on; at the latest on the last working day of said month.			
Ref	Description	Number	Comments
1	Number of surveillance audits requested (Output from the audit selection table will be provided. This will show a breakdown of type of surveillance audit requested).		
2	Number of surveillance audits failed due to lack of evidence		
3	Number of surveillance audits failed for technical reasons		
4	Number of defective Energy Certificates identified as a result of auditing this month.		
5	Number of re-lodgements carried out following failed surveillance audits.		
6	In the month being reported on, the number of members suspended.		
7	Number of surveillance auditors' audits that were checked by the Accreditation Scheme.		
Complaints			
8	Number of complaints received. (complaints are defined as enquiries/complaints registered as a complaint).		

9	Number of complaints referred to independent appeals panel. (Independent panel as defined in the SORs).		
10	Number of complaints upheld by independent appeals panel.		
Fraud			
11	Number of alleged fraud cases identified. (definition of fraud as identified in Fraud Act 2006 https://www.legislation.gov.uk/ukpga/2006/35/section/1)		
12	Number of cases of fraud reported to the appropriate authorities.		

ACEA Template: Monthly Audit Selection Table

ACEA Monthly Audit Selection Table: month/year				
Priority	Audit Category	Rule number	Trigger	Number
1.	Complaint	A001	Complaint Received	
2.	New Entrant	B001	A newly qualified ACEA's first lodgement	
3.	Periodic Random	C001	ACEA lodges an ACIR and has not been audited in the period	
4.	Follow on	D001	New Entrant, Original Periodic or Random Audit = Fail	
5.	Smart Follow on	E001	Smart rule 1	
		E002	Smart rule 2	
		E003	Smart rule 3	
6.	Smart	F001	Smart rule 1	
		F002	Smart rule 2	
		F003	Smart rule 3	
7.	Non-Periodic Random	G001	To achieve 2% minimum audit requirement	

NDEA L5 TEMPLATE - MHCLG SCHEME QUALITY AUDIT MONTHLY MONITORING RETURN

NDEA L5 Monthly Monitoring Return			
This report provides a snapshot of the Accreditation Scheme's DEA activity. The report is due in the month following the month being reported on; at the latest on the last working day of said month.			
Ref	Description	Number	Comments
1	Number of surveillance audits requested (Output from the audit selection table will be provided. This will show a breakdown of type of surveillance audit requested).		
2	Number of surveillance audits failed due to lack of evidence		
3	Number of surveillance audits failed for technical reasons		
4	Number of defective Energy Certificates identified as a result of auditing this month.		
5	Number of re-lodgements carried out following failed surveillance audits.		
6	In the month being reported on, the number of members suspended.		
7	Number of surveillance auditors' audits that were checked by the Accreditation Scheme.		

Complaints			
8	Number of complaints received. (complaints are defined as enquiries/complaints registered as a complaint).		
9	Number of complaints referred to independent appeals panel. (Independent panel as defined in the SORs).		
10	Number of complaints upheld by independent appeals panel.		
Fraud			
11	Number of alleged fraud cases identified. (definition of fraud as identified in Fraud Act 2006 https://www.legislation.gov.uk/ukpga/2006/35/section/1)		
12	Number of cases of fraud reported to the appropriate authorities.		

1.2.3 Uploading Member Status to the Register

1. Accreditation Schemes shall lodge information associated with their member's status in line with requirement specified in Table 1 in relation to every registration held by every member. Accreditation Schemes shall as a minimum upload this information to the Registers as part of the daily member upload process.

2. Accreditation Scheme operators shall include in the information that is uploaded the current status of every member according to one of the following categories:

- (a) 'Active' – able to lodge certificates,
- (b) 'Not active' – suspended for disciplinary reasons given in paragraph 5 below,
- (c) 'Suspended' – suspended for disciplinary reasons given in paragraph 4 below,
- (d) 'Struck Off' – membership revoked following disciplinary action associated with reasons given in paragraph 4 and
- (e) Deleted – no longer a member for reasons other than covered by (d) above. Accreditation Schemes shall remove membership details for individual assessors from the information uploaded onto the Registers in order to activate this status.

3. Accreditation Schemes shall make it part of the terms and conditions of membership that members give prior written consent to share information about their status with other Accreditation Schemes, the Operator of the Register and MHCLG.

4. Accreditation Schemes shall declare members as; 'Suspended' or 'Struck Off' in circumstances where they are either suspended or struck off by their Scheme for one of the following reasons:

- a. The member is no longer considered to be 'fit and proper' (Appendix 2);
- b. Disciplinary action for committing a breach of the Code of Conduct in those areas covered by Appendix 4.2 Code of Conduct;
- c. Disciplinary action following a failure to meet surveillance audit standard, or failing to meet requirements following an audit failure;
- d. Disciplinary action associated with a failure to provide evidence associated with a surveillance audit request;
- e. Disciplinary action associated with a request to replace a defective Energy Certificate;
- f. Disciplinary action associated with a failure to meet CPD requirements associated with the Scheme Operating Requirements and
- g. Disciplinary action following a failure to provide a Basic Disclosure Certificate (Applicable to DEAs only).

5. Accreditation Schemes shall also not declare members as being 'Suspended' or 'Struck Off' when uploading member details onto the Registers in the following circumstances:

- a. the Accreditation Scheme is in dispute with the member over whether a breach has occurred – i.e. the member has appealed against the decision. In the instance where the member has not acted in a reasonable and timely manner as part of a request for information associated with an appeal, the Scheme shall, however mark the individual as suspended or revoked;
- b. the Accreditation Scheme has been instructed by MHCLG not to do so; and
- c. any breach of the Accreditation Scheme Code of Conduct which does not relate to a specific requirement in the SOR (e.g. it is related to a breach in requirements associated with payments from the member to the Accreditation Scheme).

6. Accreditation Schemes who suspend or revoke membership of a member shall fully disclose the reasons why they have suspended or revoked the member's membership to other Accreditation Schemes on request.

7. To ensure the quality of Energy Certificates and endeavour to maintain consistency across the industry, Accreditation Schemes will attempt to replicate the status of all members.

However, where an Accreditation Scheme is notified by another Scheme of a change of status of a Member to 'suspended' or 'struck off', they will reserve the right to exercise discretion by applying the following procedure:

1. The notified Accreditation Scheme will change their Member's status to 'suspended' and liaise with the originating Accreditation Scheme to determine the circumstances resulting in the 'suspension' or 'strike off'.
2. The notified Accreditation Scheme investigates further; this may include speaking to the Member.
3. The notified Accreditation Scheme will make an informed decision about whether to update the Member's status to match that of the notifying Accreditation Scheme.
4. The notified Accreditation Scheme will record its decision; this will be made available for third party scrutiny if requested, e.g. MHCLG or persons working on their behalf.
5. Where an Accreditation Scheme decides not to change the Member's status to 'suspended' or 'struck off', the notifying scheme will be informed, along with a reason for the decision.

Example:

Accreditation Scheme A suspends a Member for failure to provide a valid DBS certificate. This is communicated to all Accreditation Schemes. Accreditation Scheme B suspends the Member, investigates and confirms the Member has a valid DBS Certificate with them. Accreditation Scheme B decide not to continue to suspend the Member, they record the reasons for the decision and notify Accreditation Scheme A of the outcome.

1.2.4 Uploading Member Status from the Register

1. When an Accreditation Scheme uploads member details onto the Register and is notified as part of the upload process that one of their members has been marked as 'suspended' or 'struck off' by another Accreditation Scheme, within 1 working day they shall seek further information from the Accreditation Scheme that has struck the member off as to their reasons for doing so.

2. If it is confirmed that the member has been suspended or struck off for any of the reasons described in paragraph 4 above, then the Accreditation Scheme shall suspend or revoke the member's membership subject to the requirements of the section below.

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

1. Where an Accreditation Scheme is notified as part of the upload process that a member has been

suspended, they shall also suspend that member until the issue or issues that have led to disciplinary action being taken against them have been resolved. The Accreditation Scheme shall at the same time request further information, from the Accreditation Scheme that originally revoked membership (struck off) or suspended the member, about the circumstances that have led to disciplinary action being taken against them.

2. If the member has been suspended for reasons associated with Appendix 1.2, Section 1.2.3 'Uploading Member status to the Registry', an Accreditation Scheme may lift the suspension of the individual only if that Accreditation Scheme is satisfied that the individual continues to be 'fit and proper'.

3. If a member has been suspended for reasons other than 5a in Appendix 1.2, Section 1.2.3 'Uploading Member status to the Registers', the member shall remain suspended across all Accreditation Schemes, apart from exceptions detailed in paragraphs 4 to 5 below.

4. If an Accreditation Scheme has compelling evidence that the judgement of the original Accreditation Scheme is incorrect, or perverse or vindictive, it shall inform the MHCLG Scheme Manager in writing before taking further action.

5. When sharing information, Accreditation Schemes will have to declare a reason for the member's suspension e.g. breach of the Scheme's code of conduct, or breach of the surveillance audit rules.

1.2.6 Re-accrediting struck-off members

1. Revoking a member's accreditation is the ultimate disciplinary sanction. All accreditation schemes are notified of the change in member status and, in the majority of cases, as no longer classed as 'fit and proper', other schemes will not consider accrediting the individual.

2. However, every person's circumstances are different and there may be situations whereby a scheme believes the member may be considered to have redeemed themselves and deserves a second chance. In order to ensure all schemes follow the same process when dealing with struck-off members who would like to be re-admitted to the industry, the following stages must be followed.

3. Schemes must:

- Contact the Scheme that actioned the strike-off notification to understand the reasons behind why the strike off took place,
- Carry out robust checks and due diligence with the prospective member at the outset of any application for accreditation,
- Inform the original scheme of any decision made (to accredit or not),
- Document the Accreditation Scheme's actions in an Action Plan, and detail how the prospective member will be subject to surveillance (monitored and audited) over an initial period of their new membership,
- Action plans must be retained by the Accreditation Scheme and be available for inspection by MHCLG and their auditors.

Table 1.

Section 1 - Personal Details			Note to Schemes
1.	Name	Prefix First Name Middle Name(s)* Last Name Suffix	The information provided by Energy Assessors and uploaded by Accreditation Schemes onto the Register shall replicate how this would be recorded on the person's passport or driving licence. Accreditation Schemes shall treat submission of superfluous punctuation, abbreviation or pseudonyms as a breach of the Code of Conduct. Uploading of incorrect information

			onto the Register by Accreditation Schemes shall be deemed non-compliant with the SORs. * Middle name information will not be displayed on the Register websites. The words 'Not Applicable' should be entered where no middle name is either given or exists.
2.	Address	Address 1 (building name/number) Address 2 Address 3 Town Postcode	As above. Address lines 2 and 3 are optional.
3.	Date of Birth	DD/MM/YYYY	As above.
4.	Email address		The Energy Assessor shall provide the e-mail address that is most up to date and most frequently used by them. Accreditation Schemes shall treat provision of false or misleading information as a breach of the Code of Conduct.
5.	Telephone		As above. This entry is repeatable and can accommodate up to 10 different telephone numbers including mobile telephone contact information.
6.	Assessor ID		The unique identifier assigned to the assessor by the Accreditation Scheme by which they can be identified throughout their membership of the Accreditation Scheme. The assessor identifier is included in the report.
7.	Qualification		The qualification held.
8.	Qualification status		The status of the assessor's qualification (inactive/registered/suspended/struck off).

General comments – Section 1: No additional validation will be carried out by the Register over and above what is currently carried out or proposed in section 1.

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

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

General comments - Section 2: All of section 2 will be implemented, for the purposes of upload of assessor information to the Register, as repeatable nodes up to 20 times (i.e. the number of occurrences can be anywhere from 0 to 20).

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

Section 3- Optional information (to be posted only if relevant)			Note to Schemes
1.	Base postcode location		The full postcode that the assessor works from.

2.	Postcode coverage		A list of postcode areas and/or postcode outcodes that the assessor covers - for example: NN, PE18, LE27. This is used by the general public as part of the assessor search to find assessors that take work in a particular area. An empty list means that the assessor does not cover any specific areas (which would be the case if they did not take privately commissioned work) and hence would not match on any postcode based search.
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Appendix 1.3: Insurance Requirements

The following table (table 1) outlines the requirements relating to the types of insurance that must be in place for each strand and any run off cover.

Insurance cover for either Professional Indemnity or Public Liability is the minimum level of cover required per claim.

Accreditation Schemes will ensure the insurance cover of former members is maintained (run-off).

Table 1.

Strand	Professional Indemnity	Public Liability	Run Off Cover
OCDEA	£50,000	n/a	10 years
DEA	£50,000	£1,000,000	10 years
NDEA L3	£250,000	£1,000,000	10 years
NDEA L4	£250,000	£1,000,000	10 years
NDEA L5	£250,000	£1,000,000	10 years
DEC	£100,000	£1,000,000	10 years
AIR CON L3	£50,000	£1,000,000	10 years
AIR CON L4	£500,000	£1,000,000	10 years

Accreditation Schemes are required to:

1. Undertake reasonable checks to confirm that members have the required cover. As a minimum the checks will include obtaining copies of valid insurance at: membership applications; membership renewal; and insurance renewals. Where documents are retained the Accreditation Scheme must comply with the requirements of any prevailing Data Protection legislation.
2. Undertake checks to confirm that members have the necessary insurance in place where the Accreditation Scheme has any doubts about the validity of a member's insurance.
3. Undertake checks to confirm that members have the necessary valid insurance in place where disciplinary proceedings are being instigated, or investigations are being made prior to disciplinary proceedings, against the member for a potential breach of the Code of Conduct.
4. Implement disciplinary proceedings against any member who does not have the relevant insurance cover.

Appendix 2: Suitability to become a member (and maintain membership)

The application of 'fit and proper' will apply to both new applicants and existing members.

2.1 Prospective members:

1. Accreditation Schemes will ensure that prospective members are 'fit and proper'.
2. Prospective members will disclose information to the Accreditation Scheme:
 - a. existing accreditations with current or other Accreditation Scheme(s),
 - b. previous accreditations and,
 - c. previous rejections by any Accreditation Schemes.
3. Accreditation Schemes will check the identity of applicants. These checks will require a colour photocopy to be provided of either the applicant's passport or driving licence (where this includes a photograph). Where an applicant cannot provide either, Accreditation Schemes will require a copy of the applicant's birth certificate and copies of two utility bills (or equivalent) must be provided. However, the use of these latter checks should be the exception. Where documents are retained the Accreditation Scheme must comply with the requirements of the prevailing Data Protection legislation.

In all cases where applicants are not able to supply copies of either a passport or a driving licence, Accreditation Schemes will conduct professional interviews with prospective candidates. Accreditation Schemes will require such applicants to sign a declaration stating that they do not possess either a valid passport or a valid driving licence during the professional interview.

4. Accreditation Schemes will make appropriate checks where inconsistencies in documents are found.
5. For the DEA strand only, Accreditation Schemes will require a prospective member to provide a Basic Disclosure Certificate (BDC). This will act as the basis for the Accreditation Scheme's assessment as to whether an individual is 'fit and proper'. The Accreditation scheme can decide how they would like to view, and retain evidence of the certificate, e.g. a colour copy of the original or as a link to an online digital portal, and this guidance should be communicated to scheme members.
6. For all other strands the requirement for a Basic Disclosure Certificate (BDC) is at the discretion of individual Accreditation Schemes.
7. Prospective members must be at least 18 years of age at the time of accreditation. Individuals below the age of 18 are not eligible to become accredited assessors or members.

2.2 Existing Accreditation Scheme Members (DEA strand only):

1. Accreditation Schemes will ensure that a member's criminal records check (Basic Disclosure Check, (BDC)) is never more than three years old. Accreditation Schemes will immediately suspend any member whose BDC is more than three years old. The suspension will remain in force until the BDC is renewed.
2. Accreditation Schemes will place a requirement on members to disclose convictions and cautions received since the date of the last BDC records check (see also Appendix 4.2 Code of Conduct). Any information received will then be used by the Accreditation Scheme to check that the member is still deemed by them to be 'fit and proper'.
3. Where Accreditation Schemes receive evidence that a particular energy assessor may no longer be 'fit and proper' they will have procedures in place which require that person to provide a fresh BDC or other information which allows the Accreditation Scheme to check whether or not the member remains 'fit and proper'. In this instance, Accreditation Schemes shall record any evidence

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

2.3 Determining whether a person is 'Fit and Proper' for membership based on a Basic Criminal

Record Check (Basic Disclosure/DBS):

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

The relevance of the offence to the role of the energy assessor.

The seriousness of that offence.

Whether there is any significant pattern of offending.

How recently the offence was committed.

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

Murder

Manslaughter

Death by reckless driving

Rape

Kidnapping

Firearms offences

Terrorism

Hostage taking

Hijacking or torture

Violence and abuse

Incitement to others to commit any of the above

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

4. It ultimately remains at the discretion of the Accreditation Schemes to determine whether a person is considered to be fit and proper.

Appendix 4.1: Code of Conduct

The Code of Conduct is a description of the service level that members of the public can expect from accredited energy assessors. The Code of Conduct is one of several tools used to assure the quality of Energy Certificates and the reputation of the industry that produces them.

1. Accreditation Schemes shall define and document a Code of Conduct, which will outline the minimum standards that will be expected from a member including, an obligation to:

- only undertake an assessment for which the member is judged to be competent by their Accreditation Scheme(s);
- declare any conflicts of interest and if appropriate decline work where existing relationships, commercial or personal could be perceived as jeopardising the objectivity of an assessment.
- operate to an appropriate safety standard;
- decline offers of gifts, hospitality or inducements that may be perceived as jeopardising the objectivity of an assessment;
- have, and be prepared to show, identification at all times when conducting their duties

on site; communicate to the building occupier the purpose and the process of assessment, and reason for collecting photographs and data;

- cease or indeed not commence an assessment if requested by the building occupier, owner or landlord or a person acting on their behalf;
- do not undertake an assessment of a building in which there are unaccompanied children or unaccompanied vulnerable persons;
- advise any customer of the process to follow if they have a complaint about any aspect of the assessment;
- notify the Accreditation Scheme of any complaints received within two weeks of receiving it;
- explain how the resulting Energy Certificate can be accessed;
- not misrepresent their role as an energy assessor;
- do nothing that brings Energy Certificates or the energy assessment process, the Accreditation Schemes, MHCLG or the Register Operator or the energy efficiency industry into disrepute;
- keep information obtained during an Energy Assessment confidential, and only share it with the member's Accreditation Scheme;
- retain information in a secure and resilient manner for a minimum of fifteen years.

2. For DEAs, members will have as a minimum, a valid Basic Disclosure Certificate which is never more than three years old and will disclose to their Accreditation Scheme any convictions or criminal charges since the date of the disclosure.

3. The Accreditation Schemes will make the Code of Conduct publicly available.

4. Accreditation Schemes will review the document regularly and reissue it when appropriate.

5. Accreditation Schemes will maintain a record of their members' agreements, to adhere to the latest version of the Code of Conduct.

6. This Appendix sets out, but is not limited to, the minimum requirements, so that Accreditation Schemes can go above and beyond what is currently required to promote quality, consistency and good practice.

7. Accreditation Schemes will ensure that members maintain and continue to maintain the appropriate level of insurance cover while suspended.

N.B. Appendix 6 – Breach of Obligations on the Member details the disciplinary procedures for members who breach the Code of Conduct.

Appendix 4.2: Continuous Professional Development (CPD)

In order to maintain the quality, competency and compliance of all their Members within the industry, Accreditation Schemes shall require each Member to complete a minimum level of Continuous Professional Development (CPD).

1. Accreditation Schemes will require each member to undertake a minimum of 10 hours of CPD per year per strand. Where a member is accredited in more than one strand of EPBR,

they shall undertake an additional 5 hours CPD per year for every additional strand, over and above the minimum 10 hours required.

2. Accreditation Schemes should ensure that a minimum of 50% of the CPD completed each year, is certified CPD, i.e. the number of hours can be validated by a certificate of attendance or completion.
3. Accreditation Schemes will require their members to keep up to date records of the CPD they have undertaken during a 12-month membership period.
4. As part of a membership renewal, schemes will require all members to submit their CPD record. Records will be stored against a member's contact record.
5. Accreditation Schemes will undertake random surveillance on at least 5% of members annually to ensure that they have undertaken the necessary level of CPD. This means that Accreditation Schemes will review the CPD declaration, check and obtain certificates for training courses attended and validate that the member has completed sufficient CPD and of a good quality.
6. The 5% random selection shall where possible not include any members previously selected in the last four years.
7. Failure by a member to submit their CPD will be treated by Accreditation Schemes as a disciplinary matter, and they will be suspended.
8. Where an assessor is accredited with more than one scheme; a suspension does not need to be invoked by all schemes if each scheme where the assessor is accredited can evidence, they have appropriate, validated, CPD records to maintain membership.
9. Suspension will be rescinded upon submission of a satisfactory CPD record.

Changes in Requirements

1. This relates to CPD requirements required for a member to maintain their competence to reflect changes in the way in which Energy Certificates are produced.
2. Accreditation Schemes will ensure that all their members have access to changes in requirements as soon as practical where there are changes in any of the following:
 - Software,
 - scheme requirements and
 - other changes which materially affect the way in which Energy Certificates are produced or members operate.
3. Accreditation Schemes will identify suitable training providers, implement checks that this training is undertaken, and where necessary check the competence of the member following the training.

Disciplinary Requirements

1. Where, a member is identified as requiring remedial training, the Accreditation Scheme will identify these requirements, ensure that the member has completed any remedial training and put in place procedures which ensure that the remedial training has been effective.
2. The requirement is for Accreditation Schemes to specify an appropriate training regime, timescale and subsequent compliance regime for the member to demonstrate their competence.
3. Accreditation Schemes will keep records which demonstrate that any required training, and where necessary testing, in this category has been undertaken and completed to a standard acceptable to the Scheme.
4. As a sanction following a disciplinary issue, this area of CPD shall not be counted towards an Energy Assessor's annual CPD requirement.

Other Professional Development

Other professional development should improve the knowledge and competence of the member when undertaking their role as an Energy Assessor. The learning outcomes should be relevant to the member's specific role in producing Energy Certificates and their personal development plan.

1. Accreditation Schemes will require members to produce a personal development plan which sets out their objectives and review this periodically.
2. Accreditation Schemes will define the types of CPD which they believe are appropriate for their members and the evidence needed to demonstrate that this CPD has been undertaken.
3. Accreditation Schemes shall encourage their members to complete CPD activities which reflect the objectives and learning outcomes of their personal development plan.
4. Accreditation schemes will require members to attend or undertake structured/certified CPD and certificates should be provided for evidence purposes when applicable.

CPD, Training and Scheme Conflicts of Interest

1. Unless CPD or training is provided by Accreditation Schemes as part of the membership fee, Accreditation Schemes should not require attendance on their own training events.
2. Accreditation Schemes must not mandate training with any single training or CPD provider, and shall declare to their members any link that the Accreditation Scheme has with the training provider.
3. Accreditation Schemes can only charge members for competency testing following training where such training has been mandated by the Accreditation Scheme as a result of disciplinary action. However Accreditation Schemes will ensure that charges for such tests are proportionate and applicants will be made aware that these charges will be levied at the point at which they apply for membership of the Accreditation Scheme or renew their membership.

Appendix 4.3: Replacement of a defective Energy Certificate

1. Accreditation Schemes will ensure that Members will be responsible for replacing defective Energy Certificates that they have produced.
2. Accreditation Schemes can only mark an Energy Certificate 'Not for Issue' on the Registers, if the scheme determines that it is incorrect e.g. where the energy assessor has realised they have made a mistake, used the wrong address, errors identified as a result of surveillance, or, as a result of a complaint from a stakeholder (e.g. a homeowner) or where an issue has been identified by MHCLG. A defective Energy Certificate is the only permitted reason for marking an Energy Certificate 'not for issue'. For example, technical errors; Energy Certificates lodged against the wrong building address.
3. Accreditation Schemes cannot mark an Energy Certificate as 'Not for Issue' for spurious reasons e.g. where a member has not been paid for the work. If appropriate, where an Energy Certificate is to be made marked 'not for issue' the member must first ensure that a corrected Energy Certificate has been lodged on the register (i.e. the current, incorrect defective Energy Certificate cannot just be cancelled without first being replaced by a new Energy Certificate).
4. Requests for Energy Certificates to be marked 'not for issue' must be made to the Accreditation Scheme through which the original, defective Energy Certificate was lodged on the register.
5. The Accreditation Scheme will liaise with the member who lodged the defective Energy Certificate requesting from the member:
 - a. the RRN of the original, defective Energy Certificate,
 - b. the RRN of the replacement Energy Certificate and
 - c. the reason why the original Energy Certificate was incorrect (this reason must be logged by the Accreditation Scheme).The Accreditation Scheme will then:
 - d. Ensure that the defective Energy Certificate is marked 'Not for Issue',
 - e. ensure a new correct replacement Energy Certificate is lodged on the appropriate Register by the member,
 - f. check the validity of the replacement Energy Certificate (to ensure that the issue has been corrected) and
 - g. ensure the replacement Energy Certificate is subject to surveillance auditing.
6. Accreditation Schemes reserve the right to be able to lodge a replacement Energy Certificate where they have sufficient evidence to create a correct Energy Certificate, without the necessity of a site visit, e.g. where a defective Energy Certificate has been identified and the member is 'no longer practising', has been 'struck-off' or 'suspended' or is refusing to co-operate.
7. Accreditation Schemes will provide a replacement Energy Certificate for a property/home owner where the member has failed to comply with the scheme rules e.g. the member is 'no longer practising', has been 'struck-off', 'suspended' or is refusing to co-operate. The cost of a replacement certificate should not fall to the property owner. It is the responsibility of the Accreditation Schemes to mark the defective Energy Certificate as not for issue and replace with a correct Energy Certificate in order to protect consumers.
8. This will be the standard procedure except in extenuating circumstances where it may not be possible to issue a correct Energy Certificate e.g. something that is beyond the

control of the Accreditation scheme such as; access is deliberately denied, or Health & Safety implications exist. In these situations the Accreditation Scheme will record the reason why the Energy Certificate could not be replaced.

Appendix 5.1: Surveillance Audit selection

DEA Auditing

1. The minimum number of audits to be called over the calendar year will be 2% of lodged certificates. Accreditation Schemes will maintain 2% over the course of the year. Accreditation Schemes will monitor the percentage audited to ensure that they will succeed in meeting the minimum level, using their discretion during holiday periods and unforeseen lodgement activity.
2. A member shall be subject to minimum random audits of 0.5 % of lodgements per member per calendar year.
3. Accreditation Schemes will audit re-lodged Energy Certificates that have been produced following a failed audit. These must be outside of the 2% requirement.
4. Accreditation Schemes will audit 'Complaints' and 'New Entrants' categories and these must also be outside of the 2% requirement.

Audits outside of 2%:

The following audit categories must be undertaken by Accreditation Schemes and they do not count within the 2% minimum audit requirement.

Priority	Audit Category	Rule No.	Trigger	Volume	Audit Approach	Corrective Action	No. of follow on audit(s) (if fail)
n/a	Complaint	A001	Complaint received	N/A	Full Evidence Check	Appropriate corrective action given	N/A
n/a	New Entrant	B001	A newly qualified DEA's first lodgement	1 st EPC lodged	Full Evidence Check	Appropriate corrective action given	1
n/a	Re-lodgement	H001	Defective Energy Certificate, replacement	N/A	Full Evidence Check	Appropriate corrective action given	N/A

Priority order for audit selection (to achieve 2%)

1. Accreditation Schemes will select Energy Certificates to audit with reference to the DEA Audit selection table below, until the required number of audits for the period is reached.
2. All lodgements falling into Periodic Random, and Follow on categories must be called for audit that month, which may result in a Scheme exceeding its 2% requirement of audits in a particular month.

DEA Audit selection table:

Priority	Audit Category	Rule No.	Trigger	Volume	Audit Approach	Corrective Action	No. of follow on audit(s) (if fail)
1	Periodic Random	C001	DEA lodges a Certificate and has not been audited in the period	Minimum of 0.5% of Energy Certificates lodged through Scheme, including a minimum of 1 per 12 months per DEA	Full Evidence Check	Appropriate corrective action given.	1
2	Follow On	D001	New Entrant, Original Periodic or Random Audit = Fail	N/A	Full Evidence check	Suspended and appropriate corrective action given	N/A
3	Follow On	E001	Original Smart Audit = Fail	N/A	Full Evidence check	Suspended and appropriate corrective action given	1
4*	Smart	F001	Most recent version of Smart Rules, see: http://easob.co.uk	Per month (following priority order) – where triggered	Smart Rule competency check, then full evidence check	N/A	1
5	Non-Periodic Random	G001	To achieve 2% minimum audit requirement for the month/period	N/A	Full Evidence	Appropriate corrective action given	1

*All 'Smart Rules' are found in the 'Domestic (DEA) Audit Selection Table'; this is managed by Working Group (WG) (Domestic DEA), or a sub group that overseen by the WG, ultimately all governed by EASOB. MHCLG should be kept informed of the changes to the smart audit rules.

Smart Audits should aim to ensure that the incidence of erroneous 'multi lodgements' on the same property are minimised.

OCDEA Auditing

1. The minimum number of audits to be called over the calendar year will be 2% of lodged certificates. Accreditation Schemes will maintain 2% over the course of the year. Accreditation Schemes will monitor the percentage audited to ensure that they will succeed in meeting the minimum level, using their discretion during holiday periods and unforeseen lodgement activity.
2. A member shall be subject to minimum random audits of 0.5% of lodgements per member per calendar year.
3. Accreditation Schemes will audit re-lodged Energy Certificates that have been produced following a failed audit. These must be outside of the 2% requirement.
4. Accreditation Schemes will audit 'Complaints' and 'New Entrants' categories and these must also be outside of the 2% requirement.

Audits outside of 2%:

The following audit categories must be undertaken by Accreditation Schemes and they do not count within the 2% minimum audit requirement.

Priority	Audit Category	Rule No.	Trigger	Volume	Audit Approach	Corrective Action	No. of follow on audit(s) (if fail)
n/a	Complaint	A001	Complaint received	N/A	Full Evidence Check	Appropriate corrective action given	N/A
n/a	New Entrant	B001	A newly qualified OCDEA's first lodgement	1 st EPC lodged	Full Evidence Check	Appropriate corrective action given	1
n/a	Re-lodgement	H001	Defective Energy Certificate, replacement	N/A	Full Evidence Check	Appropriate corrective action given	N/A

Priority order for audit selection (to achieve 2%)

1. Accreditation Schemes will select Energy Certificates to audit with reference to the OCDEA Audit selection table below, until the required number of audits for the period is reached.
2. All lodgements falling into Periodic Random, and Follow on categories must be called for audit that month, which may result in a Scheme exceeding its 2% requirement of audits in a particular month.

OCDEA Audit selection table:

Priority	Audit Category	Rule No.	Trigger	Volume	Audit Approach	Corrective Action	No. of follow on audit(s) (if fail)

1	Periodic Random	C001	OCDEA lodges a Certificate and has not been audited in the period	Minimum of 0.5% of Energy Certificates lodged through Scheme, including a minimum of 1 per 12 months per OCDEA	Full Evidence Check	Appropriate corrective action given.	1
2	Follow On	D001	New Entrant, Original Periodic or Random Audit = Fail	N/A	Full Evidence check	Suspended and appropriate corrective action given	N/A
3	Follow On	E001	Original Smart Audit = Fail	N/A	Full Evidence check	Suspended and appropriate corrective action given	1
4*	Smart	F001	Most recent version of Smart Rules, see: http://easob.co.uk	Per month (following priority order) – where triggered	Smart Rule competency check, then full evidence check	N/A	1
5	Non-Periodic Random	G001	To achieve 2% minimum audit requirement for the month/period)	N/A	Full Evidence	Appropriate corrective action given	1

*All 'Smart Rules' are found in the 'On Construction Domestic Energy Assessor (OCDEA) Audit Selection Table'; this is managed by Working Group (WG) (OCDEA), or a sub group that is overseen by the WG, ultimately all governed by EASOB. MHCLG should be kept informed of the changes to the smart audit rules.

Smart Audits should aim to ensure that the incidence of erroneous 'multi lodgements' on the same property are minimised.

NDEA L3/4 Auditing

1. The minimum number of audits to be called over the calendar year will be 2% of lodged certificates. Accreditation Schemes will maintain 2% over the course of the year. Accreditation Schemes will monitor the percentage audited to ensure that they will succeed in meeting the minimum level, using their discretion during holiday periods and unforeseen lodgement activity.
2. A member shall be subject to minimum of one audit, however triggered, every four years.

Audits outside of 2%:

3. Accreditation Schemes will audit re-lodged Energy Certificates that have been produced following a failed audit. These must be outside of the 2% requirement.

4. Accreditation Schemes will audit 'Complaints' and 'New Entrants' categories and these must also be outside of the 2% requirement.

The following audit categories must be undertaken by Accreditation Schemes and they do not count within the 2% minimum audit requirement.

Priority	Audit Category	Rule No.	Trigger	Volume	Audit Approach	Corrective Action	No. of follow on audit(s) (if fail)
n/a	Complaint	A001	Complaint received	N/A	Full Evidence Check	Appropriate corrective action given	N/A
n/a	New Entrant	B001	A newly qualified NDEA's first EPC L3/4 lodgement	1 st EPC lodged	Full Evidence Check	Appropriate corrective action given	1
n/a	Re-lodgement	H001	Defective Energy Certificate, replacement	N/A	Full Evidence Check	Appropriate corrective action given	N/A

Priority order for audit selection (to achieve 2%)

1. Accreditation Schemes will select Energy Certificates to audit with reference to the NDEA L3/4 Audit selection table below, until the required number of audits for the period is reached.
2. All lodgements falling into Periodic Random, and Follow on categories must be called for audit that month, which may result in a Scheme exceeding its 2% requirement of audits in a particular month.

Non Domestic L3/4 Audit Selection Table:

Priority	Audit Category	Rule No.	Trigger	Volume	These are selection rules	Corrective Action (if this audit fails)	No. of follow on audit(s) (if fail)
1	Periodic Random	C001	NDEA lodges a Certificate and has not been audited in the period	Minimum of 0.5% of Energy Certificates lodged through Scheme	Full Evidence Check	Appropriate corrective action given	1
2	Follow On	D001	New Entrant, Original Periodic or Random Audit = Fail	N/A	Full Evidence check	Suspended and appropriate corrective action given	N/A
3	Follow On	E001	Original Smart Audit = Fail	N/A	Full Evidence check	Suspended and appropriate	1

						corrective action given	
4*	Smart	F001	Most recent version of Smart Rules, see: http://easob.co.uk	Per month (following priority order) – where triggered	Smart Rule competency check, then full evidence check	N/A	1
5	Non Periodic Random	G001	To achieve 2% minimum audit requirement for the month/period)	N/A	Full Evidence check	Appropriate corrective action given.	1

*All 'Smart Rules' are found in the 'Non Domestic L3/4 Audit Selection Tables'; this is managed by Working Group (WG) (Non Domestic, DEC & ACEA), or a sub group that overseen by the WG, ultimately all governed by EASOB. MHCLG should be kept informed of the changes to the smart audit rules.

Smart Audits should aim to ensure that the incidence of erroneous 'multi lodgements' on the same property are minimised.

DEC Auditing

1. The minimum number of audits to be called over the calendar year will be 2% of lodged certificates. Accreditation Schemes will maintain 2% over the course of the year. Accreditation Schemes will monitor the percentage audited to ensure that they will succeed in meeting the minimum level, using their discretion during holiday periods and unforeseen lodgement activity.
2. A member shall be subject to minimum of one audit, however triggered, every four years.

Audits outside of 2%:

3. Accreditation Schemes will audit re-lodged Energy Certificates that have been produced following a failed audit. These must be outside of the 2% requirement.
4. Accreditation Schemes will audit 'Complaints' and 'New Entrants' categories and these must also be outside of the 2% requirement.

Priority	Audit Category	Rule No.	Trigger	Volume	Audit Approach	Corrective Action	No. of follow on audit(s) (if fail)
n/a	Complaint	A001	Complaint received	N/A	Full Evidence Check	Appropriate corrective action given	N/A
n/a	New Entrant	B001	A newly qualified NDEA's first DEC lodgement	1 st DEC lodged	Full Evidence Check	Appropriate corrective action given	1

n/a	Re-lodgement	H001	Defective Energy Certificate, replacement	N/A	Full Evidence Check	Appropriate corrective action given	N/A
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The following audit categories must be undertaken by Accreditation Schemes and they do not count within the 2% minimum audit requirement.

Priority order for audit selection (to achieve 2%)

1. Accreditation Schemes will select Energy Certificates to audit with reference to the DEC Audit selection table below, until the required number of audits for the period is reached.

2. All lodgements falling into Periodic Random, and Follow on categories must be called for audit that month, which may result in a Scheme exceeding its 2% requirement of audits in a particular month.

DEC Audit Selection Table:

Priority	Audit Category	Rule No.	Trigger	Volume	These are selection rules	Corrective Action (if this audit fails)	No. of follow on audit(s) (if fail)
1	Periodic Random	C001	NDEA lodges a Certificate and has not been audited in the period	Minimum of 0.5% of Energy Certificates lodged through Scheme	Full Evidence Check	Appropriate corrective action given	1
2	Follow On	D001	New Entrant, Original Periodic or Random Audit = Fail	N/A	Full Evidence check	Suspended and appropriate corrective action given	N/A
3	Follow On	E001	Original Smart Audit = Fail	N/A	Full Evidence check	Suspended and appropriate corrective action given	1
4*	Smart	F001	Most recent version of Smart Rules, see: http://easob.co.uk	Per month (following priority order) – where triggered	Smart Rule competency check, then full evidence check	N/A	1
5	Non Periodic Random	G001	To achieve 2% minimum audit requirement for the month/period)	N/A	Full Evidence check	Appropriate corrective action given.	1

*All 'Smart Rules' are found in the 'DEC Audit Selection Table'; this is managed by Working Group (WG) (Non Domestic, DEC & ACEA), or a sub group that overseen by the WG, ultimately all governed by EASOB. MHCLG should be kept informed of the changes to the smart audit rules.

Smart Audits should aim to ensure that the incidence of erroneous 'multi lodgements' on the same property are minimised.

ACEA Auditing

1. The minimum number of audits to be called over the calendar year will be 2% of lodged certificates. Accreditation Schemes will maintain 2% over the course of the year. Accreditation Schemes will monitor the percentage audited to ensure that they will succeed in meeting the minimum level, using their discretion during holiday periods and unforeseen lodgement activity.
2. A member shall be subject to minimum of one audit, however triggered, every four years.

Audits outside of 2%:

3. Accreditation Schemes will audit re-lodged Inspection Reports that have been produced following a failed audit. These must be outside of the 2% requirement.
4. Accreditation Schemes will audit 'Complaints' and 'New Entrants' categories and these must also be outside of the 2% requirement.

The following audit categories must be undertaken by Accreditation Schemes and they do not count within the 2% minimum audit requirement.

Priority	Audit Category	Rule No.	Trigger	Volume	Audit Approach	Corrective Action	No. of follow on audit(s) (if fail)
n/a	Complaint	A001	Complaint received	N/A	Full Evidence Check	Appropriate corrective action given	N/A
n/a	New Entrant	B001	A newly qualified ACEA's first ACIR lodgement	1 st ACIR lodged	Full Evidence Check	Appropriate corrective action given	1
n/a	Re-lodgement	H001	Defective Inspection Report, replacement	N/A	Full Evidence Check	Appropriate corrective action given	N/A

Priority order for audit selection (to achieve 2%)

1. Accreditation Schemes will select Energy Certificates to audit with reference to the ACEA Audit selection table below, until the required number of audits for the period is reached.
2. All lodgements falling into Periodic Random, and Follow on categories must be called for audit that month, which may result in a Scheme exceeding its 2% requirement of audits in a particular month.

ACEA Audit Selection Table:

Priority	Audit Category	Rule No.	Trigger	Volume	These are selection rules	Corrective Action (if this audit fails)	No. of follow on audit(s) (if fail)
1	Periodic Random	C001	ACEA lodges a Certificate and has not been audited in the period	Minimum of 0.5% of Energy Certificates lodged through Scheme	Full Evidence Check	Appropriate corrective action given	1
2	Follow On	D001	New Entrant, Original Periodic or Random Audit = Fail	N/A	Full Evidence check	Suspended and appropriate corrective action given	N/A
3	Follow On	E001	New Entrant, Random Audit = Fail	N/A	Full Evidence check	Suspended and appropriate corrective action given	1
4	New Entrant	D001	A newly qualified ACEA's first lodgement	1 st ACIR lodged	Full Evidence Check	Appropriate corrective action given	1
4*	Smart	E001	Most recent version of Smart Rules, see: http://easob.co.uk	Per month (following priority order) – where triggered	Smart Rule competency check, then full evidence check	N/A	1

*All 'Smart Rules' are found in the 'ACEA Audit Selection Table'; this is managed by Working Group (WG) (Non Domestic, DEC & ACEA), or a sub group that overseen by the WG, ultimately all governed by EASOB. MHCLG should be kept informed of the changes to the smart audit rules.

Smart Audits should aim to ensure that the incidence of erroneous 'multi lodgements' on the same property are minimised.

NDEA L5 Auditing

Until further notice surveillance of Energy Certificate quality for the NDEA L5 strand will continue to follow the auditing rules specified in the 2012 SORs.

Appendix 5.2: Surveillance Audit Process and Success Criteria

1. Whether an Energy Certificate is defective shall be assessed by an Auditor, shall be evidence based and the quality and availability of the evidence used by the Scheme shall be such that the auditor can replicate the Energy Certificate from the evidence provided.
2. For any areas where there is uncertainty as to interpretation of rules or process in producing an Energy Certificate, Schemes shall inform their members as to their interpretation of an acceptable approach. Schemes shall also raise the issue with the appropriate organisation or group, so as to achieve a resolution and consistency.
3. Schemes shall provide feedback to the member as part of every surveillance audit.
4. The feedback should be constructive and guide the member to prevent minor errors occurring in the future.
5. Auditors shall take a holistic approach, using a combination of site notes, floor plans, sketches, photographs and documentary evidence, in line with the Minimum Evidence Requirements for the relevant strand (for the most recent minimum evidence requirements see [EASOB website](#)). Whilst photographic evidence is not the only way to demonstrate that an Energy Certificate is correct, should evidence not be available then this should be noted in the assessors site notes. Assessors who repeatedly fail to provide the required evidence will be managed in line with standard quality assurance procedures.

DEA Strand Auditing Process

1. The error shall be the sum of the absolute errors associated with each data entry field of SAP (to avoid the instance where self-cancelling errors lead to an acceptable SAP score). The procedure for the auditor is:-
 - a. Work through the member's assessment and their evidence.
 - b. At each data field where you believe there is a need to change the data, make the change and recalculate the SAP Rating.
 - c. Note the difference in the SAP points result as a positive value whether the difference is negative or positive.
 - d. Changes to recommendations and/or description of the Energy Certificate will also be noted.
 - e. Reset the field in question to the members' original value.
 - f. Move to the next RdSAP entry field and repeat testing from step b) above.
 - g. Carry on until all RdSAP entry fields have been checked.
 - h. Add all the differences found to arrive at the cumulative error.
 - i. Enter all corrected data fields and recalculate the Energy Certificate.
 - j. If this cumulative error exceeds 5 SAP points, or includes changes to the recommendations and/or description of the Energy Certificate in a manner which brings into question the accuracy of the rating, the audit shall be marked as a fail, and the Certificate shall be marked as defective and replaced. Schemes shall not make use of truncation within their calculation processes, e.g. 4.6 cannot become 4, where the software provides a more accurate outcome and the final rounding shall be such that an error between 4.5 and 5.4 is rounded to 5 SAP points and therefore a 'Pass'; whereas an error of greater than 5.4 is a 'Fail'.
2. Accreditation Schemes shall assess evidence against the minimum requirements set out in the corresponding strand section of the minimum evidence requirements on the [EASOB Website](#). Accreditation Schemes must also assess the quality of photographic material or other evidence

provided by members. As part of this, Accreditation Schemes shall sample check 2% of all audits for the presence of stock photography and include previous audit checks on previous audits of a member's work should there be concerns that the member may be using photographs not related to the property. These checks should be satisfied by comparing photographs supplied for the three previous Energy Certificate audits (if available) to assess whether the same image has been provided as evidence for more than one Energy Certificate.

3. Where Accreditation Schemes have doubts about the photographs provided by a particular member, they shall require the member to provide further information and in future require a greater degree of evidence from the member or undertake additional checks of the member's work.

OCDEA Strand Auditing Process

1. The error shall be the sum of the absolute Dwelling Emission Rate (DER) errors associated with each data entry field of the assessment (to avoid the instance where self-cancelling errors lead to an acceptable DER score).

- a) Work through the member's calculations based on the evidence available.
- b) At each data field where the Auditor believes there is a need to change the data, make the change and recalculate DER.
- c) Note the difference in the DER as a positive value whether the difference is negative or positive, and note any changes in recommendations or description (for "as built" assessments).
- d) Reset the field in question to the member's original value.
- e) Move to the next entry field and repeat testing from step b) above.
- f) Carry on until all entry fields have been checked.
- g) Add all the differences found to arrive at the cumulative error for the DER.
- h) The auditor shall then check against the audit failure criteria in priority order to determine if the audit has passed.
- i) Schemes shall not make use of truncation within their calculation processes, e.g. When calculating the potential change in SAP rating, 4.6 cannot become 4, where the software provides a more accurate outcome and the final rounding shall be such that an error between 4.5 and 5.4 is rounded to 5 SAP points and therefore a 'Pass'; whereas an error of greater than 5.4 is a 'Fail'.

2. An assessment shall be accurate if the member's DER calculation falls within either;

- a) 4% of the value, or,
- b) 1 kgCO₂/m²/annum,

of the values calculated by the auditor.

3. An Energy Certificate will fail audit when any of the following (in priority order) apply:

- a) The Dwelling Emissions Rate (DER) falls outside of accuracy requirements (see below).
- b) Errors in the dwelling's description result in a change in the recommendations made (for "as built" assessments).
- c) The dwelling's description is sufficiently inaccurate to cause Customers to doubt the accuracy of the assessment. 'Sufficiently inaccurate' means information in assessments which is demonstrably incorrect and capable of correction within the bounds of the assessment current at the time the work is undertaken on the basis of what the EA should have observed.
- d) The difference between the member's SAP rating and the auditor's SAP rating is more than 5 SAP points.

4. An Energy Certificate is considered defective and therefore requires re-lodgement if any of points b, c or d (above) cause the failure of an audit. If an audit fails for point a, there will not be a requirement to re-lodge, unless any of the other points are triggered.

5. Accreditation Schemes shall assess evidence against the minimum requirements set out in the corresponding strand section of the minimum evidence requirements on the [EASOB Website](#). Accreditation Schemes must also assess the quality of photographic material or other evidence provided by members.

NDEA L3/4 Strand Auditing Process

1. The error shall be the sum of the absolute errors associated with each data entry field in SBEM (to avoid the instance where self-cancelling errors lead to an acceptable score). The procedure for the auditor is:-
 - a. Work through the member's assessment and their evidence.
 - b. At each data field where you believe there is a need to change the data, make the change and recalculate the BER.
 - c. Note the difference in the BER points result as a positive value whether the difference is negative or positive.
 - d. Changes to recommendations and/or description of the Energy Certificate will also be noted.
 - e. Reset the field in question to the members' original value.
 - f. Move to the next entry field and repeat testing from step b) above.
 - g. Carry on until all entry fields have been checked.
 - h. Add all the differences found to arrive at the cumulative error.
 - i. Enter all corrected data fields and recalculate the Energy Certificate.
 - j. If this cumulative error exceeds either 10% variance to the BER rating, or 5 kgCO₂/m² of the rating calculated, the audit shall be marked as a fail, and the Certificate shall be marked as defective and replaced. Schemes shall not make use of truncation within their calculation processes, e.g. 4.4 cannot become 4, where the software provides a more accurate outcome.
2. Accreditation Schemes shall assess evidence against the minimum requirements set out in the corresponding strand section of the minimum evidence requirements on the [EASOB Website](#). Accreditation Schemes must also assess the quality of photographic material or other evidence provided by members. As part of this, Accreditation Schemes shall sample check 2% of all audits for the presence of stock photography and include previous audit checks on previous audits of a member's work should there be concerns that the member may be using photographs not related to the property. These checks should be satisfied by comparing photographs supplied for the three previous Energy Certificate audits (if available) to assess whether the same image has been provided as evidence for more than one Energy Certificate.
3. Where Accreditation Schemes have doubts about the photographs provided by a particular member, they shall require the member to provide further information and in future require a greater degree of evidence from the member, or undertake additional checks of the member's work.

DEC Strand Auditing Process

1. The error shall be the sum of the absolute errors associated with each data entry field in the DEC (to avoid the instance where self-cancelling errors lead to an acceptable score). The procedure for the auditor is:-
 - a. Work through the member's assessment and their evidence.
 - b. At each data field where you believe there is a need to change the data, make the change and recalculate the DEC rating.
 - c. Note the difference in the DEC Rating result as a positive value whether the difference is negative or positive.
 - d. Changes to recommendations and/or description of the DEC will also be noted.
 - e. Reset the field in question to the members' original value.
 - f. Move to the next entry field and repeat testing from step b) above.
 - g. Carry on until all entry fields have been checked.
 - h. Add all the differences found to arrive at the cumulative error.
 - i. Enter all corrected data fields and recalculate the Energy Certificate.
 - j. If this cumulative error exceeds either 5% variance to the DEC rating and greater than 5 absolute points of the rating calculated, the audit shall be marked as a fail, and the Certificate shall be marked as defective and replaced.
2. Accreditation Schemes shall assess evidence against the minimum requirements set out in the corresponding strand section of the minimum evidence requirements on the [EASOB Website](#). Accreditation Schemes must also assess the quality of photographic material or other evidence provided by members. As part of this, Accreditation Schemes shall sample check 2% of all audits for the presence of stock photography and include previous audit checks on previous audits of a member's work should there be concerns that the member may be using photographs not related to the property. These checks should be satisfied by comparing photographs supplied for the three previous Energy Certificate audits (if available) to assess whether the same image has been provided as evidence for more than one Energy Certificate.
3. Where Accreditation Schemes have doubts about the photographs provided by a particular member, they shall require the member to provide further information and in future require a greater degree of evidence from the member, or undertake additional checks of the member's work.

Advisory Reports Audit process

1. Check DEC conventions have been followed.
2. Check evidence that the building and services description are accurate. The auditor shall fail the Advisory Report audit if the description of building and services is incorrect and correction results in a change in recommendations. The auditor shall fail the Advisory Report audit if the description of the building and services is sufficiently inaccurate to raise doubts as to the validity of the report in the mind of a typical client.
3. Review of advisory report impacts and costs. The auditor shall review whether the ratings are consistent with a considered approach. Where an EA routinely used an assessment of “medium” for relative cost effectiveness, the Advisory Report audit shall be marked as a fail unless the evidence provided is such as to support the assessment.

ACEA Strand Auditing Process

1. The Auditor shall form a view as to whether the member has correctly classified the air conditioning system as Level 3 or Level 4 against the requirements of TM44.
2. The Auditor shall review the ACIR against the requirements of TM44 and to determine if Conventions have been followed in preparing the report.
3. The Auditor shall review the Comprehensibility of report – can a typical client be expected to understand recommendations.
4. The Auditor shall review the Evidence supplied by the member to determine if it meets the requirements in terms of content, quality and context.
5. The Auditor shall review the submitted evidence and content of the report to identify any of the following omissions:

Minor Omissions:

- a) Omission of ONE item of required additional evidence (excluding those items required in Major Omission A)
- b) Additional evidence incomplete (e.g. photos provided but not labelled)
- c) Essential basic inspection information not compiled adequately either before or on completion of the inspection.
- d) Essential basic inspection information does not justify selection of components for sampling.
- e) The number of components inspected meets the minimum sampling number but a larger sample would have given a more representative sample.
- e) Naming convention is used in an unusual manner which is not clearly explained
- f) On average 1 to 2 queries on the use of technical language per 10 pages of report
- g) On average less than 20 blank “Findings” or “Notes and Recommendations” per 10 pages of report.

Significant Omissions:

- a) Failure to follow the guidance in the current version of TM44.
- b) Omission of TWO or more items of required additional evidence. (excluding those items required in Major Omission A)
- c) Executive Summary omits a required piece of information (i.e. building description, use and description of each AC sub system).
- d) The number of components inspected is below the number required to meet the minimum Sampling requirements.
- e) The naming convention is used incorrectly.
- f) The cooling assessment calculation is incorrect in a way which affects the conclusion drawn.
- g) The SFP calculation is incorrect in a way which affects the conclusion drawn.

Major Omissions:

- a) Omission of an item of 'essential' information as detailed in TM44: 2012 (Table 2.1 for Level 3 Inspections and Table 2.5 for Level 4 Inspections)
- b) Essential advice and information is not provided e.g. advice regarding R22 is not given even though it is present in some components.
- c) Omits basic energy saving advice relating to the sub systems inspected.
- d) Provides incorrect energy saving advice relating to the sub system inspected.
- e) Fails to advise on significant issues identified during inspection e.g. refrigerant leaks, Legionella risk, unsafe equipment etc.

6. The Auditor shall total the number of omissions to determine the audit result. An audit shall be marked as a pass where fewer than 4 single minor omissions and/or fewer than 2 single significant omissions have been identified. Where a report contains a single major omission the report will be marked as a fail.
7. Accreditation Schemes shall assess evidence against the minimum requirements set out in the corresponding strand section of the minimum evidence requirements on the [EASOB Website](#). Accreditation Schemes must also assess the quality of photographic material or other evidence provided by members.

IMPORTANT NOTE:

Until further notice audit methodology for surveillance of Energy Certificate quality for NDEA L5 only will continue to follow the auditing rules specified in the 2012 SORs.

Appendix 5.3: Surveillance - Consequences of Audit Failure

Audit Failure

1. Where the Energy Certificate has been identified as defective, i.e. where there are errors which result in an audit fail, the member will be given feedback on why there is an audit failure, together with appropriate remedial action to ensure similar failures do not reoccur.
2. The Accreditation Scheme will impose appropriate measures to reduce the likelihood of any re-occurrence.
3. If the error indicates the member lacks basic understanding, the member will be suspended until the results of suitable additional training convince the Accreditation Scheme there is a low risk of repetition. Accreditation Schemes must record all of the actions taken and the reasons why.
4. If the error indicates fraudulent practices, the member will be suspended immediately pending further investigation.
5. The duration of any suspension and the criteria for reinstatement shall be determined by

Accreditation Schemes based on their assessment of the nature of the error after a thorough investigation. A member will normally be suspended until they complete the activities identified by the Accreditation Scheme.

6. Accreditation Schemes reserve the right to charge a member for implementing a higher level of Audit surveillance, if the member has been identified as being 'high risk' in terms of producing poor quality Energy Certificates. This must be set out in the Accreditation Schemes terms and conditions.

7. Where a further investigation confirms that fraudulent activity may have taken place the Accreditation Scheme must report the issue to the relevant authorities. If the energy assessor is alleged to have acted in a way that is in breach of the criminal law then it is a matter for the criminal justice system. Accreditation Schemes must report to the police complaints, or other information received, that involve apparent criminal activity.

8. Accreditation Schemes shall keep MHCLG informed of any suspected fraudulent or dishonest practice on the part of a member or members.

Re-lodgement

1. If an Energy Certificate fails an audit and a re-lodgement is required then the re-lodged Energy Certificate will also be audited to ensure it is correct. Where the re-lodged Energy Certificate is lodged by the Accreditation Scheme – there is no requirement to be re-audited.
2. Where a member fails to replace a defective Energy Certificate, the Accreditation Schemes shall facilitate a replacement of the Energy Certificate for the property owner/home owner. Accreditation Schemes are permitted to recover reasonable costs from the member, where they have to undertake work and/or incur costs and this should part of the contractual agreement between the Accreditation Scheme and the member and must be set out in the Accreditation Schemes terms and conditions.

Follow on Audit: If a member fails a follow on audit, they will be suspended and will not be reinstated until they've completed the appropriate remedial action, e.g. CPD or training, corrected the data and re-lodged the corrected Certificate.

Smart Audit: If an energy assessor fails a smart rule, they will be audited again if they trigger the smart rule again.

Random Audit: If an energy assessor fails a random audit, Accreditation Schemes will use follow on audits at the next available opportunity.

Smart Audit: If the energy assessor fails three audits on the same smart rule, they will have their accreditation revoked (struck off).

Random Audit

1. The energy assessor is required to undertake corrective action, and once the Accreditation Scheme is satisfied then the energy assessor status shall be made active.
2. If a member fails a random audit and subsequent follow-on audit, they will be suspended.

Bringing EPBR process into disrepute

1. Where Accreditation Schemes believe and have strong evidence that the member is bringing the EPBR industry into disrepute they will be suspended immediately pending investigation. Where further investigation has concluded that the member is bringing the EPBR industry into disrepute, Accreditation Schemes have the ability to strike off the energy assessor. If a member

fails an audit for a third time for the same reason they will be struck off.

2. Further to the above, an Accreditation Scheme always has the discretion to suspend or strike off a member based on the nature of the failure(s) identified.
3. A member can challenge the decisions above via the appeals process defined in section 8.

Failure to provide evidence by the required timescale

1. Failure by a member to provide satisfactory evidence within the deadlines set out in DEA Audit Selection (see Appendix 5.1 – Surveillance Audit Selection) will trigger immediate suspension from membership. This suspension shall only be lifted if the member provides a 'reasonable and compelling' case as to why the information is not available.
2. Accreditation Schemes shall exercise their judgement as to what constitutes a 'reasonable and compelling case' on a case by case basis and take action in line with the examples given in the following paragraphs.
3. Where a member simply does not respond to a request, they must remain suspended. Should the member eventually respond to the request, but without a reasonable case, the Accreditation Scheme will investigate the reason for the late provision of data and impose appropriate measures.
4. Where a member provides a reasonable case Accreditation Schemes will record:
 - a. the date the request for evidence was sent.
 - b. details of why the member was unable to reply by the agreed date,
 - c. the reason given by the member about the non-availability of data (if applicable) and
 - d. in the case where the Accreditation Scheme accepted the explanation in c) above as a 'reasonable and compelling case', the Scheme's reason for doing so

Failure to provide evidence of sufficient quality

1. Where a Scheme auditor is unable to audit an Energy Certificate due to unsatisfactory evidence the Accreditation Scheme should fail the audit. The member will be informed of the shortcomings, including specific instances where evidence needs to be clearer, and given instructions as to how to improve their performance. The Accreditation Scheme should undertake a follow on audit of the member.
2. If the follow on audit fails, because of a failure to provide evidence of sufficient quality, the Accreditation Scheme will suspend the member. The Accreditation Scheme shall investigate the reason, and impose appropriate measures.

Use of images not related to the property (not applicable to OCDEA and new-build NDEA L4 and L5 strands)

1. Where there is evidence that a member has used stock photographs or failed to visit dwellings when required, the member will be suspended pending investigation which shall include:
 - a. discussions with the member,
 - b. a review of all photographic evidence provided by the member for auditing purposes over the past two years and
 - c. a review of other evidence available to the Accreditation Scheme, including any evidence provided by the member.
2. Members shall only be reinstated if Accreditation Schemes are confident that all the following apply:

- a. the member is visiting dwellings as required,
 - b. the member has shown the use of stock photographs was not intended to mislead, for example where photographs of the property exist on the day of the assessment and a member has mistakenly submitted photographs previously for a different audit. Where there are multiple instances of use of the same photographs, this shall be taken as clear evidence that a member has intended to mislead and
 - c. the member has undertaken not to use stock photographs again under any circumstances.
3. The Accreditation Scheme will impose appropriate measures to ensure there is no re-occurrence.
- a. Two new Energy Certificates in the succeeding 30 days following the lifting of suspension, or if this is not possible the next two Energy Certificates shall be subject to audit.
 - b. All subsequent random sampling of Energy Certificates audited for the next shall include checks that stock photographs are not being used.

No visit to property (not applicable to OCDEA and new-build NDEA L4 and L5 strands)

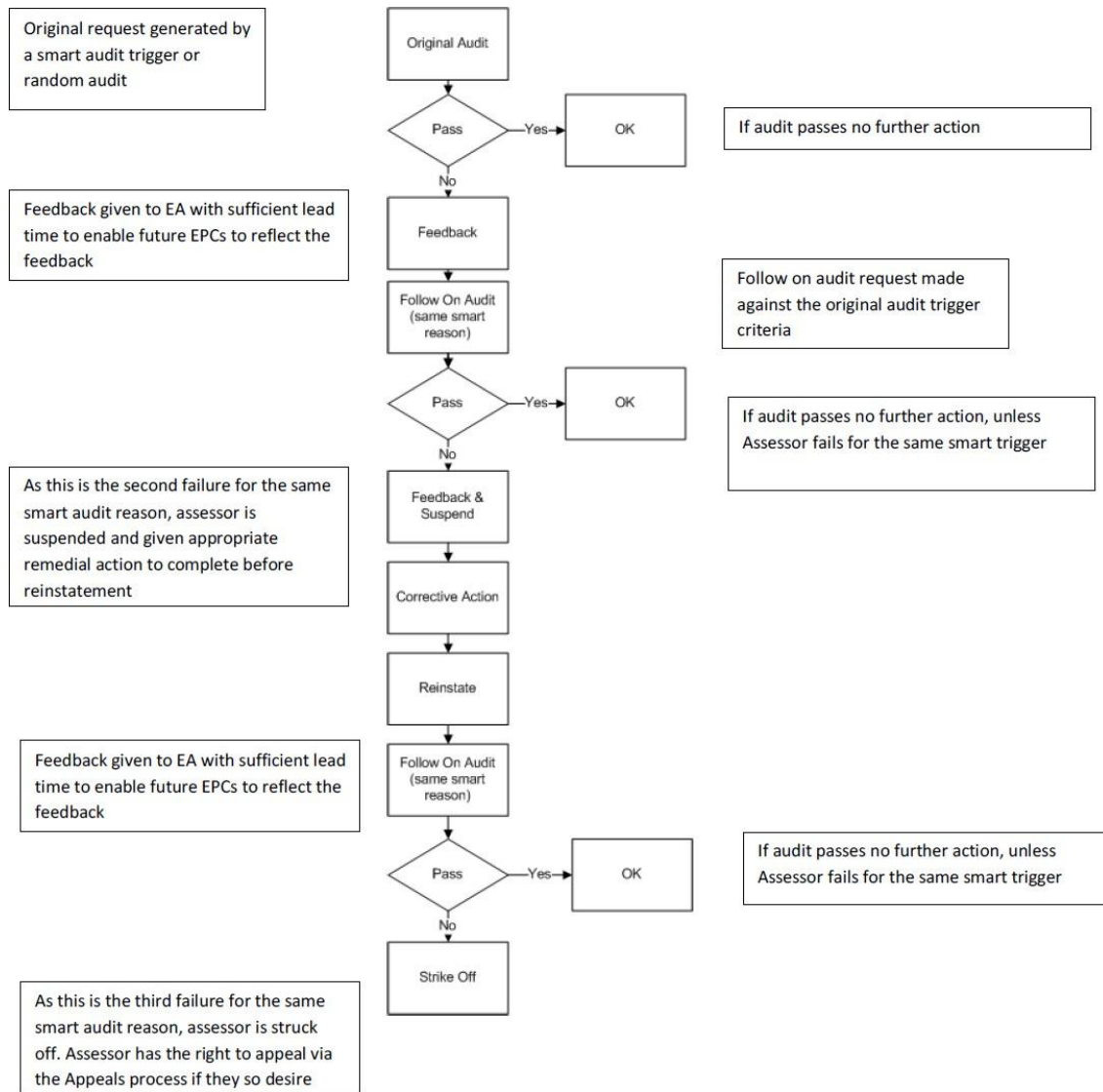
If the Accreditation Scheme is satisfied that the member has not visited a property when they are supposed to have done so, then that member will have their membership revoked. Where a member has been found to be using stock photographs, and after an investigation it is determined that there was an intention to mislead – (see 2b above), they must have their membership revoked.

Replacement Certificate Audit Failure

Where a replacement Energy Certificate (which was produced following a failed audit) fails an audit, the member will be suspended until the Accreditation Scheme has assessed the nature of the failure, the likelihood of future Energy Certificates being defective and suitable remedial action has been successfully completed.

Three audits fail in succession

- 1. If a member fails the same smart rule three times in succession, the member will have their membership revoked.
- 2. If a member fails any other audit three times in succession on the exact same technical point, the member will have their membership revoked.



Appendix 5.4: Surveillance Auditors - Scheme requirements

Competence: Accreditation Schemes will ensure that surveillance Auditors are occupationally competent:

Surveillance Auditors will:

1. hold an appropriate qualification/APEL certificate or they will be working towards the relevant qualification and may undertake surveillance audits as a trainee. Trainee auditors should be under the supervision of an experienced auditor. The experienced auditor shall be responsible for the quality of the audit work undertaken and the trainee shall achieve the qualification within 3 months of starting to practise as a trainee auditor,
2. undertake appropriate CPD. As a minimum, annual CPD will be 10 hours,
3. be subject to moderation against fellow auditors or verified by a more senior individual who has extensive experience of assessing the work of members or of training of them,
4. be familiar with the relevant scheme operating requirements and scheme procedures and
5. have declared that they will identify and declare any potential conflicts of interest.

Verification

1. Accreditation Schemes will ensure the work of the auditors is verified.
2. An auditor nominated by the Accreditation Scheme (verifier) will randomly check at least one audit each month for each auditor who undertook audit work that month.
3. If an auditor's practices or knowledge are found to be deficient, the Accreditation Scheme shall identify appropriate remedial measures for the auditor as soon as is practicable.
4. The Accreditation Scheme will check that, apart from those instances beyond the Accreditation Scheme's control, these remedial measures have been successfully implemented within one month after their identification.

Moderation

1. Accreditation Schemes will participate in Scheme moderation and Cross Scheme Moderation activities where necessary.
2. Accreditation Schemes shall moderate the activities of all their auditors where more than one auditor undertakes audits of Energy Certificates, whether they are members of staff or subcontractors.
3. Moderation procedures shall:
 - a. Seek to ensure correct implementation of the SOR,
 - b. Seek to ensure consistency of process and outcome between auditors,
 - c. Enable learning through sharing experience,
 - d. Identify the auditor's training and CPD needs and
 - e. Enable reviews and corrective actions as necessary of the progress of training and CPD programmes.
4. The lead Auditor of an Accreditation Scheme will randomly audit at least one audit each month for each Auditor who undertook surveillance audit work that month. If as part of this work an

auditor's practices or knowledge are found to be deficient, the Accreditation Scheme shall identify appropriate remedial measures for the auditor as soon as is practicable. The Scheme shall check that, apart from those instances beyond the Accreditation Scheme's control, these remedial measures have been successfully implemented within one month after their identification.

5. Each Accreditation Scheme will conduct a moderation meeting of all auditors on a quarterly basis, and shall keep records of discussion topics, actions arising and outcomes. The Accreditation Scheme shall appoint an appropriate person to chair these meetings.

6. As part of the moderation meeting, prior to that meeting the Accreditation Scheme shall also arrange for all auditors undertaking audits on behalf of the Accreditation Scheme in the preceding quarter to independently assess the same Energy Certificate to allow a comparison to be undertaken between all auditors and identify corrective action accordingly.

7. Accreditation Schemes shall ensure that all anomalies in practice identified in the quarterly moderation meeting are addressed by the end of the following meeting, apart from those instances which are beyond the Accreditation Scheme's control.

8. Accreditation Schemes shall ensure that the lead Auditor is also subject to verification checks of surveillance audits conducted by them at least once a quarter. Such verification checks shall be carried out by a suitably qualified person within the Accreditation Scheme.

9. The lead Auditor shall be the first line of response to appeals by energy assessor against the judgements of other auditors, unless there is a conflict of interest in them doing so, in which case the Accreditation Scheme shall identify another auditor who can do so.

10. Where a MHCLG inspection finds that an auditor has material errors in more than 1 in 10 audits examined, the Accreditation Scheme shall implement appropriate corrective actions as identified by MHCLG.

Sole auditors

1. Sole auditors shall be verified by a suitable competent person to:

- a. ensure correct implementation of the SOR,
- b. ensure consistency of process and outcomes,
- c. enable learning through sharing experience,
- d. identify auditors' training and CPD needs and
- e. enable reviews and corrective actions as necessary of the progress of training and CPD programmes.

2. Verifiers shall check at least 2% of their caseload over each quarter, with a minimum (if practical) of at least 1 audit verified each month for the auditor. However at least 10% of the caseload of an auditor shall be examined each month under any of the following circumstances:

- a. the auditor is operating as an auditor for the Accreditation Scheme for the first time,
- b. verification has indicated a significant level of error, where significant is defined as more than 1 in 10 EPC audits having errors and
- c. MHCLG inspection finds that the auditor is not meeting SOR requirements in more than 10% of instances.

3. The verification rate may fall back to 2% after the auditor has operated for 3 months so long as the above have been met for each monthly period.

4. Where MHCLG inspection finds that an auditor has material errors in more than 1 in 10 instances examined, the Accreditation Scheme shall implement appropriate corrective actions as identified by MHCLG.

Conflicts of interest

1. Accreditation Scheme auditors shall declare previous, current or future relationships to the Accreditation Scheme where they think they may have a conflict of interest in the outcome of an Energy Certificate Audit. Accreditation Schemes shall determine in these cases how to appropriately manage the conflict. e.g. a way of managing the conflict would be to refer the audit to another auditor who has no conflict.

2. A conflict of interest means situations where it is reasonable to surmise that a person's judgement is affected by the circumstances in which they find themselves. Such instances include, but are not limited to, where someone:

- is related to, or has employment links with, the person whose work they are assessing,
- as a financial or other interest in seeing that Energy Certificate audits do not fail and
- Feels threatened or coerced by someone.

3. Auditors may practise as Energy Assessors, however Accreditation Schemes will have a procedure in place for dealing with the conflicts of interest that might arise when their employees practice both functions.

4. Accreditation Schemes will be able to demonstrate that employees understand the need to avoid conflicts of interest in their work and that there are procedures in place for an employee to raise concerns if they feel they have been asked to implement practices which run contrary to this.

5. Accreditation Schemes will have an agreement in place which auditors are obliged to formally accept in writing before they can practise. The agreement shall include obligations to:

- declare any potential relationships and / or conflicts of interest,
- abide by the MHCLG requirements in so much as they relate to them and
- avoid giving advance warnings to members, or their employers, of Energy Certificate audit sampling intentions.

6. Accreditation Schemes will require auditors to declare any misgivings they have about members engaging in fraudulent, or other activity aiming to circumvent the SOR.

7. Accreditation Schemes shall have procedures and / or guidance in place which:

- a. provide training and guidance on the need for auditors 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 Energy Certificate – and how they should declare or deal with such a conflict and
- b. record any complaints or concerns from Auditors, and provide such complaints to the MHCLG Auditor or their representative, on request.

Appendix 6: Breach of Obligations on the Member

6.1 Code of Conduct

1. Accreditation Schemes will respond to breaches of the Code of Conduct by the member in a proportionate way.

2. In terms of the seriousness of the transgression Accreditation Schemes should consider the following:

a. Minor transgression. No significant impact on the stakeholder(s) affected by the transgression. An appropriate response would be to discuss with the member the nature of the transgression and to check for a change in the member's behaviour.

b. Significant transgression. A transgression which has a significant impact on a stakeholder. This category falls between 'Minor' and 'Major' transgression. Depending on the nature of the transgression the member may be required to undertake additional training to improve their behaviour, while being allowed to continue to lodge Energy Certificates or they may be suspended until a period of training has been completed.

c. Major transgression. Compelling evidence that a member has not complied with the Code of Conduct and, there is a major impact on the stakeholder(s). The member can expect to be suspended pending a disciplinary hearing. For example, the member has provided specific advice to a stakeholder, outside of the remit of the energy assessment, which is aimed at securing additional work.

3. In the case of 'minor' or 'significant' transgressions Accreditation Schemes shall check and record the effectiveness of remedial action. The Accreditation Scheme shall have an escalation process in place if remedial action does not substantively remedy the transgression.

4. Where a member's actions are considered a 'major transgression', the Accreditation Scheme will immediately suspend the member, pending an investigation which should be carried out in a timely manner.

5. If the Accreditation Scheme sanctions a member for late payment of their account, their status should not be shown as 'suspended' on the EPB Register.

6. For certain breaches, Accreditation Schemes shall operate one of the following procedures:

- a. first instance: Inform the member of the breach and the measures they should take,
- b. second instance: reprimand the member and advise them that any further breach will result in their suspension until remedial action is taken and
- c. third instance: The member is suspended until appropriate remedial action is taken. Additional checks will be implemented to check the effectiveness of the actions.

6.2 Insurance

Accreditation Schemes shall implement disciplinary proceedings against any member who has stated that they are providing their own insurance, but a check reveals that they do not have the relevant insurance cover.

6.3 CPD

Where a member fails to supply their CPD following a request from the Accreditation Scheme, they shall be suspended after fifteen working days.

6.4 Bringing the Energy Performance of Buildings Industry into disrepute

Where Accreditation Schemes believe and have strong evidence that the member is bringing the energy performance of buildings industry into disrepute, the member shall be suspended immediately pending further investigations and if the claims are proven, revoke the membership.

Appendix 7: Software Error Tolerance Provision

1. In the event of a scheme wishing to make use of the software error tolerance provision within the approved methodology, they will need to:

- a. Alert BRE, DESNZ and MHCLG as to the error
- b. Provide explanation and proof the error is within the range tolerance
- c. Propose the technical fix for the error and a time limit for the fix to be in place, and make clear what mitigations will be put in place to stop possible abuse of the fix
- d. Go through an agreed change control process with Government
- e. Proceed with the technical fix only when written approval for this has been provided by BRE, DESNZ and MHCLG
- f. Clear all communication of the error and fix with Government in advance of being issued to scheme members.)

Appendix 10: Energy Assessor Scheme Operating Board (EASOB) - Terms of Reference

1. INTRODUCTION

1.1 The Energy Assessor Operating Board came into being in 2017 with the development of the new Scheme Operating Requirements (SORs). The SORs consisted of a Level one document, to be approved by MHCLG and the Level 2 document and its appendices. The purpose of the EASOB is to own and manage the Level 2 SORs and its appendices.

1.2 It will manage the Working Groups below, which will be tasked to look after strand specific elements of the Scheme Operating Requirements.

There will be one for each strand*:

- DEA – Domestic Energy Assessment (Existing Dwellings),
- OCDEA – On Construction Domestic Energy Assessment (New Build Dwellings),
- NDEA – Non-Domestic Energy Assessment (Levels 3, 4 and 5),
- DEC EA– Display Energy Assessment (Public Buildings), and
- ACEA – Air Conditioning Energy Assessment.

*A working group may choose to have responsibility for more than one strand where it is practicable to do so.

2. RESPONSIBILITIES AND DUTIES OF THE EASOB

- 2.1 To own and manage the Level 2 SORs and appendices.
 - 2.1.1 To review, update Level 2 SORs as required.
 - 2.1.2 To circulate updated Level 2 SORs to members and stakeholders prior to publication.
 - 2.1.3 To publish final versions of Level 2 SORs.
- 2.2 To manage working groups.
 - 2.2.1 To review and endorse working groups' proposals.

3. CONSTITUTION OF THE EASOB

3.1 The structure of the EASOB is such that all members are given the opportunity to contribute to the decision making process. The EASOB shall usually consist of not less than one member per Accreditation Scheme:

- a. it will be made up of representatives from all Accreditation Schemes and
- b. it will have a nominated chair and a secretariat.

3.2 At no time shall the membership be structured in such a way that any single interest predominates.

3.3 Accreditation Schemes are only allowed one vote irrespective of the number of people representing the Accreditation Scheme at the EASOB. Members can send a replacement from the same Accreditation Scheme to represent them at the meeting if they cannot attend.

3.4 Individual members shall be competent to represent their scheme concerning matters of certification. Such members will be able to demonstrate knowledge of the energy performance of buildings industry, the certification process and the current SORs.

3.5 Membership of the EASOB may be rescinded at the request of the individual through formal communication to the Chair. This may occur, for example, due to a conflict of interest that the EASOB member finds him/herself in. Such a withdrawal would require the formal ratification of the Chair.

3.6 On an annual basis the following will occur:

- a) the Chair and Secretariat of the EASOB shall be elected and,
- b) these Terms of Reference will be confirmed as accurately describing role of the EASOB and that these are reflective of the requirements of any appropriate accreditation criteria.
- c) Schemes will be notified in advance that nominations will be sought at the next EASOB meeting.

3.7 MHCLG is the 'key' stakeholder for Level 2 SORs.

3.7.1 MHCLG has the 'Golden Vote'. This means that MHCLG can stop any proposed amendment to Level 2 considered inappropriate or unacceptable.

3.7.2 As key stakeholders MHCLG are invited to all EASOB meetings and will be party to all correspondence. All proposed changes to Level 2 SORs will be clearly flagged and highlighted to MHCLG and third party auditors.

4. MEETINGS

4.1 The EASOB will meet four times a year as a minimum. Further meetings may be called at the request of 50% of the EASOB members.

4.2 The venue will be rotated as often as possible. Where this not considered feasible the members must be in agreement about the proposed venue.

4.3 EASOB will consist of a representative from every Accreditation Scheme together with one or more representatives from MHCLG.

4.4 Each meeting will have a chair and a note taker. The chair will manage the meeting and ensure the terms of reference are adhered to. A note taker may also be a member of the group, however where a note taker is present with the sole role of writing the minutes, then they shall have no voting rights.

4.5 Guests may be invited as and when deemed appropriate, providing there is agreement from the membership.

4.6 A Quorum shall exist where a minimum of 50% of the Accreditation Scheme representatives are present at the meeting. Attendance can be achieved by telephone, MS Teams or by way of other communications equipment, provided that attendance is continuous for the item(s) being discussed.

4.7 Each meeting will have as a minimum, an agenda and minutes recording the decisions made and the actions taken at the meeting. The secretariat must circulate an agenda no later than 48 hours prior to meetings and the minutes to all members within a week of the meeting.

5. DECISIONS

5.1 Members who have any vested interest in items being discussed at a meeting, should declare this.

5.2 Where the Board does not reach unanimous agreement a decision should be reached by voting. In the case of such a vote all Accreditation Schemes must only have one vote irrespective of the number of representatives that attend.

5.3 Where it is the case that the vote is tied the vote will be retaken. If the outcome of the second vote is still tied, the chair should approach MHCLG for their input to facilitate a resolution.

5.4 Decisions may be made without a meeting with the written consent of members if there is clear agreement.

6. ACCOUNTABILITY

6.1. The Board members will share information and resources via the most appropriate means. This may include, but is not limited to, electronic communications, such as e-mail and drop box for example.

6.2. Board members will where appropriate share information with their organisations and members.

Annex 1:**EASOB Members:**

Elmhurst Energy Systems Ltd.

Ecmk Ltd.

Quidos Ltd.

Sterling Accreditation Ltd.

CIBSE Certification Ltd.

Kaizen Certification Ltd.

Vulcan Energy Ltd.

Bacra Ltd.

Appendix 11: Working Group Terms of Reference

1. INTRODUCTION

- 1.1 Working Groups will be set up by EASOB to perform functions in order to facilitate the implementation and ongoing maintenance of the SORs and their appendices.
- 1.2 Each Working Group will cover strand specific elements, however there may be occasions when it is appropriate for a group to cover more than one strand.

2. RESPONSIBILITIES AND DUTIES OF THE WORKING GROUP

- 2.1 To carry out duties as determined by the Working Group.
- 2.2 To send suggested SOR amendments to EASOB for approval and sign-off.

3. CONSTITUTION OF THE WORKING GROUP

- 3.1 The structure is such that all members are given the opportunity to contribute to the decision making process without any single interest being predominant.
 - a. The Working Group shall consist of not less than one member per Accreditation Scheme.
 - b. It will have a nominated chair and a note taker.
- 3.2 At no time shall the membership be structured in such a way that any single interest predominates.
- 3.3 Accreditation Schemes are only allowed one vote irrespective of the number of people representing the Accreditation Scheme at the Working Group. Members can send a replacement from the same Accreditation Scheme to represent them at the meeting if they cannot attend.
- 3.4 Individual members shall be competent to represent their scheme concerning matters of certification, in particular technical matters appropriate to the Working Group strand. Such members will be able to demonstrate knowledge of the energy performance of buildings industry, the certification process and the current SORs.
- 3.5 Membership of the group may be rescinded at the request of the individual through formal communication to the Chair.
- 3.6 On an annual basis the following will occur:
 - a) the Chair of the group shall be elected and
 - b) these Terms of Reference will be confirmed as accurately describing role of the group and that these are reflective of the requirements of any appropriate accreditation criteria.

4. MEETINGS

- 4.1 The Working Group will meet at a frequency determined by EASOB and/or the Working Group.
- 4.2 The venue will be rotated as often as possible; members should agree on the proposed venue.
- 4.3 Each meeting will have a chair and a note taker. The chair will manage the meeting and ensure the terms of reference are adhered to. A note taker may also be a member of the group,

however where a note taker is present with the sole role of writing the minutes, then they shall have no voting rights.

4.5 Guests may be invited as and when deemed appropriate, providing there is agreement from the membership.

4.6 A Quorum shall exist where a minimum of 50% of the Accreditation Scheme representatives for that strand are present at the meeting. Attendance can be achieved by telephone, Skype or by way of other communications equipment, provided that attendance is continuous for the item(s) being discussed.

4.7 Each meeting will have as a minimum, an agenda and minutes recording the decisions made and the actions taken at the meeting. The chair or note taker must circulate an agenda no later than 48 hours prior to meetings and the minutes to all members within a week of the meeting.

5. DECISIONS

5.1 Members who have any vested interest in items being discussed at a meeting, beyond that of their usual business, should declare this.

5.2 Where the group does not reach unanimous agreement a decision should be reached by voting. In the case of such a vote all Accreditation Schemes must only have one vote irrespective of the number of representatives that attend.

5.3 Where it is the case that the vote is tied the vote will be retaken. If the outcome of the second vote is still tied, the chair may exercise his/her right to a casting vote.

5.4 Decisions may be made without a meeting with the written consent of members if there is agreement.

5.5. When issuing an update to smart rules, Accreditation Schemes will work on the basis of a one calendar month plus one implementation timeline unless otherwise agreed.

6. ACCOUNTABILITY

6.1. The group members will share information and resources via the most appropriate means. This may include, but is not limited to, electronic communications, such as e-mail and drop box for example.

6.2. Board members will where appropriate share information with their organisations and members.

Glossary

Term	Description
ACEA	Air Conditioning Energy Assessor.
Accreditation Scheme (the scheme)	Energy Assessor Accreditation Schemes accredit energy assessors and oversee their activities of producing and submitting Energy Performance Certificates (EPC), Display Energy Certificates (DEC) and Air Conditioning Inspection Reports (ACIR). Schemes are approved by the Secretary of State for Communities and Local Government in accordance with the Energy Performance of Buildings (England and Wales) Regulations 2012 (SI 2012/3118).
APEL	Accreditation of Prior Experiential Learning. APEL allows candidates' direct access to accreditation without the need for a Government approved energy assessor qualification.
Basic Disclosure Certificate	Previously known as a CRB (Criminal Records Bureau) Check. Now known as a DBS, from the Disclosure and Barring Service.
Building	'A roofed construction having walls, for which energy is used to condition the indoor climate'.
Energy Performance of Buildings Registers (the Registers)	ECs are lodged on the domestic and non-domestic registers online and can be viewed and downloaded from the website.
Complaint	Any statement in whatever form of communication from a person regarding concerns about the behaviour of a person or organisation associated with the production of an EPC, DEC and ACIR.
Conventions Group	Responsible for developing conventions to improve respective energy assessment process (SBEM, SAP, RdSAP or ORCalc) to ensure consistency and to provide guidance for all Accreditation Schemes and their members.
CPD	Continuous Professional Development. The process of tracking and documenting the skills, knowledge and experience that you gain both formally and informally as you work, beyond any initial training.
CRB	Now known as a DBS (Basic Disclosure Certificate) Check, see above.
Cyber Essentials Plus	A Scheme that identifies fundamental technical security controls that organisations should implement to help defend against the vast majority of Internet borne threats. Accreditation Schemes are required by MHCLG to hold this certification or that of ISO27001.
DBS	Disclosure and Barring Service certificate formerly known as CRB certificate (Criminal Records Bureau).
DEA	Domestic Energy Assessor.
DECEA	Display Energy Certificate Energy Assessor.
MHCLG	Department of Levelling up, Housing and Communities.
Dwelling	A self-contained unit designed to provide living accommodation for a single household. This would imply that it does not share kitchen and bathroom facilities.
EASOB	Energy Assessment Scheme Oversight Board.
EPBR	Energy Performance of Buildings Regulations.
Energy Certificate (s)	A term used for all certificates generated under EPBR, consisting of EPCs, DECs and ACIRs.

Energy Assessment	The process of a member gathering appropriate information and carrying out calculations and/or investigations prior to producing an Energy Certificate.
Energy Assessor	An individual accredited by a scheme to undertake assessment on the appropriate strand.
Government	The Ministry for Communities and Local Government whose Secretary of State approves Accreditation Schemes under Energy Performance of Buildings Regulations.
Independent Appeals Panel	A panel that is provided by the Accreditation Scheme to provide adjudication on specific appeals.
IPR	Intellectual Property Rights Intellectual property refers to creations of the mind, such as inventions; literary and artistic works; designs and symbols, names and images used in commerce. IPR is protected in law by, for example, patents, copyright and trademarks, which enable people to earn recognition or financial benefit from what they invent or create.
ISO27001	A set of standards developed to help keep information assets secure. Accreditation Schemes are required by MHCLG to hold this certification or that of Cyber Essentials Plus.
Member	An individual who is an Energy Assessor and belongs to an Accreditation Scheme.
Membership	The agreement between the Scheme and an Energy Assessor which enables an Energy Assessor to become accredited and lodge Energy Certificates. The member agrees to certain Terms and Conditions and a Code of Conduct when becoming a member.
NDEA	Non Domestic Energy Assessment.
Non dwelling	A building that is not a dwelling, such as retail units and offices.
OCDEA	On Construction Domestic Energy Assessor
PII	Professional Indemnity Insurance.
PLI	Public Liability Insurance.
Property	A domestic building or a non-domestic building where the assessment is being carried out.
Query	Correspondence or discussion of any sort between a Customer and the EA where the nature of the discussion is purely a point of clarification, rather than any sort of statement which implies concern with a member's professional conduct (i.e. breach of the Code of Conduct), or accuracy of the EPC.
RdSAP	Reduced data SAP.
Rental	For EPB purposes an EPC is required when a building is rented out to a new tenant. Existing occupiers and tenants are not required to commission an EPC unless they sell, assign or sublet their interest in a building. Lease renewals or extensions do not normally require an EPC to be made available. The landlord (or a person acting on their behalf) must use all reasonable efforts to secure an EPC within seven days of the building being put on the market. If after using all reasonable efforts an EPC could not be secured, the EPC must be obtained 21 days after the initial seven day period.
Revoke	To withdraw accreditation from a member of an Accreditation Scheme for example a member fails to comply with a Schemes Terms and Conditions or doesn't carry appropriate insurance.
RRN	Report Reference Number - this is unique to each Energy Certificate.
SAP	Standard Assessment Procedure.
SORs	Scheme Operating Requirements.

Strike Off	To withdraw accreditation from a member of an Accreditation Scheme; this is then is then communicated to other Accreditation Schemes. This is the ultimate disciplinary sanction that can be taken by an Accreditation Scheme.
Smart Auditing	A method of auditing member's work, aimed at finding certificates that, for a variety of reasons, appear to be erroneous.
Stakeholders	Consumers, householders, landlords, prospective buyers, tenants, businesses, public authorities, the construction sector (in particular SMEs), national and regional authorities and other relevant parties; anyone with an interest in EPBR.
Stock image	A photograph or image not relating to the property being assessed on the declared date of inspection. Examples include to images obtained from the internet, estate agents sales particulars and photographs previously taken at a different property.
Surveillance	The periodic monitoring of a certified person's performance between certification and re-certification to ensure continued compliance with the certification scheme.
Surveillance Audit	A method of conformity assessment carried out by the Accreditation body to ensure their members meet specified requirements.
The Industry	The Energy Performance assessment industry consisting of stakeholders (see above).