
# RIAS - regs

# Audit Procedures

**Version 7.0 May 2018**

RIAS
The Royal Incorporation of Architects in Scotland

Building Standards Approved Certifier
The Scottish Government

## Contents

## 1:00 Purpose of Auditing

The primary reason for auditing Approved Certifiers of Design and Approved Bodies is to ensure, that, as far possible every Approved Certifier of Design is working within their competency and have taken those procedural steps required to ensure that those designs which are certified comply with the relevant Section of the Technical Standards to the Building (Scotland) Act 2003 and its subsequent amendments. This document deals with the procedures that are in place for auditing Approved Certifiers of Design and Approved Bodies.

In addition, the audit process will inform the Scheme with regard to:

- whether the competency tests accurately reflect the competencies needed by Approved Certifiers of Design
- the nature and scale of the projects being undertaken by the members of the scheme
- the overall competency of Approved Certifiers of Design
- what additional CPD may be of benefit to Approved Certifiers of Design

Where instances of poor practice are found, steps will be taken to ensure Approved Certifiers of Design either undertake additional training and/or Approved Bodies take remedial action. If necessary, the opportunity to issue Certificates of Design will be suspended until those remedial steps suggested are acted upon.

Where instances of malpractice are found, immediate steps will be taken to prevent the Approved Certifier of Design / Approved Body from continuing to certify and their Professional Body, relevant local authority(s) and police are informed as may be relevant, in line with the Scheme Guide.

## 1:01 Approved Certifiers and Approved Body Obligations

Approved Certifiers of Design, Approved Bodies and Certification Coordinators must cooperate with the audit process and provide, if required, a suitable work space for the duration of the audit. The primary point of contact prior to an audit will be the Certification Coordinator as they have overall responsibility on behalf of the Approved Body to ensure that the Approved Body has adequate procedures in place and their Approved Certifiers of Design are properly resourced and supported.

RIAS-regs undertake routine audits remotely based on Audit Returns by Approved Bodies as detailed in the Quality Assurance Guidance for Approved Bodies, which includes a suggested Approved Body Certification File Structure. Approved Bodies will be required to prepare a pre-audit report and provide this together with copies of the evidence which substantiates any statements made.

During audits the Auditor(s) will be looking for evidence that the scheme documents, copies of the Technical Standards, etc are available to support the role of the Approved Certifier of Design and Certification Coordinator.

The Certification Logbook brings together many of the procedural documents that the Approved Body must have in place and provides pointers to where those other documents, such as the Technical Handbooks are located.

In addition, the Auditor(s) will be looking for evidence that files have been kept of each certified design, these can be physical or electronic or a combination of the two. Each file must contain all the information that describes the design, but excludes any erroneous information, such as superseded drawing revisions or calculations. This is the building warrant package that has been submitted together with the Certification Checklist (which is never passed to the Local Authority).

In maintaining a Certification Logbook and project files it must be assumed that either one or both of the Approved Certifier(s) of Design and Certification Coordinator could be replaced and that their replacements would be able to both continue to provide those roles for the Approved Body and locate all of the previously certified designs with no other external support.

In the case of sole practitioners who are Approved Certifiers of Design, Certification Coordinators and Approved Bodies wrapped into one, they must ensure that they have a locum agreement in place with

another professional. The fellow professional should preferably be an Approved Certifier of Design, but this is not an absolute requirement. This is to ensure that in the event of incapacity or death their clients can be assured that a competent professional will be available to either complete any outstanding services or manage the process of appointing other professionals to do so.

### 1:02 Trigger Points

As part of their duties the Schemes' Review Panel have determined that all Approved Certifiers and Approved Bodies must submit an Audit Return, when asked. The audit process as detailed below is founded in the practices of the Approved Body.

There are a number of additional triggers for an audit:

- a complaint or allegation of misconduct which is deemed serious enough by the Head of Certification to merit an audit
- a recommendation by the Review Panel that an Approved Certifier of Design or an Approved Body be re-audited sooner than the next Audit Return
- a sudden shift in the pattern of certification by any one Approved Certifier of Design, i.e. an Approved Certifier of Design suddenly starts certifying large numbers of new dwellings, whereas previously they were certifying relatively few alterations and extensions

Where an Approved Body has more than one Approved Certifiers of Design the opportunity will be taken to audit the activities of these additional Certifiers of Design at the same time.

RIAS-regs reserves the right, in exceptional circumstances, to undertake audits even where an Approved Certifier of Design or Approved Body has been removed, terminated or are out with their subscription period if triggered by a complaint. Should an Approved or former Approved Certifier of Design or Approved Body refuse to allow access for such an Audit this may prove sufficient cause for the Head of Certification to consider a referral, as a last resort, to any professional body or register which can exercise some form of review of their activities.

## 2:00 The Audit Process

Prior to the audit the Auditor(s) will map out their audit plan (based on the audit report template) including any areas of specific concern that the Schemes' Administrator's report raises to allow them to structure the audit and record their findings as they progress through each stage.

In the case of a regular Audit Return each Approved Certifier of Design and Approved Body will be provided with a copy of their Certification Report, listing the Certificates of Design which have been issued. The audit process itself is broken down into 4 stages

**Stage 1: Profile**

On submission of Audit Reports these are provided to the Auditors together with reports confirming:

- The key dates in the Approved Certifiers of Design / Approved Body membership process
- Confirmation of the Approved Certifiers of Design test record (number of attempts overall marks etc)
- Number of Certificates of Design that have been issued and for what type of project
- The compliance methodology used for each Certificate of Design
- Whether the Approved Certifier of Design was also the building warrant Applicant / Agent or not

In addition, the Schemes' Administrator will assemble from the Scheme files:

- details of any complaints made via the Scheme and the steps taken to resolve them
- details of any invalid Certificates of Design that have been corrected
- a copy of any previous audit reports
- copies of any relevant correspondence with the Approved Certifier of Design / Approved Bodies

**Stage 2: Procedural**

Previously audits have taken place either at the Approved Body's offices, at the RIAS in Edinburgh or at a mutually convenient location. The preference in the initial phase of auditing was for the first of these as all the documentation that is required for an audit ***must*** be made available and this allows the Auditor(s) to assess the overall working arrangements, access to documents, IT systems etc of the Approved Certifier of Design and their Approved Body.

The move to remote auditing based on electronic logbooks allows audits to be undertaken more efficiently and on a less disruptive basis.

The procedural part of the audit concentrates on the adequate maintenance of records on the part of the Approved Body, the QA procedures that the Approved Body has in place and how they have dealt with any complaints made against them.

The Auditor(s) will be looking to see that the Approved Body has kept full records of the projects they have certified and that the correct methodology has been followed during the certification process. i.e.: if project X has been certified as an extension and that the compliance methodology is elemental. The drawings clearly show that it is and the certifier has copies of U-value calculations / manufacturers literature etc.

This stage of the audit will take the form of the Auditor(s) working through the Approved Certifiers of Designs and Approved Bodies Audit Return. Based on their initial findings the Auditor(s) have the option to:

- complete their audit report, and/or
- request further information, and/or
- conduct an interview with the Approved Certifier of Design and the Certification Coordinator (who should have the Approved Body's logbook and job files etc to hand) either face to face or by telephone, depending on the Auditors initial findings and concerns

**Stage 3: Evidential**

The third stage of the audit is to look at a number of individual projects that are representative of the Approved Certifiers of Design and Approved Body's work and assess:

a) has the process of certification been followed
b) is sufficient information available to fully describe the design, as outlined in BSD's guidance http://www.scotland.gov.uk/Topics/Built-Environment/Building/Building-standards/publications/pubguide/pubproccert - where copies of drawings and specifications etc are not available electronically the auditors must seek reassurance that hard copies are available, including where necessary copies are made available
c) has a Certification Checklist been completed and does it include key points of information such as confirming design information, compliance methodology, source of calculations etc
d) did the Approved Certifier of Design have a wider role than just certifying a Section of the Technical Standards
e) what evidence is there that other regulatory issues were considered during certification
f) what evidence is there for interaction with the rest of the design team and the applicant / agent

It is not intended that the Auditor(s) replicate the process that the Approved Certifier of Design *should* have gone through, but they will check that each of the certification steps has been completed and recorded and that there is sufficient information available to have allowed certification.

Where the Auditor(s) have cause to believe that one or more certified designs is non-compliant and depending on the cause of this concern they can:

- require that the Approved Certifier of Design to repeat the certification process and the Approved Body report the outcome
- require that the Approved Body appoint an alternate Approved Certifier of Design to repeat the certification process (this may necessitate the original Approved Body appointing another

Approved Body if they have only one Approved Certifier of Design within their organisation) again reporting the outcome
- recommend suspension to the Head of Certification pending further independent assessment

This stage of the audit will be conducted by the Auditor(s) without the Approved Certifier of Design being present.

**Stage 4: Reporting**

At the conclusion of an audit the Auditor(s) will give the Certification Coordinator and the Approved Certifier of Design(s) a short summary of their findings and comments, (this may be verbal at a face to face audit or by either telephone or email) based on the audit template and their notes. The Certification Coordinator and Approved Certifier of Design will be offered the opportunity to make or raise any points that they feel are appropriate.

The Auditor(s) will, as soon after the audit as possible, produce a draft report based on the audit template and their audit notes. This draft report will be forwarded by the Schemes' Administrator or Technical advisor to the Approved Certifier of Design / Certification Coordinator, who will be given the opportunity to comment on any statements of fact that they believe to be incorrect.

The Auditor(s) will then finalise their report. The Review Panel will be asked to accept or amend the Auditor(s) comments as appropriate.

The final report will then be sent to the Certification Coordinator and a copy added to both the Approved Body and Approved Certifier of Design's electronic file held by the Schemes. Copies of all audit reports will be made available to BSD on request / at the Scheme Providers audit.

The Auditor(s) comments will be broken down into:

- Non-compliances,
- Requirements
- Recommendations, and
- Observations

Depending on the severity of these the Review Panel can attach time limits by which the Approved Certifier of Design / Certification Coordinator must comply.

Should, as a result of the audit, the Auditor(s) have an immediate and significant cause for concern (such as there being no proof that PI Insurance is in place) they will be able to raise this with the Head of Certification who can immediately suspend the Approved Body / Approved Certifier(s) of Design pending disciplinary proceedings

## 3:00 Outcomes

Where an Approved Certifier of Design / Approved Body fails to provide an Audit Return on request an Approved Certifier of Design will be suspended from the Scheme until an Audit Return is provided.

The Review Panel can endorse / amend the Auditor(s) comments to include one or more of the following:

- No immediate action required, Approved Body / Approved Certifier of Design to be audited again at the next Audit Return, unless an audit is trigger by subsequent action or compliant
- Additional training / CPD recommended
- Approved Body / Approved Certifier of Design is required to amend their current procedures
- Approved Body / Approved Certifier of Design is required to add to their current procedures and provide evidence thereof
- Schedule a further audit sooner than the next Audit Return. The exact period is dependent on the level of concerns raised, as a result of, the audit and is defined below.

In reviewing the comments of the Auditor(s) regarding each Approved Body and individual Approved Certifier of Design, the Review Panel will seek to ensure consistency across all audits.

## 4:00 Appeals

An Approved Body or Approved Certifier of Design is entitled to appeal against any statement, conclusions and recommendations made by the Auditor(s).

## 5:00 The Auditor(s)

Having established a bench mark each Approved Certifier of Design / Approved Body will be audited by one or two Auditor(s). The Auditor(s) must be either wholly or in combination:

- an Approved Certifier of Design
- a senior practitioner with experience in managing an architectural practice or similar business / department
- be experienced in auditing procedures, either as an auditor or as having been audited

Every Auditor must declare if they have any conflict of interest or substantive reasons why they should not audit a particular Approved Body or Approved Certifier of Design. For example, it would be inappropriate for an Auditor to audit their biggest rival in their local area.

The Review Panel will seek to balance the convenience of travel with independence where a face to face audit is deemed necessary.

The Review Panel will review the audit procedures, including this document after each round of audits.

The Auditor(s) will be drawn from the members of the Scheme, senior members of the RIAS, CIAT, CIBSE and other such bodies as the Head of Certification deems suitable.

Auditor(s) must undertake to treat any commercially sensitive information in complete confidence.

### 5:01 Training for Auditor(s)

To date all auditing has been carried out by a small group of Auditors. These auditors have all received a day long introduction covering the purpose and process of auditing at the RIAS on 3rd November 2010. Since then the Auditing Procedures have been updated and amended in the light of developing practice primarily, as a result of, Auditors comments and experience.

Prior to expanding the number of Auditors, in order to deal with, an increased workload, to ensure consistency and fairness, additional training will be provided for both new and existing Auditors covering:

- RIAS-regs Scheme Procedures
- The requirements of the Scottish Governments Certification Handbook
- The developments within the Schemes, in particular the move to remote auditing
- Developments in promoting consistent production of audit reports

### 5:02 Objecting to Auditor(s)

Approved Bodies may object to the appointment of a particular Auditor in advance of the audit stating reasons for objection and which might result from:

- a perceived conflict of interest
- a current or previous working relationship
- direct competitor

An objection to a particular Auditor must not become a material consideration in the subsequent audit and Approved Bodies have a duty to highlight to the Head of Certification where there may be conflicts of interest that the Auditor may not be aware of.

The Head of Certification should take suitable steps to ensure alternative Auditor(s) are appointed in a timely manner.

The Head of Certification may however take action if there is reason to believe that an Approved Body is deliberately objecting to Auditor(s) as a mechanism to delay or avoid audit.

## 6:00 Guidance for Auditors

It is anticipated that with time, the Auditor(s) will build up considerable experience and develop further guidance.

This section deals with the thresholds where the Auditor(s) should be considering including Non-compliances, Observations, Requirements or Recommendations within their report.

In considering if a threshold has been met, an Auditor should consider any previous audit reports that there may have been and pay particular attention to any issues that were highlighted.

If a previous audit report included a requirement to address an issue within a time limited period and it is shown on a subsequent audit that it has not been addressed, the requirement should be up-scaled to a non-compliance.

Equally, where previous recommendations, requirements and non-compliances have been addressed this should be recognised as a positive improvement.

Auditor(s) must also judge whether a lack of evidence is a failure of procedure / technical competency or is representative of a deeper problem.

For example, if an Approved Body is unable to produce a PII Certificate due to an administrative / staffing issue the Auditor(s) must at the very least record a non-compliance with a requirement for a Certificate to be produced within 7 days. If however the Auditor(s) have reasonable cause to think that the Approved Body is in fact uninsured they must report this immediately to the Head of Certification who must immediately suspend the Approved Body.

Each Element of the audit can be scored using the following matrix and with reference to the weighting of issues covered in Appendix B:

Each outcome is colour coordinated:

| | |
|---|---|
| | **Urgent Action Required** |
| | **Requirement** |
| | **Recommendation** |
| | **Observations** |

| Audit Issue | Excellent | Good | Acceptable | Cause for Concern | Non-compliant |
|---|---|---|---|---|---|
| Professional Indemnity Insurance | In place | | | Not available on request | Suspicion PII not in place **IMMEDIATE SUSPENSION** |
| Code of Conduct | No Breach of Code | | | | Breach of the Code of Conduct |
| Approved Body QA Procedures | Well developed procedures in place and evidence that they are being followed | Procedures in place and evidence that they are being followed but improvements possible | | Poor QA procedures and patchy evidenced that they are being followed | No procedures in place |
| Log Book | Present and complete | | Present with few omissions | Present with some omissions | Not present |
| Compliance Methodologies | All correct | | | Predominately Correct | Predominately Incorrect |
| Records of projects being kept | Present and complete | | Present with few omissions | | Not present or present but largely incomplete |
| Internal complaints procedure | Present and well developed | | Present | | Not present |
| Complaint Records | Complete | | No complaints | | Not present |
| Dealing with complaints | Complaints dealt with quickly, procedures followed and records kept | | No complaints | Poor records, lack of evidence of procedures being followed | Evidence that complaints have lain unaddressed |
| Regulations and reference materials available | Complete set of reference materials available | All key reference materials available | Majority of reference materials available | Key documents missing | No documents available |
| CPD Logbooks available | Present, well documented and demonstrating 10 hours + CPD | | Present demonstrating 10 hours CPD achieved | Present, poorly documented or a shortfall in CPD hours | Not present |
| Response to previous audits | Issues resolved promptly | Issues resolved within time limits set | No previous audits | Partial or late action taken | No action Taken **PREVIOUS ACTION POINTS UPSCALED** |
| Technical competency | All technical aspects judged as correctly assessed and certified | All certified projects judged as compliant with Section 6 | | | 1 or more certified projects are considered non-compliant with Section 6 |

## 7:00 Audit Outcomes

| | |
|---|---|
| Immediate Suspension: | If the Auditor(s) believe that an Approved Body is uninsured they should immediately contact the Head of Certification and recommend immediate suspension. |
| PII Insurance: | If a PII certificate is not immediately available, but the Auditor(s) have reason to believe one is in place. They should recommend that the Head of Certification requires a copy within 7 working days under threat of suspension. |
| Urgent Actions: | There are potential 9 issues highlighted in red (plus where action has not been taken following a previous audit a requirement can be up-scaled to an urgent action).<br><br>4 urgent actions are sufficient to prompt an immediate suspension of the Approved Body or Certifier. The suspension to be lifted once the Approved Body or Certifier has demonstrated compliance to the satisfaction of the Head of Certification.<br><br>1 urgent action or more requires a re-audit within 6 months. |
| Requirements: | There 8 potential issues highlighted in yellow. (plus where action has not been taken following a previous audit a recommendation can be up-scaled to a requirement).<br><br>4 or more requirements requires a re-audit within 12 months |
| Recommendations: | Any recommendations and observations are to be dealt with by correspondence between the Head of Certification and the Approved Body or Certifier. |

# Appendix A – Weighting of Audit Issues

This appendix has been added to strengthen the guidance available to Auditor(s) in order to ensure a consistent approach to auditing across different auditor teams and in order to ensure that there is appropriate weighting between technical and procedural issues.

In forming their opinion the Auditor(s) should take into account the timing of specific certificates and the degree of advice and support offered by the Scheme at the time.

## A.1 Professional Indemnity Insurance

Having PII in place is non-negotiable for any Approved Body. As an audit issue there are only two possible outcomes. Either the Approved Body's Certification Coordinator can provide immediate evidence that PII is in place or they cannot.

In the absence of immediate evidence then Auditor(s) must judge whether this is a simple matter of a document not being immediately to hand or brought to audit or there is a suspicion that PII is not in fact in place.

In making such a judgement Auditor(s) must assess whether there seems a credible reason for documentary evidence not being available and that the Certification Coordinator can confirm verbally where this documentary evidence exists and agree to a time table of providing this evidence. In this instance the lack of evidence should be recorded as a "Cause for Concern requiring Urgent Action".

Where Auditor(s) believe that PII may not be in place this should be recorded as a "Non-compliance" and the Head of Certification should be notified immediately to allow immediate suspension of the Approved Body.

## A.2 Code of Conduct

Where Audits uncover a breach of the Code of Conduct this should be recorded as a "Non-compliance"

## A.3 Quality Assurance Procedures

The scale and detail of the Approved Body's QA Procedures should be proportionate to the size and scale of the organisation and the type of projects which are certified. Template QA Procedures are available to Approved Certifiers of Design and Approved Bodies however these may not be comprehensive enough for larger organisations.

In addition, where an Approved Body has separate and well developed QA Procedures, these should be expanded to include Certification of Design in preference to a separate set of documents.

At the core of any QA Procedures must be the twin principles that:

1. Approved Certifiers of Design and Approved Bodies will certify projects within the boundaries of the Scheme Guidance, Code of Conduct and the relevant legislation

2. Certification of Design procedures are documented and available for audit

Approved Bodies must provide copies of their QA Procedures for the Auditor(s) as well as evidence that the QA Procedures are being followed.

Of particular importance, Auditor(s) must ask themselves whether, in the absence of a specific Approved Certifier of Design or Certification Coordinator, do the QA Procedures provide sufficient information to allow a replacement Approved Certifier of Design or Certification Coordinator to pick up the threads of the Approved Body's certification processes and/or allow completion of any particular project?

Where QA Procedures allow this without further amendment then an “Excellent” should be recorded in the audit. Where some improvements could be made, but the QA Procedures largely cover the relevant issues, then a “Good” should be recorded.

Where the QA Procedures require to be augmented and there is poor evidence that they are being followed, this should be recorded as a “Cause for Concern requiring Improvements” and omission of any QA Procedures is a “Non-compliance requiring Urgent Action”.

## A.4 Logbook

A core auditing tool is the presence of the Certification Logbook which records overall records of PII, CPD etc and each certified design, the references to design information, a description of the methodology of determining compliance and any additional project notes and references.

Auditor(s) must assess how comprehensive the Logbook is and drill down into specific projects, comparing them against the on-line certification records etc.

A few omissions of non-critical data are acceptable, although these should result in a “Recommendation” in the audit report. Where the omissions are more extensive or deemed to undermine the usefulness of the Logbook these should result in a “Requirement” in the Audit Report.

The absence of a Logbook is a “Non-compliance”.

## A.5 Compliance Methodologies

The audit report has two well demarcated boundaries between all correct, predominately correct and largely incorrect.

Judging the correct compliance methodology for any given project is straight forward and even a single mistake is a “Cause for Concern”. That said Auditor(s) must be mindful that any given project can potentially be assessed for compliance in more than one way. Approved Certifiers should not be penalised for using an unusual methodology if this is allowable under the Technical Standards.

## A.6 Records of Projects

Again Auditor(s) should find a complete set of record documents within a project file. Or where the Approved Certifier of Design / Approved Body is providing services additional to certification, references to where design drawings and specifications etc are kept.

Auditor(s) must be provided with the certification file. If electronic copies of the drawings and specifications that have been relied upon in preparing a Design Certificate are not available. Auditor(s) may request hard copies.

## A.7 Internal Complaints Procedures

Approved Certifiers of Design and Approved Bodies are provided with a template, however as with QA Procedures these are aimed at the smaller organisations and should not be used where an Approved Body already has an adopted Complaints Procedure.

Approved Bodies must provide copies of their Internal Complaint Procedures for the Auditor(s) as well as evidence that the Internal Complaints Procedures are being followed.

## A.8 Complaint Records

It is a requirement of the Scheme Guide that the Head of Certification is informed by an Approved Body of any complaints that it receives, and the steps taken to resolve them. Such notifications will be made known to the Auditor(s) prior to the audit.

Where a complaint has been received the Auditor(s) must determine if the Approved Certifier of Design / Approved Body have followed their own procedures and adequately documented the complaint.

Where a known complaint has not been documented this is a “Non-compliance”. Where Auditor(s) are presented with a documented complaint that has not been notified to the Head of Certification this is a breach of the Code of Conduct.

## A.9 Dealing with Complaints

In the absence of any complaints Auditor(s) will not be able to assess whether an Approved Certifier of Design / Approved Body has followed their Complaints Procedure.

Where complaints have been received and dealt with Auditor(s) should be able to follow from the Complaint Records the trigger for the complaint, its validity, the steps taken to resolve the issue and the eventual outcome.

Although with regard to this element Auditor(s) need not determine whether the record of the complaint shows that the complaint was valid and whether the resolution was fair and equitable, however these issues should be considered in respect to the Scheme Guidance, Code of Conduct and relevant legislation.

## A.10 Reference Materials

A full set of Scheme documents and regulations must be made available to Approved Certifiers of Design. The Scheme has provided a minimum list of these and Auditor(s) should assess as far as they are able that they are to hand.

Such documents can, where appropriate, be kept electronically and where the audits are undertaken remotely from the Approved Bodies office it is sufficient for the Certification Coordinator to outline the form in which these documents are provided by providing a Declaration of Documents Availability.

## A.11 CPD Logbook

Auditor(s) must be provided with a copy of a CPD Logbook for each Approved Certifier of design and will assess the suitability of these based on the criteria noted in the audit matrix.

## A.12 Response to Previous Audits

Auditor(s) should review any previous correspondence and Audit Reports which are on file for the Approved Certifier of Design and/or Approved Body