TOOLKIT 25 · POLICY STARTER PACK · POLICY 8 OF 8

Staff Credentialing and Competence Policy

Nobody treats a patient until the licence is verified, the competence is signed off and the induction is done

Facility	
Policy owner (role) · approved by · date · review date	

Before starting

Identity, qualifications and professional licence verified at source (not from copies alone); references from the last two employers; criminal-record check where the law allows; occupational health clearance and hepatitis B status; a signed confidentiality undertaking and code of conduct.

Scope of practice

Each clinical role has a written list of procedures the person may perform; anything beyond it requires documented competence sign-off by a senior clinician.

Induction

Before unsupervised work: orientation to the facility, fire and emergency procedures, IPC and hand hygiene, patient identification, incident reporting, consent and confidentiality, the Patient Charter. Recorded on the induction checklist.

Continuing competence

Annual mandatory training matrix (fire, IPC, basic life support, safeguarding, medicines safety) with attendance recorded; annual appraisal; CPD recorded (ASF Passport where used).

Re-verification

Licences re-checked at expiry; a register of all staff with licence numbers and expiry dates maintained by HR and audited yearly.

Concerns

Concerns about a staff member's competence or conduct are raised through the incident system and the Just Culture guide, with support for the staff member; patient safety takes precedence over employment considerations.

Approved by (name, role)	Signature	Date

Template from the ASF Policy Starter Pack. Adapt to national law; keep the ASF block; note what you changed.

ASF standards: Governance — human resources and competence; Surveyor Training Standard (for ASF's own staff); Standard 4 — safe care