Patient registration and named clinician policy

Policy | PHC-POL-001

Document type	Policy
Title	Patient registration and named clinician policy
Document ID	{{facility.code}}-PHC-POL-001
Version and status	1.0 | Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	System S3 (Primary care practice), criterion S3.1
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Every patient is registered with the practice with their details recorded.
2. Every registered patient has a named clinician or team.
3. Registration records are reviewed each year and kept current.
4. A patient who cannot be registered is told where to go, in writing.

Stop and get help straight away if: a registered patient has no named clinician or team.

1. Purpose

To make sure every patient is known to the practice and that someone is responsible for their care (S3.1).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background and rationale

A patient who is not registered, or has no named clinician, falls through the gaps: no one is responsible for their follow-up. A register that is kept current makes every patient someone's responsibility.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Practice manager	Owns the register and the policy	Management
Reception	Registers patients and records the named clinician	Trained in registration
Clinical lead	Allocates the named clinician or team	Clinician

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Records and forms named in this document	Current version	Checked before use

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Register.	• Record the patient's identity, address, contact and carer details. • Check the identity documents set in the policy.	No registration without identity.
2	Name a clinician.	• Allocate a named clinician or team and record it on the register.	Every patient has a name against them.
3	Review.	• Review the register each year for leavers, moves and deaths.	A register kept current is the basis of all other care.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Registered patients with named clinician	100%	Quarterly	Practice manager	Escalate to clinical lead
Register reviewed in the last 12 months	100%	Yearly	Practice manager	Escalate to clinical lead

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
PHC-REG-001	Patient register	Register

16. Evidence

ID	Source and status
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.
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E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval