

|                                          |                      |                                                                         |     |
|------------------------------------------|----------------------|-------------------------------------------------------------------------|-----|
| <b>Organisation name</b><br>Site or unit |                      | <b>POLICY</b><br><b>Patient registration and named clinician policy</b> |     |
| <b>Document ID</b>                       | PHC-POL-001          | <b>Version</b>                                                          | 1.0 |
| <b>Status</b>                            | Blank form, to adapt | <b>Issue date</b>                                                       |     |
| <b>Review date</b>                       |                      | <b>Replaces</b>                                                         |     |
| <b>Owner</b>                             |                      | <b>Approved by</b>                                                      |     |
| <b>Signature</b>                         |                      |                                                                         |     |

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Policy · PHC-POL-001 · Version 1.0 · Approved by the ASF Expert Committee

**Supports:** System S3 (Primary care practice), criterion S3.1

### At a glance

- Every patient is registered with the practice with their details recorded.
- Every registered patient has a named clinician or team.
- Registration records are reviewed each year and kept current.
- 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. 1. Purpose

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

## 2. 2. Scope

|            |                                                    |
|------------|----------------------------------------------------|
| Applies to | Clinical and support staff in the hospital         |
| Locations  | All wards, clinics and departments of the facility |
| When       | Whenever the activity described is carried out     |

|                   |                                                             |
|-------------------|-------------------------------------------------------------|
| Does not apply to | Activities covered by another document listed in section 15 |
|                   |                                                             |
|                   |                                                             |
|                   |                                                             |

### 3. 3. Definitions

| Term          | Meaning                                               |
|---------------|-------------------------------------------------------|
| Clinical lead | The doctor or nurse in charge of the area at the time |
|               |                                                       |
|               |                                                       |
|               |                                                       |

### 4. 4. Background

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. 5. Responsibilities

| Role             | Responsibility                                     | Competence              |
|------------------|----------------------------------------------------|-------------------------|
| Practice manager | Owens 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. 6. Materials and equipment

| Item                                     | Requirement     | Condition          |
|------------------------------------------|-----------------|--------------------|
| Records and forms named in this document | Current version | Checked before use |
|                                          |                 |                    |
|                                          |                 |                    |
|                                          |                 |                    |

## 7. 7. Safety

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

## 8. 8. Before you start

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

## 9. 9. Procedure

### Step 1. Register.

- Record the patient's identity, address, contact and carer details.
- Check the identity documents set in the policy.

**Key point:** No registration without identity.

### Step 2. Name a clinician.

- Allocate a named clinician or team and record it on the register.

**Key point:** Every patient has a name against them.

### Step 3. Review.

- Review the register each year for leavers, moves and deaths.

**Key point:** A register kept current is the basis of all other care.

## 10. 10. Decision points

- No decision points in this procedure.

## 11. 11. Special situations

| Situation    | Action                                                                  |
|--------------|-------------------------------------------------------------------------|
| Out of hours | Follow the same steps. Use the on-call contact on the wall of the area. |
|              |                                                                         |
|              |                                                                         |
|              |                                                                         |

## 12. 12. Escalation

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

## 13. 13. Monitoring

| Measure                                  | Target | Frequency | Owner            | If not met                |
|------------------------------------------|--------|-----------|------------------|---------------------------|
| 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 |
|                                          |        |           |                  |                           |
|                                          |        |           |                  |                           |
|                                          |        |           |                  |                           |

## 14. 14. Records

| Record | Kept in | Retention |
|--------|---------|-----------|
|--------|---------|-----------|

|                               |                                 |                                                       |
|-------------------------------|---------------------------------|-------------------------------------------------------|
| Record named in this document | Patient record or the area file | the period set by the facility's records policy years |
|                               |                                 |                                                       |
|                               |                                 |                                                       |
|                               |                                 |                                                       |

## 15. 15. Training

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

## 16. 16. Related documents

| ID                        | Title            | Use      |
|---------------------------|------------------|----------|
| <u><b>PHC-REG-001</b></u> | Patient register | Register |
|                           |                  |          |
|                           |                  |          |
|                           |                  |          |

## 17. 17. Evidence

| Reference | Note                                |
|-----------|-------------------------------------|
| E-006     | ASF Policy Framework v1.2. Adapted. |
| E-009     | ASF Expert Committee consensus.     |
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| E-009     | ASF Expert Committee consensus.     |
|           |                                     |
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## 18. 18. Change history

| Version | Date                 | What changed  | Approval                      |
|---------|----------------------|---------------|-------------------------------|
| 1.0     | the date of approval | First version | set Expert Committee approval |
|         |                      |               |                               |
|         |                      |               |                               |
|         |                      |               |                               |

No e-learning course is linked to this document yet.

## 19. References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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### Related standard

- [Standard 59: Outpatient Medical Specialties](#)