Staff Credential Verification and Recheck

Standard operating procedure (SOP) | STF-SOP-001

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Title	Staff Credential Verification and Recheck
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Prepared by	{{roles.quality_lead.name}}, Quality lead
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Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	Replaces the earlier short form
Standards and criteria supported	Standard 1, criterion 1.1 (non-negotiable)
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. Before the first shift, verify the licence, registration and qualifications of every person who works here.
2. Record the verification on STF-FRM-001 with the date and who checked it.
3. Check the scope of practice matches the post.
4. Diary the next recheck. Remind the person 30 days before any expiry.
5. Stop the person from working the day their registration lapses.

Stop and get help straight away if: a licence cannot be verified, has lapsed, or does not cover the work being done.

1. Purpose

To make sure every person who provides care is qualified, licensed and current for their role before they start, and remains so while they work here [E-006, EC].

2. Scope

Applies to	All clinical staff, non-clinical staff who may come into contact with patients, locums, students, volunteers and contractors
Locations	All sites and services at {{facility.legal_name}}
When	Before the first shift; at each renewal date; before any change of role or scope
Does not apply to	Staff who only work in offices with no patient contact, unless their role requires a licence

3. Definitions and abbreviations

Term	Meaning in this SOP
Verification	Confirming, with the issuing body or an original or certified copy, that a licence, registration or qualification is valid
Scope of practice	The procedures and duties a person is allowed to perform under their licence

Term	Meaning in this SOP
Recheck date	The date by which the person's credential must be checked again
Issuing body	The authority that grants the licence or registration

4. Background and rationale

Patient safety depends on staff who are qualified for their role. A lapsed licence or a role outside the scope of practice is a serious risk. Verification is a one-time check at start and a recurring check through the employment.

This SOP is the method for criterion 1.1: every staff member's verification is in one register, with the next recheck date. The register is the audit evidence. No personal documents are kept beyond what the register needs (see the privacy policy).

5. Responsibilities

Role	Duties in this SOP	Competence needed
HR lead	Holds the register; runs the recheck calendar; stops access when credentials lapse	HR and compliance training
Clinical director	Confirms the scope of practice for each clinician	Clinical leadership
Department or ward head	Checks the person is verified before they are rostered; reports gaps	Management training
Staff member	Provides valid documents on time; tells the HR lead of any change or lapse	Own responsibility

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Original or certified copy of each licence or registration	Valid, issued by the authority, shows name and expiry date	Name matches identity; not expired
Online register of the issuing body (where available)	Official site only; no third-party sites	Date and result recorded
Staff verification register (STF-FRM-001)	Current version	Available to the HR lead and quality lead

7. Safety and infection prevention

- Do not allow any person to work on a patient until verification is complete.
- Keep personal documents secure. Access is limited to the HR lead and the quality lead.
- Do not accept a photocopy of a licence without checking it against an original or the issuing body.

8. Before you start

- Ask the candidate for their licence, registration and qualification documents in advance of the start date.
- Check the post or rota they are applying for, to know the scope required.

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	Collect the documents before the first shift.	• Ask for the original, or a certified copy, of each licence, registration, certificate and required insurance. • Note the name on each document and confirm it	A name that does not match is a flag, not a formality.

Step	Action	How to do it	Key point
		matches the identity document. • Keep the copies in the secure HR file.	
2	Verify with the issuing body.	• Check the licence on the issuing body's official register, where one exists. • If there is no online register, contact the issuing body directly, and record the reference and person spoken to. • Record the result, the date, and your name.	The original document can be fake. The issuing body is the check that matters.
3	Check the scope of practice.	• Compare the licence scope with the duties in the post. • If the scope does not cover a duty, the person is not rostered for that duty until the scope is confirmed by the clinical director.	Qualified in one area does not mean qualified in another.
4	Record the verification on STF-FRM-001.	• Enter the name, role, issuing body, licence or certificate number, verification date, who verified, scope confirmed (yes or no), and the next recheck date. • Do not record the personal document itself in the register.	The register must show the verification date and the next recheck. Both are audited.
5	Confirm the person is allowed to start work.	• Tell the rota or department head that the person is verified. • Do not allocate duties before the register is updated.	The register and the rota must agree.
6	Set the recheck and reminders.	• Diary the expiry date of each credential. • Send a reminder to the person and their manager 30 days before the expiry date. • On the expiry date, if the renewal is not shown, stop the person from working in the scope that requires the licence, and tell the clinical director the same day.	Most lapses happen because nobody is looking at the dates.
7	Review the register.	• Review all dates each quarter with the quality lead. • Audit a sample of 10% of staff each quarter against the source documents. • Report gaps to the clinical director and the governing body.	An audit against source documents is the only way to know the register is right.

Decision points

- If the verification succeeds and the scope matches, the person may start work.
- If the verification fails or the scope does not match, the person does not start, and the HR lead informs the manager and the clinical director.

10. Special situations

Situation	What to do
Locums and agency staff	The agency provides the verification evidence before the shift. The hospital still verifies with the issuing body (EC).
Students	Verified by the training institution and recorded in the register, with the supervising clinician named.
Overseas-qualified staff	Verified with the issuing body in the country of qualification and with the national authority. Allow more time (EC).
Renewal in progress	The person does not work in the licensed scope until renewal is confirmed. Under a supervised plan only, if the rules allow (EC).

11. Problems and escalation

- If a licence has lapsed, stop the person from working in scope at once and inform the clinical director the same day.
- If a credential appears to be false, do not employ or continue; report to the issuing body and to the governing body.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Staff verified before first shift	100%	Each new starter; monthly summary	HR lead	Escalated to the chief executive
Licences expired while in use	Zero	Monthly	HR lead	Immediate suspension from scope; incident report
Register matches source documents (quarterly sample of 10%)	100% accurate	Quarterly	Quality lead	Full review of the register; retraining of HR staff

13. Records

Record	Where it is kept	Kept for
STF-FRM-001 Staff Verification Register	HR secure file (access limited)	Duration of employment plus {{facility.records_retention_years}} years, or as the law requires
Copies of licences and certificates	HR secure file	Duration of employment plus the law's requirement

14. Training and competence

- HR staff are trained in this SOP at induction and each year (EC).
- Department heads are briefed on the rota check at induction.

15. Related documents

ID	Title	Relationship
STF-FRM-001	Staff Verification Register	Used in steps 1 to 4
SOP-072	Staff Background Check Procedure (generic)	Background checks are a separate step
PHM-SOP-001	Medicine Storage and Temperature Monitoring	Only verified staff handle medicines
REC-POL-001	Records Management and Retention	Governs storage and retention of personal documents

16. Evidence

ID	Source and status
E-006	ASF Policy Framework v1.2.
E-009	ASF Expert Committee consensus. Overseas verification and renewal rules set by the ASF Expert Committee against national law.

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}}	Full procedure written; added verification steps, scope check, recheck, special cases and monitoring	Approved by the ASF Expert Committee