



**Association of
Tongue-tie Practitioners[®]**

Educate · Support · Care

ATP Constitution-Appendix 3

ATP Directory and Listings Policy (August 2025)

Version	Date	Reason for Review	Review Timeframe
1.0	10 th October 2023	New Policy	December 2023
1.1	15 th December 2023	Amendments Review	March 2024
1.2	11 th March 2024	Annual Review	March 2025
1.3	August 2025	Annual review	Annually

The purpose of this policy is to ensure that the parents, families, and service-users we serve, have full awareness and access to the services available to them, and to encourage and support the provision of tongue tie services across the UK.

The ATP constitution states:

“To facilitate parents to access safe and effective care from registered health professionals who, if appropriate, are registered or work within an organisation regulated by the Care Quality Commission (CQC), Healthcare Improvement Scotland (HIS), Jersey Care Commission (JCC) or the Regulation and Quality Improvement Authority (R&QIA).”

This policy is to be further considered in line with the ATP Constitution (part 4;Membership).

Background

As our organisation continues to grow, it has become necessary to ensure that the directory listings remain in-line and concurrent with the criteria as set by our regulatory bodies.

There have been reports of clinics being listed by members in the past that do not exist or are not current on their websites which has caused concern and a potential disservice to families and other ATP members. We hope that by providing these criteria for listing that any confusion is less likely to happen.

Criteria for listing:

To help make the directory fair and equitable to all users, the ATP require the following criteria prior to acceptance into the ATP directory.

For clarity of terminology

Professional Regulatory Bodies are:

- Nursing and Midwifery Council (NMC),
- General Medical Council (GMC),
- General Dental Council (GDC).

(There are 9 professional regulatory bodies in the U.K; however, surgical procedures must fall into the scope of the provider's professional regulator in order to practice, of which these 3 are the only ones currently applicable).

Service Regulatory Bodies are:

- Care Quality Commission (CQC),
- Healthcare Improvement Scotland (HIS),
- Healthcare Inspectorate Wales (HIW),
- Jersey Care Commission (JCC) or
- Regulation and Quality Improvement Authority (R&QIA).

1. All members are required to provide their full professional name as it appears on their service professional regulatory body's register. This will include all middle names if that is how it appears on that register. Should a member not wish for their middle names to be visible in the ATP directory, they may be added in as initials, and will be followed by their professional credentials.

Should a practitioner wish to include their preferred name to their listing, this can be included in brackets, ie: Joseph (Joe) Bloggs RM, IBCLC.

Business/company names are to be inputted into the first line of the member's location address which allows the directory to search by company name too.

Any prefix to a practitioner's name will be removed as all credentials are listed (for example 'Dr').

2. All members must be registered by their professional regulatory body and their registration status must be current and active (ie nurse, doctor, dentist or health visitor-with active registration to NMC, GMC, or GDC). The member's professional PIN number must be provided on the form. In instances where a member has dual/multiple registrations, either profession can be used on the submission form because they are given the same PIN number for that professional body. All recognised and current qualifications can be listed as their credential(s), which will be displayed as abbreviated letters following their professional name. Members who also hold International Board Certified Lactation Consultant (IBCLC) accreditation are required to provide their credential number. The speciality of a doctor should be disclosed (surgical or medical are the only variations accepted) and the level of award will not be displayed.
3. All members are required to provide the service 'certificate number' (HIS/R&QIA) or the 'provider ID' (CQC / JCC) as registered with their service regulatory body (e.g, CQC, HIS, JCC or R&QIA) for the areas of the UK they work.

NB – this will not be required from members who reside and work in Wales until Healthcare Inspectorate Wales (HIW) begin regulation however will be required if members reside in Wales but work within a country that legally requires it.

Those listing who have a “Practising Privileges” arrangement or who are employed by a regulated company will need to

- Provide their employer / organisation’s registration details as above
- Provide proof of this arrangement / employment such as a signed original PDF work contract (doctored word documents / handwritten additions would not be acceptable)
- Clearly display on their website or social media link that they are regulated through the registration of their employer / organisation, the accountability pathway and link to the relevant complaints policy.

This is so that when members of the public do their searches, they are aware of how each practitioner is regulated and if necessary how to provide feedback, such as a compliment or complaint.

This information forms the member’s ‘evidence’ of service regulation and is different from evidence of the tongue-tie service/base location.

4. One member name is allowed per listing. Should a member hold a service with one or more members, then each member will need to be listed and pay separately.
5. To confirm a member has current professional indemnity insurance, members will need to tick the relevant checkbox on the form. For members employed or working with a practising privileges arrangement, their cover should be detailed within contractual agreements and evidenced as above.
6. When listing a **home visiting** service, members may only list ONE postcode of their choice. To ‘catch’ a wider catchment area they may consider widening their mileage or adding additional clarifications on their website. The radius of travel is set at the member’s own preference and is a maximum mileage in terms of distance rather than travel time. The default search is set at 30 miles and can be adjusted by those searching.
7. When listing a **clinic service**, we will need evidence detailing the member’s name and the address of the clinic venue. Only one piece of ‘evidence’ is necessary per clinic service offered. Any form of unamendable documentation is accepted that has the member’s name/organisation name and full CLINIC VENUE address visible and must be related to the tongue-tie service that you offer. (Examples may include a headed letter from the venue, an email direct from the venue detailing the arrangement, terms of a venue contract (signed by both parties), an invoice in the member’s name detailing the clinic address to be evidenced, copy of a contract to the building (signed by both parties), their 'Public Liability' insurance agreement for the registered clinic address, or an equipment order ie scissors invoice).

8. Members (**all listing services**) are required to submit 'evidence' that their service exists. This ensures that the new directory is accurate and up to date, but also as this is where the service regulator may attend to inspect the service. Only one piece of unamendable 'evidence' is necessary per service offered. This 'evidence' could be an invoice in the member's professional/business name with the address and postcode detailed and not be dated older than 6 months.

(Examples may include a copy of an invoice for equipment ie scissors/clinical waste collection. Personal bank statements and utility bills with differing postcodes to the service postcode to be added to the directory are not accepted. Regulatory body certificates are evidence of regulation and not evidence of your tongue-tie service).

If this evidence has already been produced as part of point 7, that will suffice.

ALTERNATIVE POSTCODES (HOME VISITS)

Should members wish to offer a home visiting service, but do not wish for a homebase postcode to be visible in the ATP directory, 'evidencing' an alternative postcode that they do not manage is more complex.

Accepted evidence could be:

- a) Showing the alternative postcode advertised on their personal, or their employer's website.
- b) If they have chosen their accountant's postcode then evidence linking their name / company name with the accountant will be needed.

Should a practitioner be unable to provide evidence of the service through EITHER an invoice upload OR the full postcode displayed on a website, the service is suspended from the directory until it can be provided, or an alternative service postcode is evidenced.

9. Within the member's listing a link can be included to either their website or a social media link that is specific to their service and not a closed or private group. Only one URL link is permitted per listing. The link provided must display that you offer frenulotomy as a service.
10. For members with a "Practising Privileges" arrangement or who are employed by a regulated company, they will need to detail their employer / organisation's name and website (unlinked, for reference purposes) within their listing as well as their personal website or social media link and company name.
11. Members may list one service for their annual fee and any additional listings will incur a further nominal fee annually. There is no upper limit for private clinic entries; providing that they can evidence each clinic appropriately. Only one listing is permitted for home visits.
- Directory listing amendment fees apply but there remain no charges for NHS listing entries.

12. NHS listing entries will need to include generic service contact details to avoid the need for frequent updating. Referral criteria are encouraged to be disclosed for upload to the ATP website. The referral criteria are visible on the directory for public viewing and will be copied directly from the submission form.
13. One form submission per service or for each clinic location is required.
14. All service directory entries must be in located in the U.K.
15. All forms in the 'Members area' of the website must be completed by the registered ATP member. To ask staff members to complete this information on a member's behalf would mean that they must disclose the 'Members area' password, which as per our constitution is not permitted. Should members require assistance in completing their forms they are encouraged to contact a committee member.

Data protection

The ATP will not share any personal identifiable data or documents outside of the committee without a member's agreed consent. The ATP committee will comply to the 'Privacy & Cookies notice' as found at <https://www.tongue-tie.org.uk/privacy-and-cookies-notice>.

Maintaining an up-to-date listing

Members are responsible for keeping their listing up to date and will need to inform the listing secretary (listings@tongue-tie.org.uk) at their earliest convenience of changes to their listings within the directory by using the relevant forms submitted through the website. (<https://www.tongue-tie.org.uk/directory-amendment-form>). One amendment form per service or for each clinic location is required.

Compliance

ATP members are autonomous and accountable to families, regulatory bodies, and themselves and so any suggestion of a breach in the way services are listed is taken very seriously. It could be considered as dishonest and fraudulent behaviour not only by ATP but also by colleagues and regulatory bodies. CQC, JCC, HIS and R&QIA also have the right to spot-inspect any advertised service unannounced and work closely with other regulatory bodies too (such as NMC, GDC or GMC) who may consider investigating such matters further.

ATP Members who advertise a non-existent service type will be subject to the ATP professional code of conduct policy, appendix 1 to the ATP Constitution (<https://www.tongue-tie.org.uk/constitution>). The ATP committee reserves the right to remove any listing and/or membership without refund, and members may also be referred to their professional regulatory and service regulatory bodies for further investigation should this be felt necessary. As per the ATP constitution Part 4-Membership section; an

independent arbitrator service appointed by mutual agreement and the right to appeal remain applicable.

The NMC code of conduct is structured around four themes that set common standards of conduct and behaviour by those on their register. The ATP concurs with these principles and these standards are considered applied to our members regardless of their regulatory body.

1. Prioritise people.
2. Practice effectively.
3. Preserve safety.
4. Prioritise professionalism and trust.

All services/members are subject to randomised checks to ensure their service meets with these standards and to ensure that the directory remains current and up to date.

Any requests or changes to this document is recommended to be put in writing and addressed to our listing secretary listings@tongue-tie.org.uk for ATP committee consideration, and any proposals are forwarded for the next ATP meeting for comments and voting. This policy will be reviewed annually at our AGM or member's meeting in line with the ATP constitution.

Useful links:

<https://www.tongue-tie.org.uk/constitution>

<https://www.tongue-tie.org.uk/directory-application-form>

<https://www.tongue-tie.org.uk/directory-amendment-form>

<https://www.tongue-tie.org.uk/nhs-listings-application-form>

<https://www.tongue-tie.org.uk/privacy-and-cookies-notice>

<https://www.cqc.org.uk/news/providers/briefing-providers-tongue-tie>

https://www.cqc.org.uk/sites/default/files/20150428_scope_of_registration_independent_medical_practitioners_working_in_private_practice.pdf

<https://www.cqc.org.uk/guidance-providers/scope-registration-who-has-to-register>

<https://www.cqc.org.uk/guidance-regulation/providers/registration/scope-registration/general-exceptions-and-exemptions-registration/medical-practitioners-independent>

ATP Committee August 2025