



Policy Name

**Institutional Privileging Policy
Advanced Surgical Privileging for
Physicians**

Version Number

3

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1. Introduction

1.1 Background and Alignment

The Institutional Privileging Policy aims to advance NHS-3 Priority Area 3 focusing on Health System Efficiency and Resilience and ensuring a robust, accountable and effective healthcare system governance. Additionally, this policy fulfils broader strategic ambitions of building a skilled healthcare workforce that drives continuous improvements in quality and patient safety.

1.2 Purpose

- 1.2.1 This document establishes the policy governing the granting, renewing, suspending, and revoking of surgical privileges by all licensed hospitals/ HCFs with a daycare unit in the State of Qatar.
- 1.2.2 It ensures that all privileging decisions, including initial approvals, renewals, and affiliate-based privileges, are grounded in verified physician competence and aligned with each physician's licensed scope of practice.

1.3 Oversight and Authority

- 1.3.1 All privileging activities are subject to oversight, monitoring, and regulation by the Department of Healthcare Professions (DHP) under Ministry of Public Health (MoPH).
- 1.3.2 To ensure consistent, safe, and effective implementation of privileging systems across the healthcare sector, this policy empowers DHP/MoPH to regulate, audit and evaluate surgical privileging processes within all licensed HCFs.
- 1.3.3 DHP/MoPH reserves the right to suspend or revoke a HCF's institutional privileging for non-compliance with this policy or where patient safety may be at risk, including but not limited to: (i) violations of applicable laws and regulations; (ii) suspension, restriction, or lapse of any required HCF or physician license or accreditation; (iii) substantiated patient complaints or ongoing investigations into quality or safety concerns; and (iv) the occurrence of serious adverse or sentinel events. DHP/MoPH may impose temporary suspension pending the outcome of any such investigation.

2. Definitions & Abbreviations

2.1 Definitions

Term	Definition
Institutional Privileging Committee	The formally designated committee within each licensed hospital/ HCF with a daycare unit, responsible for evaluating, granting, renewing, suspending, or revoking privileges and ensuring alignment with quality and patient-safety standards.
Temporary Privileges	A time-limited surgical procedures privileging approval granted by the Institutional Privileging Committee, based on verified credentials and alignment with HCF resources.
Final Privileges	Final surgical procedures privileging approval granted by the Institutional Privileging Committee, based on successful completion of Focused Professional Practice Evaluation (FPPE) and compliance with all criteria outlined in the policy.
Focused Professional Practice Evaluation (FPPE)	A structured competency assessment conducted by the IPC during the temporary privileging period or in response to specific performance concerns.
Ongoing Professional Practice Evaluation (OPPE)	A continuous, data-driven process conducted by the medical director, used to monitor physician performance and support decisions related to privilege renewal or modification.
Affiliate Privileging Agreement	A formal agreement used when a HCF without operating-theatre relies on the Institutional Privileging Committee of a licensed hospital/ HCF with a daycare unit. This can also apply to licensed hospitals/ HCFs with a daycare unit that do not have the required number of privileged physicians from the same specialty of the applicant.
Audit	A structured review mechanism led by DHP to evaluate compliance with national privileging requirements and ensure safety, quality, and accountability.
Serious Adverse Event Reports	Mandatory incident reports related to significant patient harm; reporting processes and follow-up requirements are detailed in the accompanying guidelines.
Newly licensed hospitals/ HCFs with a daycare unit	Refers to hospitals/ HCFs with a daycare unit recently licensed in the State of Qatar, whose physicians have not previously received advanced privileges from the DHP.

2.2 Abbreviations

Term	Definition
MoPH	Ministry of Public Health
DHP	Department of Healthcare Professions
IPC	Institutional Privileging Committee
HCF	Healthcare Facility
FPPE	Focused Professional Practice Evaluation
OPPE	Ongoing Professional Practice Evaluation
PSV	Primary Source Verification
SoP	Scope of Practice
AMOC	Adverse Medical Outcome Committee

3. Scope and Applicability

3.1 Facilities Covered

- 3.1.1 This policy applies to all licensed hospitals/ HCFs with a daycare unit in The State of Qatar. These HCFs must develop and maintain an Institutional Privileging policy that defines the clinical privileging system and clearly documents the process for granting, renewing, revoking, cancelling, and affiliating privileges to all licensed physicians working under their authority, in line with the HCF's licensed services, infrastructure, and available resources.
- 3.1.2 For newly licensed hospitals/ HCFs with a daycare unit, each nominated Privileging Committee member shall submit surgical privilege requests directly to DHP/MoPH through the official electronic registration system and obtain approval for their advanced privileges in accordance with their respective scopes of practice, prior to commencing IPC responsibilities.

3.2 Types of Surgical Privileges

3.2.1 Privileges Descriptions and Details

Description	Core privileges	Advanced privileges
	<i>Clinical procedures within a specialty that any licensed physician perform, which are automatically granted upon licensing</i>	<i>Clinical procedures that need postgraduate degree, advanced skills and experience or special training courses in addition to log-book, to be fulfilled before permitting the specialty physicians to perform</i>
Details	<ul style="list-style-type: none">• Currently or newly licensed specialized physicians are automatically entitled to DHP-approved core privileges within their scope of practice.• Physicians whose core privileges were revoked by DHP/MoPH must obtain renewed approval from DHP/MoPH.	<ul style="list-style-type: none">• Newly licensed specialized physicians (permanent, non-resident, locum, or short-notice visitors) must submit a surgical privilege request for advanced privileges using the relevant DHP Advanced Privilege template.• In the absence of a DHP privileging template for a specific scope on the DHP website, the HCF may adopt its own privileging template.

3.2.2 Additional privileges for currently licensed specialized physicians

- Physicians with an existing approved privilege list may request additional privileges by submitting a request to IPC, supported by advanced education/training or a documented assistant logbook.
- This does not apply to procedures or privileges that have been revoked by DHP/MoPH.
- Requests follow the same temporary-then-final approval pathway, including FPPE.

3.2.3 Applicants Specifications

- Associate physicians may apply for core privileges only; advanced privileges are not permitted.
- Assistant specialty physicians are not required to submit privilege requests; they can only work under supervision of their supervising specialized physicians.

3.3 Affiliate Privileging

- 3.3.1 If no suitably qualified physicians are available within the HCF, external members from another HCF's IPC may serve under a duly executed Affiliate Privileging Agreement ([Annex A](#)) retained by both HCFs.
- 3.3.2 Where privileges involve procedures that require an operating theatre, physicians licensed under HCF without a daycare unit or operating theatre must obtain privileges through the Privileging Committee of a qualified hospital or daycare-equipped HCF where the procedure will be performed. Both HCFs must complete and retain the Affiliate Privileging Agreement ([Annex A](#)).
- 3.3.3 For privileges not requiring an operating theatre, physicians licensed under HCFs without a daycare unit or operating theatre shall submit their requests directly to DHP/MoPH through the official electronic registration system.

4. Policy Principles and Compliance

4.1 Core Policy Principles

- 4.1.1 All privileging decisions must strictly align with each physician's licensed scope of practice and professional classification.
- 4.1.2 Every HCF must establish an Adverse Medical Outcome Committee (AMOC) to oversee incident review and patient-safety learning.
- 4.1.3 HCFs with multiple branches under common ownership may centralize privileging through the IPC of the branch that is a hospital or has a daycare unit.
- 4.1.4 Where all branches share identical infrastructure, licensed services, qualified staff, and equipment, as approved by the Health Facilities Department, physicians may exercise their approved privileges in any branch of the same ownership group.
- 4.1.5 Institutional privileges are non-transferable between unrelated HCFs; a physician who changes employer must submit a new privilege application to the new HCF's IPC.
- 4.1.6 Before granting privileges, the IPC must verify compliance with DHP criteria for fellowship and training certificates, especially for IVF, bariatric surgery, facial aesthetics (Botox and fillers), and gynaecological aesthetic procedures.
- 4.1.7 All IPC members must sign an Undertaking Letter ([Annex D](#)), and a copy must be kept in each physician's privileging file.
- 4.1.8 Any Privileges revoked or cancelled by DHP/MoPH or any other competent Qatari authority cannot be reinstated by the IPC; only DHP/MoPH may re-approve them.
- 4.1.9 Copies of each physician's current privilege list must be readily accessible to the physician, the care team, and any HCF where the privileges are exercised.
- 4.1.10 DHP/MoPH reserves the right to grant, modify, suspend, or revoke any privileges at its sole discretion.

4.2 Legal and Regulatory Requirements

- 4.2.1 All licensed HCFs and physicians shall comply fully with this policy and with any circulars or directives issued by the DHP under MoPH. Non-compliance constitutes a breach of this policy and will be subject to investigation and enforcement action by DHP/MoPH.

4.3 Accountability and Enforcement

- 4.3.1 DHP/MoPH shall implement and maintain a standardized mechanism to monitor, audit, and verify the effectiveness, safety, and regulatory compliance of surgical privileging systems across all licensed HCFs.
- 4.3.2 Compliance with this policy is compulsory for all HCFs and physicians covered by this policy. DHP/MoPH will monitor adherence and apply sanctions for any deviation.
- 4.3.3 The break-of-practice policy approved by DHP/ MoPH applies to any physician seeking privileges for procedures not performed during the preceding two (2) years.
- 4.3.4 Physicians must not perform a privilege until written approval is issued, and each HCF must keep an up-to-date privilege matrix for all physicians.
- 4.3.5 Physicians must upload all newly granted, renewed, modified, suspended, withdrawn, or revoked privileges and any disciplinary actions to their profile in the DHP electronic registration system.
- 4.3.6 Physicians must ensure that aesthetic, cosmetic, or plastic procedures are medically justified and do not conflict with Islamic Shariah principles or Qatari cultural norms.
- 4.3.7 Revoked privileges by IPC may be reinstated once competency is re-established and formally documented. Reinstatement must also be reported to DHP by sending an email to DHP_IP@moph.gov.qa.
- 4.3.8 Previously granted privilege lists remain valid until expiry unless suspended by the Medical Director and reviewed by the IPC.

5. Governance

5.1 Institutional Privileging Committee (IPC)

5.1.1 The IPC shall comprise the following core (fixed) and rotating (subject-area) members to ensure balanced clinical, administrative, and patient-safety oversight:

- **Core/ Fixed Members:** The names and designations of the IPC's core members shall be formally communicated to DHP/MoPH for review and approval prior to the committee's activation. The HCF shall send an official email to dhp_IP@moph.gov.qa with the names of the core/fixed members and the approval shall be obtained by email. In case of any change in members, the HCF shall notify MoPH/DHP by email for review and approval before the committee commences its responsibilities.
 - o Medical Director (Chair): Provides executive oversight, presides over all IPC meetings, reviews and approves the final privileging decisions .
 - o Senior Surgeon: Performs an executive role supporting the medical director in IPC oversight and participates in the review of privileging decisions prior to final approval by the medical director.
 - o Patient-Safety / Quality Representative: A member of the HCF's quality or patient-safety department who ensures privileging decisions align with risk-management and quality-improvement standards.
- **Subject-Area Members:**
 - o Two Licensed physicians from the Same Specialty: Each physician must hold the same privileges being requested and possess the requisite knowledge, skills, and recent clinical experience. If no suitably qualified physicians are available within the HCF, external members from another HCF's IPC may serve under a duly executed Affiliate Privileging Agreement ([Annex A](#)) retained by both HCFs.
 - o If the medical director, senior surgeon, or head of the department are of the same speciality, they may serve as subject-area members.
 - o Head of the Relevant Clinical Department: Represents the specialty for which privileges are sought; additional department heads may be invited in an advisory capacity when multidisciplinary input is required.

5.2 IPC Roles and Responsibilities

- 5.2.1 Ensure policy compliance with all provisions of this Policy document.
- 5.2.2 Develop, implement and maintain an IP Policy that defines the clinical privileging system and clearly documents the process for granting, renewing, revoking, cancelling and affiliating privileges, and periodically review the Policy and related procedures.
- 5.2.3 Oversee evaluation processes by conducting Focused Professional Practice Evaluations (FPPE) and reviewing the Ongoing Professional Practice Evaluations (OPPE) as specified in [Annex B](#) and [Annex C](#).
- 5.2.4 Grant, amend, renew, suspend, or revoke temporary and final Surgical Privileges, ensuring each decision aligns with the physician's licensed scope of practice.
- 5.2.5 Notify physicians in writing of all privileging decisions and upload the approved privilege set to the DHP Electronic Registration System.
- 5.2.6 Document all meetings by recording accurate minutes of deliberations and decisions.
- 5.2.7 Disclose and manage conflicts of interest; members with a conflict must abstain from related discussions and voting.
- 5.2.8 Base decisions on objective evidence, free from bias, or personal influence.
- 5.2.9 Maintain complete, current privileging files for every healthcare physician.
- 5.2.10 Co-operate fully with DHP/MoPH inspectors, providing records and explanations upon request.
- 5.2.11 Verify that the applicant satisfies the competency standards set out in the prevailing DHP guidelines before granting any privilege.

5.3 Documentation and Record Management

- 5.3.1 Retain all privileging records, including applications, evaluation results, and correspondence, for a minimum of five (5) years.

6. Privileging Process

6.1 Application Process

- 6.1.1 Physicians licensed within hospitals/ HCFs with a daycare unit shall submit their temporary privilege request to their own IPC.
- 6.1.2 Physicians licensed within an HCF that lacks a daycare unit, or operating theatre shall submit their request to the IPC of a qualified hospital or daycare-equipped HCF. The two HCFs must execute and retain an Affiliate Privileging Agreement ([Annex A](#)).
- 6.1.3 The physician shall submit a Final IP request to the IPC before the expiry of the temporary privileges.
- 6.1.4 If a fixed member (e.g., the Medical Director or Senior Surgeon) is applying for or renewing privileges, a delegation letter indicating the nominated member must be submitted to DHP via email at DHP_IP@moph.gov.qa for approval.

6.2 Review and Decision

Temporary Privileges	Final Privileges	Renewal of Privileges
<p>The IPC reviews the dossier and, if satisfied, issues written temporary privileges for up to three (3) months, renewable once for an additional three (3) months.</p> <p>Approval is contingent upon:</p> <ul style="list-style-type: none">• Verification of all submitted documents.• Confirmation that the physician has no history of revoked or cancelled privileges.• Assurance that the procedure setting (clinic, hospital, daycare unit) is in line with the published list by DHP/MoPH.• When DHP/MoPH has not specified a setting, the IPC must determine one.• Evidence that the HCF possesses the required licensed staff, equipment, and infrastructure to perform the requested procedures safely and manage potential complications.• The physician must upload the official temporary privilege list to their profile in the DHP Electronic Registration System before commencing practice under those privileges.	<ul style="list-style-type: none">• The IPC reviews the dossier and the outcome of the FPPE in accordance with Annex B.• Where additional supervised practice is wanted, the IPC may authorize the physician to perform the privilege at Assistant level under supervision for a defined period not exceeding six (6) months. Upon satisfactory completion and re-evaluation, the final IP may then be granted.• Final privileges are issued in writing, specifying start- and end-dates, with a copy retained in the physician's file.• The physician must upload the final privilege list to the DHP Electronic Registration System before exercising the privileges.• Final IPs are valid for two (2) years from the date of issuance unless suspended or revoked earlier by the HCF or DHP/MoPH or any other competent Qatari Authority.• If any privileges are suspended or revoked, the IPC must notify DHP/MoPH without delay, supplying clear justification for the action taken.	<ul style="list-style-type: none">• The physician must submit a renewal request to the IPC at least three (3) months before the current Surgical Privileges expire.• Currently licensed specialized physicians with an existing DHP-approved privilege list must file their first renewal two (2) years after the date this policy takes effect.• The IPC reviews the dossier alongside the results of the OPPE process (Annex C).• Based on this assessment, the IPC may renew, amend, suspend, or revoke the privileges.• The IPC issues a written decision and provides the physician with an updated privilege list showing new start and end-dates, even when the list remains unchanged.• A copy is retained in the physician's file, and the physician must upload the updated list to the DHP Electronic Registration System before continuing practice.

6.3 List of Requirements

A complete request must contain:

Requirement	Temporary Privileges	Final Privileges	Renewal of Privileges
DHP privilege request template (where provided)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copies of academic qualifications	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Curriculum vitae in DHP format	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendation letters from the Medical Director and peer reviewers	Optional	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Logbook	PSV-Verified and covering the previous 3 years	Covering the temporary-privilege period	Covering the last 2 years (For locum, non-resident, short notice visitor: additional PSV verified for the last two years outside Qatar is required)
Patient Outcome Report	-	For the temporary-privilege period	For the last 2 years (For locum, non-resident, short notice visitor: additional report for the last two years outside Qatar is required.)
Copy of previously / current granted privileges (if applicable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PSV-verified Fellowship certificates (if applicable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PSV-verified Certificates of relevant training courses (if applicable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

If the physician has changed employer, recommendation letters from both the former Medical Director and the IPC that originally granted the privileges	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FPPE	-	<input checked="" type="checkbox"/>	-
OPPE	-	-	<input checked="" type="checkbox"/>

6.4 Appeals

6.4.1 Physicians whose privilege applications are denied, reduced, suspended, or revoked may submit a written appeal within one (1) month of the IP letter issue date.

6.4.2 The IPC reviews all appeal, ensuring an impartial and thorough reassessment.

6.4.3 The IPC may uphold, amend, or overturn the original decision based on the evidence reviewed.

6.4.4 All appeal proceedings, supporting documents, and final determinations must be fully documented and retained for future reference and audit.

6.4.5 If the physician is not satisfied with the IPC's appeal decision, the matter may be escalated to the DHP/MoPH by submitting a privilege application through the DHP electronic system for final review, attaching the appeal letter, the IPC decision, and the application dossier evaluated by the IPC.

6.5 Review and Revocation of Privileges

6.5.1 Triggers for review

- Adverse event indicating for which an investigation identifies potential error, negligence, or failure to meet the standard of care.
- Patient complaint that, upon investigation, is found to be related to professional performance or conduct.
- Unsatisfactory findings from the OPPE.
- Formal request from DHP/MoPH.

6.5.2 Committee actions

After reviewing the physician's privileges, the Institutional Privileging Committee may:

- Suspend one or more privileges while an adverse event or performance investigation is underway.
- Revoke one or more privileges where patient safety or quality-of-care concerns are confirmed.
- Downgrade the privilege from independent practice to the assistant level, requiring supervision.
- The IPC must notify MoPH/DHP within five (5) working days supplying the triggers for review and clear justification for the action taken through the following email DHP_IP@moph.gov.qa.

7. Annexes

7.1 [Annex A](#): Template for Affiliate Privileging Agreement

7.2 [Annex B](#): Focused Professional Practice Evaluation (FPPE)

7.3 [Annex C](#): The Ongoing professional practice evaluation process (OPPE)

7.4 [Annex D](#): Template for Institutional Privileging Committee members undertaking letter

7.5 [Annex E](#): Healthcare Facilities essential staff and infrastructure requirements for surgical privileges

Annex A: Template for Affiliate Privileging Agreement

Parties:

Healthcare Facility A (Affiliate):

Healthcare Facility B (Host):

Effective Date:

Duration: years

1. Purpose

- ☐ Authorize HCF A to use HCF B's Institutional Privileging Committee for privileging decisions.
- ☐ Authorize members from HCF B to serve on privileging decisions when not enough suitably qualified physicians are available within HCF A.

2. Responsibilities

Healthcare Facility A: Compliance, monitoring

Healthcare Facility B: Evaluation, documentation, decision support

3. Confidentiality

- Mutual protection of physician and HCF data.
- Conduct meetings fairly, avoiding conflicts of interest or bias in Institutional Privileging Committee decisions.

4. Termination

60 - day notice is required from both parties.

5. Signatures

Medical Director - Facility A:

Medical Director - Facility B:

Annex B: Focused Professional Practice Evaluation (FPPE)

1. The Focused Professional Practice Evaluation (FPPE) is a structured assessment process that utilizes one or more evaluation tools to assess the performance and competence of physicians for the privileges granted.
2. The Institutional Privileging Committee conducts a Focused Professional Practice Evaluation Process (FPPE) of the physicians who are assigned temporary privileges upon the commencement of Privileges.
3. The FPPE may include, but is not limited to, the following evaluation elements:
 - a) Review of concurrent and retrospective medical records such as:
 - Accuracy and quality of documented information
 - Description of the procedures performed (logbook for the 3-month period)
 - Appropriateness of ordered tests and procedures performed
 - b) Patient outcomes
 - c) Patient complaints and incidents
 - d) Clinical audit outcomes
 - e) Medical Director recommendations
 - f) Peer Review recommendations
 - g) Post-operative infection rates
 - h) Length of post operative stay

Based on the FPPE outcomes, the IPC shall decide whether to confirm the physician's privileges, extend the evaluation period, or continue performance monitoring as necessary.

Annex C: The Ongoing Professional Practice Evaluation Process (OPPE)

1. The Medical director conducts an Ongoing Professional Practice Evaluation Process (OPPE) of the physicians to be submitted to the Institutional Privileging Committee when required.
2. The OPPE process is conducted using, but not limited to, the following elements:
 - a) Chart review such as:
 - Accuracy and quality of documented information
 - Description of the procedures performed
 - Appropriateness of ordered tests and procedures performed
 - b) Patient outcomes
 - c) Clinical audit outcomes
 - d) Logbook
 - e) Patient complaints and incidents
 - f) Unnecessary referrals
 - g) Mortality and morbidity data
 - h) Post-operative infection rates
 - i) Length of post operative stay
 - j) Readmission after surgery

Annex D: Template for Institutional Privileging Committee members undertaking letter

Undertaking letter

I, the undersigned,

Dr [Full Name],

Member of the Institutional Privileging Committee,

Hereby undertake the following:

1. I shall recognize, avoid, and disclose any competing interests that arise prior to or during the surgical privileging process, and I commit to avoiding the creation of such conflicts.
2. I shall abstain from all participation in the privileging process upon disclosure of a conflict of interest.
3. I acknowledge that I have reviewed the Institutional Privileging (IP) policy and understand that I will be subject to disciplinary action by the Department of Healthcare Professions (DHP) if I fail to comply with this policy or fail to declare any actual or potential conflict of interest.
4. I shall report any known or suspected violations of the Institutional Privileging (IP) policy to the Department of Healthcare Professions (DHP) in a timely and responsible manner.

Signature:

Name: Dr [Full Name]

License Number:

Date:

Annex E: Healthcare Facilities essential staff and infrastructure requirements for surgical/ clinical privileges

Scope	Essential Staff	Infrastructure Requirements
Cardiology	<ul style="list-style-type: none"> • Cardiologist • Cardiac Surgeon • Cardiac Anesthesiologist (for interventions) • Cardiac Nurses (Ward, CCU, Cath Lab) • Cath Lab Technologists • Cardiac Technicians (ECG, Echo, Stress Testing) 	<ul style="list-style-type: none"> • Cardiac Intensive Care Unit (CICU) • Intensive Care unit (ICU) • Cardiac Catheterization & Angiography Lab • Echocardiography & Non-invasive Cardiac Diagnostics (ECG, Holter, Stress Test) • Cardiac Ward with Monitoring Facilities
Cardiac Surgery	<ul style="list-style-type: none"> • Cardiac surgeon • Cardiac Anesthesiologist • Cardiologist • Perfusionist • Cardiac Operating Theater nurses • ICU nurses 	<ul style="list-style-type: none"> • Dedicated Cardiac Operating Theater with cardiopulmonary bypass equipment • Cardiac Intensive Care Unit (CICU) • Coronary Care Unit (CCU) • Cardiac Catheterization and Angiography Lab • Post-op step-down unit
Neurosurgery	<ul style="list-style-type: none"> • Neurosurgeon • Neuro-anesthesiologist • Neuro-ICU nurses • Operating Theater nurses • Radiology technician 	<ul style="list-style-type: none"> • Neurosurgery-equipped Operating Theater • Neuro-Intensive Care Unit (Neuro-ICU) • 24/7 Access to MRI and CT Imaging
Vascular Surgery	<ul style="list-style-type: none"> • Vascular surgeon • Vascular Anesthesiologist • Vascular technologist • Perfusionist (as applicable) • Operating Theater nurses 	<ul style="list-style-type: none"> • Hybrid Operating Room • Endovascular Suite • Vascular Imaging Laboratory • Cardiovascular ICU (CVICU)
Pediatric Surgery	<ul style="list-style-type: none"> • Pediatric surgeon • Pediatric anesthesiologist • Pediatric Operating Theater nurses • Pediatric ICU nurses 	<ul style="list-style-type: none"> • Pediatric Operating Theater • Pediatric Intensive Care Unit (PICU) • Child-specific Surgical Instruments • Neonatal Support Services • Pediatric Recovery or Step-down Unit

REFERENCES AND RELATED DOCUMENTS

References:

- Joint Commission International (JCI) Accreditation Standards for Hospitals, 8th Edition
- World Health Organisation (WHO) – Framework on Integrated People-Centred Health Services (IPCHS)
- National Association Medical Staff Services (NAMSS) – Standards for Credentialing and Privileging
- Institute for Healthcare Improvement (IHI) – Patient Safety and Quality Measurement Frameworks
- Department of Healthcare Professions – Professional Licensure and Registration Guidelines
- Health Authority of Abu Dhabi (HAAD) & Dubai Health Authority (DHA) – Regional Examples - Comparative frameworks for privileging oversight in GCC countries,
- Medical Board of Australia
- Queensland Health, Credentialing and Defining the Scope of Clinical Practice

Related Documents

- Physician guidelines
- Physicians' scopes of practice
- Physicians approved advanced privileges
- Break From Practice Policy
- Healthcare Quality & Patient Safety Standards



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