

Policy Category: Privileging

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Developed by: Registration section – DHP

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Validity: This policy is the main and valid policy until updated, replaced or canceled by the Department of Healthcare Professions / Registration section. Update, replacement or cancellation of this policy may occur when needed. However, all healthcare practitioners and parties shall comply with this policy.

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1. Introduction

Department of Healthcare Professions (DHP) strives to provide new standards/guidelines to maintain prime medical services provided by healthcare institutions in the State of Qatar. As part of the Councils' mandate, the institutional privilege program has been implemented to provide more flexibility and authority to healthcare institutions in the process of granting privileges to their practitioners, based on solid guidelines. Accordingly, in order to ensure that the institutions have the appropriate expertise or resources necessary to evaluate and verify their healthcare practitioners, all those who apply must meet the eligibility criteria.

2. Policy Statement

DHP will consider granting eligible healthcare institutions in all sectors of the healthcare industry, to assess and approve surgical, medical, and dental privileges to eligible practitioners in their facility within a well-structured process, based on a well-defined criteria and standards.

3. Definitions

3.1. Institutional Privileges:

The permission granted to healthcare institutions to evaluate and approve associate specialist, specialist, and consultant practitioners to provide specific patient care services (privileges) in their healthcare facility within a well-defined review process.

3.2. Eligible healthcare institutions:

They are licensed healthcare institutions that meet the requirements to participate in the institutional privilege granting process.

3.3. Governing Body:

It is the body within the healthcare facility responsible for establishing oversight mechanism to govern and manage the privileging system.

3.4. Privileging Committee:

It is the committee within the healthcare facility responsible for the assessment of healthcare practitioners' competencies, skills, and knowledge with regards to the privileges

the healthcare practitioners applied for. Its authority includes granting, revalidation, and denial of privileges.

4. Abbreviations

DHP: Department of Healthcare Professions.

IPEC: Institutional Privilege Eligibility Criteria.

5. Scope

The policy applies to all governmental, semi-governmental and private healthcare institutions with valid license to practice in the State of Qatar and to licensed healthcare practitioners who fulfill the requirements for applying for surgical, medical, and dental privileges.

6. Institutional Privilege Eligibility Criteria

- 6.1. The institution must have a valid facility license.
- 6.2. The institution should be teaching or training institution.
- 6.3. The institution should have a minimum total of 100 beds, with a minimum of 15 beds for each surgical specialty and occupying capacity of 80%.
- 6.4. The privileging committee must consist of a minimum of 3 licensed surgeons in each surgical specialty who have been granted advanced surgical privilege by DHP.
- 6.5. The committee members should have a minimum of 3 years of work experience in the State of Qatar.
- 6.6. The committee members must not have received any disciplinary actions from DHP to date.
- 6.7. The healthcare facilities shall comply with the following:
 - Be of a reputable nature.
 - Maintain high quality of reporting and documentation.
 - Maintain high quality of clinical processes and patient satisfaction.
 - Have no procedural errors recorded by DHP/MOPH.
 - Have no violations or misdemeanors recorded by any ministerial departments leading to suspension of license in the six months prior to applying for the privilege.

- Have no past or pending criminal cases.
- Have a compliance rate exceeding 90% in all DHP rules and regulations in the six months prior to applying for the privilege.

7. Procedures/Guidelines

7.1. The healthcare facility should fill and submit an application form supported by detailed documentation of the existing Board of Governance in their institution including the privileges of committee members. During the assessment process, an expert in the concerned specialty/scope of practice with privilege in the same area must be present. In case of unavailability of the required expert, the privilege must be granted through the DHP Registration Section.

7.2. In addition, the facility shall submit the Privilege Verification Strategy that describes the roles and procedures for the privileging team and committee who are involved in the process of privileging and are responsible for evaluating and granting the surgical/clinical privileges to the eligible practitioners.

7.3. DHP shall review the Privilege Verification Strategy submitted by the facility, the application form, and the supporting documents to issue an official decision to the facility.

7.4. Revalidation Process:

- The validity of the institutional privilege is 3 years and shall be renewed periodically.
- The privileged institution shall review their strategy and accordingly monitor the privileged practitioners on an ongoing basis based on the DHP guidelines.
- They shall also inform DHP in case of any changes required, such as, addition or removal of staff, changes in members of the privileging committee, changes in the Board of Governance, changes in strategy etc.

7.5. Conditions for denial or exclusion from granting institutional privilege:

- DHP may initially deny the privilege or refuse to renew the privilege if the facility does not have a satisfactory history of compliance with any rules and regulations of governmental departments.

- If the facility has substantially failed to comply with any of the DHP guidelines, DHP has the right to remove the facilities privilege, after providing notice and an opportunity for a hearing.
- The facility has the right to appeal to reassess the decision within one month of receiving the official decision.

7.6. DHP reserves the right to modify the requirements and criteria at any time with or without notice and may revoke the participation of the facility at any time.

7.7. Once the privilege is granted to the institution, the following documents/declarations shall be submitted to DHP in confirmation of the privilege approval:

- “Declaration form” stating that the institution assumes full responsibility for the institutional privileges granted and takes responsibility for supervision of the practitioners who are granted the clinical/surgical privileges, in accordance with the DHP standards and guidelines.
- “Conflict of Interest Agreement” document signed by the facility which states that the institution should not have any interest which conflict or appear to conflict with their ability to act and make independent decisions in the best interest of patient safety.
- “Confidentiality Agreement Form” signed by the facility, which states that institution will protect the confidentiality of the organization and practitioner’s information, material or knowledge and they must not disclose this to outside parties.
- An updated list of privileges granted to their physicians on a monthly basis.

Note: Case by case assessment may be implemented.

7.8. Process of “Changing Place of Work” of Practitioner:

- Practitioners who wish to change place of work from a privileged institution to another institution loses the clinical/surgical privileges granted as he/she stops working in the facility.
- To continue practicing the privilege, the new institution to which the practitioner changes should have the privilege to evaluate and grant the same surgical/clinical privilege to the practitioner.
- If the new institution does not have the privilege, then the practitioner shall apply for privilege through DHP.