Circular No. (8/2015)

From | Qatar Council for Healthcare Practitioners (QCHP)
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To | • All healthcare facilities in the State of Qatar (Governmental and Private sectors)
   • All healthcare facilities’ focal points in the State of Qatar (Governmental and Private sectors)
   • All physicians and dentists in the State of Qatar (Governmental and Private sectors)
Subject | Mandatory instructions for all physicians and dentists
Date | 19th April 2015

"The Registration Department in Qatar Council for Healthcare Practitioners presents to you its compliments".

In alignment with QCHP’s mission, vision and values which aim to ensure patient safety and the quality of healthcare services in the State of Qatar, as it has been noticed that some physicians and dentists perform some surgical and dental privileges before getting an official approval from the registration department; it is mandatory for all employers, focal points, physicians and dentists to comply with the following:-

- Practicing within the scope of practice granted by the registration department. (for all healthcare practitioners)
- Submitting a request to perform surgical privileges / dental privileges (Attached to the circular), in case desired by physician/Dentist, to practice outside the granted scope of practice, considering all mandatory requirements by registration department are fulfilled.
- It is not allowed for any physician or dentist to perform any surgical / dental privilege before getting an official approval from the registration department including the approved surgical / dental privileges.
- Practicing within the privileges list approved by the registration department.
- In case of non compliance with the above mentioned, the required disciplinary actions will be taken against the facility and the practitioner.

Thank you for your cooperation.
Registration Department Team/ QCHP
Request for approval to perform Surgical Privileges
For Consultant / Specialist Physicians

Date: ______________
Name: ____________________________ License No: ____________________________
Scope of practice: ____________________________

Required Documents:

1- A list of type and number of procedures performed by the Surgeon within the last three years (log book) Signed and Stamped by chairperson of the Dept and Medical Director of the Hospital (s) where the Log Book has been issued attested from Embassy of country of origin + Qatari Ministry of Foreign affairs.
2- Full Address of the Hospital (s) where the Log Book has been issued (including the name of the hospital, Fax No, Tel No., P.O. Box, Email, Website) for verification purpose.

Kindly note that you must submit all the required documents otherwise your request will be neglected.

Undertaking:

I. The Physician:
I hereby declare that all information provided in this request and attached documents are accurate to the best of my knowledge.
I hereby undertake not to perform any procedure(s) before getting an official approval from the Registration Department/ QCHP.
I hereby undertake not to perform any procedure(s) not approved by the Registration Department/ QCHP; and that I shall bare all legal and disciplinary responsibilities in case of violation of this clause. Further, I declare that performing the approved procedures / treatments will be at my sole responsibility.

Signature: ____________________________ Stamp: ____________________________

II. The Facility:
This medical institution undertakes to provide all requirements that are legally and/or professionally deemed necessary for providing quality and safe care for patients before, during and after approved surgical intervention (s) are performed by this licensed and privileged Surgeon in this facility. The institution also acknowledges taking full responsibility and financial liability in case of negligence and/or malpractice that have been proven beyond doubt which have directly or indirectly caused harm and/or complication(s) to the patient.

Institution: ____________________________ Stamp: ____________________________

Director: ____________________________ Signature: ____________________________ Stamp: ____________________________
Personal Declaration for Dental Privileges

(General Scope Dentist – Specialist Dentist)

Date: __________________________
Practitioner Name: __________________________ License No: __________________________
Scope of Practice: __________________________

Undertaking:

I hereby declare that all information provided in this request and attached documents are accurate to the best of my knowledge.

I hereby undertake not to perform any procedure(s) before getting an official approval from the Registration Department/ QCHP.

I hereby undertake not to perform any procedure(s) not approved by the Registration Department/ QCHP; and that I shall bare all legal and disciplinary responsibilities in case of violation of this clause. Further, I declare that performing the approved procedures / treatments will be at my sole responsibility.

Signature: __________________________ Stamp: __________________________

III. The Facility:

This medical institution undertakes to provide all requirements that are legally and/or professionally deemed necessary for providing quality and safe care for patients before, during and after approved dental/surgical intervention(s) are performed by this licensed and privileged (Temporary / Permanent ) Dentist in this facility. The institution also acknowledges taking full responsibility and financial liability in case of negligence and/or malpractice that have been proven beyond doubt which have directly or indirectly caused harm and/or complication(s) to the patient.

Institution: __________________________ Stamp: __________________________

Director: __________________________ Signature: __________________________ Stamp: __________________________

Kindly note that you must submit all the required documents (refer to dentists guidelines) otherwise your request will be neglected.