تعميم رقم (DHP/2024/04)

من	إدارة التخصصات الصحية-وزارة الصحة العامة
إلى	• كافة الممارسين الصحيين في دولة قطر (القطاع الحكومي والخاص). • كافة المنشآت الصحية/ضباط الاتصال في دولة قطر (القطاع الحكومي والخاص).
الموضوع	اعتماد وتنظيم الخدمات الطبية عن بعد (Telemedicine) في دولة قطر
التاريخ	06 فبرايـر 2024

"تهديكم إدارة التخصصات الصحية أطيب التمنيات"

اتساقا مع التطور الملحوظ في التكنولوجيا المعلوماتية واتساع استخدامها على مستوى العالم في جميع القطاعات ومع تزايد استخدامها في الاستشارات الطبية وتقديم الرعاية الطبية والصحية عن بعد، والتي تسهل على المرضى الوصول الى هذا النوع من الخدمات الصحية. تعلن إدارة التخصصات الصحية عن اعتماد وتدشين سياسة تقديم الخدمات الطبية عن بعد في دولة قطر، وذلك انطلاقًا من مسؤوليتها لتعزيز جودة الخدمات الصحية ومأمونيتها وإتاحتها على نحو يخدم المستفيدين منها.

إذ أنه في إطار السياسة المذكورة، يمكن للممارسين الصحيين المرخصين في الدولة تقديم الخدمات الطبية عن بعد في المنشآت الصحية المرخصة في القطاع الحكومي وشبه الحكومي والخاص.

للحصول على كافة التفاصيل والمعلومات حول أهم التوجيهات والارشادات المشمولة في السياسة، يرجى مراجعة السياسة المرفقة.

للاستفسار: DHPRegistration@MOPH.GOV.QA

شاكريـن لكـم حـسن تعاونـكـم، قسم التسجيل / إدارة التخصصات الصحية

Policy Name: Telemedicine Regulation
Policy Code:
Version Number:
Developed by: Registration Section – Department of Healthcare Professions (DHP)
Reviewed by/Date:
Approved by/ Date:
Date Effective:
Date of Due Revision:
Validity: This policy is the main and valid policy until updated, replaced or canceled by the Department of Healthcare Professions (DHP) Registration Section. Update, replacement, or cancellation of this policy may occur when needed. However, all healthcare practitioners and parties shall comply with this policy.

DOCUMENT CONTROL
REVISION HISTORY

Name	Date	Changes	Version

REVIEWS BY REGISTRATION SECTION - DHP

Name	Date	Organization/Position	Version

1. Introduction

The Department of Healthcare Professions (DHP) strives to ensure high standards for healthcare services provided in the State of Qatar. This policy has been developed to guide all registration teams, healthcare facilities and registered practitioners in the State of Qatar regarding the requirements to practice Telemedicine and standards of practice to be adhered to.

Telemedicine is made increasingly widespread with the recent developments in information and communication technology (ICT), and other novel technologies such as artificial intelligence enabled smartphones and personal use medical devices. This has enabled healthcare practitioners to communicate remotely with patients and each other and even utilize the enhanced capabilities such as high-speed data transfer, high-definition images, videos, or sound recordings to view and listen to sonographs recorded by another practitioner or continuously monitor blood pressure and other vital signs recorded and sent by patients themselves utilizing user-friendly medical devices.

Telemedicine offers several benefits not feasible through in-person healthcare. It provides the convenience of accessing healthcare especially in cases of routine follow-ups or non-urgent medical consultations, it makes specialized healthcare accessible which otherwise may not be available without travelling a long distance, and it also reduces exposure from infectious diseases.

As telemedicine increases in prevalence, the regulation and monitoring of its use has become mandatory to prevent lack of accountability, compromise of patients' rights and confidentiality, and uninformed or unqualified healthcare advice.

2. Policy Statement

➢ Telemedicine services are acceptable and approved by the DHP/MOPH.
➢ The DHP Registration Section sets the regulatory requirements and practice standards of telemedicine in the State of Qatar to achieve compliance with international standards of practice and to emphasize the regulatory mandate of practitioners to comply with the highest quality and ethical standards of clinical practice even when the services are not provided face-to-face.

3. Definitions

1. **Telemedicine:**
   Telemedicine, also known as Telehealth or e-health, refers to caring for patients remotely, rather than face-to-face, using any form of telecommunications and information technology such as videoconferencing, software, internet, mobile and telephone. The provision of care may include patient consultative services, diagnosis, pathology reports, interpretation of medical imaging, prognosis follow ups and other services.

2. **Telemedicine Services:**
   Any healthcare services including primary consultation, diagnosis, treatment plan, counselling/therapy, and monitoring of patients provided by means of ICT.

3. **Telemedicine Practitioner:**
   A licensed healthcare professional who provides diagnosis, consultation, treatment, or monitoring of patients through telecommunication technologies.

4. Abbreviations

DHP   : Department of Healthcare Professions

ICT   : Information and Communication Technology

5. Scope
This policy applies to all healthcare facilities, and practitioners in the State of Qatar who provide telemedicine services.

6. Important Notes:

6.1. The telemedicine practitioners must be licensed in Qatar through an employer in the governmental, semi-governmental or private sectors.

6.2. The practitioners should conduct the telemedicine services from a licensed healthcare facility in the state of Qatar.

6.3. DHP is not responsible for the healthcare services provided remotely by any practitioner from outside Qatar.

6.4. Healthcare services provided by unlicensed practitioners inside Qatar is considered illegal .

6.5. Sick leaves must not be granted by telemedicine consultation. The presence of the patient for physician examination in a face-to-face consultation is required to issue a sick leave.

7. Procedures and Guidelines for Telemedicine Practice

7.1. Types of Telemedicine

7.1.1. Remote patient monitoring: (Remote patient monitoring (RPM) is a type of telehealth in which healthcare providers monitor patients outside the traditional care setting using digital medical devices, such as weight scales, blood pressure monitors, pulse oximeters, and blood glucose meters. The data collected from these devices are then electronically transferred to providers for care management.

7.1.2. Interactive: This refers to real-time communication between patients and healthcare providers using mobile phones, videoconferencing, or other interactive software for consultations.

7.1.3. Collaborative: Collaborative telemedicine includes the storing and forwarding of clinical images, lab results or other clinical data by one practitioner to another for primary or secondary consultation.

7.2. Practitioner Eligibility

Practitioners licensed in the State of Qatar in a scope of practice that can be practiced remotely without compromising on healthcare quality or safety are eligible to provide telemedicine services, excluding the following:

7.2.1. practitioners under training or working under supervision.

7.2.2. Scopes that require face to face consultations.

7.3. Patient Eligibility

Every practitioner providing care to patients remotely must ensure that the healthcare need of the patient is compatible to the same standard of care that is achieved by conventional face-to-face healthcare consultation/treatment. However, telemedicine must not be a justification for an inferior quality or lack of safety of healthcare.

7.4. Informed Consent

Obtain informed consent from the patient and confirm patient's right to privacy and confidentiality. Patients must provide informed consent understanding the limitations and potential risks associated with remote care.

Healthcare facilities shall provide the patients with supportive materials to ensure their awareness and accessibility of telemedicine services effectively.

7.5. Standards of Care

The DHP guidelines and scope of practice criteria published for the practitioners' respective scopes of practice must be complied with in telemedicine. When providing technology-based consultations, the practitioner must:

7.5.1. Ensure correct disclosure of their credentials and their patient's identity. To ensure that all relevant information necessary for diagnosis is available to the practitioner, an already established patient-doctor relationship through in-person consultation is recommended.

7.5.2. Obtain the patient's current and past medical history.

7.5.3. Document consultation notes, triage, and treatment plan updates in the electronic health record of the healthcare facilities following the same standards as traditional in-person care. Notes must include detailed summary of the time and duration of consultation, patient' complaints, all relevant patient health history, diagnosis, discussion/counselling, and treatment plan.

7.5.4. Follow up with the patient to monitor progress as required.

7.5.5. In case of an emergency or life-threatening situation during a telemedicine appointment, the practitioner is responsible to ensure that Emergency Medical Services are contacted and if possible, to stay in touch till the patient has received emergency care.

7.6. Technology Used

7.6.1. Healthcare facilities must ensure the protection of all medical information and must authorize the use of only secure communication and storage systems.

7.6.2. All data, documents and reports must be ensured full security and be accessible only to authorized personnel.

7.6.3. Healthcare providers/practitioners using the telemedicine technology must complete appropriate training to ensure proficiency and maintaining privacy protocols this comes under the facility responsibilities.

7.6.4. Practitioners must always ensure that all technological equipment are functioning reliably, accessibly, and safely.

7.7. Patient Information

7.7.1. Since the practitioner providing care remotely cannot conduct any physical examinations or clinical measurements, they must have access to sufficient authorized and protected patient information including electronic health records, medical history and other crucial information required to ensure that telemedicine replicates the quality of face-to-face care to the best possible extent.

7.7.2. The practitioner must conduct all consultations and handle patient information with utmost confidentiality. Ensuring confidentiality, safety and/or security of the exchanged information is particularly important for telemedicine where sensitive information is being exchanged over distances and via third-party software.

7.7.3. Consultations and patient charts must be documented/updated in the health record of the healthcare facilities following the same standards as traditional in-person care.

7.8. Quality Assurance

In accordance with the applicable laws, regulations, and guidelines, the DHP will conduct regular audits to ensure compliance with DHP policies, monitor the safety and effectiveness of telemedicine services, and identify areas for improvement. Changes in laws and regulations will be promptly incorporated into this policy.

8. Reference:

- (2018) Regulatory approaches to Telehealth /Telemedicine- GMC. Available at: https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/regulatory-approaches-to-Telehealth (Accessed: 20 September 2023).
- (2020) Europe Economics. Regulatory-approaches-to-Telehealth /Telemedicine_docx-73978543. Available at: https://www.gmc-uk.org › media › documents (Accessed: 20 September 2023).
- Technology-based patient consultation (2012) Telehealth /Telemedicineconsultations with patients. Available at: https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Telehealth-consultations-with-patients.aspx? (Accessed: 20 September 2023).
- Telehealth /Telemedicineand remote patient monitoring. telehealth.hhs.gov. (2023). https://telehealth.hhs.gov/providers/preparing-patients-for-telehealth/telehealth-and-remote-patient-monitoring. (Accessed: 30 September 2023).
- Telehealth /Telemedicine laws, Regulations & Policies. American Medical Association. (2023). https://www.ama-assn.org/topics/telehealth-laws-regulations-policies (Accessed: 30 September 2023).

9. Related Policies/Circulars/Guidelines:

- CIRCULAR (6-2022)