



**QCHP**  
المجلس القطري للتخصصات الصحية  
Qatar Council for Healthcare Practitioners



## تعميم رقم (2017/5)

من	المجلس القطري للتخصصات الصحية
إلى	• جميع المنشآت الصحية في دولة قطر • كافة ضباط اتصال المنشآت الصحية في دولة قطر
الموضوع	إضافة طلب تسجيل الإجازة على نظام التسجيل الإلكتروني
التاريخ	6 مارس، 2017

"يُهدىكم المجلس القطري للتخصصات الصحية أطيبَ التمنيات"

من منطلق السعي المستمر للمجلس القطري للتخصصات الصحية لتطوير نظام التسجيل والترخيص الإلكتروني وإضافة التحديثات لتسهيل الإجراءات المتعلقة بأوضاع الممارسين الصحيين، تُعلن إدارة التسجيل في المجلس القطري عن إضافة طلب "تسجيل إجازة" وذلك حسب سياسة الإجازة الخاصة بإدارة التسجيل وإدارة الإعتناء بالمجلس القطري للتخصصات الصحية. حيث إنّه وبموجب هذا الطلب يمكن للممارس تعديل عدد نقاط التعليم الطبي والتطوير المهني المستمر المطلوبة لتجديد الترخيص الطبي حسب مدة الإجازة/ الإجازات المعتمدة من قبل إدارة التسجيل، مع ملاحظة التالي:-

- 1- تُعتمد جميع الإجازات (عدا الإجازة السنوية) بشرط أن تكون مدة الإجازة أكثر من 30 يوم متصلة.
- 2- يجب التقدم بطلب تسجيل الإجازة بعد العودة من الإجازة.
- 3- يتم التقدّم بطلب بعد كل إجازة يقوم بها الممارس خلال فترة صلاحية الترخيص الطبي (سنتان).

ولمزيد من التفاصيل عن الشروط والضوابط الخاصة بذلك برجاء زيارة الرابط أدناه.

<http://www.qchp.org.qa/en/AccrdDocuments/CPD%20Leave%20Policy.pdf>

المرفقات:

- توجيهات التقدم بطلب تسجيل إجازة
- سياسة الإجازة الخاصة بإدارة التسجيل

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فريق إدارة التسجيل/ المجلس القطري للتخصصات الصحية

شاكرين لكم حسن تعاونكم



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## **Practitioner/Employer User Manual (Leave of Absence Request)**

## Guidelines on using the Registration & Licensing Electronic System (Leave of Absence Request)

Step 1. Visit [www.qchp.org.qa](http://www.qchp.org.qa) and click on “Registration & Licensing System”.



The screenshot shows the website interface with the following elements:

- Header: Register to E-Bulletin | FAQs | Contact us | عربي
- Logo: QCHP and State of Qatar Ministry of Public Health
- Navigation: About us, QCHP Departments, For Healthcare Practitioners, For Public, Media Center, eServices
- Search: Search Practitioners (Form with fields for Name, License Number, etc.)
- Main Content Area:
  - Registration and Licensing System (highlighted with a red dashed box)
  - CME/CPD Accreditation System
  - Complain against a Practitioner
  - Qualifying Examinations
  - Events
  - Circulars
  - News & Announcements
  - Primary Source Verification
- Footer: ISQua's 32<sup>nd</sup> International Conference DOHA 2015, Building Quality and Safety into the Healthcare System, 4<sup>th</sup> - 7<sup>th</sup> October, National Convention Centre, Doha, Qatar. © All rights reserved to Qatar Council for Healthcare Practitioners 2016.



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Please visit: [QCHP Website](#) / [Registration & Licensing System](#) to SIGN IN.

Practitioner & Employer

LOGIN/SIGN IN REGISTER/SIGN UP GUIDELINES

Please enter your User Name

Please enter your Password

Sign In

Forgot Password

Please enter registered Email/Username and Password and click on "Sign In" to LOGIN to the system.



After successful login from Practitioner account, kindly choose “Apply for Leave of Absence”

View

e-License  Profile  CPD ePortfolio  Issued e-Jazas  Online Payment Receipts

Create and Submit Requests

e-Jaza  Apply for Renewal  Apply to Change Place of Work  Apply to add/change scope of practice

Apply to Update Personal Information  Apply for a Certificate of Good Standing  Apply for a Radiation License

Apply for Renewal of Radiation License  Apply for Removal from the Registry  Apply for Restoration to the Registry

Apply to Update Profile  Apply for leave of Absence

Follow the steps -

1. Personal Declaration

Personal Declaration

Personal Information & Identification Info.

Update Leave Details

Pay Fees and Submit Application

### Personal Declaration

I certify that I am the person updating my leave details on the Qatar Council for Healthcare Practitioners registration system, I am the person named in the submitted documents and that the information I have given is true and correct.

I understand that any approval that may result from this application will be void if I have made any false or misleading representations or declarations in this application through error or omission.

I understand that I will be liable to legal obligations prescribed under the law if I fail to comply with the obligation to declare, or provide complete and correct information.

I hereby declare the above mentioned statements.



## 2. Personal Information Tab

<p>✓ Personal Declaration</p> <p>✓ Personal Information &amp; Identification Info.</p> <p>✓ Educational Qualifications and Internship Information</p> <p>✓ Work Experience and Registration Information</p> <p>✓ Additional Information and Uploads</p> <p>✓ Pay Fees and Submit Application</p>	<h3>Personal and Identification Information</h3> <h4>Personal Information</h4> <table><tr><td>First Name on Passport*</td><td><input type="text"/></td></tr><tr><td>Middle Name(s) on Passport</td><td><input type="text"/></td></tr><tr><td>Last Name on Passport*</td><td><input type="text"/></td></tr><tr><td>First Name on Passport - Arabic</td><td><input type="text"/></td></tr><tr><td>Middle Name(s) on Passport - Arabic</td><td><input type="text"/></td></tr><tr><td>Last Name on Passport - Arabic</td><td><input type="text"/></td></tr><tr><td>Gender*</td><td><input type="text" value="Select"/></td></tr><tr><td>Passport Number*</td><td><input type="text"/></td></tr><tr><td>Date of Birth*</td><td><input type="text"/></td></tr><tr><td>Passport Country*</td><td><input type="text" value="Select"/></td></tr><tr><td>Passport Expiry Date*</td><td><input type="text"/></td></tr><tr><td>Passport Scanned Copy</td><td><p>Allowed file extensions are: .PDF, .JPG, .DOC/DOCX, .PNG &amp; .GIF</p><p>Select File <input type="button" value="Choose File"/> No file chosen</p><p>Maximum File Size is : 2 MB</p><p>Max Resolution is 400 DPI</p><p>File Description <input type="text"/></p><p><input type="button" value="Add"/> <input type="button" value="Reset"/></p></td></tr></table>	First Name on Passport*	<input type="text"/>	Middle Name(s) on Passport	<input type="text"/>	Last Name on Passport*	<input type="text"/>	First Name on Passport - Arabic	<input type="text"/>	Middle Name(s) on Passport - Arabic	<input type="text"/>	Last Name on Passport - Arabic	<input type="text"/>	Gender*	<input type="text" value="Select"/>	Passport Number*	<input type="text"/>	Date of Birth*	<input type="text"/>	Passport Country*	<input type="text" value="Select"/>	Passport Expiry Date*	<input type="text"/>	Passport Scanned Copy	<p>Allowed file extensions are: .PDF, .JPG, .DOC/DOCX, .PNG &amp; .GIF</p> <p>Select File <input type="button" value="Choose File"/> No file chosen</p> <p>Maximum File Size is : 2 MB</p> <p>Max Resolution is 400 DPI</p> <p>File Description <input type="text"/></p> <p><input type="button" value="Add"/> <input type="button" value="Reset"/></p>
First Name on Passport*	<input type="text"/>																								
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## Personal Information Tab (continued)

Profession	
Profession*	Physician
Scope Of Practice*	Cardiology
I am a visiting doctor (Non Resident)	<input type="checkbox"/>
<p><b>i</b> Kindly attach both sides of your QID in one file</p>	
Qatar ID Number	<input type="text"/>
QID Expiry Date	<input type="text"/>
QID Scanned Copy	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Maximum File Size is : 2 MB"/> <input type="button" value="Attach"/>

  

Provisional License	
<p><b>i</b> Please note that the QID is mandatory for requesting a Provisional License</p>	
Provisional License	<input type="checkbox"/>
<a href="#">Circular (10-2015) - Granting provisional licenses to healthcare practitioners</a>	

  

Part-time Clinician License	
<p><b>i</b> Kindly tick the below option only if you are applying for Part-time clinician license</p>	
Part-time Clinician License	<input type="checkbox"/>
<a href="#">Circular (03-2016) - Part-time Clinician Registration/Licensing Policy for healthcare practitioners</a>	

  

Place of work	
<p><b>i</b> If your potential place of work is not already licensed, please select "Under Process".</p>	
Institution Type	Under Process
Institution	Select

  

Contact Information	
<p><b>i</b> The following information will be used to contact you. Please make sure you enter accurate and valid contacts</p>	
Corporate ID	<input type="text"/>
Landline Number	<input type="text"/>
Mobile Number*	<input type="text"/>
Email Address*	mophqchp@qchp.com
Address / P.O Box*	<input type="text"/>



3. Update Leave Details – Provide necessary information

- Leave Start date
- Leave End date
- Supporting document for the leave
- Reason for leave
- Comments (Additional information)

✓ Personal Information & Identification Info.

✓ Update Leave Details

✗ Pay Fees and Submit Application

### Practitioner Leave Details

Please note that this is related to Accreditation system to get exemption for license renewal. And not related to e-Jaza leave system.

Start Date\* 14/11/2016

End Date\* 20/02/2017

No. of Days\* 99

Reference Document(for leave period)\*

**Attachments :**

Allowed file extensions are .PDF, .JPG, .DOC/DOCX, .PNG & .GIF

Select File  No file chosen

Maximum File Size is : 2 MB

Max Resolution is 400 DPI

File Description

Attachments	Description	Remove
<a href="#">icons-AccredLeave-289914.jpg</a>		<input type="button" value="Remove"/>

Reason\* Study Leave

Comments(Additional Information) Studying xyz in US

**Note- Leaves can be applied only after returning from the leave.**

**Leave duration should be more than 30 days.**

4. Kindly submit the application (There is no payment for this request)

✓ Personal Declaration

✓ Personal Information & Identification Info.

✓ Update Leave Details

✓ Pay Fees and Submit Application

### Pay Fees and Submit Application

There are No Fees For This Request  
Please note that there is no payment for sent back requests, so please submit to proceed to the next stage.

Request Type: Apply for leave of Absence

Request Transaction ID: 289917





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After submission of the request, the request's status will be "Pending with employer" which means your employer representative should approve your request via the facility/institution account.

**View & track status of my requests**

Search

Request Type:  Request Status:

Request Date From:  Request Date To:

Search

Request No.	Request Type	Date of submission to Employer	Date of submission to QCHP	Date of Completion	Current Status	Remove	Comments
289917	Apply for leave of Absence	22/02/2017	----	----	Pending with employer		

- If you face any technical issues, please send an email to our technical support helpdesk: [qchphelpdesk@moph.gov.qa](mailto:qchphelpdesk@moph.gov.qa)



## Employer Manual

After login with employer username and Password

✓ Review and Submit Requests

Evaluations, Licensing & Other Requests

Renewals

Change Place Of Work

Add/Change Scope of Practice

Removal from the Registry

Restoration to the Registry

👁 View

Request Dashboard

All Practitioner Details

Expiring Evaluations & Medical Licenses

Rejected Requests

Employer Representative Account Status Report

🖨 Print

Evaluation Reports & MOI Letters

Provisional Licenses

Online Payment Receipts

e-Jazas

👤 Others

Apply on behalf of a Practitioner

Issue e-Jaza on behalf of a Practitioner

Upload Employer Representative photo

Click on first link "Evaluation Licensing & Other Requests" after filtering by "Request type" as shown below

Click on [Applicant/Practitioner](#) name to Approve/Reject the request.

To review/edit the request Click on the [Request Number](#).

**View & track status of my requests**

🔍 Search

Request Type:

Request Date From:

Request Status:

Request Date To:

🔍 Search

Request No.	Request Type	Date of submission to Employer	Date of submission to QCHP	Date of Completion	Current Status	Remove	Comments
289917	Apply for leave of Absence	22/02/2017	----	----	Pending with employer	🗑	💬

🔍 Search

Edit Request Info	Applicant/Practitioner Name	Profession	Scope of Practice	Request Creation Date	Request Type	Comments
Request No	Practitioner Name	Physician	General Practitioner(Obstetrics & gynecology)	22/02/2017	Apply for leave of Absence	💬



On clicking on the Name:

Agree to the employer declaration and click on "Next"

Personal Declaration

Update Leave Details

Employer Approval

### Personal Declaration

We hereby certify that we are aware of the leave details applied on the Qatar Council for Healthcare Practitioners registration system and that the information given is true and correct.

We understand that any approval that may result from this application will be void if there is any false or misleading representations or declarations in this application through error or omission.

We understand that we will be liable to legal obligations prescribed under the law if we fail to comply with the obligation to declare, or provide complete and correct information.

I hereby declare the above mentioned statements.

Review Leave details – Click on "Next"

Update Leave Details

Employer Approval

### Practitioner Leave Details

**i** Please note that this is related to Accreditation system to get exemption for license renewal. And not related to e-Jaza leave system.

Start Date\* 14/11/2016

End Date\* 18/02/2017

No. of Days\* 97

Reference Document(for leave period)\* **Attachments :**

Attachments	Description
<a href="#">icons-AccredLeave-289914.jpg</a>	

Reason\* Study Leave

Comments(Additional Information) Studying xyz in US



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Select Approve/ Reject and click on “Submit” to submit the Request to QCHP.

✓ Personal Declaration

✓ Update Leave Details

✓ Employer Approval

### Employer Approval

#### Request Information

Name	Mona Abdelmoneim Radwan Hatata
Request No.	289914
Request Type	Apply to Update Leave Details
Scope of practice	General Practitioner(Obstetrics & gynecology)
Current Employer	Al Ahli Hospital

#### Employer Decision

Approve  
 Reject

**Comments:**

Type in your comments

#### Attachments :

Select File  No file chosen

Maximum File Size is : 2 MB  
 Max Resolution is 400 DPI

File Description



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## Registration Leave Policy

<b>Policy Name:</b> Registration Leave Policy
<b>Policy Code:</b>
<b>Version Number:</b>
<b>Developed by:</b> QCHP-Registration
<b>Co-Consultants:</b> N/A
<b>Reviewed by/Date:</b>
<b>Approved by/ Date:</b> February 26 <sup>th</sup> , 2017
<b>Date Effective:</b> March 6 <sup>th</sup> , 2017
<b>Date of Due Revision:</b> TBD
<b>Validity:</b> This policy is valid until updated, replaced or canceled by the Qatar Council for Healthcare Practitioners-Registration Department. Update, replacement or cancellation of this policy may occur without prior notice. However, all concerned individuals and parties shall comply with such once officially notified by the QCHP-Registration Department.



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## DOCUMENT CONTROL

### REVISION HISTORY

Name	Date	Changes	Version

### REVIEWS BY QCHP-RD

Name	Date	Organization/Position	Version

### APPROVALS BY QCHP-RD

Name	Date	Organization/Position	Version



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## 1. Introduction

Healthcare practitioners may have to be absent from practice for extended periods of time during the course of their career in Qatar. There can be many reasons for this, from maternity leave to illness or otherwise. The length of leave of absence from the practice of healthcare might affect the healthcare practitioners' ability to participate in Continuing Professional Development (CPD) and comply with the requirements of the National Continuing Medical Education / Continuing Professional Development (CME/CPD) program.

## 2. Policy Statement

- 2.1.** All healthcare practitioners in the state of Qatar are required to participate in the National CME/CPD program and comply with the CPD credit requirements of their CPD cycle. For each healthcare practitioner, the start of each 2-year CPD cycle is aligned with their established date of registration/licensure.

When healthcare practitioners are absent from full-time or part-time practice, their CPD cycle credit requirements can be modified, if their leave of absence fulfills the eligibility criteria.

Leaves of absence eligible to modify CPD credit requirements must be:

- 2.1.1. For reasons other than annual or casual leaves.
  - 2.1.2. Approved by the concerned authority (employer) of the practitioner.
  - 2.1.3. For, at least, 30 (thirty) consecutive days within the license renewal period. The duration shall be calculated from the day the leave started until the date of return to practice or expiry/renewal of licensure (end of CPD cycle), whichever sooner.
- 2.2.** Only eligible leaves that are filed correctly, online, shall be approved by the Qatar Council for Healthcare Practitioners (QCHP) - Registration Department (RD) and forwarded to QCHP-Accreditation Department (AD).
- 2.3.** QCHP-AD shall modify the CPD credits requirements of Healthcare practitioners on eligible leaves according to QCHP-AD's CPD Leave Policy so that CPD cycle end date will remain the same whereas the annual or cycle specific expectations, related to CPD cycle requirements, will be adjusted.

## 3. Definitions

- 3.1. CME/CPD Program** is an educational initiative designed by the QCHP-AD to support, enhance and promote the lifelong learning of healthcare practitioners.
- 3.2. CPD Cycle** is the time period established to complete the minimal expectations established by the QCHP-AD.



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**3.3. Leave of Absence** is the period of time when a healthcare practitioner cannot participate in their full-time or part-time professional practice. Leaves under the scope of this policy include, but are not limited to:

- 3.3.1.1. Maternity or paternity Leave.
- 3.3.1.2. Sick Leave.
- 3.3.1.3. Unpaid Leave.
- 3.3.1.4. Other Leaves e.g. study leave.

#### **4. Abbreviations**

CME: Continuing Medical Education.

CPD: Continuing Professional Development

HCPs: Healthcare practitioners.

QCHP: Qatar Council for Healthcare Practitioners.

QCHP-AD: Qatar Council for Healthcare Practitioners Accreditation Department.

QCHP-RD: Qatar Council for Healthcare Practitioners Registration Department.

#### **5. Scope**

This policy applies to all licensed healthcare practitioners in the State of Qatar.

#### **6. Roles/ Responsibilities of Auditors**

- 6.1.** Healthcare practitioner is responsible to complete an online leave of absence request/ application and submit the form to their employer.
- 6.2.** Healthcare practitioners are responsible to have documentation from their employer (where applicable) detailing the reason for and duration of their absence of practice.
- 6.3.** The employer is required to review and approve the leave of absence request/ application before submitting it to QCHP-RD.
- 6.4.** QCHP-RD will review and approve the leave of absence request/ application; and notify the QCHP-AD of the approved leaves of absence request/ application.
- 6.5.** QCHP-AD will be responsible to adjust the CPD cycle requirements within the CPD portfolio based on the duration of absence from practice as stipulated by the documentation provided from the healthcare practitioner's physician or employer.





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## **7. Procedures/Guidelines**

- 7.1.** Healthcare practitioner submits an online leave of absence request/ application to request an adjustment to their CPD cycle requirements based on the duration of leave of absence. The online form must be reviewed and approved by the employer prior to forwarding to QCHP-RD.
- 7.1.1. The request shall be submitted by the healthcare practitioner or his/her employer after returning from leave or at the date of expiry/renewal of licensure, whichever sooner.
- 7.1.2. If a leave of absence falls between two CDP cycles, the 1<sup>st</sup> part of the leave (prior to date of license expiry/renewal) shall be reported (submitted) as leave of absence (if eligible i.e. for 30 consecutive days or more) at or immediately before expiry/renewal of licensure (end of CPD cycle). The 2<sup>nd</sup> part of the leave (following the date of license expiry/renewal), if eligible (for 30 consecutive days or more) shall be reported (submitted) after returning from leave.
- 7.1.3. Request must include the date of when the healthcare practitioner leave of absence started and the date when he/she returned or is planning to return to work (QCHP-RD must be informed by the actual date of return to practice or professional duties, once it occurs).
- 7.1.4. There is no limit on the number of requests that can be submitted during an established 2-year CPD cycle.
- 7.1.5. As per the scope of this policy, no retrospective leave of absence submissions will be accepted after the licensure expiry date (end of CPD cycle). However, healthcare practitioners may submit to QCHP-AD a request to review non-compliance with CPD program requirements within 30 days of CPD cycle closure (Refer to QCHP-AD's CPD Cycle Appeals Process Policy).
- 7.2.** QCHP-RD reviews and processes the submitted leave of absence request.
- 7.2.1. QCHP-RD evaluates leave of absence eligibility (as per items 2.1 and 7.1 of this policy).
- 7.2.2. QCHP-RD approves and records the duration of eligible leaves absence in the registration database.
- 7.2.3. The leave of absence recorded in the registration database will be automatically notified to QCHP-AD.
- 7.3.** Healthcare practitioner's CPD cycle requirements will be adjusted in the CPD e-portfolio (as per QCHP-AD's CPD Leave policy). QCHP-AD informs the healthcare practitioner of the approved changes to CPD cycle requirements.



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## 8. Flowcharts

- 8.1. Registration Leave Policy – Appendix 1

## 9. References and Sources for Further Reading

N/A

## 10. Related Policies

- 10.1. QCHP-AD CPD Cycle Policy (*MOPH/QCHP/AD/CPD/002*)
- 10.2. QCHP-AD CPD Exemption Policy (*MOPH/QCHP/AD/CPD/003*)
- 10.3. QCHP-AD CPD Recording Policy (*MOPH/QCHP/AD/CPD/005*)
- 10.4. QCHP-AD CPD Portfolio Audit Policy (*MOPH/QCHP/AD/CPD/006*)
- 10.5. QCHP-AD Cycle Appeals Process (*MOPH/QCHP/AD/CPD/007*)
- 10.6. QCHP-AD CPD Leave Policy (*MOPH/QCHP/AD/CPD/004*)
- 10.7. *QCHP-RD License Renewal Policy*

## 11. Governing Law or Regulations

- 11.1. Amiri Decree No. 7 for the Year 2013 and its amendment.

## 12. Attachments/Appendices

- 12.1. Flowchart: Registration Leave Policy

### Attachment 1: Registration Leave Policy

