



## تعميم رقم (2019/5)

من	إدارة التخصصات الصحية
إلى	• كافة الأطباء البشريين حديثي التخرج في دولة قطر • كافة ضباط الاتصال في دولة قطر (القطاعين الحكومي والخاص)
الموضوع	استحداث مسمى "طبيب مساعد" ضمن فئات تسجيل/ترخيص الأطباء البشريين في دولة قطر
التاريخ	21 ابريل 2019

### "تهديكم إدارة التخصصات الصحية أطيب التمنيات"

انطلاقاً من حرص إدارة التخصصات الصحية لدعم وتأهيل الكوادر الطبية القطرية، وغيرها من فئات مواليد قطر، وأبناء المقيمين، وخريجي جامعات قطر.

وسعيًا إلى إتاحة الفرصة لأطباء حديثي التخرج من الفئات المذكورة للحصول لبدء مسيرتهم المهنية، ومن ثم الانخراط في سوق العمل دون المساس بسلامة المرضى وجودة الخدمات الصحية، تم استحداث مسمى "طبيب مساعد" والذي يتيح للطبيب العمل ضمن نطاق عمل محدد و تحت إشراف طبيب متخصص و مرخص في الدولة.

ويُسمح للممارس من فئة "طبيب مساعد" القيام بعدة إجراءات طبية تحت إشراف، كما يسمح له بمساعدة الطبيب المشرف في القيام ببعض الإجراءات الجراحية البسيطة، وفق ما يحدده نطاق الممارسة المرفق بهذا التعميم، ويجب أن يكون الإشراف مباشرًا بما يضمن وجود الطبيب المشرف في مكان العمل، ويسمح بالتدريب فقط في مستشفى حكومي/ شبه حكومي أو خاص إضافة إلى مراكز مؤسسة الرعاية الصحية الأولية . ويخضع الطبيب المساعد لعدة تقييمات بهدف ضمان جودة وفاعلية الخدمات المقدمة وكذلك التأكد من إكتساب الطبيب للمهارات و الخبرات الاساسية المطلوبة. وللحصول على جميع المعلومات يرجى مراجعة نطاق الممارسة المرفق بهذا التعميم.

#### مرفقات:

- نطاق الممارسة لمسمى "طبيب مساعد" و ضوابط التدريب والإشراف.

للاستفسار يرجى التواصل مع:

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شاكرين لكم حسن تعاونكم

إدارة التسجيل / المجلس القطري للتخصصات الصحية



## Scope of practice for the “Assistant Physician” Category

### **Background:**

As per the Policy, A General Practitioner (GP) Physician who holds primary degree in medicine and surgery or equivalent from a recognized university must have 5 years of post-graduate experience to be eligible to be licensed as GP in addition to other requirements. QHP has been receiving lots of applications from fresh medical graduates who are Qatar Universities’ graduates, Born in Qatar or Residents’ offspring / spouses graduate and they don’t have chance to engage in medical workforce due to the limitation by the law. Hence, QHP is proposing to accommodate them under the umbrella of QHP to efficiently prepare them to gain the required experience and then be licensed to practice fully in State of Qatar and also In order to benefit from the medical workforces who under-utilized for the sake of healthcare sector.

### **Definition:**

Assistant Physician is a fresh medical graduates who completed primary degree in Medicine (MBChB, MBBS or MD degree) or equivalent from an institution accredited by QHP, who are lacking post graduate work experience and who can practice under supervision of independent licensed physician in Qatar.

QHP has proposed to introduce the Title of “Assistant Physician” for those fresh medical graduates:

- 1) Qatar Universities’ Graduates.
- 2) Qataris or Born in Qatar or Resident’s offspring / Spouses who are graduated abroad.

### **Scope of Practice:**

1. Perform complete, detailed and accurate case history, review patient records to develop comprehensive medical status reports, and order laboratory, radiological and diagnostic studies appropriate for complaint, age, race, sex and physical condition of the patient under supervision.
2. Do complete physical examinations and record pertinent data in acceptable medical forms under supervision.
3. Arrange hospital admissions and discharges at the direction of the Supervising Physician; record appropriate patient progress notes; accurately and appropriately transcribe and execute specific orders at the direction of the Supervising Physician; compile detailed narrative and case summaries; complete forms pertinent to patients’ medical records; issue diagnostic orders, which must be signed within specified time period as defined by hospital guidelines.
4. Perform or assist in the following routine laboratory medical techniques and the following routine therapeutic procedures:
  - (1) The drawing of arterial, venous or peripheral blood and the routine examination of the blood.
  - (2) Urinary bladder catheterization and routine urinalysis.
  - (3) Nasogastric intubation and gastric lavage.



- (4) The collection of and the examination of the stool.
  - (5) The collection of materials for bacteriological or viral culture.
  - (6) The performance of pulmonary function tests.
  - (7) Performing electrocardiograms.
  - (8) Injections - subcutaneous, intramuscular, and intravenous (Note: injections to any other sites, for example, joints, must be requested).
  - (9) Immunizations.
  - (10) Removal of sutures.
  - (11) Administration of subcutaneous local anesthesia under supervision.
  - (12) Removal of cast.
5. Assist in the following surgical procedures:
- (1) Pre and post-op care.
  - (2) Surgical assisting.
  - (3) Wound debridement.
  - (4) Incise and drain abscesses (superficial only).
  - (5) Biopsies (facial biopsies must be requested).
  - (6) Insert and remove drains (excluding paracentesis, thoracentesis, thoracotomy tube insertion, ventriculostomy insertion, and placement of any percutaneous drain into a body cavity).
  - (7) Suturing-single layer closure of the face.
  - (8) Closure-may close the outermost layer of the fascia, subcutaneous tissue, dermis and epidermis on extremities; over thoracic or abdominal cavities approval to close subcutaneous, dermis and epidermis only.
  - (9) Intensive care.
6. Assist in the following procedures:
- (1) PICC line placement
  - (2) Tracheostomy tube change
  - (3) Thoracostomy tube removal
  - (4) Enteric tube exchange
  - (5) Groshong catheter removal
  - (6) Infusaport (portacath) removal
  - (7) Post pyloric feeding tube placement
  - (8) Removal of pacing wires
  - (9) Intubation
  - (10) Placement of Aspen collars

### **Abbreviation**

- PICC – Peripherally Inserted Central Catheter



## **Supervision Framework:**

### **Introduction:**

QCHP has a duty to ensure that patients' safety is always safeguarded and this is achieved through its implementation of a supervisory framework which is a tool used to monitor Assistant Physicians. The objective of Assistant Physicians' supervisory framework is to ensure there is direct and timely supervision while they are at work, so that patient's safety is not compromised.

### **Guidelines:**

1. Supervisor is a licensed Physician and Supervisee is an Assistant Physician.
2. Assistant Physician will be subjected to practice under direct on-site supervision of specialty physician in a hospital setting and the hospital setting must be licensed.
3. The Supervisor must be working as a full time and must be licensed in their area of specialty.
4. The Supervisor should be from the same specialty as the department where the supervisee is practicing in (For example: If the Assistant Physician is practicing in Department of Cardiology, the Supervisor physician should be Cardiologist).
5. The level of supervision must be on continuous basis and the level of intensity must be 100% (Direct Supervision).
6. A Supervisory physician may not supervise more than 2 Assistant Physician at one time.
7. There must be a proper system of assessment, monitoring and feedback regarding the performance of Assistant physician. Assistant Physician will be assessed periodically every 6 months and will be required to submit assessment report.
8. In case the supervising physician has been changed, QCHP shall be notified and the former supervisor shall write his/her final report.
9. Depending on circumstances, Assistant Physician may be subjected to multi-rate assessment report (Physicians, nurses and other healthcare practitioners) to provide with a holistic view of the supervisee's performance whilst practicing under supervision.
10. Assistant Physician must maintain a logbook.
11. After completion of required work experience, Assistant physician can apply to change scope of practice to either GP or Resident provided that he/she fulfill the registration requirements for this categories.



## Appendix

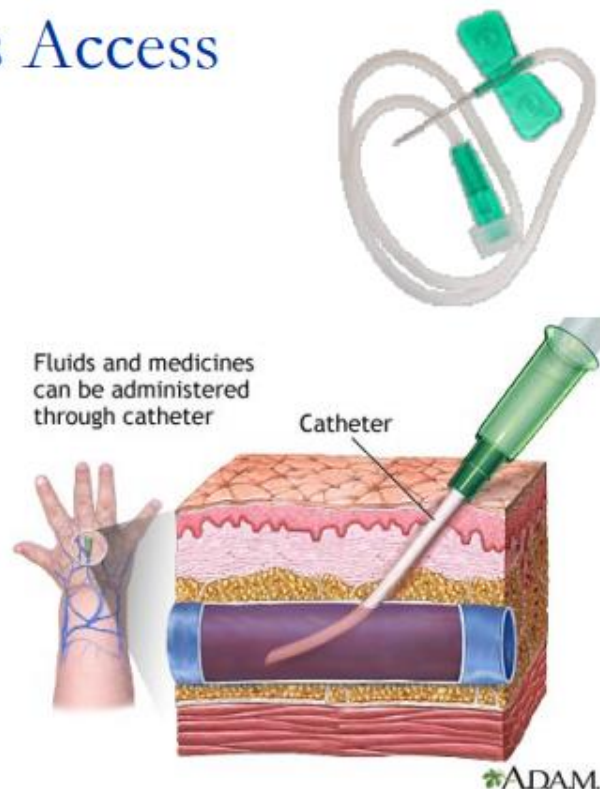
### The choices for IV access

- Peripheral IV access
- Arterio-Venous Fistula
- Central venous access
  - Peripherally Inserted Central Catheter (PICC)
  - Non Tunnelled Central Venous Catheter (CVC)
  - Tunnelled (e.g. Hickman) Central Venous Access Device
  - Implanted Central Venous Access Device e.g. Infusaport



### Peripheral Venous Access

- Butterfly & IV
  - Short term (days) or intermittent therapy
  - Short catheters generally placed in forearm, hand or scalp veins





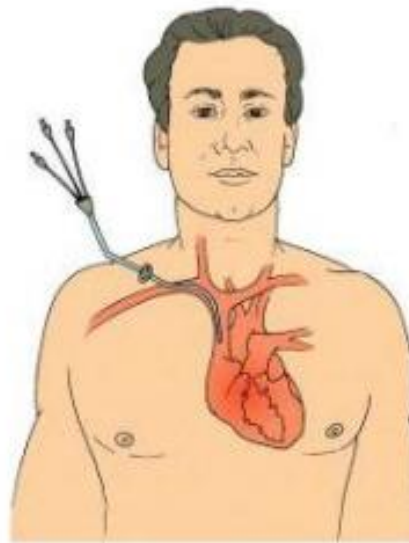
## Arterio-Venous Fistula

- Can last many years
- Connects an artery directly to a vein → results in more blood flow to the vein → the vein grows larger and stronger
- Fistula takes a while after surgery to develop (as long as 24 months)
- Properly formed fistula is less likely than other kinds of vascular access to form clots or become infected



## Non-Tunneling Central Venous Catheter (CVC)

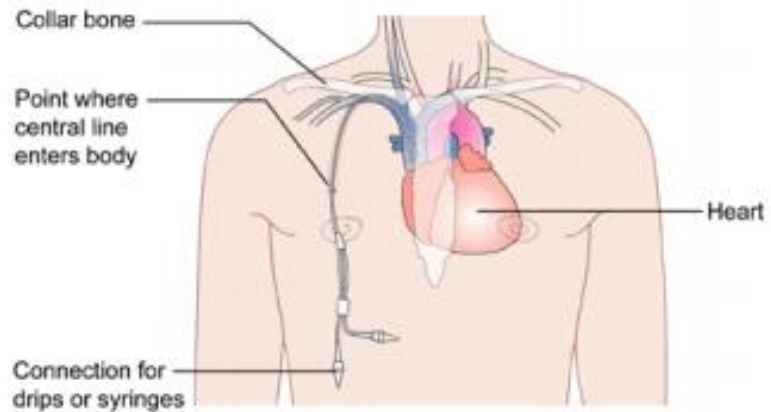
- Short term use (days to several weeks). ICU or DEM.
- Central Venous Catheters
  - Subclavian or internal jugular
  - Single, double or triple lumen





## Tunneled Central Venous Access Device (CVAD)

- Used for months to 1 + years
- ■ Some brands:
  - Hickman®
  - Broviac®
  - Groshong®



## Peripherally Inserted Central Catheters (PICC)

- Short term use (days to several weeks)
- Peripheral central venous catheter inserted at or above the antecubital space and the distal tip of the catheter is positioned at the superior vena cava





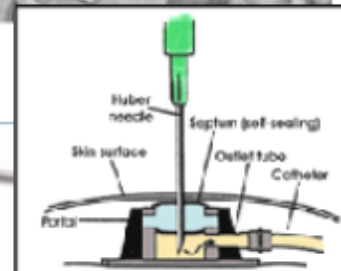
## Implanted CVADs - Ports

- Can only be accessed with a special needle with a deflecting, non-coring point
- Some brands:
  - HUBER needle
  - GRIPPER needle



## Implanted CVADs - Ports

- Long term use (years)
- Catheter attached to a self-sealing silicone septum surrounded by a titanium, stainless steel or plastic port
- Port sutured under the skin
- Some brands:
  - Port-a-cath®
  - Infus-a-port®
  - Power Port®







## Choosing Venous Access

- Patient and family education regarding venous access is essential.
- Peripheral venous access is first choice if access is suitable. Age of commencement of therapy is a major factor.

### Peripheral Venous Access

#### FOR

- Easy if adequate veins
- Little care required
- Doesn't limit activities
- Lower in cost than CVADs
- Risk of infection is less

#### AGAINST

- Inadequate veins
- Cooperative child
- Education and time to learn
- Needle pierces skin each time.



## Infusaport: for and against



#### AGAINST

- Surgery
- Scarring
- Mechanical problems (device malfunction, clots)
- Regular maintenance and flushing
- Infection risk (lower than other CVAD's)
- Sterile technique (Non-touch technique debate), equipment, cost
- Pain: EMLA cream, ANGEL cream, sucrose for babies

#### FOR

- Family can learn to do it
- Easy venous access
- Child doesn't have to cooperate initially
- Coagulation studies can be taken
- Life span of 5 to 7 years, can last longer
- Doesn't limit a child's activities (NB ? contact sports)
- Appears to stretch as a child grows