



تعميم رقم (16) لسنة 2022

من	إدارة التخصصات الصحية / وزارة الصحة العامة
الى	• جميع الممرضات / القابلات المرخصات في دولة قطر • جميع منشآت الرعاية الصحية / ضباط الاتصال في دولة قطر
الموضوع	سياسة / إطار الامتيازات السريرية الأساسية والمتقدمة لجميع المتخصصين في التمريض والقبالة
التاريخ	30 نوفمبر 2022

" تهديكم إدارة التخصصات الصحية أطيب التمنيات "

في إطار سعي قسم التسجيل بإدارة التخصصات الصحية لمواكبة التحسين والتطوير المستمر لأداء أفضل للممارسين الصحيين في قطاع الرعاية الصحية، وتماشياً مع الاستراتيجية الوطنية للصحة والنظم المعمول بها إقليمياً ودولياً، والتي تعترف بالأدوار الموسعة والممتدة للممرضات والقابلات، و استناداً الى قرار اللجنة الدائمة للتراخيص في اجتماعها رقم 15 لسنة 2022 ، تعلن الإدارة عن اعتماد إطار تنظيمي جديد يختص بسياسة الامتيازات السريرية الأساسية والمتقدمة لجميع ممارسي التمريض والقبالة و الذي يوضح إجراءات و شروط الحصول على الامتيازات (الأساسية و المتقدمة).

ملاحظة: للحصول على جميع المعلومات المتعلقة بالسياسة الجديدة وإطار المراقبة والنماذج المطلوبة، يرجى الرجوع إلى المستندات المرفقة كالتالي.

سياسة الامتيازات السريرية الأساسية والمتقدمة للتمريض والقبالة.

ملحق أ: نموذج طلب الحصول على امتيازات سريرية للتمريض.

ملحق ب: بروتوكول المراقبة.

ملحق ج: استمارة تقييم المراقبة لتمريض.

ملحق د: قائمة الامتيازات المتخصصة.

ملحق هـ: خطوات التقديم.

ملحق و: اتفاق ممارسة التعاون.

للمزيد من المعلومات يرجى التواصل مع البريد الإلكتروني: dhregistration@moph.gov.qa

شاكرين لكم حسن التعاون- إدارة التخصصات الصحية

1. Introduction:

The Department of Healthcare Professions (DHP) at MOPH strives to provide high standards to maintain the quality of healthcare and ensure patient safety in the State of Qatar. This policy has been developed to guide all nursing professionals in the State of Qatar regarding the privileging/authorizing to sustain a standardized practice in the healthcare sectors.

2. Policy Statement/ Purpose:

- 2.1 The purpose of this policy is to provide guidelines for authorizing/privileging and proctoring (supervised and unsupervised) to all Nurse professionals (Registered General Nurse/Midwife; Clinical Nurse Specialist, Clinical Midwife Specialist, Nurse Practitioners) who practice their professions in Qatar.
- 2.2 The policy will guide all Registered General Nurse/Midwife, Clinical Nurse Specialist, Clinical Midwife Specialist, Nurse Practitioners in the State of Qatar regarding the privileges for each nursing specialty.
- 2.3 All requests for privileges will be assessed through a specialized expert panel in Department of Healthcare professions (DHP) at MOPH.
- 2.4 Healthcare organizations can grant authorization to nurses to perform some skills that are out of their Scope of Practice with a specified timeframe, after the nurses are validated with the required competencies and after approval of the DHP.

Healthcare organizations that grant authorization shall have in place the guidelines, standing order policy approved by Medical Director and Lead Nurse.

The effective date and duration of the clinical privilege(s) will be determined by DHP at MOPH.

3. Definitions

3.1 The Registered General Nurse /Registered Midwife (RGN/RM) is an individual who holds a current, valid license issued under the DHP/MOPH that authorizes them to practice nursing/ midwifery and use the title registered general nurse/midwife.



- 3.2 Clinical Nurse Specialists (CNS)** can be described as registered general nurses, who have graduate level nursing preparation and who would usually be expected to be prepared at master's level. They are clinical experts in evidence-based nursing practice within a specialty area. Specialty areas can be identified by: Population (ie. Pediatrics, adults, geriatrics, women, etc.); Clinical Setting (i.e. critical care, emergency room, etc.); disease or medical specialty (ie. diabetes, oncology, etc.); Type of care (i.e. rehabilitation, psychiatric-mental health, etc.); Type of problem (., pain, wounds, eating disorders) **and have a valid license as CNS issued by the DHP/MOPH**
- 3.3 A Nurse Practitioner (NP)** is a registered nurse with advanced academic preparation and clinical experience and expertise in a specialized area of nursing, integrating their in- depth knowledge of advanced nursing practice and theory, health management, health promotion, disease/injury prevention and other relevant biomedical and psychosocial theories to provide comprehensive health services. He/she provides direct care, and may order and interpret diagnostic tests, perform procedures and prescribe medications under individually negotiated authorization agreements with senior consultants or specialists.
- 3.4.** The recognized **Advance Practice Registered Nurse (APRN)** include Clinical Nurse Specialist (CNS), Certified Nurse Midwife (CNM), Certified Registered Nurse Anesthetist (CRNA), Nurse Practitioner (NP), in various specialties, e.g. Adult NP, Family NP, Neonatal AP, School NP, Women's Health NP, Gerontological NP, Acute Care NP, Mental Health NP.
- 3.5. Certified Nurse Midwife** is an APRN who specializes in Women's reproductive health and childbirth. She does not only attend during pregnancy, childbirth and postpartum but they are also responsible for preventive women's health maintenance.
- 3.6 A Collaborating Physician** must be either chief of physician or a consultant who have unrestricted Privileges to perform the privilege/ procedure(s)
- 3.7 Proctoring** is an objective evaluation of a clinician's clinical competence by a proctor who represents, and is responsible to the concerned healthcare practitioner. Registered General Nurse/Midwife, CNS and Advanced practice nurses seeking new or expanded privileges are proctored while providing the services for which privileges are requested. In most instances, a proctor acts only as a monitor to evaluate technical and cognitive skills of the concerned professional.
A proctor provides direct and indirect patient care and is responsible to the Medical Director.
- 3.8 Proctoring guidelines** provide a process for granting privileges to professional nurses.
- 3.9 Privileging is** the process of determining a health care practitioners' current skill and competence to perform specific diagnostic and therapeutic procedures that the



professional requests to perform as a participant in or an associate of a health care facility or system. The result of privileging is that a practitioner is permitted by the DHP/MOPH to conduct those specific procedures. It is the authorization granted by the governing body of a healthcare facility, agency of organization to provide specific patient care services within well-defined limits, based on the individual's education, professional license, experience, competence, ability, and judgment.

4 Procedure/Process

4.1 CLINICAL PRIVILEGES

- 4.1.1 The application of clinical privileges will be initiated by the member of staff who is requesting privileges in collaboration with his/her immediate supervisor and collaborating physician prior to forwarding the privileges documents to the Department of Healthcare professions (DHP).
- 4.1.2 The DHP must re-credential the education, experience and clinical privileges granted to an individual.
- 4.1.3 The Advance Nurse Practitioner, Clinical Nurse Specialist, Clinical Midwife Specialist and Registered Nurse/Midwife must complete the written agreement with the Medical Staff regarding the performance of advanced skills and their limitations before performing patient care activities within the specialty.
- 4.1.4 The recognized Advance Practice Nurse Registered Nurse (APRN) include Clinical Nurse Specialist (CNS), Certified Nurse Midwife (CNM), Certified Registered Nurse Anesthetist (CRNA), Nurse Practitioner (NP) in various specialties, i.e. Adult NP, Family Nurse NP, Neonatal Nurse NP, School Nurse NP, Women's Health NP, Gerontological NP, Acute Care Nurse NP Mental Health NP.
- 4.1.5 The Applicants must have certificate of authority and license to practice as a licensed registered nurse/midwife by the DHP/MOPH.
- 4.1.6 Privileges shall be given in addition to the Scope of Practice, job description, and the Core privileges for each role as identified in Addendum D.

- 4.1.7 The Clinical practice guidelines developed by the healthcare facility must be written clearly, be measurable and be easily accessible to the staff who are granted the privileges.

4.2 Application for Privileges and Proctoring

- 4.2.1 Requesting privileges must be written using the Application for Privileges form (Addendum A) and all the required certificates required as stated in the Registered General Nurse/Midwife and advanced nurse practitioners job description.
- 4.2.2 Final Approval of the privileges will be from the Medical Director of the health facility where the Nursing professional is practicing the privileges and DHP at MOPH.
- 4.2.3 Nurse Leaders / Supervisor or Physicians who privilege/authorize the nursing professional are responsible for proctoring the requesting General Nurse/Midwife and advanced practice nursing professional as per the Proctoring Protocol for General Nurse/Midwife / Nurse Practitioners/CNS Privileges (Addendum B).
- 4.2.4 The performance of the procedures/privileges will require supervision, and the physician accepts responsibility and liability for the quality of care provided by the person being supervised.
- 4.2.4.1 **General Supervision** means the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure or provision of the services.
- 4.2.4.2 **Direct Supervision** means the physician must be present in the area and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.
- 4.2.4.3 **Personal Supervision** means a physician must be in the room during the performance of the procedure.



4.2.5 Applicants must meet the relevant academic requirements, years of experience, recommendations from employer, etc. prior to filling in the application form (Addendum A)

4.2.6 The Proctoring Nurse / collaborating physician must document the evaluation of the proctoring procedures (Addendum C).

4.3 Restriction / Revoking the Granted/authorized privileges

4.3.1 The Collaborating physician or anyone who has identified a clinical error or risk is required to report the evidence of the clinical / medical error or risk to the relevant Department Head responsible for privileges authorization.

4.3.2 Granted privileges can be restricted and/or revoked if circumstances arise where it may not be safe to allow the individual to practice them.

4.3.3 The DHP at MOPH will be authorized to review and/ or revoke the clinical privileges at any time, if the services provided by the credentialed and privileged nurse professional are below accepted standards, are out of scope of the terms of the individual's privileges or may cause harm to a patient or any matter that may reflect on their continued ability to effectively exercise clinical privileges.

References:

- Core Privileges AHPs for Develop and Implement Criteria-Based Privileging for Nonphysician Practitioners Third Edition
- <https://clinicalaffairs.unm.edu/>
- <https://www.melnic.com/wp-content/uploads/2018/09/Delineation-of-Privileges-Advanced-Practice-Providers-Critical-Care.pdf>
- <https://www.qchp.org.qa/en/Pages/HowToRegisterToPracticeInQatar.aspx>
- <https://credentialingresourcecenter.com/articles/determining-core-versus-noncore-privileges>
- <https://www.registerednursing.org/nurse-midwife>
- <https://dhp.moph.gov.qa/en/Pages/HowToRegisterToPracticeInQatar.aspx>

Addendum "A"

APPLICATION FOR NURSING CLINICAL PRIVILEGES

Name of Applicant: _____ Professional Title: _____

License No: _____

Dept: _____ Health Facility _____

REQUESTED CLINICAL PRIVILEGES

Privilege/Procedure	For Committee use			
	Approved	Rejected	Signature	Reason for rejection (if any)

Please check (✓) or write legibly to complete all requested information Attach copies

A. PROFESSIONAL QUALIFICATION

Professional Education

- () Diploma in General Nursing/Midwifery Length of program _____ Year completed : _____
- () BSc. in Nursing Length of program _____ Year completed: _____
- () Master of Science in Nursing Length of program _____ Year completed : _____
- () PhD _____ Length of program _____ Year completed : _____

Post- graduate professional education (Attendance in program / course of not less than one academic year)

Program/course _____ Duration: _____ Year completed: _____

Program/course _____ Duration: _____ Year completed: _____

B. **Professional Training & Certification** (Attendance in training and certification related to requested privileges)

_____	Incl dates _____	Place: _____
_____	Incl dates _____	Place: _____
_____	Incl dates _____	Place: _____
_____	Incl dates _____	Place: _____

C. **Professional Licensure in the Country of Origin**

Reg. Nurse Reg. Midwife Advanced practice Reg. Nurse

Licensing authority _____

Country / State _____

License Number _____

Validity / Expiry date _____

I attest that the above information is correct and true

Applicant signature _____ Date _____

Printed name _____

RECOMMENDATION

Recommended Not recommended

Reason(s) _____

Supervising Physician /Proctor _____

Signature



Date _____

Undertaking:

1. **The practitioner:** I hereby undertake not to perform any procedure(s) that is not approved by the Department of Healthcare professions and that I shall bear all legal and disciplinary responsibilities in case of violation of this clause. I further declare that performing the approved procedure/privileges will be at my sole responsibility.

Signature: _____ Stamp: _____

2. **The healthcare Facility:** This facility 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 the procedure is performed by this licensed privileged nurse professional in this facility. The facility also acknowledges to take 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 to the client/patient.

Institution: _____ Stamp: _____

Director: _____ Signature: _____ Stamp: _____

Addendum "B"

PROCTORING PROTOCOL

1. Purpose for Proctoring:

- 1.1 To provide guidelines in order to properly evaluate the professional competence and qualifications of Nursing professionals (Registered Nurse/Midwife, Clinical Nurse Specialist, Nurse Practitioners) requesting additional Privileges. To ensure that procedures performed are safe, meet current international Standards and are of the highest quality.

2. Protocol:

- 2.1 Nursing professionals are proctored in the following situations:

- 2.1.1 Registered General Nurses/Midwives who are licensed from Department of Healthcare professions in MOPH and requesting Privileges to perform advanced procedures.
- 2.1.2 Nursing professionals who request additional Privileges, including new technology or procedures.
- 2.1.3 Any nurse practitioner, Clinical Nurse/Midwife Specialist performing a procedure that does not fall within the scope of nursing practice and considered an advanced procedure. The nurse practitioner is placed on a specified Proctoring Program.
- 2.1.4 The Application for Nursing Clinical Privileges (Addendum A) shall be approved by the healthcare facility and DPH/MOPH before proctoring process is initiated.

3. Components of the Proctoring Process:

- 3.1 Proctoring of the Nursing professional shall be conducted on a minimum of Ten (10) performances for each procedure requested as clinical privilege and/or as recommended by the Department Head.
- 3.2 The provisional term for Proctoring does not exceed a period of three (3) months.
- 3.3 Proctoring shall be performed, where feasible by the proctor who has no personal relationship with the Nursing professional being proctored.
- 3.4 Declaration of no conflict of interest by both parties
- 3.5 The Proctoring Process shall not violate the nurse -patient relationship.
- 3.6 Proctoring shall include direct observation by the proctor (supervising physician) in the performance of the new/advanced skill or procedure.

4. Requirements of the Proctor:

- 4.1 The proctor must be either the Department head or a consultant who has unrestricted Privileges to perform the procedure(s) to be proctored.
- 4.2 The proctor shall be assigned by the Department Head/ Designee.
- 4.3 The proctor shall be assigned by the Expert from the manufacturing company as approved by the Head of the Department /Healthcare facility.

5. **Items to be proctored:**

5.1 The overall care of the patient will be assessed by evaluating at least the following aspects of the Procedure:

5.1.1 **Procedure:**

- 5.1.1.1 Indications for procedure.
- 5.1.1.2 Pre-procedure management and assessment.
- 5.1.1.3 Procedural technique.
- 5.1.1.4 Post procedure management.
- 5.1.1.5 Consent documentation of the procedure (if applicable).
- 5.1.1.6 Appropriateness of the procedure.

5.2 **Clinical/Cognitive:**

- 5.2.1 Timeliness of the procedure.
- 5.2.2 Admission history and physical examinations.
- 5.2.3 Accuracy and completeness of progress notes according to the documentation policy and guidelines of the healthcare facility.
- 5.2.4 Clinical performance.
- 5.2.5 Clinical management.
- 5.2.6 Complications.
- 5.2.7 Completeness and legibility of documentation.
- 5.2.8 Adequacy of diagnostic tests and procedures.
- 5.2.9 Appropriate use of consultations.
- 5.2.10 Communication skills.

6. **Responsibilities of the Nursing professional being Proctored:**

- 6.1 It is the responsibility of the Nursing professional to contact the assigned proctor for each procedure to be proctored.
- 6.2 It is the responsibility of the Nursing professional to comply with the requirements for the number of procedures to be proctored.
- 6.3 It is the responsibility of the Nursing professional to adhere to the policies and protocols applicable to the particular situation.

7. **Method of Proctoring:**

- 7.1 At the time of a new Nursing professional's employment in the healthcare facility, or in cases when additional Privileges are granted, the nursing professional shall be responsible to obtain a proctor for each procedure requiring proctoring.

8. **Documentation of the Proctoring:**

- 8.1 The proctoring evaluation form (Addendum C) shall be completed by the proctor and submitted to Department of Healthcare Professions at MOPH. Any rating that is

'Unacceptable' must be explained in the Additional remarks of the form. The overall proctoring approval must be documented in the form.

Approval of the Proctoring Protocol:

Signature Name Date

Signature Name

Addendum C

Nursing Professional Proctoring Evaluation Form
(To be completed at the Time of the procedure)

Proctor's name: _____

Professional Nurse's Name: _____

Date: _____

Time: _____

Procedure(s) Performed (Print the name of the procedure clearly):

Instruction:

- For the proctor use only:
 - Enter the appropriate proctor code in the columns marked '1-7'
 - Use proctor code in the column marked 'Overall evaluation'
 - The digit 1- 7 indicate the indicator for evaluation of the procedure as:

(1) Appropriate and Complete, (2) Clinical Judgment, (3) Pre-Procedure Technique (4) Post procedure Care (5) General handling of the procedure, (6) Appropriateness of procedure, (7) Complications

Proctor code for evaluation

S= Satisfactory U= Unsatisfactory Q= Questionable (specify in the remark column) NA= Not applicable

Procedure Performance under Direct supervision:

No.	Date	Patient MR#	Procedures Performance Evaluation							Overall Evaluation	Proctor Signature
			1	2	3	4	5	6	7		
1											
2											
3											
4											
5											
6											
7											
8											



9												
10												

Additional remarks:

Recommendations:

APPROVAL OF THE CLINICAL PRIVILEGE (S):

Healthcare Facility:

Director of Facility (Name/ Signature/Stamp)

Department of Healthcare Profession:

Department Head/Designee (Name/Signature)

Note: The approval signatures after successful completion of the proctoring process.

Addendum D

PRIVILEGES FOR SPECIALIST ROLES

1. The framework for the development of the Nursing specialties and advanced practice levels of nursing practice beyond the generalist role is based on World Health Organization (WHO) Eastern Mediterranean Region Framework for the Nursing specialist Practice developed in 2013.
2. A Specialist nurse holds a current license and has successfully completed a nursing education program that meets the prescribed standard for specialist education. The Specialist nurse is authorized to function within a defined scope of practice in a specified field of nursing.
3. Specialized Nurse/Midwife is a Nurse who has completed Bachelor of Science in Nursing or Midwifery plus post graduate program equivalent to 12 months – 18 months of post graduate education and works in a specialty area, e.g. Midwifery
4. Specialized Nurse work in various specialties and practice as per their scope which are in accordance with medical protocols and in collaboration with nursing management.
5. Clinical Nurse Specialist (CNS) is an expert clinician who completed a bachelor's degree in nursing plus a post graduate program equivalent to master's degree or doctoral degree. They work in specialty areas with all the core and advanced privileges specific to their respective specialties identified by population, e.g. adults, pediatrics; setting (critical care, disease or medical specialty (e.g. diabetes, oncology etc.) type of care (e.g. rehabilitation mental health etc.); type of problem (e.g. pain, wounds etc.)

6.1 Core privileges are the procedures or privileges that any well-trained professional nurse within a particular specialty or subspecialty should be competent to perform upon completion of postgraduate training which are within the Scope of Practice according to the respective areas of specialty. The respective health care facility can authorize the professional nurse without approval from Department of Healthcare Professions (DHP) in MOPH.

6.2 Advanced privileges are the procedures that require special skills, experiences or courses which are subject to approval from Department of Healthcare Professions and will need successful completion of proctoring/authorizing process.

GENERAL CORE PRIVILEGES FOR ADVANCE PRACTICE NURSE

The core privileges for Clinical Nurse specialist (CNS) in various specialties include but are not limited to:

- 1) completion of comprehensive assessments, develop differential diagnosis, formulate and implement/contribute to a treatment plan
- 2) Obtain history and perform physical assessment
- 3) Evaluate consultations on inpatients and outpatients
- 4) Initiate referrals to appropriate physicians, healthcare professionals' appropriate healthcare facilities, community resources or other healthcare resources.
- 5) Order and perform consultations
- 6) Interpret diagnostic tests
- 7) Obtain consents for treatment
- 8) Order blood and blood products
- 9) Order diagnostic testing and therapeutic modalities
- 10) Order and initiate tests, treatments and interventions
- 11) Prescribe medications if authorized and with standing orders
- 12) Write admission orders
- 13) Write discharge orders and corresponding plans of care
- 14) Write transfer orders based on the plan for the care transition.
- 15) Provide nurse-led services
- 16) Counsel and instruct patients, families and caregivers as appropriate.
- 17) Provide direct care to patients as specified by medical staff approved protocols.
- 18) Implement palliative and end-of-life care through evaluation, modification, and documentation according to the patient's response to therapy, changes in condition and therapeutic interventions to optimize patient outcomes.
- 19) Initiate appropriate referrals.
- 20) Identify emerging health issues, and help patients to self-manage symptoms as shortness of breath, reducing anxiety and maintain quality of life.
- 21) Admit and discharge patients from CNS led clinics, including a summary of assessment, interventions and treatment outcomes.
- 22) Consult and collaborate with other healthcare providers as necessary.
- 23) Order appropriate pharmacological agents and non-pharmacological interventions
- 24) Assess and treat individual patients with disease states and non-disease-based etiologies, using advanced theoretical and empirical knowledge of physiology, pathophysiology, and pharmacology.
- 25) Order routine laboratory, radiological, sonographical, and other diagnostic examinations as per the policy of the respective healthcare facility
- 26) Review and monitor laboratory, ECG test results and escalate as appropriate.

- 27) Initiate appropriate referrals internally to other members of the multidisciplinary team and externally to other specialized services inclusive of Primary Health Care.
- 28) Conducts physical health screening to identify physical health needs.

6.3 Specialty includes the following areas:

- Mental Health.
- Child/Adolescent Psychological and Mental Health.
- Diabetes Management.
- Oncology
- Women's Health
- Tissue Viability
- Gerontology
- Home Health
- Pediatrics
- Public and Community Health

6.3.1 Clinical Midwife Specialist privileges include but not limited to the following:

- Undertakes ante natal bookings and follow up care in the midwifery led clinics independently.
- Provides comprehensive, holistic and evidence-based woman centered health care
- Able to place orders for Lab work as required
- Able to place order for ultrasound imaging, such as dating scan, anomaly and growth scan
- Administer medications thru agreed standing orders and therapies in a safe, timely and effective manner in accordance with healthcare institution policy.
- Plans for continuity of care including supportive transition and/or discharge.
- Perform routine screening tests such as pap smears, pregnancy tests

6.3.1.1 Intrapartum management:

- Perform gynecological examination to include external, uterine, adnexal and rectal exam.
- Perform waived laboratory testing not requiring an instrument, including but not limited to occult blood, urine dipstick, and vaginal pH by paper methods
- Confirmation and assessment of labor and its progress
- Co-manage (with collaborating/consulting physician) moderate- and high-risk conditions, including but not limited to: pre-eclampsia, gestational diabetes, preterm labor, chorioamnionitis
- Apply management strategies and therapeutics to facilitate physiologic labor progress (not less than 36 weeks gestational age and not more than 42

Assessment of maternal and fetal status during labor including conducting fetal surveillance and interpretation of fetal monitor tracing

- Order and collect specimens for pathological examination
- Pregnancy testing and care before, during and after pregnancy.
- Perform induction of labor as authorized by a consultant (weeks completed gestation)
- Manage spontaneous vaginal delivery
- Perform collection of blood from the umbilical cord for blood sampling
- Explore the uterus and manually remove placenta fragments
- Perform and repair midline/mediolateral episiotomies
- Repair first- and second-degree perineal lacerations
- Apply basic techniques for management of emergency complications and abnormal intrapartum events as delineated by the Consultant; ie. uterine massage; discontinue oxytocin for severe bradycardia

6.3.1.2 Postpartum management:

- Provide care to mothers and infants in the postpartum period
- Perform hemorrhage stabilization with physician consultation if needed
- Manage midwifery elements of selected high-risk conditions after consultation with physician
- Monitor vital signs, lochia, fundus, and bladder functions in the immediate postpartum period
- Conduct postpartum rounds and examination
- Facilitation of the initiation, establishment, and continuation of lactation

6.3.1.3 Management of the care of the healthy newborn:

- Evaluate the newborn including initial gestational age assessment, and initial and ongoing physical and behavioral assessment
- Apply methods to facilitate adaptation to extrauterine life: Stabilization at birth, resuscitation, and emergency management
- Refer newborn to pediatrician or neonatologist for further evaluation and care as indicated
- Perform routine immunizations

6.3.2 MENTAL HEALTH, LEARNING DISABILITY, SUBSTANCE MISUSE CLINICAL NURSE SPECIALIST

- Conducts comprehensive psychiatric assessments pertaining to the specialty including but not limited to psychosocial history, mental status examination functional assessment, risk assessment and psychometric testing.

- On completion of comprehensive assessments, develop differential diagnosis, formulate and implement/contribute to a treatment plan
- Initiate appropriate referrals internally to other members of the MDT and externally to other specialized services inclusive of Primary Health Care.
- Conducts physical health screening to identify physical health needs. To review and monitor laboratory, ECG test results and escalate as appropriate.
- Conduct comprehensive careers assessments identify the needs and their capacity to support the patient.
- Provide consultation liaison services external to mental health services.
- Perform individual, couple, group and family psychotherapy
- Provide psychoeducation relating to ECT treatment.
- Initiate, decrease, increase, discontinue levels of observations, orders within context of collaborative management
- Admit and discharge patients from CNS led clinics, including a summary of assessment, interventions, and treatment outcomes.
- Make recommendations to discharge patients and facilitate referrals to the appropriate services.
- Assess and treat individual patients with disease states and non-disease-based etiologies, using advanced theoretical and empirical knowledge of physiology, psychology, pathophysiology, and pharmacology.
- Assess and monitor the therapeutic effects of the prescribed psychotropic medication and develop proactive interventions to minimize adverse effects and promote optimum physical wellbeing.
- Increase and decrease psychotropic medication as per protocol
- Clinically manage psychiatric disorders including but not limited to severe and enduring mental illness
- Conduct individual behavioral assessments, formulate treatment and management plan
- Order and initial interpretation of diagnostic testing and therapeutic modalities such as laboratory tests, medications, hemodynamic monitoring, treatments, x-ray, EKG, IV fluids and electrolytes, etc.

6.3.3 Oncology Clinical Nurse Specialist privileges includes but not limited to the following:

- Personalize the cancer pathway for individual patients and to meet the complex information and support needs of patients and their families.
- Deliver high quality, patient-centered care and treatment to people with cancer.
- Lead in the implementation of new technologies
- Act as the key accessible professional for the multidisciplinary team, undertaking proactive case management and using clinical acumen to reduce the risk to patients from disease or treatments.
- Administer chemotherapy and help reduce emergency admissions and inpatient stays.
- Intervene to manage treatment side effects and/or symptom control, prevent unplanned admissions and provide nurse-led services.
- Use empathy, knowledge and experience to assess and alleviate the psychosocial suffering of cancer including referring to other agencies or disciplines as appropriate.
- Use technical knowledge and insight from patient experience to lead service redesign, to implement improvements and make services responsive to patient need.
- Transform patients' experiences of cancer care
- Enhance recovery and deliver care flexibility and closer to home.
- Facilitate set up of support groups and empower patients to self-manage their condition
- Facilitate rapid re-entry into acute services, if appropriate.
- Collaborate with other services (dietitian, social, psychotherapist, pain, palliative team, Heart Hospital diagnostic & interventional team and other supportive team) to optimize the patient's health status.
- Provide a high quality of nursing care, holistic assessment and effective specialist nursing intervention for cancer patient with cardiotoxicity throughout the cancer journey.
- Takes a lead role in the development and implementation of guidelines, protocols, and pathway for cardio-oncology services to promote consistency in the delivery of evidence-based practice.
- Contribute to the development of education resources for cardiotoxicity in cancer patients.
- Assessment and management of patients receiving Intravenous -Patient controlled analgesia (IV-PCA) Epidural analgesia and Peripheral Nerve Blocks
- Recommends appropriate Patient Controlled Analgesia (PCA) modality based on expert knowledge of the indication, contraindication and advantages of different PCA techniques.

- Prepares and ensures the integrity of PCA pumps including pump set-up, bag and battery changes, refilling medications as ordered, troubleshooting, managing alarms and technical errors.
- Collaborates with multidisciplinary team (MDT) regarding change/discontinuation of PCA related medications if existing pain medications are not effective.
- Performs comprehensive assessment of the epidural catheter insertion site and sensory and motor block scoring.
- Administer clinician bolus (pain medications- via the PCA), as required in line with a physician's order.
- Safely removes epidural and peripheral nerve block catheters without direct supervision.
- Manages complications of epidural catheter's removal and makes appropriate follow-up.
- Educates patients and their families regarding the effective use of PCA.
- Discharge patients from the acute pain service.

6.3.4 Tissue Viability Specialist Nurse

- Act as an expert practitioner in all aspects of Tissue Viability in the assessment of patients and the initiation of treatment
- Provide care to patients with compromised Tissue Viability, demonstrating specific processes and carry out procedures such as wound debridement as authorized and privileged.
- Establish links and partnership working with other healthcare professionals with expertise in the field of tissue viability such as podiatrists, occupational therapist, physiotherapists and continence advisors
- Lead on development and innovations in Tissue Viability including those involving liaison with the primary care and other relevant agencies
- In collaboration with other experts and specialists review and update policies, procedures and standards in relation to Tissue Viability issues, ensuring policies are patient centered, research bases and effectively implemented
- Promote preventive strategies such as reducing pressure ulcers and improved outcomes for patients with complex wounds
- Devise protocols for making and receiving referrals for patients with tissue viability needs and where appropriate prescribe wound management products
- Contribute to Clinical Governance and Clinical effectiveness agendas relating to tissue viability, implementing and evaluating best practice guidelines in tissue viability to improve patient care
- Support the multidisciplinary team in delivering patient care ensuring sound clinical and ethical decision making in relation to tissue viability

6.3.5 Privileges for Pain Management Clinical Nurse Specialist:

- Deliver high quality, patient-centered care, and treatment to patients with pain.
- Establish links and partnership working with other healthcare professionals such as occupational therapist, physiotherapists, and anaesthetists.
- In collaboration with other experts and specialists review and update policies, guidelines, and protocols in relation to pain management, ensuring policies are patient-centered, evidenced-based, and effectively implemented.
- Support the multidisciplinary team in delivering patient care ensuring sound clinical and ethical decision making in relation to pain management.
- Lead in the implementation of new technologies.
- Use technical knowledge and insight from patient experience to lead service redesign, implement improvements and make services responsive to patients' need.
- Transform patients' experiences of pain management.

6.3.5.1 Pain assessment and management:

- Act as an expert nurse in all aspects of pain management in the assessment of patients and the initiation of treatment.
- Make daily rounds on hospitalized patients.
- Performs a comprehensive focused pain assessment to identify and interpret normal and abnormal findings as appropriate to the patient's condition.
- Performs comprehensive clinical evaluation, consultation (formal/informal) and counselling, and utilizes findings and expert knowledge to establish appropriate guidance and pain management plans in inpatient and outpatient settings.
- Evaluates the actual and potential adverse physiological and psychological effects of pain and assesses the impact of interventions on pain and function.
- Order diagnostic investigations (i.e. laboratory tests, radiology examinations ..etc.), interprets results, and assumes responsibility for follow-up.
- Recommends to MDT pain management interventions/treatment (e.g. pharmacological, non-pharmacological or procedures) appropriate to a patient's condition.
- Evaluates the effectiveness of analgesia regimen and escalates findings to the Acute Pain Team or on-call Anaesthetist accordingly.
- Communicates health assessment findings including outcomes to patients and their families and collaborates with MDT to establish ongoing plan of care.
- Initiate appropriate referrals and consultations to other healthcare professionals as necessary.
- Receive appropriate referrals and consultations from other healthcare professionals.
- Educates patient and families about advanced pain management techniques.
- Record progress notes.

6.3.5.2 Assessment and management of patients receiving Intravenous Patient controlled analgesia (PCA) Epidural analgesia and Peripheral Nerve Blocks:

- Recommends appropriate PCA modality based on expert knowledge of the indication, contraindication and advantages of different PCA techniques.
- Prepares and ensures the integrity of PCA pumps including pump set-up, bag and battery changes, refilling medications as ordered, troubleshooting, managing alarms and technical errors.
- Collaborates with multidisciplinary team (MDT) regarding change/discontinuation of PCA related medications if existing pain medications are not effective.
- Performs comprehensive assessment of the epidural catheter insertion site and sensory and motor block scoring.
- Administer clinician bolus (pain medications- via the PCA), as required in line with a physician's order.
- Safely removes epidural and peripheral nerve block catheters without direct supervision.
- Manages complications of epidural catheter's removal and makes appropriate follow-up.
- Educates patients and their families regarding the effective use of PCA.
- Discharge patients from the acute pain service.

6.3.6 Core Privileges for Pain Management Advance Nurse Practitioners (ANP)



- Deliver high quality, patient-centered care, and treatment to patients with pain.
- Establish links and partnership working with other healthcare professionals such as occupational therapist, physiotherapists, and anaesthetists.
- Update policies, guidelines, and protocols in relation to pain management, ensuring policies are patient-centered, evidenced-based, and effectively implemented.
- Provide expert advice and support the multidisciplinary team in delivering patient care ensuring sound clinical and ethical decision making in relation to pain management.
- Lead the implementation of new technologies.
- Use technical knowledge and insight from patient experience to lead service redesign, implement improvements and make services responsive to patients' need.
- Transform patients' experiences of pain management.

6.3.6.1 Pain assessment and management:






- Act as an expert nurse in all aspects of pain management in the assessment of patients and the initiation of treatment.
- Make rounds on hospitalized patients.
- Performs physical examination and comprehensive focused pain assessment to identify and interpret normal and abnormal findings as appropriate to the patient's condition.
- Performs comprehensive clinical evaluation, consultation, develop the differential diagnosis, and utilizes findings and advanced knowledge to establish appropriate guidance and pain management plans in inpatient and outpatient settings.
- Evaluates the actual and potential adverse physiological and psychological effects of pain and assesses the impact of interventions on pain and function.
- Order diagnostic investigations (i.e. laboratory tests, radiology examinations ..etc.), interprets results, and assumes responsibility for follow-up.
- Prescribe medication in accordance with the Qatar law and health facility policy.
- Recommends to MDT pain management interventions/treatment (e.g. pharmacological, non-pharmacological or procedures) appropriate to a patient's condition.
- Evaluates the effectiveness of analgesia regimen and escalates findings to the Acute Pain Team or on-call Anesthetist accordingly.
- Communicates health assessment findings including outcomes to patients and their families and collaborates with MDT to establish ongoing plan of care.
- Initiate appropriate referrals and consultations to other healthcare professionals as necessary.
- Receive appropriate referrals and consultations from other healthcare professionals.
- Educates patients and families about advanced pain management techniques.
- Record progress notes.
- Admit and discharge patients from the pain services.
- Dictate discharge summaries.

6.3.6.2 Advanced Privileges for Pain Management CNSs/Nurse Practitioners:

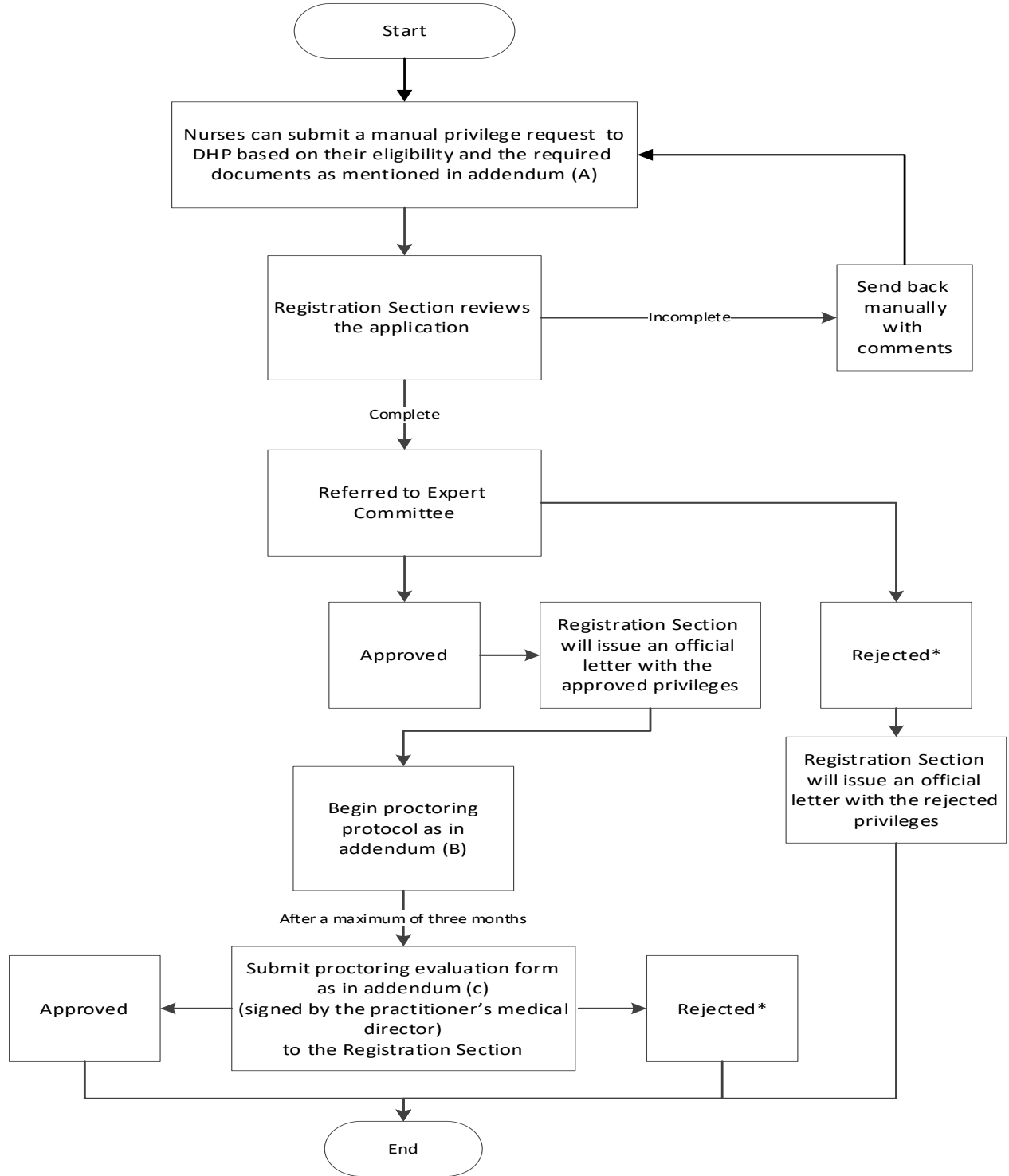
- Prescriptive authority in accordance with the Qatar law and health facility policy.
- Nurse Led Clinics:
 - Transcutaneous Electrical Nerve Stimulation - TENS (new and follow up).
 - Neuromodulation- Spinal Cord Stimulator (follow up only without programming).
 - Intrathecal Pain Pump Implant- IT implant (follow up only without refill or programming).

-  Follow up post nerve blocks (chronic pain).
-  Opioids Refill Clinic.

6.3.7 Women's Health Clinical Nurse Specialist

- 6.3.7.1 The Women's Health CNS provides advanced direct and indirect care to women to address gender-related issues that may affect health and wellness across the life span, in the context of the woman's multiple roles, socioeconomic circumstances, and family as she defines it. This advanced direct and indirect care includes, but is not limited to:
-  Reproductive and sexual health, starting in adolescence.
 -  Childbearing, including lactation.
 -  Newborn and family adaptation.
 -  Perimenopausal, menopausal, and post-menopausal health.
 -  Healthy aging for women.
- 6.3.7.2 Manages or appropriately refers the woman with signs and symptoms of health disorders.
- 6.3.7.3 Designs care to reduce threats to a woman's and fetus/infant's safety as applicable.
- 6.3.7.4 Supports development of maternal role and promotes positive adaptation of the family during the reproductive cycle, if applicable
- 6.3.7.5 Provides evidence-based care to support breastfeeding/breast milk for newborns.
- 6.3.7.6 Supports the grief process with families experiencing unexpected health outcomes, including but not limited to loss of function, life-limiting diagnoses, maternal morbidity, maternal death, fetal/ neonatal death, and major congenital anomalies.
- 6.3.7.7 Coordinates care with other healthcare providers and community resources, with special attention to the capacities and needs of.

Addendum E





Addendum F

COLLABORATIVE PRACTICE AGREEMENT

THIS DOCUMENT IS A COLLABORATIVE AGREEMENT BETWEEN:

NAME OF NURSE PRACTITIONER/CLINICAL NURSE SPECIALIST _____

LICENSE NO: _____

NAME OF SUPERVISING PHYSICIAN _____

LICENSE NO: _____

NAME OF SUPERVISING PHYSICIAN _____

LICENSE NO: _____

NAME OF SUPERVISING PHYSICIAN _____

LICENSE NO: _____

IMPORTANT GUIDELINES

1. A collaborative practice agreement is a written contract that establishes a working relationship between the advanced nurse practitioner (NP)/Clinical Nurse Specialist (CNS) and the physician who will provide supervision and guidance and be available for consultations with the NP/CNS.
2. Collaborative practice agreements should include the activities that fall within the individual NP's/CNS's scope of practice including types of services that can be rendered, types of medical conditions that can be treated, which services and conditions require physician consultation, whether the NP can order perform or interpret lab tests, X-rays, or EKGs, and whether the NP can prescribe and manage medications.
3. This agreement will begin on and will continue indefinitely unless terminated in the following conditions:



- a) Mutual written consent of the parties
 - b) Thirty (30) days prior written notice by either party with or without cause
 - C) Immediately upon the suspension, revocation, or non – renewal of either party's license.
4. The advanced NP/CNS and supervising physician shall only practice within their scope of their skill, training, education and competence.
5. When the advanced NP/CNS sees a patient without a well - defined condition, the physician shall see the patient as soon as possible.
6. When the advanced NP/CNS initiates treatment or provided diagnosis for an acutely or chronically ill patient, the physician shall be present at least once every two weeks to participate in consultation, review, medical direction and supervision.

By signing below, the supervising physician and the advanced NP/CNS agrees to practice in accordance with the above guidelines and responsibilities.

Physician Signature _____ Date: _____

CNS/Advanced NP Signature _____ Date: _____



Hamad Medical Corporation

1. Dr. Nabila Almeer, Deputy Chief Continuing care group & MOPH Nursing Affairs, Chairperson Corporate Credentialing Committee
2. Ms. Maryam Mutawa, Acting Deputy CNO
3. Ahmad Mohammad Abedalla Hajaj – CNS Stroke
4. Atef Mansour Mrawweh Al Tawafsheh - Advanced Nurse Practitioner in Pain Management
5. Alhan Ahmed Jama – CNS Colorectal Oncology
6. Zandile Le Fleming Hodgson – CNS Psychiatry
7. Afaf Elsayed A.S. Ahmed Ismail – CNS Wound Care
8. Asma Mohammad Younus – CNS Cardio-Oncology
9. Amer Ibrahim Zawahreh – CNS Thyroid
10. Khadra Sofe Yassin – CNS Non-Malignant Hematology
11. Ms. Zandile Fleming Hodgson, Clinical Nurse Midwife Specialist Psychiatry
12. Ms. Merle Lualhati, Senior QM Reviewer Continuing Care Group

Department of Health care Professions – MOPH

1. Ms. Jowahar AL Mubarak
2. Dr. Souma El Torky (SME)
3. Ms. Hissa Yousef AL Abdulla

Clinical Midwife Specialist

1. Dr. Hilal Rifai, Senior Consultant
2. Ms. Haila Salim, Executive Director of Nursing WWRC
3. Dr. Najah Al Janahi, Senior Consultant OB/Gyn
4. Dr. Najat Khenyab, Consultant, OB/Gyn.
5. Dr. Salwa Yaqoub, Consultant
6. Ms. Muna Yacout Al Abdulla, Asst. Executive Director of Nursing WWRC
7. Fahima Yousef, WWRC
8. Oladayo Ogunbanjo, WWRC
9. Dawn Meredith – Midwife Specialist

Oncology Clinical Nurse Specialist

1. Dr. Mohamed Salem Al Hassan, Medical Director
2. Dr. Al Hareth Al Khater, Deputy Medical Director Clinical Affairs
3. Dr. Noora Al Hammadi, Deputy Medical Director Admin and Support Services
4. Dr. Ussama Al Homsy, Deputy Medical Director Clinical Research, Quality and Education
5. Dr. Salha Bujassoum, Chairman Medical Oncology & Palliative Care
6. Dr. Anas Ahmad Hamad, Director of Pharmacy
7. Mr. Andrew Frazer – ED for Nursing, NCCCR



8. Ms. Nima Ali – AED Nursing NCCCR

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