



تعميم رقم (2020/22)

من	إدارة التخصصات الصحية
إلى	• كافة الأطباء البشريين في دولة قطر • كافة ضباط الاتصال في دولة قطر (القطاعين الحكومي والخاص)
الموضوع	تحديث على تعميم رقم (2019/05) و الخاص بفئة الطبيب المساعد
التاريخ	28 ديسمبر 2020

"تهديكم إدارة التخصصات الصحية أطيب التمنيات"

إلحاقاً بتعميم رقم (2019/05)، وانطلاقاً من حرص إدارة التخصصات الصحية لدعم القطاع الصحي دون المساس بسلامة المرضى وجودة الخدمات الصحية، فقد تم تحديث متطلبات التسجيل/الترخيص الخاص بـ"طبيب مساعد" وضوابط التدريب والإشراف بالإضافة إلى تغيير المسمى إلى "طبيب عام (تحت الإشراف)" والذي يتيح للطبيب العمل ضمن نطاق عمل محدد وتحت إشراف طبيب مرخص في الدولة.

تشمل السياسة المحدثة النقاط التالية:

- يمكن منح مسمى طبيب عام (تحت الإشراف) للأطباء البشريين القطريين، أبناء القطريين، أبناء المقيمين من خريجي دولة قطر او من درسوا بالخارج في الحالات التالية:

1. عدم استكمال سنوات الخبرة المطلوبة للحصول على ترخيص مزاولة المهنة كطبيب عام وهي كالتالي:

- ✓ الأطباء البشريين الراغبين في العمل بالمؤسسات الصحية في القطاع الحكومي وشبه الحكومي من الفئات المذكورة أعلاه، يتم إعفائهم من شرط الخبرة العملية المطلوبة عند التسجيل/ الترخيص كطبيب بشري عام.
- ✓ الأطباء البشريين الراغبين في العمل بالمؤسسات الصحية في القطاع الصحي الخاص من الفئات المذكورة أعلاه، يتوجب عليهم استكمال سنتين من الخبرة العملية تحت مسمى "طبيب عام (تحت الإشراف)".

2. الانقطاع عن العمل لمدة سنتين أو أكثر (حسب سياسة الانقطاع عن العمل).

- يسمح للممارس من فئة "طبيب عام (تحت الإشراف) التدريب في المؤسسات الحكومية/ شبه الحكومية، المستشفيات الخاصة، المراكز الصحية الخاصة المرخص بها طبيب عام أو طبيب بشري متخصص في مجال طب الأسرة.

ملاحظات:

- سوف يتم تعديل مسمى الأطباء المسجلين/ المرخصين كطبيب مساعد إلى طبيب عام (تحت الإشراف) على نظام التسجيل/ الترخيص الإلكتروني.

- هذا التعميم يلغى التعميم السابق رقم (2019/05)



مرفقات:

- التحديث على نطاق الممارسة لمسمى طبيب عام (تحت الإشراف) " و ضوابط التدريب والإشراف.

للاستفسار يرجى التواصل مع:

- جواهر العلي: jalali@moph.gov.qa

شاكرين لكم حسن تعاونكم

إعداد:

فريق الأطباء وأطباء الأسنان، قسم التسجيل / إدارة التخصصات الصحية



Update on the Scope of practice for the “General Practitioner (Supervised)” 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.

Definition:

“**General Practitioner (Supervised)**” is a medical graduate who completed primary degree in Medicine (MBChB, MBBS or MD degree) or equivalent from an institution accredited by DHP, who are lacking post graduate work experience or have a break of practice and can practice under supervision of independent licensed physician in Qatar.

“Qatari Physicians”, “offspring of Qatari women”, and “offspring of residents” who are Qatar Universities Graduates or graduated abroad can be granted the title **General Practitioner (Supervised)** in the following cases:

1. Didn't complete the required years of experience to be eligible for registration/licensing as General Practitioner.
 - ✓ Physicians who are planning to join governmental/ semi-governmental sectors, will be exempted from the required experience when applying for the registration/ licensing.
 - ✓ Physicians who are planning to join the private sector are required to complete 2 years of experience as General Practitioner (Supervised)
2. Have break of practice for more than two years (as per the break of practice policy).

“Spouses of Residents” can be granted the title **General Practitioner (Supervised)** in the following cases:

- ✓ Didn't complete the required years of experience to be eligible for registration/licensing as General Practitioner. (Refer to Physicians guidelines)
- ✓ Have break of practice for more than two years (as per the break of practice policy).

Registration/licensing requirements as General Practitioner (Supervised):

All physicians under **General Practitioner (Supervised)** category can apply for evaluation and licensing through the electronic system with all the Registration/ licensing requirements as per the DHP approved policies and procedures in addition to the following: -

1. QID with family sponsorship.
2. Supervision letter signed and stamped by the medical director and the supervisor, showing the supervisor name, scope of practice and license number. (Please refer to the Supervision framework)



3. Undertaking letter signed by the medical director stating that the supervisor shall hold full responsibility of supervising the supervisee, as well as ensure not to supervise more than two supervisees at one time.
4. Valid ILS and PLS courses will be required in the Licensing stage (or the ILS and PLS registration confirmation receipts + undertaking letter that the ILS and PLS certificates will be submitted upon completion.)

Note: Qualifying examination is not required from “**General Practitioner (Supervised)**” category.

Change scope of practice requirements

Once the physician under General Practitioner (Supervised)” category completes the required supervised practice period, he/she shall submit a “change scope of practice” application to change from General Practitioner (Supervised)” into “General Practitioner” along with all the requirements as per the DHP approved policies and procedures in addition to the following: -

1. The assessment reports that shall be done every 6 months signed and stamped by the medical director and the supervisor. (Please refer to the Supervision framework)
2. Logbook signed and stamped by the medical director and supervisor that includes the clinical cases seen/ surgical procedures performed/ assisted by the supervised physician. (Please refer to the Supervision framework)
3. Recommendation letter from the supervisor.
4. General Practitioner Qualifying examination. (**Offspring of Qatari Women and offspring of residents who graduated from universities in Qatar or accredited universities abroad** shall be treated as Qataris in terms of exemption from the Qualifying exam requirement)

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. 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 by the supervisee and cosigned by the supervisor 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 only.
 - (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:

DHP 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 "General Practitioners (Supervised)". The objective of "General Practitioner (Supervised)" 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 a licensed "General Practitioner (Supervised)".
2. "General Practitioner (Supervised)" will be subjected to practice under direct on-site supervision of 2 supervisors simultaneously in a licensed governmental/semi- governmental institution, or private hospital settings or polyclinics that have licensed general Practitioners or Family Medicine specialists only as follows:
 - ✓ 1st supervisor should be General Practitioner or Specialty physician in family medicine.
 - ✓ 2nd supervisor should be a specialty physician.
3. The Supervisors must be working as a full time and must be licensed in their area of specialty
4. The level of supervision must be on continuous basis.
5. Supervision letter -signed and stamped by the medical director and the supervisor showing the supervisor name, scope of practice and license number- shall be submitted in the evaluation, temporary license, licensing, renewal and change place of work applications.
6. "General Practitioner (Supervised)" must maintain a logbook signed and stamped by the supervisor and medical director that includes the clinical cases seen / procedures performed and assisted by the supervisee. The log book shall be submitted in renewal, change place of work and change scope of practice applications.
7. There must be a proper system of assessment, monitoring and feedback regarding the performance of "General Practitioner (Supervised)". He/she will be assessed every 6 months and the assessment reports shall be signed and stamped by the medical director and the supervisor.
8. In case the supervising physician has been changed, DHP shall be notified through update profile application and the former supervisor shall write his/her final report.
9. Depending on circumstances, "General Practitioner (Supervised)" 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.



Related Policy:

1. Break from practice policy.

Appendix

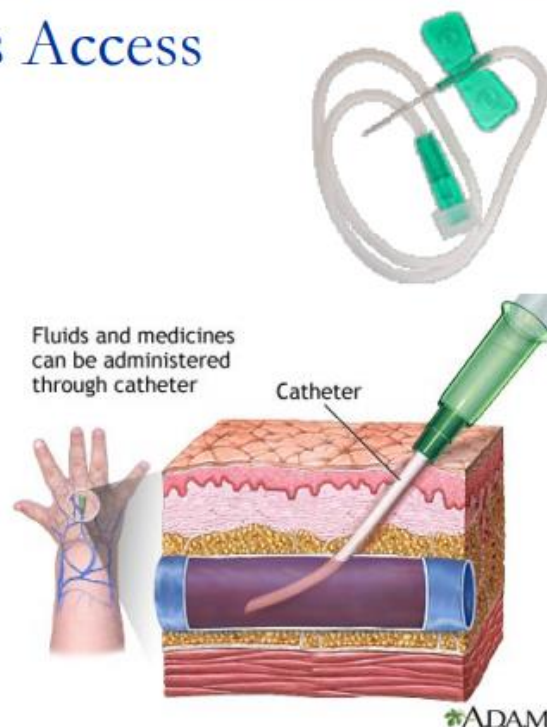
The choices for IV access



- 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





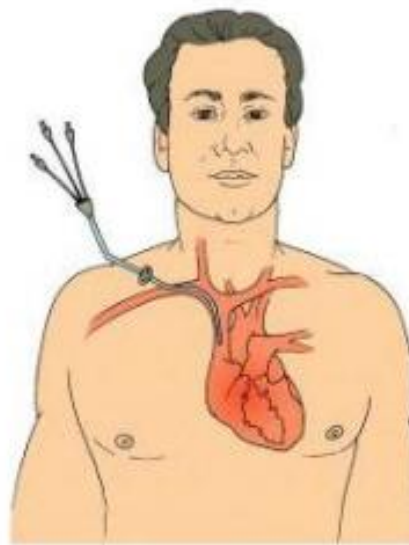
Arterio-Venous Fistula

- 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)

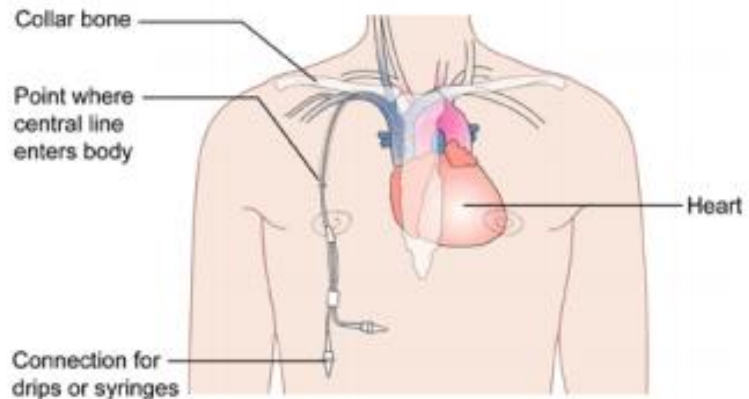
- Short term use (days to several weeks). ICU or DEM.
- Central Venous Catheters
 - Subclavian or internal jugular
 - Single, double or triple lumen





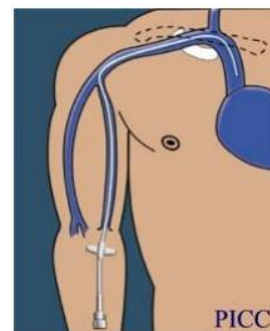
Tunneled Central Venous Access Device (CVAD)

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



Peripherally Inserted Central Catheters (PICC)

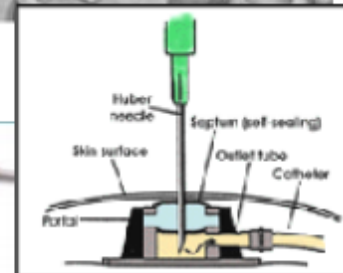
- Short term use (days to several weeks)
- Peripheral central venous catheter inserted at or above the antecubital space and the distal tip of the catheter is positioned at the superior vena cava





Implanted CVADs - Ports

- 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®



Implanted CVADs - Ports

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

