



## تعميم رقم (DHP/2024/13)

من	إدارة التخصصات الصحية / وزارة الصحة العامة
إلى	جميع الأطباء / أطباء الأسنان في القطاع الحكومي / شبه الحكومي / الخاص. المنشآت الصحية في القطاع الحكومي / شبه الحكومي / الخاص.
الموضوع	تدشين الطلب الإلكتروني للحصول على الامتيازات الجراحية / السنية عبر نظام التسجيل / الترخيص الإلكتروني الخاص بإدارة التخصصات الصحية.
التاريخ	1 مايو 2024

“تهديكم إدارة التخصصات الصحية أطيب التمنيات“

انطلاقاً من سعي إدارة التخصصات الصحية وجهودها المستمرة لتطوير خدمات التسجيل والترخيص، والتزاماً منها باستدامة قاعدة بيانات إلكترونية دقيقة تشمل جميع المعلومات المهنية للممارسين الصحيين والموافقات الحاصلين عليها، تم تدشين الطلب الإلكتروني الخاص بالامتيازات الجراحية والسنية على موقع الإدارة، حيث يمكن للأطباء البشريين وأطباء الأسنان تقديم هذا الطلب مع إرفاق كل المستندات ذات الصلة، والحصول على الامتيازات إلكترونياً

سوف يتم تدشين الطلب الإلكتروني على مرحلتين، وذلك لضمان أن يحتوي الملف الإلكتروني للممارس الصحي على جميع موافقات الامتيازات السابقة، وأن يتبع ذلك تحديث الملف بالموافقات الجديدة.

المرحلة الأولى:

### 1. الأطباء وأطباء الأسنان الذين سبق لهم منح/رفض الامتيازات من قبل إدارة التخصصات الصحية:

- يجب على هذه الفئة تقديم طلب امتياز إلكتروني لإضافة الامتيازات الجراحية أو السنية الممنوحة/المرفوضة سابقاً مع إرفاق نسخة من قرارات المنح/الرفض إلى ملفهم الشخصي الإلكتروني، إذ سيسمح لهم بتقديم هذا الطلب لتحديث ملفاتهم الإلكترونية من تاريخ هذا التعميم حتى 2024/9/1، مع التنويه على أن عدم تقديم الطلب الإلكتروني المذكور سيؤدي إلى تعليق مؤقت لترخيص الممارس.
- لن يتم قبول أي طلب لامتيازات إضافية، أو إضافة مكان عمل لإجراء الامتيازات، أو نقل الامتيازات من مكان إلى آخر، أو طلبات الاستئناف ما لم يتم إضافة الامتيازات الجراحية أو السنية الممنوحة/المرفوضة سابقاً إلى الملف الشخصي الإلكتروني كما ورد أعلاه.

### 2. الأطباء وأطباء الأسنان الذين لم يتقدموا بطلب للحصول على امتيازات جراحية أو سنية سابقاً:

- يمكن لهذه الفئة تقديم طلب امتيازات جديد من خلال نظام التسجيل الإلكتروني مع استيفاء المتطلبات المنصوص عليها في إرشادات الأطباء وأطباء الأسنان.
- بعد مراجعة الطلبات الإلكترونية للحصول على امتيازات جديدة وضمان الامتثال للمتطلبات، سيتم إعادة الطلب مرة أخرى إلى الممارس مع إشعار لتقديم ملف يدوي إلى قسم خدمة العملاء في إدارة التخصصات الصحية، على أن يحتوي الملف المذكور على جميع المرفقات المطابقة تماماً لتلك الموجودة في الطلب الإلكتروني.

### المرحلة الثانية:

- بعد الموافقة على طلبات إضافة الامتيازات السابقة، يمكن للأطباء وأطباء الأسنان الذين سبق لهم الحصول على الموافقات أو قرارات الرفض من إدارة التخصصات الصحية تقديم طلب إلكتروني لإضافة امتيازات جديدة، أو إضافة مكان عمل لإجراء الامتيازات، أو نقل الامتيازات من مكان إلى آخر أو طلبات الاستئناف، مع استيفاء المتطلبات المنصوص عليها في إرشادات الأطباء وأطباء الأسنان.
- بعد مراجعة الطلبات الإلكترونية للحصول على امتيازات جديدة أو إضافة مكان عمل لإجراء الامتيازات، أو نقل الامتيازات من مكان إلى آخر أو طلبات الاستئناف، وضمان الامتثال للمتطلبات، سيتم إعادة الطلب مرة أخرى إلى الممارس مع إشعار لتقديم ملف يدوي إلى قسم خدمة العملاء في إدارة التخصصات الصحية، على أن يحتوي الملف المذكور على جميع المرفقات المطابقة تماماً لتلك الموجودة في الطلب الإلكتروني.

للمزيد من المعلومات، يرجى التواصل مع البريد الإلكتروني: [dhpregistration@moph.gov.qa](mailto:dhpregistration@moph.gov.qa)

شاكرين لكم حسن التعاون- إدارة التخصصات الصحية

المرفقات:

• سياسة الامتيازات الجراحية،  
• سياسة الامتيازات السنية

**Policy Name:** Surgical/medical privileges for specialized physicians

**Policy Code:**

**Version Number:**

**Developed by:** Registration Section - DHP

**Reviewed by/Date:**

**Approved by/ Date:**

**Date Effective:**

**Date of Due Revision:**

**Validity:** This policy is the main and valid policy until updated, replaced or canceled by the Department of Healthcare Professions/ Registration Section. Update, replacement, or cancellation of this policy may occur when needed. However, all healthcare practitioners and parties shall comply with this policy.

## DOCUMENT CONTROL

## REVISION HISTORY

Name	Date	Changes	Version

## REVIEWS BY REGISTRATION DEPARTMENT - DHP

Name	Date	Organization/Position	Version

## 1. Introduction

The Department of Healthcare Professions (DHP) strives to provide high standards to maintain the healthcare quality and patient safety in the State of Qatar. The Registration Section pursuit to unify and sustain a standardized practice in the healthcare sector of the State of Qatar, this policy has been prepared to guide all physicians in the State of Qatar regarding the application for surgical privileges, transfer and withdrawal.

## 2. Policy Statement:

This policy aims to specify the definitions, guidelines, and procedures to obtain core and advanced surgical privileges for specialized physicians.

## 3. Definitions:

- 3.1. **General core competencies:** The basic know and the fundamental set of attitudes and skills that are needed to perform in physician's role as a healthcare professional.
- 3.2. **Core privileges:** The clinical procedures within a specialty that any licensed specialty physician can perform, which are automatically granted upon licensing.
- 3.3. **Advanced privileges:** The procedures that need special skills, experiences, or courses in addition to log-book to be fulfilled before permitting the speciality physician to perform subject for DHP approval.
- 3.4. **Logbook:** Record of the procedures done by the physician.
- 3.5. **Institutional Privilege:** The permission granted to healthcare institutions to evaluate and approve licensed specialized practitioners to provide specific patient care services (privileges) in their healthcare facility within well- defined review process.

## 4. Abbreviations:

**DHP** - Department of Healthcare Professions  
**GP** – General Practitioner  
**NOC**- No Objection Certificate  
**PSV**- Primary Source Verification

## 5. Guidelines:

- 5.1 Licensed specialized physicians can practice as per their scope within the general core competencies.
- 5.2 Licensed specialized physicians can practice within their core competencies and core privileges specific to their scope. However, any procedure within the core privileges that need operating theater must be performed in a licensed facility with operating theater or daycare setting.
- 5.3 Licensed specialized physicians are only allowed to apply for advanced privileges within their scope of practice.
- 5.4 Licensed "assistant specialty" physicians are not allowed to apply for core or advanced privileges however, they can assist their supervisor in performing core/advanced surgical procedures as per the supervisor's surgical privileges granted by the DHP.
- 5.5 Licensed "associate physicians" are only allowed to apply for the core privileges as per their scope of practice.
- 5.6 Licensed "associate physicians", upon changing their scope of practice to specialty:
  - a. Core privileges that were not approved by DHP previously will not be granted automatically, accordingly, they should apply for these privileges, and it will be submitted to expert panel.

- b. Are only allowed to apply for the advanced privileges as per their scope of practice.
- 5.7 All advanced privileges requests will be assessed through a specialized expert panel.
- 5.8 Granted advanced privileges by DHP can be transferred to another facility or performed in more than one facility through getting an approval from DHP.
- 5.9 The facility where the applicant will perform the privileges shall have the necessary settings.
- 5.10 If the applicant is licensed on a facility that does not have day-care or operating theatre, the applicant must submit "additional place of privileges" request under a facility with day-care or operating theatre.
- 5.11 If the applicant changed his/her place of work from a facility with institutional privileges to a facility without the institutional privileges, the applicant is required to apply for privileges as per his/her scope of practice.

## 6. Procedure:

### 6.1 New surgical/medical privilege request:

- 6.1.1 **Surgical/ medical privileges application requirements:** Submit a surgical/ medical privileges request providing all the below mentioned documents: (*Two copies to be submitted*)
- Surgical/Medical privileges form for the specific specialty (marking in the requested column) signed by the physician and the medical director of the facility where the applicant will perform the privileges. (Available on the DHP [website](#))
  - If there is no surgical privilege form for a specific specialty available on the website, the applicant should submit the required privileges in a separate letter.
  - Copy of valid medical license or copy of valid evaluation.
  - NOC signed & stamped by the medical director of the place of work mentioned in the applicant license to perform the privilege in their facility or another facility with operating theater or day care.
  - Request letter from the facility where the applicant will perform the privileges, if it is different workplace from the one mentioned in his/her license.
  - ["Request for approval to perform surgical privilege"](#) template signed and stamped by the medical director of the facility where the applicant will perform the privileges.
  - Copy of official surgical logbook for the last 3 years (verified by PSV company).
  - Copy of training certificate/courses attended in the requested privilege.
  - Copy of fellowship certificate in the requested privilege (if applicable) (verified by PSV company).
  - ["Personal declaration"](#) for Surgical Privileges.
  - Copy of academic qualifications and clinical work experience.
  - Copy of updated Curriculum - Vitae (C.V.) in DHP format.
  - Copy of the facility license with the list of internal activities.

*Note: All the above-mentioned requirements should be valid (maximum 3 months).*

- 6.1.2 DHP has the right to ask for any additional documents if needed.
- 6.1.3 Privileges applications can be submitted after completion of the evaluation request; however, the final decision will not be issued unless obtaining the temporary /permanent license.

- 6.1.4 The applications will be referred to specialized expert panel for assessment. A letter will be issued to the medical director of the facility numerating all the privileges granted by the expert panel.
- 6.1.5 If the privilege request is missing main documents, the request will be rejected.
- 6.1.6 Applicants can apply for appeal on the granted privileges within 1 month from the privilege letter issue date.
- 6.1.7 It is prohibited to communicate directly with the expert panel, and anyone violating will be held accountable and be subjected to disciplinary actions, such as rejection of the respective request with an official warning sent to the concerned facility and applicant. (Refer to circular 2/2014).

## 6.2 Additional Privileges request:

- 6.2.1 Applicants can apply for additional privileges after 6 months from the issue date of the already granted privilege only if the applicant submits new documents as new logbook or courses or training that had not been submitted or evaluated through the committee before.

### 6.2.2 **Additional surgical/ medical privileges application requirements:** Submit a surgical/ medical privileges request attached with all the below mentioned documents: *(Two copies to be submitted)*

- Copy of previous surgical/ medical privileges approval letter from registration section.
- Surgical/ medical privileges form for the specific specialty (marking in the requested column) and signed by the physician and the medical director of the facility where the applicant will perform the privileges. (Available on the DHP [website](#))
- Copy of **new** training certificate/courses attended in the requested privilege.
- Copy of fellowship certificate in the requested privileges (if applicable) ( to be verified by PSV company)
- Copy of **new** work experience in the requested privilege (logbook)
- Copy of valid medical License or copy of valid evaluation.
- NOC signed & stamped by the medical director of the place of work mentioned in the applicant license to perform the privileges in their facility or another facility with theater or day care.
- Request letter from the facility where the applicant will perform the privileges, if it is different workplace from the one mentioned in his/her license.
- ["Request for approval to perform surgical privilege"](#) template signed and stamped by the medical director of the facility where the applicant will perform the privileges.
- Copy of official surgical logbook for the last 3 years including logbook for the previously granted privileges in the state of Qatar. (Logbook from outside the state of Qatar must be verified by PSV company).
- [Personal declaration](#) for Surgical/ Medical Privileges.
- Copy of academic qualifications.
- Copy of updated Curriculum - Vitae (C.V.) in DHP format.
- Copy of valid facility license with the list of internal activities.

*Note: All the above-mentioned requirements should be valid (maximum 3 months).*

## 6.3 Additional place to perform privileges request:

6.3.1 Applicants can apply for additional place to perform the already granted privileges (not applicable on dermatologists).

6.3.2 **Additional place to perform privileges application requirements:** Submit a surgical/ medical privileges request attached with all the below mentioned documents:

- a. NOC signed & stamped by the medical director of the place of work mentioned in the applicant's license.
- b. Request letter from the facility where the applicant will perform the privileges.
- c. ["Request for approval to perform surgical privilege"](#) template signed and stamped by the medical director of the facility where the applicant will perform the privileges.
- d. Copy of all approved privilege letters issued by DHP.
- e. Copy of valid Medical License.
- f. Copy of valid facility License with list of internal activities of the new place of work.

#### 6.4 Privilege transfer request:

6.4.1 If the applicant has changed his/her place of work and was granted privileges on the previous place of work, he/she is required to transfer the privilege to the new place of work or to a facility with operating theatre/day-care service.

6.4.2 **Transfer of privileges requirements:** Submit a surgical/ medical privileges request attached with all the below mentioned documents:

- a. Request Letter from the facility where the applicant will perform the privileges.
- b. ["Request for approval to perform surgical privilege"](#) template signed and stamped by the medical director of the facility where the applicant will perform the privileges.
- c. Copy of approved privilege letters issued by DHP.
- d. Copy of valid facility License with list of internal activities of the new place of work.

#### 7. Privilege withdrawal/suspension

7.1 The department has the right to revise and re-evaluate the granted privilege every three years.

7.2 The department has the right to withdraw or suspend the surgical privilege in case of malpractice or any violation.

7.3 The disciplinary action will be taken by:

- a) Permanent licensing Committee (PLC).
- b) DHP Director.

7.4 If a licensed practitioner had previous Surgical/ medical privileges approval letter from Registration Section and left the country for more than 1 year, then the previously granted privilege will be cancelled.



## 8. References

1. <https://stanfordhealthcare.org/health-care-professionals/medical-staff/credentialing-and-privileging/shc-privileging-references.html>
2. <https://knowledgeplus.nejm.org/blog/acgme-core-competencies-professionalism/USA>
3. <https://knowledgeplus.nejm.org/blog/patient-care-procedural-skills/ACGME>
4. <http://www.abim.org/~media/ABIM%20Public/Files/pdf/publications/certification-guides/policies-and-procedures.pdf>
5. <http://www.abms.org/board-certification/a-trusted-credential/based-on-core-competencies/>
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7. <http://www.hcpro.com/content/209972.pdf>
8. <https://www.albertahealthservices.ca/assets/info/hp/phys/if-hp-phys-clinical-privileging-guide.pdf> (CANADA)
9. [Guide to Medical Staff Credentialing, Clinical Privileging & Appointment](#)
10. [http://www.gmc-uk.org/guidance/good\\_medical\\_practice/maintain\\_performance.asp](http://www.gmc-uk.org/guidance/good_medical_practice/maintain_performance.asp)
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12. [http://www.viha.ca/physicians/medical\\_affairs/credentials/procedural\\_privileges\\_definitions.htm](http://www.viha.ca/physicians/medical_affairs/credentials/procedural_privileges_definitions.htm).
13. <http://medical-dictionary.thefreedictionary.com/>
14. [http://www.viha.ca/physicians/medical\\_affairs/credentials/procedural\\_privileges\\_definitions.htm](http://www.viha.ca/physicians/medical_affairs/credentials/procedural_privileges_definitions.htm)
15. <https://www.ecfmq.org/echo/acgme-core-competencies.html>
16. [DHP Circulars](#)

## 7. Related Policies and circulars

- [Circular Number \(20/2018\)](#)
- [Circular Number \(20/2020\)](#)
- [Circular Number \(21/2020\)](#)
- [Circular Number \(09/2021\)](#)
- [Circular Number \(10/2022\)](#)
- [Circular Number \(03/2023\)](#)
- [Circular Number \(07/2023\)](#)

## 12. Appendices

Appendix 1: List of Core Competencies

## Appendix 1: List of privileges as per Category:

General core competencies for all physicians	Core competencies will be categorized to surgical or medical as per the scope of practice
<ul style="list-style-type: none"> <li>• Admitting privileges.</li> <li>• Admission history &amp; physical examination.</li> <li>• Ordering &amp; Interpretation of laboratory tests and ECG.</li> <li>• Ordering medications and discharge prescription.</li> <li>• Ordering Radiological and Imaging Investigations.</li> <li>• Interpretation of X rays</li> <li>• Cannulation of Peripheral vein for blood sampling &amp; IV medication.</li> <li>• Nasogastric tube insertion.</li> <li>• Oropharyngeal airway insertion.</li> <li>• Prescribing oxygen therapy.</li> <li>• Insertion of urinary catheter.</li> </ul>	<p><b>A.</b> For <b>Medical</b> scopes of practice:</p> <ul style="list-style-type: none"> <li>• Abdominal tapping.</li> <li>• Arterial puncture for blood sampling.</li> <li>• Central venous line placement</li> <li>• Arterial line placement</li> <li>• Providing Medical acute care management</li> <li>• Basic and advanced life support.</li> <li>• Needle Thoracocentesis.</li> <li>• Management of non-traumatic pneumothorax (closed).</li> <li>• Anterior nasal packing.</li> </ul> <p><b>B.</b> For <b>Surgical</b> scopes of practice:</p> <ul style="list-style-type: none"> <li>• Abdominal tapping.</li> <li>• Arterial puncture for blood sampling.</li> <li>• Providing Surgical acute care management</li> <li>• Basic and advanced life support.</li> <li>• Local anesthetic techniques.</li> <li>• Repairing simple lacerations.</li> <li>• Simple incision and drainage.</li> <li>• Orthopedic and fracture splintage.</li> <li>• Spinal Protection.</li> <li>• Needle Thoracocentesis.</li> <li>• Management of non-traumatic pneumothorax (closed).</li> <li>• Anterior nasal packing.</li> <li>• Remove non-penetrating foreign body from the eye, nose, or ear.</li> <li>• Manage uncomplicated minor closed fractures and uncomplicated dislocations.</li> <li>• Wound dressing.</li> <li>• Ear Washout.</li> </ul>



**Policy Name: Policy on Dental privileges**

**Policy Code:**

**Version Number:**

**Developed by: Registration Section - DHP**

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## REVISION HISTORY

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## 1. Introduction

The Department of Healthcare Professions strives to provide high standards to maintain the healthcare quality and patient safety in the State of Qatar. The Registration Section pursuit to unify and sustain a standardized practice in the healthcare sector of the State of Qatar, this policy has been prepared to guide all the dentists in the State of Qatar regarding the application for dental privileges, transfer, and withdrawal.

## 2. Definitions:

### 2.1. Core Dental Privileges:

The clinical procedures within a specialty that any licensed Dentist (General/Specialty) can perform, which are automatically granted upon licensing

**2.2. Non-core Dental privileges:** The clinical procedures within a specialty that any licensed specialist is automatically granted upon licensing within their specialty, and any licensed dentist with special training courses or postgraduate degree, special skills, and experiences in the specialty can apply and attain upon approval from expert committee and DHP.

**2.3. Advanced Dental privileges:** The clinical procedures that need postgraduate degree, advanced skills and experience or special training courses in addition to log-book, to be fulfilled before permitting the specialty dentist to perform, subject for DHP approval **(Applicable to OMFS specialty).**

**2.4. Logbook:** Record of the procedures done by the dentist.

## 3. Policy Statement:

All dentists are entitled to privileges based on their scope and specialty.

## 4. Guidelines

**4.1** Any licensed dentist is eligible for core privileges of all the scopes.

**4.2** Licensed Specialty dentist is automatically entitled for non-core dental privileges in the specialty, in addition to core privileges of all the scopes.

- 4.3** Licensed specialty dentist can apply for non-core dental privileges outside of the specialty if they provide evidence of advanced training courses as per DHP requirements and experience in the individual procedure and will be assessed through a specialized expert panel.
- 4.4** Licensed general dentist can apply for non-core dental privileges if they provide evidence of training courses as per DHP requirements and experience in the requested procedure and will be assessed through specialized expert panel.
- 4.5** The applicant can only perform the granted privileges from his place of work, except for privileges to perform surgical procedures under GA, where he/she can perform in new place of work upon approval from DHP.
- 4.6** The facility where the applicant will perform the privileges shall have the necessary setting.
- 4.7** If the applicant changed his/her place of work from a facility with institutional privileges to a facility without the institutional privileges, the applicant is required to apply for privileges as per his/her scope of practice.
- 4.8** Lists of Privileges are attached to this policy.

## **5. Abbreviations:**

- DHP** - Department of Healthcare Professions  
**GD** – General Dentist  
**GA** – General Anesthesia  
**NOC**- No Objection Certificate  
**OMFS** – Oral and Maxillofacial Surgery

## **6. Procedure:**

- 6.1 Applicant should submit a Privilege request along with all the required documents mentioned in the [Guidelines for Dentists](#) available on DHP official website.
- 6.2 Dental Privilege application Requirements:
- 6.2.1 Dental Privileges [Form](#) for the specific specialty and signed by the dentist and the medical director of the facility where the applicant will perform the privileges.
- 6.2.2 If there is no Dental privilege form for a specific specialty available on the website, the applicant should submit a request letter for the required privileges in a separate letter.
- 6.2.3 Copy of Valid Medical License.
- 6.2.4 NOC signed & stamped by the medical director of the place of work mentioned in the applicant license to perform the privilege in their facility or another facility with theater or day care.

- 6.2.5 Request Letter from the facility where the applicant will perform the privileges, if it is different workplace from the one mentioned in his/her license (Applicable only for Under GA procedures for Oral Surgery, OMFS and pediatric dentistry specialist)
- 6.2.6 Request for approval to perform privilege [Form](#) signed and stamped by the medical director of the facility where the applicant will perform the privileges.
- 6.2.7 Logbook (verified by PSV Company) or Treated Cases on a CD or USB as per DHP Guidelines for Dentists.
- 6.2.8 Copy of training certificate/courses attended in the requested privilege.
- 6.2.9 [Personal declaration](#) for Dental Privileges.
- 6.2.10 Copy of Academic qualifications and additional training courses (if available-to be verified by PSV company)
- 6.2.11 Copy of updated Curriculum - Vitae (C.V.) in DHP format.

**Note: All the above-mentioned requirements should be of three months validity. Any sent back application that is not resubmitted within 3 months shall be cancelled by DHP and the applicant can re-submit new application with the updated documents.**

- 6.3. DHP has the right to ask for any additional documents if needed.
- 6.4. Privileges applications can be submitted only after obtaining the permanent license.
- 6.5. The applications will be referred to specialized expert panel for assessment based on the request. A letter will be issued to the medical director of the facility numerating all the privileges granted by the expert panel.
- 6.6. Applying for re-evaluation of temporary privileges can be submitted after the completion of the period given by the committee with updated requirements.
- 6.7. Applying for additional privileges will be considered after a period of 1 year and only if the applicant submits new documents as new logbook or courses or training that had not been submitted or evaluated through the committee before.
- 6.8. If the privilege request has been rejected by Expert committee, the applicant can apply after 1 year from the date of rejection. If rejected by experts twice, the applicant is **NOT** eligible to apply again, unless obtaining a postgraduate degree from the approved specialty qualifications.
- 6.9. Re-evaluation of rejected privileges by expert committee can be submitted after one year provided that the applicant submits up to date requirements including: documents, training courses, treated cases and/or logbook which were not submitted in the previously rejected application.

- 6.10. If the privilege request has been rejected by DHP, the applicant can re-apply as per DHP Guideline.
- 6.11. **Any appeal for request rejected by the expert committee will be considered on case-by-case basis.**
- 6.12. It is prohibited to communicate directly with the expert panel, and anyone violating will be held accountable and be subjected to disciplinary actions, such as rejection of the respective request with an official warning sent to the concerned facility and applicant. (Refer to [circular 2/2014](#)).

## 7. Privilege transfer

- 7.1. If the applicant changed his/her place of work and he/she was granted privileges on the old place of work, he/she is required to transfer the privilege to the new place of work.
- 7.2. For transfer of privileges, the applicant is required to submit the following:
- 7.2.1. Request Letter from the facility where the applicant will perform the privileges
- 7.2.2. Request for approval to perform privilege [form](#) signed and stamped by the medical director of the facility where the applicant will perform the privileges.
- 7.2.3. Copy of approved privilege letters issued by DHP.
- 7.2.4. Copy of valid facility License with list of internal activities of the new place of work.

## 8. Add new place to perform privileges

- 8.1. It is applicable for dental privileges performed under GA (applicable to Oral Surgery, Oral and Maxillofacial Surgery and Paediatric Dentistry only)
- 8.2. To Apply for additional place to perform the already approved privileges, the applicant is required to submit the following:
- 8.2.1. NOC signed & stamped by the medical director of the place of work mentioned in the applicant's license.
- 8.2.2. Request Letter from the facility where the applicant will perform the privileges.
- 8.2.3. [Request for approval to perform surgical privilege](#) form signed and stamped by the medical director of the facility where the applicant will perform the privileges.
- 8.2.4. Copy of approved privilege letters issued by DHP.
- 8.2.5. Copy of valid Medical License

## 9. **Additional Privilege request**

- 9.1. Applicants can apply for privileges in the scope/specialty in addition to the granted privileges by the expert committee
- 9.2. For additional privileges, the applicant is required to submit the requirements as mentioned in the general privilege request, in addition to:
  - 9.2.1. Cases related to the additional privileges to be submitted as per case submission guidelines for the respective specialty
  - 9.2.2. Logbook of cases as per requirements.

## 10. **Privilege withdrawal/suspension**

- 10.1. The surgical and dental privilege will be withdrawn or suspended in case of malpractice or any violation.
- 10.2. This disciplinary action will be taken by:
  - 10.2.1. Permanent licensing Committee (PLC).
  - 10.2.2. Department Director.

## 11. **Notes**

- 11.1. This policy is applicable for Locum dentists.
- 11.2. Only Pediatric Specialist Dentist is allowed to apply for privilege to perform procedures under general anesthesia. Specialist in Oral Surgery and Oral and Maxillofacial Surgery are entitled to perform procedures under GA automatically.
- 11.3. Any dentist can apply for dental Implant privilege which will be evaluated through the expert panel.

## 12.

## 13. **References**

- 1- <http://www.abim.org/~media/ABIM%20Public/Files/pdf/publications/certification-guides/policies-and-procedures.pdf>
- 2- <http://www.abms.org/board-certification/a-trusted-credential/based-on-core-competencies/>
- 3- <https://www.ada.org/>
- 4- <https://ncrdsb.ada.org/en/recognized-dental-specialties>
- 5- <https://www.gdc-uk.org/>
- 6- <https://www.gdc-uk.org/registration/your-registration/specialist-lists>
- 7- <https://www.gdc-uk.org/education-cpd/quality-assurance>
- 8- <https://www.gdc-uk.org/standards-guidance/standards-and-guidance/scope-of-practice>
- 9- **Guidelines for Dentist**
- 10- **DHP Circulars**



#### **14. Related Policies and circulars**

- 14.1. Circular Number (20/2020)
- 14.2. Circular Number (21/2020)
- 14.3. Circular Number (23/2020).
- 14.4. Circular Number (11/2021).
- 14.5. Circular Number (5/2023).

#### **12. Appendices**

**Appendix 1: Logbook for Dentists**

**Appendix 2: Procedures done under GA**

**Appendix 3: Personal Declaration**

**Appendix 4: List of Dental privileges**

## Appendix 1: Logbook for Dentists

وزارة الصحة العامة  
Ministry of Public Health  
دولة قطر • State of Qatar

**Logbook for Dentist**

This is to certify that the healthcare practitioner/ \_\_\_\_\_ ,  
QID number/ \_\_\_\_\_ performed the following procedures from date/ \_\_\_\_\_ till  
date/ \_\_\_\_\_.

Year of procedures performed:		
SL NO.	Procedure	Number of Procedures
Year of procedures performed:		
Year of procedures performed:		

Medical director signature \_\_\_\_\_ Facility Stamp \_\_\_\_\_

Practitioner Signature \_\_\_\_\_

Date: \_\_\_\_\_

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## Appendix 2: Procedures done under GA



### Request for Privileges to do Dental Treatment (S) Under General Anesthesia:

Applicant's Name: ..... Scope of Practice: .....  
License No. (If Any): ..... Facility: .....  
Date: .....

#### Type of Procedures: (please use another form if needed):

- 1- .....
- 2- .....
- 3- .....
- 4- .....
- 5- .....
- 6- .....
- 7- .....
- 8- .....

#### Required Documents:

A list of type and number of procedures performed by the dentist within the last three years (logbook) dully attested (please see attached sample.)

#### Undertaking:

**I. The dentist:** I hereby undertake no to perform any procedure(s) not approved by the Department of Licensing and that I shall bare all legal and disciplinary responsibilities in case of violation of this clause. Further, I declare that performing the approved procedures/treatments will be at my sole responsibility.

Signature: \_\_\_\_\_ Stamp: \_\_\_\_\_

**II. The Facility:** this dental institution 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 approved surgical intervention(s) are performed by this licensed and privileged dentist in this facility. The institution 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(s) to the patient.

Institution: \_\_\_\_\_ Stamp: \_\_\_\_\_

Director: \_\_\_\_\_ Signature: \_\_\_\_\_ Stamp: \_\_\_\_\_



## Personal Declaration for Dental Privileges

(General Scope Dentist – Specialist Dentist)

Date: \_\_\_\_\_  
Practitioner Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
Scope of Practice: \_\_\_\_\_

**Undertaking:**

I hereby declare that all information provided in this request and attached documents are accurate to the best of my knowledge.

**I hereby undertake not to perform any procedure(s) before getting an official approval from the Registration Section/ DHP.**

I hereby undertake not to perform any procedure(s) not approved by the Registration Section/ DHP; and that I shall bare all legal and disciplinary responsibilities in case of violation of this clause. Further, I declare that performing the approved procedures / treatments will be at my sole responsibility.

Signature: \_\_\_\_\_ Stamp: \_\_\_\_\_

**III. The Facility:**

This medical institution 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 approved

dental/surgical intervention(s) are performed by this licensed and privileged (Temporary / Permanent) Dentist in this facility. The institution also acknowledges taking 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(s) to the patient.

Institution: \_\_\_\_\_ Stamp: \_\_\_\_\_  
Director: \_\_\_\_\_ Signature: \_\_\_\_\_ Stamp: \_\_\_\_\_

*Kindly note that you must submit all the required documents (refer to dentist guidelines) otherwise your request will be neglected.*

## **Appendix 4: List of Dental privileges**

### ***Core privileges (for General Dentist)***

#### ***Diagnostic Procedures***

- 1- Oral examination
- 2- Dental radiograph fabrication/diagnostic image interpretation
- 3- Pulp vitality testing
- 4- Plaster cast fabrication for diagnosis
- 5- Adjunctive medical laboratory evaluation

#### ***Preventive Procedures***

- 1- Oral hygiene instruction procurement
- 2- General dental prophylaxis administration
- 3- Topical fluoride treatment
- 4- Fissure sealant application
- 5- Custom (fluoride) tray/mouth guard fabrication/ insertion

#### ***Restorative Procedures***

- 1- Direct restoration (amalgam/composite/glass ionomer) fabrication
- 2- Post and core fabrication
- 3- Vital bleaching

### ***Endodontic Procedures (permanent teeth)***

- 1- Pulpotomy
- 2- Pulp extirpation
- 3- Direct and indirect pulp capping
- 4- Conventional root canal therapy (single rooted teeth)
- 5- Non-Surgical retreatment (single rooted teeth)
- 5- Non-vital bleaching

### ***Periodontal Procedures***

- 1- Scaling and root planning
- 2- Gingivoplasty/gingivectomy localized single tooth only
- 3- Application of local medication delivery system
- 4- Maintenance recalls
- 5- Single crown lengthening (not involving bone removal)
- 6- Incision and drainage of periodontal abscesses
- 7- Provisional splinting of teeth

### ***Prosthodontics Procedures***

- 1-Inlay and onlay preparation/fabrication
- 2-Partial coverage crown preparation/fabrication
- 3-Full crown preparation/fabrication (maximum one Quadrant at a time)
- 4-Bridge preparation/fabrication (maximum one quadrant at a time)
- 5-Maryland bridge preparation/fabrication
- 6-Partial Denture fabrication
- 7-Complete Denture fabrication
- 8-Denture relining
- 9-Repair of removable prosthodontic restorations
- 10-Repair of fixed prosthodontic restorations

### ***Oral Surgery Procedures***

- 1- Extraction of Erupted teeth
- 2- Incision and drainage of intraoral abscesses
- 3- Suturing of Intraoral wounds
- 4- Closed reduction of TMJ dislocation
- 5- Excision of hyperplastic tissues

### ***Orthodontic Procedures***

- 1- Emergency treatment of fixed appliances
- 2- Repair or replacement of removable appliances

### ***Pediatrics Procedures***

- 1- Pulpotomy (primary teeth)

- 2- Passive space maintainer fabrication/insertion
- 3- Stainless Steel crown fabrication/insertion

### ***Other Procedures***

- 1- Prescription of medication
- 2- Administration of Local anesthesia
- 3- Desensitization procedure administration
- 4- Lasers in Dentistry

### ***Non-core privileges (for specific specialties). Endodontic Procedures (permanent teeth)***

- a. Apexification /apexogenesis
- b. Conventional root canal therapy (multi rooted teeth)
- c. Non-surgical retreatment (multi rooted teeth)
- d. Root amputation/hemisection
- e. Periradicular Surgery
- f. Intentional reimplantation
- g. Treatment of obstructed canals
- h. Removal of broken instruments
- I. Repair of internal perforations

### ***Periodontics Procedures***

- a. Periodontal flap surgery
- b. Mucogingival Surgery (gingivoplasty, gingivectomy, frenectomy, free gingival/mucosal grafting, root coverage)
- c. Osseous surgery/crown lengthening
- d. Guided tissue regeneration
- e. Guided bone augmentation

### ***Prosthodontic Procedures***

- a. Denture rebasing
- b. Immediate denture fabrication/insertion
- c- Ceramic veneer preparation/fabrication
- d. Over denture fabrication/insertion
- e. Multiple unit fixed prosthesis construction (more than one quadrant at a time)
- f. Implant supported restoration (single)
- g. Implant supported restoration (multiple)
- h. Precision Attachment denture fabrication/insertion
- i. *Full-mouth* reconstruction with alteration of vertical dimension
- j. Complete occlusal adjustment

### ***Oral Surgery Procedures***

- a. Surgical exposure of un-erupted teeth



- b. Removal of impacted teeth
- c. Removal of remaining roots
- d. Removal of oral cavity cysts
- e. Transplantations of teeth
- f. Removal of palatal/alveolar exostoses
- g. Removal of foreign bodies in soft tissue and hard tissue
- h. Vestibuloplasty prosthetic surgery (e.g., alveoplasty, alveolar bone augmentation, sinus lifting etc.
- i. Closure of oroantral fistulas
- j. Intraoral hard tissue biopsy sampling
- k. Frenectomy
- l. Palatal tissue hyperplasia reduction

#### ***Oral and Maxillofacial Surgery Procedures***

#### **Basic Non-core privileges (granted automatically to licensed OMFS specialist):**

- a. Extraction of teeth & retained roots/pathology and management of associated complications including Oro-antral fistula
- b. Management of impacted teeth; management of complications
- c. Periapical surgeries
- d. Dental implant surgery – performing dental implants with sinus lifts and ridge augmentation procedures
- e. Facial trauma surgery (facial bone fractures and related soft tissue injuries).
- f. Pre- prosthetic surgery – Removal of high frenal attachments, sharp bones, denture granulomas, fibrous maxillary tuberosities, and maxillary and mandibular tori
- g. Pre- orthodontic surgery – Removal of high frenal attachments and surgical exposure of impacted teeth
- h. Orofacial pain management- including Temporomandibular Joint Disorder (TMJD).
- i. Treatment of intra-oral benign cystic lesions of hard and soft tissues
- j. Intraoral and labial biopsy techniques
- k. Management of Oral & Maxillofacial Infections
- l. Management of benign Salivary gland Diseases by intra oral techniques and familiarity with diagnosis and treatment of other salivary gland diseases

#### **Advanced privileges (to be applied and granted by the expert committee):**

- m. Orthognathic surgery including Snoring and sleep apnea correction surgery.
- n. Reconstructive surgery of the face except Free flap surgery.
- o. Congenital oral and maxillofacial deformities, including Cleft lip and palate surgery.
- p. Facial plastic surgery (Related to bone reconstruction cases in Oral and maxillofacial region only)\*
- q. Benign Oral and Maxillofacial Tumor surgery (no reconstruction) \*

- r. Botox and Filler application for therapeutic purpose.

### ***Orthodontic Procedures***

- a. Interceptive orthodontic treatment
- b. Orthodontic treatment (including bonding bracket on surgically exposed teeth and applying traction on impacted teeth)
- c. Insertion of removable and fixed functional appliances.
- d. Orthodontics treatment in orthognathic surgery patients
- e. Orthodontic treatment for cleft and syndrome patients.
- f. Insertion of orthodontics mini screws.

### ***Pedodontics Procedures***

- a. Preventive dental care (including oral hygiene, injury prevention, dietary, and habit counseling)
- b. Behavior management techniques for apprehensive children (including voice control, non-verbal communication, tell-show-do, positive reinforcement, distraction, parental presence/absence, hand over mouth and Physical restraint)
- c. Aversive behavioral management (including digital and non-nutritive sucking behavior, tongue, and swallowing habits)
- d. Management of bruxism
- e. Interceptive orthodontic treatment (correction of anterior and posterior cross bite, space regainers, maxillary expansion with removable appliances)
- f. Serial extraction.
- g. Prosthodontic procedures (including fabrication / insertion of stainless-steel crowns)
- h. Uncomplicated extraction of primary and permanent teeth, full management of all types of tooth injuries (traumas)
- i. Treatment of medically compromised physically and mentally disables children under local or general anesthesia **(requires special approval)** in operating room.
- j. Full mouth rehabilitation for healthy apprehensive children under general anesthesia **(requires special approval)** in operating room
- k. Management and treatment of children receiving chemotherapy and/or radiation

### ***Orofacial Pain***

- a. Provide an accurate diagnosis of the most common intraoral and orofacial pain conditions, be able to recognize the more complex orofacial pain conditions, and initiate referrals to appropriate experts in managing such patients.
- b. Perform extensive temporomandibular joint, masticatory, and cervical muscle examination, evaluation of dental occlusion.
- c. Imaging and laboratory technique and interpretation.
- d. Diagnostic and treatment procedures including:
  - I. Craniofacial nerve blocks.

- II. Intramuscular trigger point injections in the masticatory, head, and neck muscles.
- III. Cognitive-behavioral management strategies.
- e. **Pharmacotherapy management** including topical and systemic analgesics, muscle relaxants, anxiolytics, anticonvulsants, antidepressants
- f. **Performing some of physiotherapy modalities** including Manual manipulation, Ultrasound therapy, TENS, Therapeutic exercises.
- g. Fabrication of oral occlusal appliances.
- h. Selective occlusal therapy.
- i. Botox injection therapy for headaches and muscle pain conditions.

### ***Oral and Maxillofacial Radiology***

Dental radiograph fabrication/diagnostic image interpretation like

- a. Intraoral Periapical radiographs, bitewing, occlusal.
- b. Dental panoramic imaging
- c. Cephalometric imaging
- d. Head and neck ultrasound images
- e. Sialography (imaging of the salivary glands)
- f. Cone beam computed tomography (CBCT)
- g. Magnetic resonance imaging (MRI)
- h. Positron emission tomography

**Note: OMR specialist are entitled to perform only imaging procedures and not for any related clinical procedures**

### ***Other Procedures (Procedures that need Special approvals)***

1. Treatment under general anesthesia **(For licensed Pediatric Dentist Specialist)**
2. Construction/insertion of obstructive sleep apnea appliances
3. Dental Implant Procedures