



**Policy Category:** Privileging

**Policy Name:** Institutional Privilege

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**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.

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## 1. Introduction

Department of Healthcare Professions (DHP) strives to provide new standards/ guidelines to maintain prime medical services provided by healthcare institution in the State of Qatar. As part of the Councils' mandate, the institutional privilege program has been implemented to provide more flexibility and authority to healthcare institutions in the process of granting privileges to their practitioners, based on solid guidelines. Thus, in order to ensure that the institutions have the appropriate expertise or resources necessary to evaluate and verify their healthcare practitioners, all those who apply must meet the eligibility criteria.

## 2. Policy Statement

DHP will consider granting eligible healthcare institutions in all sectors of the healthcare industry, to assess and approve surgical, medical and dental privileges to their eligible practitioners within a well-structured process, based on a well-defined criteria and standards.

## 3. Definitions

### 3.1. Institutional Privileges:

The permission granted to healthcare institutions to evaluate and approve associate specialist, specialist and consultant practitioners to provide specific patient care services (privileges) in their healthcare facility within well-defined review process.

### 3.2. Eligible healthcare institution:

The licensed healthcare institutions who meet the stipulated requirements to participate in the institutional privilege granting process.

### 3.3. Governing Body:

It is the body within the healthcare facility responsible for establishing oversight mechanism to govern and manage the privileging system.

### 3.4. Privileging Committee:

It is the committee within the healthcare facility responsible for the assessment of healthcare practitioners' competencies, skills and knowledge in regard to the privileges healthcare practitioners applied for. Its authority includes granting, revalidation and denial of privileges.

#### 4. Abbreviations

**DHP:** Department of Healthcare Professions.

**IPEC:** Institutional Privilege Eligibility Criteria.

#### 5. Scope

The policy applies to all governmental, semi-Government and private Health Care institutions with valid license to practice in the State of Qatar, in addition to licensed healthcare practitioners who fulfill the requirements of applying for surgical, medical and dental privileges, they shall be eligible as per the institutional privilege criteria.

#### 6. Institutional Privilege Eligibility Criteria

- 6.1. The institution must have a valid facility license.
- 6.2. The Facility should be teaching or training institution
- 6.3. The institution should have total of 100 beds with minimum of 15 beds for each surgical specialty with occupying capacity of 80 %
- 6.4. The privileging committee should consist of minimum 3 licensed surgeons in each surgical specialty who have been granted advanced surgical privilege by DHP
- 6.5. The committee members should have minimum of 3 years' experience in the state of Qatar
- 6.6. The committee members must not have received any previous disciplinary actions from DHP
- 6.7. The institution must have a valid facility license.
- 6.8. The Healthcare facilities shall comply with the following:
  - The facility shall be of a reputable nature.
  - The Quality of reporting & Quality of Documentation.
  - Quality of Clinical Processes and patient satisfaction.
  - The facility shall have no procedural errors recorded from DHP / MOPH.
  - The facility shall have no violations on misdemeanors from any Ministry Departments leading to license suspension recorded in the previous six months prior to applying for the privilege.

- The facility shall have no past or pending criminal cases.
- The facility shall have a compliance rate in excess of 90% relating to all DHP rules and regulations in the 6 months prior to apply for the institutional privilege

## 7. Procedures/Guidelines

- 7.1.** The healthcare facility should fill and apply form (attached) supported by Detailed document of the existing Board of Governance in their institution including the privileges committee members. During the assessment process, expert at the related specialty/scope of practice must be available. The specified expert should be privileged at the same privilege area. In case of the non-availability of such expert, the privilege will be granted through Registration Department-DHP
- 7.2.** In addition, the facility shall submit the Privilege Verification Strategy that describes the roles and procedures for the privileging team and committee who are involved in the process of privileging and are responsible for evaluating and granting the surgical / clinical privileges to their eligible specialist practitioners.
- 7.3.** DHP shall review the Privilege Verification Strategy submitted by the facility and the application form as well as the supporting documents and will issue an official decision to the facility under review.
- 7.4. Revalidation process:**
- The validity of the institutional privilege is granted for a period of 3 years, which shall be renewed periodically.
  - The privileged institution shall review their strategy and accordingly keep a check on the privileged practitioners based on DHP Guidelines on an ongoing basis.
  - They shall also update DHP in case of any changes required, for example, addition or removal of any staff, members of the Privileging committee, Board of Governance changes, changes in strategy etc.

**7.5. Conditions for denial or exclusion from granting institutional privilege:**

- DHP may initially deny the privilege or refuse to renew the privilege if the facility does not have a satisfactory history of compliance with any government department's rules and regulations.
- If the facility has substantially failed to comply with any of the DHP guidelines and after providing notice and the opportunity for a hearing, DHP has the right to remove the facilities privilege.
- The facility has the right to appeal the decision within one month of receiving the official decision

**7.6. DHP reserves the right to modify the requirements and criteria at any time with or without notice and may revoke the participation of the facility at any time.**

**7.7. Once the privilege granted to the institution, the following documents / declarations shall be submitted to DHP in confirmation of the privilege approval:**

- "Declaration form" should say that institution assumes full responsibility for the institutional privileges granted as per DHP guidelines and takes responsibility for supervision of those practitioners who are granted the clinical / surgical privileges in accordance with the DHP standards.
- The "Conflict of Interest Agreement" is a document that must be signed by the facility which states that the institution should not have any interest which conflict or appear to conflict with their ability to act and make independent decisions in the best interest of patient's safety.
- "Confidentiality Agreement Form" is a document that must be signed by the facility, which states that institution will protect the confidentiality of the organization and practitioner information, material or knowledge and they shall not be this close to outside parties.
- The facility shall provide to DHP on a monthly basis, an updated list of privileges granted to their physicians.
- Case by case assessment may be implemented.

#### 7.8. Process of “Changing Place of Work” of Practitioner:

- The practitioner who wishes to change place of work from a privileged institution to another institution loses the clinical/ surgical privilege granted to him as he/she stops working/ leaves the facility.
- To continue practicing the privilege, the new facility to which he changes the work should have the privilege to evaluate and grant the same surgical / clinical privilege to the practitioner.
- If the new facility does not have a privilege, then the practitioner shall apply for privilege through DHP/apply for changing privileges place.

#### 8- Attachments:

- Checklist for institutional Privilege applications

### Checklist for institutional Privilege applications

Application Number:

Name of institution:

SL. NO:	REQUIREMENTS	YES	NO	ADDITIONAL REQUIREMENTS
1.	The facility is a governmental or teaching hospital?			
2.	Facility license copy			
3.	Board of Governance			
4.	Medical licensing Department			
5.	Privileges Committee			
6.	The facility has a minimum of 100 beds with a minimum of 15 beds for each surgical specialty			
7.	The occupying capacity is 80% or more			
8.	The privileges committee has a minimum of 3 surgeons in each surgical specialty who have been granted advanced privileges by DHP			
9.	The committee members should have a minimum of 3 years of experience in Qatar			
10.	Specialist Physicians & Dentists list			
11.	Privilege Verification Process Map			
12.	Record of Procedural error			
13.	Record of Violation or misdemeanors from Ministry Departments in the past 6 months			
14.	Records of past or pending criminal cases			
15.	Record of previous applications (approved/rejected)			

16.	Declaration form			
17.	Conflict of interest Form			
18.	Confidentiality Agreement Form			