



QCHP
المجلس القطري للتخصصات الصحية
Qatar Council for Healthcare Practitioners



Circular No. (5/2017)

| | |
|----------------|--|
| From | Qatar Council for Healthcare Practitioners (QCHP) |
| To | <ul style="list-style-type: none">• All Healthcare Facilities in the State of Qatar• All Healthcare Facilities Focal Points in the State of Qatar |
| Subject | Adding a new request "Leave of Absence Request" on the Registration/Licensing Electronic System |
| Date | 6 March, 2017 |

"Qatar Council for Healthcare Practitioners presents to you its compliments".

In Qatar Council for Healthcare Practitioners' pursuit to enhance the registration/licensing system and its procedures, the Registration Department announces the addition of a new request which is the "Leave of Absence Request", as per the leave policy of the Registration and Accreditation Departments in QCHP. Using this request, all healthcare practitioners can adjust the CPD and CME points required to renew their medical license according to the approved leave/leaves by Registration Department, noting the following:

- 1- All leaves (except annual leave) will be approved as the leave shall not be less than (30) continuous days.
- 2- Practitioners must apply for "Leave of Absence Request" right after they resume work.
- 3- Practitioners apply for "Leave of Absence Request" after each leave they take during the validity of their medical license.

For more details on conditions and guidelines, please visit the link below.

<http://www.qchp.org.qa/en/AccrdDocuments/CPD%20Leave%20Policy.pdf>

Attachment:

- Leave of Absence Request User Manual
- Registration Department Leave Policy

For further information, kindly contact:

Dr. Souma El-Torky
Seltorky@moph.gov.qa
Jowaher Al Ali
Jalali@moph.gov.qa

Thank you for your cooperation,

Registration Team/ Qatar Council for Healthcare Practitioners



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Practitioner/Employer User Manual (Leave of Absence Request)



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Guidelines on using the Registration & Licensing Electronic System (Leave of Absence Request)

Step 1. Visit www.qchp.org.qa and click on “Registration & Licensing System”.

The screenshot displays the official website of the Qatar Council for Healthcare Practitioners (QCHP). The header includes the QCHP logo, the State of Qatar Ministry of Public Health logo, and the text "Qatar Council for Healthcare Practitioners" with the tagline "Committed to Patient Safety". Navigation links include "About us", "QCHP Departments", "For Healthcare Practitioners", "For Public", "Media Center", and "eServices". A search bar for practitioners is visible on the left. The main content area features a grid of service tiles. The "Registration and Licensing System" tile, which includes a user icon and a checkmark, is highlighted with a red dashed border. Other tiles include "CME/CPD Accreditation System", "Complain against a Practitioner", "Qualifying Examinations", "Events", "Circulars", "News & Announcements", and "Primary Source Verification". Below the grid is a banner for the "ISQua's 32nd International Conference DOHA 2015" with the theme "Building Quality and Safety into the Healthcare System", scheduled for 4th - 7th October at the National Convention Centre, Doha, Qatar. The footer contains the copyright notice "© All rights reserved to Qatar Council for Healthcare Practitioners 2016" and a small QCHP logo.






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Please visit: [QCHP Website](#) / [Registration & Licensing System](#) to SIGN IN.

Practitioner & Employer

Please enter registered Email/Username and Password and click on “Sign In” to LOGIN to the system.

| | | |
|---|--|--|
|  LOGIN/SIGN IN |  REGISTER/SIGN UP |  GUIDELINES |
|---|--|--|



[Sign In](#)

[Forgot Password](#)



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After successful login from Practitioner account, kindly choose “Apply for Leave of Absence”

View

☐ e-License ☐ Profile ☐ CPD ePortfolio ☐ Issued e-Jazas ☐ Online Payment Receipts

☒ Create and Submit Requests

☐ e-Jaza ☐ Apply for Renewal ☐ Apply to Change Place of Work ☐ Apply to add/change scope of practice

☐ Apply to Update Personal Information ☐ Apply for a Certificate of Good Standing ☐ Apply for a Radiation License

☐ Apply for Renewal of Radiation License ☐ Apply for Removal from the Registry ☐ Apply for Restoration to the Registry

☐ Apply to Update Profile ☒ Apply for leave of Absence

Follow the steps -

1. Personal Declaration

☒ Personal Declaration

☒ Personal Information & Identification Info.

☒ Update Leave Details

☒ Pay Fees and Submit Application

Personal Declaration

I certify that I am the person updating my leave details on the Qatar Council for Healthcare Practitioners registration system, I am the person named in the submitted documents and that the information I have given is true and correct.

I understand that any approval that may result from this application will be void if I have made any false or misleading representations or declarations in this application through error or omission.

I understand that I will be liable to legal obligations prescribed under the law if I fail to comply with the obligation to declare, or provide complete and correct information.

☒ I hereby declare the above mentioned statements.



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2. Personal Information Tab

| | |
|--|--|
| <div><div>✓ Personal Declaration</div><div>✓ Personal Information & Identification Info.</div><div>✓ Educational Qualifications and Internship Information</div><div>✓ Work Experience and Registration Information</div><div>✓ Additional Information and Uploads</div><div>✓ Pay Fees and Submit Application</div></div> | <div>Personal and Identification Information</div> <div>Personal Information</div> <div><div>First Name on Passport*</div><div>Middle Name(s) on Passport</div><div>Last Name on Passport*</div><div>First Name on Passport - Arabic</div><div>Middle Name(s) on Passport - Arabic</div><div>Last Name on Passport - Arabic</div><div>Gender*</div><div>Passport Number*</div><div>Date of Birth*</div><div>Passport Country*</div><div>Passport Expiry Date*</div></div> <div><div>Passport Scanned Copy</div><div><div>Allowed file extensions are .PDF, .JPG, .DOC/DOCX, .PNG & .GIF</div><div>Select File<div>Choose FileNo file chosen</div><div>Maximum File Size is : 2 MB</div><div>Max Resolution is 400 DPI</div></div><div>File Description<div>Add</div><div>Reset</div></div></div></div> |
|--|--|



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Personal Information Tab (continued)

| Profession | |
|---|--|
| Profession* | Physician |
| Scope Of Practice* | Cardiology |
| I am a visiting doctor (Non Resident) | <input type="checkbox"/> |
| <p>Kindly attach both sides of your QID in one file</p> | |
| Qatar ID Number | <input type="text"/> |
| QID Expiry Date | <input type="text"/> |
| QID Scanned Copy | <div>Choose File No file chosen</div> <div>Maximum File Size is : 2 MB</div> <div>Attach</div> |

| Provisional License | |
|--|--------------------------|
| <p>Please note that the QID is mandatory for requesting a Provisional License</p> | |
| Provisional License | <input type="checkbox"/> |
| Circular (10-2015) - Granting provisional licenses to healthcare practitioners | |

| Part-time Clinician License | |
|---|--------------------------|
| <p>Kindly tick the below option only if you are applying for Part-time clinician license</p> | |
| Part-time Clinician License | <input type="checkbox"/> |
| Circular (03-2016) - Part-time Clinician Registration/Licensing Policy for healthcare practitioners | |

| Place of work | |
|--|---------------|
| <p>If your potential place of work is not already licensed, please select "Under Process".</p> | |
| Institution Type | Under Process |
| Institution | Select |

| Contact Information | |
|--|----------------------|
| <p>The following information will be used to contact you. Please make sure you enter accurate and valid contacts</p> | |
| Corporate ID | <input type="text"/> |
| Landline Number | <input type="text"/> |
| Mobile Number* | <input type="text"/> |
| Email Address* | mophqchp@qchp.com |
| Address / P.O Box* | <input type="text"/> |

Save

Save and Close

Close

Reset

Previous

Next



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3. Update Leave Details – Provide necessary information

- Leave Start date
- Leave End date
- Supporting document for the leave
- Reason for leave
- Comments (Additional information)

✓ Personal Information & Identification Info.

✓ Update Leave Details

✓ Pay Fees and Submit Application

Practitioner Leave Details

Please note that this is related to Accreditation system to get exemption for license renewal. And not related to e-Jaza leave system.

Start Date*

14/11/2016

End Date*

20/02/2017

No. of Days*

99

Reference Document(for leave period)*

Attachments :

Allowed file extensions are .PDF, .JPG, .DOC/DOCX, .PNG & .GIF

Select File

Choose FileNo file chosen

Maximum File Size is : 2 MB

Max Resolution is 400 DPI

File Description

Add

Reset

| Attachments | Description | Remove |
|------------------------------|-------------|--------|
| icons-AccredLeave-289914.jpg | | |

Reason*

Study Leave

Comments(Additional Information)

Studying xyz in US

SaveSave and CloseCloseReset

PreviousNext

Note- Leaves can be applied only after returning from the leave.

Leave duration should be more than 30 days.

4. Kindly submit the application (There is no payment for this request)

✓ Personal Declaration

✓ Personal Information & Identification Info.

✓ Update Leave Details

✓ Pay Fees and Submit Application

Pay Fees and Submit Application

There are No Fees For This Request
Please note that there is no payment for sent back requests, so please submit to proceed to the next stage.

Request Type:

Apply for leave of Absence

Request Transaction ID:

289917

SaveSave and CloseCloseReset

PreviousSubmit



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After submission of the request, the request's status will be "Pending with employer" which means your employer representative should approve your request via the facility/institution account.

View & track status of my requests

Search

Request Type:

Request Status:

Request Date From:

Request Date To:

Search

| Request No. | Request Type | Date of submission to Employer | Date of submission to QCHP | Date of Completion | Current Status | Remove | Comments |
|-------------|----------------------------|--------------------------------|----------------------------|--------------------|-----------------------|--------|----------|
| 289917 | Apply for leave of Absence | 22/02/2017 | ---- | ---- | Pending with employer | | |

- If you face any technical issues, please send an email to our technical support helpdesk: qchphelpdesk@moph.gov.qa



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Employer Manual

After login with employer username and Password

☒ Review and Submit Requests

☐ Evaluations, Licensing & Other Requests
 ☐ Renewals
 ☐ Change Place Of Work
 ☐ Add/Change Scope of Practice
 ☐ Removal from the Registry
 ☐ Restoration to the Registry

☒ View

☐ Request Dashboard
 ☐ All Practitioner Details
 ☐ Expiring Evaluations & Medical Licenses
 ☐ Rejected Requests
 ☐ Employer Representative Account Status Report

☒ Print

☐ Evaluation Reports & MOI Letters
 ☐ Provisional Licenses
 ☐ Online Payment Receipts
 ☐ e-Jazas

☒ Others

☐ Apply on behalf of a Practitioner
 ☐ Issue e-Jaza on behalf of a Practitioner
 ☐ Upload Employer Representative photo

Click on first link "Evaluation Licensing & Other Requests" after filtering by "Request type" as shown below

Click on [Applicant/Practitioner](#) name to Approve/Reject the request.

To review/edit the request Click on the [Request Number](#).

View & track status of my requests

☒ Search

Request Type:
 Request Status:
 Request Date From:
 Request Date To:

| Request No. | Request Type | Date of submission to Employer | Date of submission to QCHP | Date of Completion | Current Status | Remove | Comments |
|-------------|----------------------------|--------------------------------|----------------------------|--------------------|-----------------------|---------------------------------------|---|
| 289917 | Apply for leave of Absence | 22/02/2017 | ---- | ---- | Pending with employer | <input type="button" value="Remove"/> | <input type="button" value="Comments"/> |

☒ Search

| Edit Request Info | Applicant/Practitioner Name | Profession | Scope of Practice | Request Creation Date | Request Type | Comments |
|-------------------|-----------------------------|------------|---|-----------------------|----------------------------|---|
| Request No | Practitioner Name | Physician | General Practitioner(Obstetrics & gynecology) | 22/02/2017 | Apply for leave of Absence | <input type="button" value="Comments"/> |



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On clicking on the Name:

Agree to the employer declaration and click on “Next”

✓ Personal Declaration

✓ Update Leave Details

✓ Employer Approval

Personal Declaration

We hereby certify that we are aware of the leave details applied on the Qatar Council for Healthcare Practitioners registration system and that the information given is true and correct.

We understand that any approval that may result from this application will be void if there is any false or misleading representations or declarations in this application through error or omission.

We understand that we will be liable to legal obligations prescribed under the law if we fail to comply with the obligation to declare, or provide complete and correct information.

☒ I hereby declare the above mentioned statements.

Save

Save and Close

Close

Reset

Previous

Next

Review Leave details – Click on “Next”

✓ Update Leave Details

✓ Employer Approval

Practitioner Leave Details

Please note that this is related to Accreditation system to get exemption for license renewal. And not related to e-Jaza leave system.

| Start Date* | 14/11/2016 | | | | |
|--|--|-------------|-------------|--|--|
| End Date* | 18/02/2017 | | | | |
| No. of Days* | 97 | | | | |
| Reference Document(for leave period)* | Attachments : <table><thead><tr><th>Attachments</th><th>Description</th></tr></thead><tbody><tr><td>icons-AccredLeave-289914.jpg</td><td></td></tr></tbody></table> | Attachments | Description | icons-AccredLeave-289914.jpg | |
| Attachments | Description | | | | |
| icons-AccredLeave-289914.jpg | | | | | |
| Reason* | Study Leave | | | | |
| Comments(Additional Information) | Studying xyz in US | | | | |

Save

Save and Close

Close

Reset

Previous

Next



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Select Approve/ Reject and click on “Submit” to submit the Request to QCHP.

✓ Personal Declaration

✓ Update Leave Details

✓ Employer Approval

Employer Approval

Request Information

| | |
|-------------------|---|
| Name | Mona Abdelmoneim Radwan Hatata |
| Request No. | 289914 |
| Request Type | Apply to Update Leave Details |
| Scope of practice | General Practitioner(Obstetrics & gynecology) |
| Current Employer | Al Ahli Hospital |

Employer Decision

☒ Approve
☐ Reject

Comments:

Type in your comments

Attachments :

Select File

Choose File No file chosen
Maximum File Size is : 2 MB
Max Resolution is 400 DPI

File Description

Add
Reset

Save Save and Close Close Reset

Previous Submit



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Registration Leave Policy

| |
|---|
| Policy Name: Registration Leave Policy |
| Policy Code: |
| Version Number: |
| Developed by: QCHP-Registration |
| Co-Consultants: N/A |
| Reviewed by/Date: |
| Approved by/ Date: February 26 th , 2017 |
| Date Effective: March 6 th , 2017 |
| Date of Due Revision: TBD |
| Validity: This policy is valid until updated, replaced or canceled by the Qatar Council for Healthcare Practitioners-Registration Department. Update, replacement or cancellation of this policy may occur without prior notice. However, all concerned individuals and parties shall comply with such once officially notified by the QCHP-Registration Department. |



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DOCUMENT CONTROL

REVISION HISTORY

| Name | Date | Changes | Version |
|------|------|---------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REVIEWS BY QCHP-RD

| Name | Date | Organization/Position | Version |
|------|------|-----------------------|---------|
| | | | |
| | | | |
| | | | |

APPROVALS BY QCHP-RD

| Name | Date | Organization/Position | Version |
|------|------|-----------------------|---------|
| | | | |
| | | | |
| | | | |



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1. Introduction

Healthcare practitioners may have to be absent from practice for extended periods of time during the course of their career in Qatar. There can be many reasons for this, from maternity leave to illness or otherwise. The length of leave of absence from the practice of healthcare might affect the healthcare practitioners' ability to participate in Continuing Professional Development (CPD) and comply with the requirements of the National Continuing Medical Education / Continuing Professional Development (CME/CPD) program.

2. Policy Statement

- 2.1.** All healthcare practitioners in the state of Qatar are required to participate in the National CME/CPD program and comply with the CPD credit requirements of their CPD cycle. For each healthcare practitioner, the start of each 2-year CPD cycle is aligned with their established date of registration/licensure.

When healthcare practitioners are absent from full-time or part-time practice, their CPD cycle credit requirements can be modified, if their leave of absence fulfills the eligibility criteria.

Leaves of absence eligible to modify CPD credit requirements must be:

- 2.1.1. For reasons other than annual or casual leaves.
 - 2.1.2. Approved by the concerned authority (employer) of the practitioner.
 - 2.1.3. For, at least, 30 (thirty) consecutive days within the license renewal period. The duration shall be calculated from the day the leave started until the date of return to practice or expiry/renewal of licensure (end of CPD cycle), whichever sooner.
- 2.2.** Only eligible leaves that are filed correctly, online, shall be approved by the Qatar Council for Healthcare Practitioners (QCHP) - Registration Department (RD) and forwarded to QCHP-Accreditation Department (AD).
- 2.3.** QCHP-AD shall modify the CPD credits requirements of Healthcare practitioners on eligible leaves according to QCHP-AD's CPD Leave Policy so that CPD cycle end date will remain the same whereas the annual or cycle specific expectations, related to CPD cycle requirements, will be adjusted.

3. Definitions

- 3.1. CME/CPD Program** is an educational initiative designed by the QCHP-AD to support, enhance and promote the lifelong learning of healthcare practitioners.
- 3.2. CPD Cycle** is the time period established to complete the minimal expectations established by the QCHP-AD.



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3.3. Leave of Absence is the period of time when a healthcare practitioner cannot participate in their full-time or part-time professional practice. Leaves under the scope of this policy include, but are not limited to:

- 3.3.1.1. Maternity or paternity Leave.
- 3.3.1.2. Sick Leave.
- 3.3.1.3. Unpaid Leave.
- 3.3.1.4. Other Leaves e.g. study leave.

4. Abbreviations

CME: Continuing Medical Education.

CPD: Continuing Professional Development

HCPs: Healthcare practitioners.

QCHP: Qatar Council for Healthcare Practitioners.

QCHP-AD: Qatar Council for Healthcare Practitioners Accreditation Department.

QCHP-RD: Qatar Council for Healthcare Practitioners Registration Department.

5. Scope

This policy applies to all licensed healthcare practitioners in the State of Qatar.

6. Roles/ Responsibilities of Auditors

- 6.1.** Healthcare practitioner is responsible to complete an online leave of absence request/ application and submit the form to their employer.
- 6.2.** Healthcare practitioners are responsible to have documentation from their employer (where applicable) detailing the reason for and duration of their absence of practice.
- 6.3.** The employer is required to review and approve the leave of absence request/ application before submitting it to QCHP-RD.
- 6.4.** QCHP-RD will review and approve the leave of absence request/ application; and notify the QCHP-AD of the approved leaves of absence request/ application.
- 6.5.** QCHP-AD will be responsible to adjust the CPD cycle requirements within the CPD portfolio based on the duration of absence from practice as stipulated by the documentation provided from the healthcare practitioner's physician or employer.



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7. Procedures/Guidelines

- 7.1.** Healthcare practitioner submits an online leave of absence request/ application to request an adjustment to their CPD cycle requirements based on the duration of leave of absence. The online form must be reviewed and approved by the employer prior to forwarding to QCHP-RD.
- 7.1.1. The request shall be submitted by the healthcare practitioner or his/her employer after returning from leave or at the date of expiry/renewal of licensure, whichever sooner.
- 7.1.2. If a leave of absence falls between two CDP cycles, the 1st part of the leave (prior to date of license expiry/renewal) shall be reported (submitted) as leave of absence (if eligible i.e. for 30 consecutive days or more) at or immediately before expiry/renewal of licensure (end of CPD cycle). The 2nd part of the leave (following the date of license expiry/renewal), if eligible (for 30 consecutive days or more) shall be reported (submitted) after returning from leave.
- 7.1.3. Request must include the date of when the healthcare practitioner leave of absence started and the date when he/she returned or is planning to return to work (QCHP-RD must be informed by the actual date of return to practice or professional duties, once it occurs).
- 7.1.4. There is no limit on the number of requests that can be submitted during an established 2-year CPD cycle.
- 7.1.5. As per the scope of this policy, no retrospective leave of absence submissions will be accepted after the licensure expiry date (end of CPD cycle). However, healthcare practitioners may submit to QCHP-AD a request to review non-compliance with CPD program requirements within 30 days of CPD cycle closure (Refer to QCHP-AD's CPD Cycle Appeals Process Policy).
- 7.2.** QCHP-RD reviews and processes the submitted leave of absence request.
- 7.2.1. QCHP-RD evaluates leave of absence eligibility (as per items 2.1 and 7.1 of this policy).
- 7.2.2. QCHP-RD approves and records the duration of eligible leaves absence in the registration database.
- 7.2.3. The leave of absence recorded in the registration database will be automatically notified to QCHP-AD.
- 7.3.** Healthcare practitioner's CPD cycle requirements will be adjusted in the CPD e-portfolio (as per QCHP-AD's CPD Leave policy). QCHP-AD informs the healthcare practitioner of the approved changes to CPD cycle requirements.



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8. Flowcharts

8.1. Registration Leave Policy – Appendix 1

9. References and Sources for Further Reading

N/A

10. Related Policies

- 10.1.** QCHP-AD CPD Cycle Policy (*MOPH/QCHP/AD/CPD/002*)
- 10.2.** QCHP-AD CPD Exemption Policy (*MOPH/QCHP/AD/CPD/003*)
- 10.3.** QCHP-AD CPD Recording Policy (*MOPH/QCHP/AD/CPD/005*)
- 10.4.** QCHP-AD CPD Portfolio Audit Policy (*MOPH/QCHP/AD/CPD/006*)
- 10.5.** QCHP-AD Cycle Appeals Process (*MOPH/QCHP/AD/CPD/007*)
- 10.6.** QCHP-AD CPD Leave Policy (*MOPH/QCHP/AD/CPD/004*)
- 10.7.** *QCHP-RD License Renewal Policy*

11. Governing Law or Regulations

- 11.1.** Amiri Decree No. 7 for the Year 2013 and its amendment.

12. Attachments/Appendices

- 12.1.** Flowchart: Registration Leave Policy



Attachment 1: Registration Leave Policy

