



**QCHP**  
المجلس القطري للتخصصات الصحية  
Qatar Council for Healthcare Practitioners



**Circular No. (13/2017)**

<b>From</b>	Qatar Council for Healthcare Practitioners (QCHP)
<b>To</b>	<ul style="list-style-type: none"><li>All Physicians in the State of Qatar</li><li>All Healthcare Facilities Focal Points in the State of Qatar</li></ul>
<b>Subject</b>	Update on the “Break from Practice” Policy
<b>Date</b>	18 July 2017

“Qatar Council for Healthcare Practitioners presents to you its compliments”.

As part of QCHP efforts to develop the healthcare sector in state of Qatar and updating all QCHP’s approved polices to match with the latest regional and international standards, the Registration Department has updated the break from practice policy and presented it to the Permanent Licensing Committee (PLC) during its ninth meeting held on 17/5/2017, which had been decided to adopt and commence work according to the new policy with immediate effect (Attachment).

Notes:

- This policy cancels the previous “Break from Practice” policy.
- Policy effective from the date of permanent licensing committee’s decision.

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**Thank you for your cooperation,**

**Registration Team/ Qatar Council for Healthcare Practitioners**



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<b>Policy Name: Break from practice policy</b>
<b>Policy Code:</b>
<b>Version Number:</b>
<b>Developed by: Registration Department - QCHP</b>
<b>Reviewed by/Date:</b>
<b>Approved by/ Date:</b>
<b>Date Effective:</b>
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<b>Validity:</b>

## DOCUMENT CONTROL

## REVISION HISTORY

Name	Date	Changes	Version

## REVIEWS BY REGISTRATION DEPARTMENT - QCHP

Name	Date	Organization/Position	Version



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## 1. Introduction

As part of the council's mandate, QCHP is continuing to develop and/or amend policies to address concerns that will pose threat or risk to patient's safety. One of the issues that the council considered it to have an effect in the delivery of quality care is break from practice of health care practitioners. There are evidences that non practice of one's profession does impact on the person's skills, performance and competence that may affect licensing / maintenance of license processes

Break in practice policy aims to:

- Provide terms and conditions that will serve as guide for health practitioners with discontinued practice for some period of time.
- Define the length of discontinued practice which will constitute break from practice.
- Define the period of supervised practice that will be required **for** those practitioners with break in practice..
- Uphold the council's responsibility to ensure that public receives health care services from qualified/competent practitioners at all times.

## 2. Policy Statement

- All healthcare practitioners who have break from practice should undergo a specified period of supervised practice based on the duration of break prior to granting the license /renewal of license.
- QCHP/Registration team should abide with the break in practice policy

## 3. Definitions

**Clinical practice-** refers to activities undertaken by a health practitioner and uses his skills and knowledge in providing direct /indirect care to patients.

**Non-clinical practice-** refers to activities undertaken by a health practitioner that does not directly relate to the provision of patients care. However, there are also non-clinical activities which require professional knowledge within the roles and responsibilities of the healthcare practitioner that have an impact on the safe and effective delivery of healthcare services. These includes health care professionals working in administration and management, research, quality healthcare roles, education, regulatory and policy development among others.

**Break in practice-** is the period of time during which a health practitioner has not been working in their scope of practice or not in active clinical practice.

**Supervised practice/ Clinical attachment-** is a process whereby a health care organization/supervisor will accept to supervise the health care practitioner with break in practice in order to improve the practitioner's knowledge and competencies and provide opportunities for professional development.



**Recency of nursing practice** means that a nurse or midwife has maintained an adequate connection with and recent practice in the profession/s since qualifying for, or obtaining registration.

#### 4. Abbreviations

N/A

#### 5. Scope

This policy is applicable to:

- Applicants who have break from clinical practice.
- Practitioners who previously held license in Qatar and planning to renew the license after a period of break from clinical practice.
- Practitioners who have been removed from the registry and planning to be restored after a period of break from clinical practice.

#### 6. Procedures/Guidelines

##### 6.1. Length of break

**Table 1. Pharmacist, AHP, Nurse/Midwife, and Complimentary medicine.**

Break from practice for less than 2 years	No additional requirements are needed*.
Break from practice for 2- less than 4 years	4 months supervised practice/ Clinical Attachment (full time)
Break from practice for 4-less than 7 years	6 months supervised practice/ Clinical Attachment (full-time)
Break for more than 7 -10 years	1 year supervised practice/ Clinical Attachment
More than 10 years	Not eligible to be registered

**Table 2. Physician and Dentist**



Break from practice for less than 2 years	No additional requirements are needed*.
Break from practice for 2- less than 5 years	6 months supervised practice/ Clinical Attachment (full time)
Break from practice for 5-10 years	1 year supervised practice/ Clinical Attachment
More than 10 years	Not eligible to be registered/licensed

## 6.2. Break from practice according to profession

**6.2.1. Physician /dentists.** Break from practice is constituted if the physician is not in active clinical role which involves activities such as patient examination, provision of patient care, patient treatment, and delegation of medical activities to other health care practitioners, prescription of medications.

Note:

- Specialist physicians/ dentists - in certain specialties as public health, community medicine, preventive medicine and public health dentistry – are not involved in active clinical roles as the above mentioned in section 6.2.1. Their clinical roles involve activities such as community assessment, health awareness and strategic direction for population health programs.
- Specialist who has approved surgical privileges with break from practice should be considered for re-evaluation of his/ her surgical privileges after completion of the required supervised practice.

**6.2.2. Pharmacist.** Break from practice is constituted if the Pharmacist is not practicing the profession.

**6.2.3. Complimentary medicine.** Break from practice is constituted if the health practitioner is not in active clinical practice.

**6.2.4. Allied Health Practitioner.** Break from practice is constituted if the health practitioner is not in active clinical practice.

**6.2.5. Nurse/ Midwife.** Break from practice is constituted if the nurse is not practicing the profession with all the practice domains identified in the national nursing regulatory standards approved by the QCHP.

**6.2.5.1. Nurse/Midwife.** Practice is defined as working in some capacity by virtue of licensure as RN or RM. It can include administrative, supervisory, teaching, research or managerial roles as well as providing direct patient care. Hence, break in practice is not constituted if the nurse/midwife is working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on the safe, effective delivery of services in the profession.



**6.3. Supervision.** Health practitioners who have break from practice will be required to undergo a supervised practice/clinical attachment on a full-time basis. (Refer to table 1 and 2).

**6.3.1. Direct supervision-** the supervising practitioner is physically present with the practitioner and the patient.

**6.3.2. Indirect supervision-** the supervising practitioner is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision.

**6.3.3. Oversight supervision-** the supervising practitioner is available to provide review of procedures/ encounter with feedback provided after the care is delivered.

*For more information, please refer to the notes (7).*

#### **6.4. Eligibility of Supervisors.**

**6.4.1. Physician/Dentist.** The supervisor should be a specialist in the same related field/speciality in a ratio of 1:2.

#### **6.4.2. Nurse/midwife.**

**6.4.2.1. Nurse practitioner.** If the nurse is returning to practice as nurse practitioner, the supervisor should be a nurse practitioner.

**6.4.2.2. Nurse specialist.** If the nurse is returning to practice as nurse specialist, the supervisor can be a nurse specialist or nurse practitioner in the same or related speciality / sub speciality.

**6.4.2.3. Registered General nurse.** If the nurse is returning to practice as RGN, the supervisor can be a nurse practitioner, nurse specialist or registered general Nurse.

**6.4.3. AHP.** The supervisor should be a technologist/ therapist in the same related field/discipline.

**6.4.4. Pharmacist.** The supervisor should be a pharmacist.

**6.4.5. Complimentary Medicine.** The supervisor should be licensed in the same related field/discipline.

#### **6.5.5. Requirements before the commencement of the supervised practice/ Clinical attachment.**

- a. Qatar ID
- b. Approval letter from the Registration department (supervised practice letter)
- c. copy of valid license of the supervisor
- d. copy of valid medical test
- e. No objection letter from the employer that the practitioner will have a supervised practice in their facility.



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## 7. Notes

- Supervised practice should be commenced after the practitioner received approval from the Registration department. (if the supervised practice will take place in the state of Qatar)
- For physician, the supervised practice should be on an accredited educational hospital.
- Dentists, pharmacists, nurses and Allied Health Practitioners can be supervised in a licensed health Facility of the government and private sector.
- The applicant/practitioner must have QID as Family residency or sponsored by the place of work where he/she will have the supervised practice. On the other hand, secondment document from the Qatari Ministry of Interior will be accepted.
- The table 1 and 2 describes minimum additional registration requirements. In some cases, applicants –depending on their individual circumstances – may be required to undertake additional assessment to satisfy the registration department of their eligibility for registration.
- Healthcare practitioners who graduated of medical or other health sciences schools and have never practiced after graduation shall not be eligible for evaluation/ licensing.

## 8. Charts

For process map, please refer to the guidelines in each scope of practice.

## 9. References

- Circular 23/2016, QCHP registration department, [www.qchp.org.qa](http://www.qchp.org.qa)
- Nursing and midwifery board of Australia, <http://www.nursingmidwiferyboard.gov.au/>
- Federation of State Medical Boards, <https://www.fsmb.org/>
- Royal college of Ophthalmologists, <https://www.rcophth.ac.uk/>

## 10. Related Policies

- Break from practice policy, PLC Minute 24 September 2008, paragraph 3
- Circular 23/2016, QCHP registration department

## 11. Attachments

N/A