



Circular No. (15/2021)

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| From | Department of Healthcare Professions - Ministry of Public Health |
| To | <ul style="list-style-type: none">• All Healthcare Practitioners in the State of Qatar (Governmental and Private sector)• All Healthcare Facilities Focal Points (Governmental and private sector) |
| Subject | Issuance of a Registration Card for Healthcare professionals holding a non-clinical role |
| Date | 29 December 2021 |

“The Department of Healthcare Professions (DHP) presents to you its compliments”

In the Department of Healthcare Professions’ (DHP) pursuit to recognize the role of healthcare professionals who are not clinically practice however, their roles are indirectly affecting the patient safety and society welfare, and for the sake of establishing a framework that acknowledges their qualifications, in addition to protecting their medical titles legally wherever they work and even after retirement; the DHP has developed the attached policy, which emphasizes the following:

- Healthcare professionals, holding a non-clinical role can request for a registration card issued by the DHP, this is applicable for those who work in research, teaching, administrative positions, and retired practitioners (for Qataris only). Please, see the attached policy to find out all the requirements and conditions.
- Healthcare practitioners from the above-mentioned categories (once they meet the required requirements) will obtain a registration card stating their profession and scope of practice (academic, research, or administrative), and stating that they are not authorized to practice clinically and have directly patients encounter.
- Healthcare professionals are considered in a break in practice during the tenure of such type of registration. Accordingly, if they plan to get license to practice, they will be subject to the DHP “Break in Practice” policy.
- In the event that a healthcare practitioner stops practicing clinically and wishes to obtain the registration card due to the shift to a non-clinical position, he/she can apply to (Change the Type of License) on the Registration & Licensing Electronic System, and then obtain the registration card.
- In the event that a healthcare practitioner retires (for Qataris only), he/she can send an email to DHPhelpdesk@moph.gov.qa after his employer submit a “removal from registry” request through the Registration & Licensing Electronic System and then obtain the registration card, which only authorizes him/her to provide general consultations relevant to his/her specialty.

Please note that this new process will be effective in the second quarter of the year 2022

Please check the attached policy to find all the details and the required documents to obtain a healthcare practitioner registration card.

For more information, please contact: dhpregistration@moph.gov.qa

Thank you for your cooperation
Department of Healthcare Professions
Ministry of Public Health



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| Policy Name: Non-clinical registration |
| Policy Code: |
| Version Number: 1 |
| 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 |
|------|------|---------|---------|
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REVIEWS BY REGISTRATION DEPARTMENT - DHP

| Name | Date | Organization/Position | Version |
|------|------|-----------------------|---------|
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1. Introduction

The Department of Healthcare Professions strives to provide high standards to maintain accuracy and ultimate satisfaction from the services provided for healthcare practitioners in the State of Qatar. In the Registration section's pursuit to unify and sustain the level of quality in the healthcare system and to regulate the healthcare profession in the country this policy has been prepared to guide all registration team, healthcare facilities and healthcare practitioners in the State of Qatar regarding the non-clinical registration process and requirements.

2. Policy Statement

- DHP will grant non-clinical registration card to healthcare professionals who are working in a field where they are using their clinical skills and medical knowledge but no direct care to patient is provided.
- Registered professionals will hold a registration card as per their profession as following:
 - NCR-Physician
 - NCR-Dentist
 - NCR-AHP
 - NCR-Nurse
 - NCR-Pharmacist

3. Definitions

- 3.1. Registered professional:** a healthcare professional who is granted an NCR by DHP. "he/she does not give direct patient care but using his/her clinical skills and medical knowledge is part of their scope of work"
- 3.2. NCR-Card:** a registration card that can be granted by DHP to healthcare professionals, stating their area of practice as following:
 - 3.2.1. Administrative**
 - 3.2.2. Academic**
 - 3.2.3. Research**
 - 3.2.4. Retired** (scope of practice will remain as shown in the clinical license to practice)
- 3.3. Retired (Qatari Healthcare practitioners):** a healthcare practitioner who has left his or her job and stopped practicing.
- 3.4. Administrative:** Professionals working in the administrative roles are responsible for management, regulatory, policy, quality, and other roles that has a direct or indirect impact on healthcare system.
- 3.5. Academic:** Academic professionals are those who use their knowledge, expertise, and skills in teaching field at an educational institute. They have a non-clinical contribution to the healthcare system.
- 3.6. Research:** Researchers are responsible for conducting clinical, epidemiological, and other health related research to reform and improve healthcare system.

4. Abbreviations

- DHP:** Department of healthcare professions
NCR-Card: Non-clinical Registration card
CPD: Continuing Professional Development
COGS: Certificate of Good standing
NOC: No Objection Certificate



5. Scope

- This policy will be applicable for Qatari retired healthcare practitioners and healthcare professionals who are working in administrative, academic and research field if they work in the health sector or related fields that has a direct or indirect effect on the healthcare system.

Guidelines/procedures

- Any healthcare professionals who are working in the administrative, academic and research field or who are retiring (for Qatari citizens only), can be granted a NCR certificate whenever they fulfil the requirements
- NCR for healthcare professionals who are working in administrative, academic and research field will allow them to register as a healthcare practitioner but doesn't allow them to give direct care to patients, provide any medical opinion nor prescribe treatment.
- NCR for Retired Qatari healthcare practitioners will allow them to remain in the register as a healthcare practitioner with the same previously granted scope of practice and they can give general consultations within their scope of practice.
- Non-clinical registration is not mandatory
- CPD points are not required to maintain the registration
- Renewal is Not required
- Registration certificate can be issued by DHP when required
- Healthcare professional who are working in the academic, research, administrative field can apply for NCR through healthcare institute/ or related, each by his/her profession attaching the following documents:
 - Copy of passport.
 - Copy of Qatar ID.
 - Updated C.V.
 - Academic certificates
 - Certificate of police clearance
 - Letter of Intent (LOI) or employment letter from the employer.
 - Verification report for the Academic qualification
- Licensed Qatari healthcare practitioners who are retiring can send an email to the DHP helpdesk at DHPhelpdesk@moph.gov.qa to ask for change their license type to NCR and should attach Letter of retirement from their place of work.
- Licensed healthcare practitioners who are shifting to non-clinical role and apply for change of their license type to NCR through registration electronic system attaching the following documents:
 - New employment letter clarifying their new area of practice.
 - NOC from the employer to change their clinical license to practice into NCR.
 - Break from practice policy will be applied for any Registered Professional willing to resume his/her clinical license to practice.

6. References

7. Related Policies/Circulars/Guidelines

Break from practice policy

8. Attachments

- 1- Non-clinical scope of practice for Administrative, academic and research categories



Attachment 1

Non-Clinical Scopes of Practice

Administrative, Academic and research

Aim

The purpose of this document is to define the scope of practice standards set by the Department of Healthcare Professions (DHP) about the registration categories available for qualified Healthcare Professionals who do not undertake clinical practice, i.e., have no direct contact with patients or impact on patient health, but work in non-clinical services such as management, teaching or research.

1. Introduction

Professionals in non-clinical healthcare services have no direct patient contact, i.e., they do not provide direct diagnosis, treatment, or care for the patient, however, these professionals continue to utilize their specialized knowledge to support patient care and have an influence on the health of individuals or populations through the work they do. It includes using medical/healthcare knowledge in direct non-clinical relationship with clients, working in healthcare management, administration, education, research and advisory, regulatory or policy development roles, and any other roles that facilitate the safe and effective delivery of services in healthcare.

The Department of Healthcare Professions therefore offers optional professional registration, for non-practicing qualified healthcare professionals in the following three categories:

- A. Administrative
- B. Academic
- C. Research

Registration in the above categories with DHP involves appraisal and periodic renewal of registration, which certifies the professional for their specialized knowledge, competency in practice and professional development, and grants them the use of a protected title.



2. Administrative Scope of Practice

Definition: Administrative roles vary depending on the type of organization, however, responsibilities typically include managing staff within a facility or department, managing the client/patient care experience, managing health informatics including record-keeping, overseeing the financial matters of the department or organization, managing human capital including implementing policies for hiring, performance reviews and staff schedules and ensuring compliance with medical and legal regulations and internal policies.

2.1 Administrative Positions/Roles

Administrative healthcare professional roles include but is not limited to:

- Regulation (professional regulators)
- Policy formulation
- Patient safety and service quality assurance
- Professional Witness
- Pharmacovigilance
- Risk management
- Editorial Work
- Broadcasting
- Writing reports (e.g. to Health Authorities or Boards)
- Working for or on behalf of grant giving bodies
- Compliance management (with regulatory frameworks)
- Clinical guidelines development
- Medical management
- Healthcare quality management
- Budget and health related business planning
- Healthcare Clinical management/ Clinical governance
- Research Management – e.g. R&D directors
- Service development and delivery



2.2 Administrative Job Responsibilities

Job responsibilities will vary depending on the specific role, however, most of healthcare administrative roles will include collaboration within the department and with the heads of clinical departments to achieve the overall business and clinical goals of the institution. Professional duties include but is not limited to the following:

- Overseeing clinical departments and offering guidance and support
- Ensuring accreditation of facilities and staff members
- Supervising and credentialing practitioners and ensuring physicians adhere to safety and quality regulations
- Optimizing value and quality of care provided and improving care through physician education, hospital programming, or other support programs
- Implementing cost-effective healthcare
- Monitoring admission rates
- Strategizing methods to improve physician workflow and efficiency
- Fostering community health
- Leading the institution in adopting new innovative healthcare models or technologies
- Developing a system of continuous development and progress
- Strengthening data and information collection to better understand patient care and improve quality
- Liaising between practitioners and administration
- Managing the balance between business and clinical priorities
- Serving on hospital committees
- Facilitating documentation of hospital charges in coordination with practitioners to reduce insurance denials and mitigate risk

2.3 Administrative Work Settings:

- Hospital or other healthcare system
- Governmental organizations for healthcare

2.4 Administrative Professional Competences

2.4.1 Skills Required to work in administration include:

- Knowledge of healthcare and proficiency in administration
- Excellent communication skills including writing and presentation skills
- Conflict management and problem-solving skills



2.4.2 Administrators must do what is in the best interest of the institution and the patients and implement policies that address problems the hospital system may be facing. They need to be receptive to feedback from clinical departments and work to develop solutions that balance patient care and financial revenue.

2.4.3 They also need to participate in national and international conferences to both network with other healthcare administrators and to learn about new technologies or methods that may be successfully implemented in the health system they manage.

3. Academic Scope of Practice

Definition: Academic professionals are those who non-clinically contribute to public health through imparting their knowledge and expertise in healthcare to others. They undertake the planning and delivery of teaching, skills' development and professional development for individuals within their area of proficiency. The academic scope also involves active research in order to facilitate progress in the study and practice of medicine and the imparting of current best healthcare practices through teaching, writings and presentations.

3.1 Academic Positions/Roles

The various roles comprising the academic category include:

- Medical school faculty
- College Professors or Undergraduate & Postgraduate Lecturers (local/regional/national/international)
- Community health educators
- Corporate health & wellness educators
- Specialty course providers (e.g. medical research methods)
- Curriculum developers
- Examiners (Undergraduate & postgraduate examinations)
- Academic administrators (e.g., organizing exams, developing question banks, etc.)
- Educational and clinical supervisors
- Compliance officers (ensuring compliance with educational training standards)
- Strategic input leads (national education strategy including program boards)
- Mentors/Counsellors



3.2 Academic Job Responsibilities:

Job responsibilities will vary depending on the specific role which includes but is not limited to the following:

- Lecturing on basic science, public health, or clinical skills for students
- Serving as faculty in biological sciences, public health, or other medical subjects
- Reviewing and grading papers, assignments, or exams
- Preparing and updating curriculum
- Delivering health presentations and counseling individuals on health management topics, healthy living, and disease states; guiding public to lead healthy lives
- Performing academic research, writing abstracts, presenting findings and applying for grants
- Attending departmental meetings for service development
- Admin work such as scheduling and coordinating resources
- Evaluating prevalent educational practices and student and tutor quality against international and expected standards in education and healthcare delivery

3.3 Academic Work Settings

- Medical schools and colleges
- Hospitals
- Community settings
- Corporate facilities

3.4 Academic Professional Competences

3.4.1 Educators have a key role in preparing and supporting the new clinical workforce and helping them achieve a successful practice. Required skills to work in academia include:

- Passion for helping students understand concepts and gain knowledge
- Extensive knowledge of the topics being taught
- Efficiency in lecturing and interacting with students
- Systematic approach to target student interest in academia and research at all levels
- Introducing creative ideas for engaging students in learning and research
- Proficiency in research, analysis and critical thinking
- Ability to explain complex medical topics appropriately to the learner



- 3.4.2** Academic professionals should review and maintain their knowledge and undertake other relevant professional safeguards, ethical standards and regulations. They should combine teaching with research in order to stay at the forefront of clinical knowledge.
- 3.4.3** They should undertake continuing professional development in the relevant specialist medical field and also develop educational skills and practice, actively seeking opportunities to develop professional skills.
- 3.4.4** They should use observation, feedback, latest pedagogical knowledge and research as sources for active self-reflection, evaluation and revision of their practice and take leadership to improve learning.
- 3.4.5** They should participate in and contribute to promoting the public understanding of health issues through teaching and research.

4. Research Scope of Practice

Definition: A research professional is one who works to improve healthcare through combination of clinical research and societal interventions focusing on epidemiology, health technology or public health. Healthcare research contributes to further scientific validations of clinical practice or its underlying knowledge base and thus provide best evidence for healthcare practices.

4.1 Research Positions/Roles

Professionals active in research may work as research associate, research coordinator, research fellow, research specialist, director of R&D etc. Research work can generally be categorized into three distinct domains; research for practice: where research is conducted to inform clinical practice; research through practice: where research is conducted in collaboration with clinical practitioners; research in bio-medical science: research in collaboration with a university-based research team. Research roles may be in one of the following undertakings:

- Public health survey
- Clinical trials
- Pilot studies
- Observational studies and retrospective analyses
- Laboratory Research, including animal research
- Systematic reviews of literature
- Writing and reviewing journal articles
- Writing and reviewing research grants
- Ethics Committee
- Research Steering Committee



4.2 Research Responsibilities

The range of research work and responsibilities will vary depending on the project topic and professional role, which includes but is not limited to the following:

- Basic research to evaluate genetic, anatomical, physiological, and environmental factors that impact disease, treatment, and recovery, and the ability of treatment to modify these factors.
- Clinical research to develop and evaluate effective treatment methods, including timing, frequency, intensity, and dosage of optimal treatments and methods for predicting injury and recovery.
- Educational research to determine the best methods of training clinicians and specialists for entry-level and advanced practice, life-long learning, and evidence-based practice.
- Epidemiological research to determine the incidence of health conditions treated by physical therapists.
- Health services research to evaluate the impact of treatment on health care costs and to determine the cost effectiveness of interventions.
- Workforce research to identify issues, best practices, and need for changes in scope-of-practice.
- Measurement development and validation research to determine best measures for treatment effectiveness.

4.3 Researcher Competences and Responsibilities

Research Professionals should follow appropriate national [and international] research governance guidelines and appraise their research work against the following standards and qualities:

- 4.3.1 Translational:** Healthcare professionals must be aware that communicating clinical research findings to be incorporated into healthcare is important to enhance safe, effective, and patient-centered clinical practice.
- 4.3.2 Improved Quality of Life for patients:** Clinical research on the quality of life of patients and public can range from data-based case studies and single-subject designs to data derived from carefully selected experimental and control groups with many randomly assigned participants. The data can be both qualitative and quantitative national statistics to inform policies and regulations.
- 4.3.3 Effective clinical outcomes:** Outcomes research aims to monitor and improve the quality of healthcare that people receive. Data should be gathered to assess the impact of healthcare practices and interventions, including improvement in one's ability to function independently, general well-being and quality of life. These data assist in identifying and addressing barriers to optimal healthcare and are essential for both patients and professionals to understand the benefits and risks of treatments in making informed decisions. Data from outcomes research also facilitate the implementation of effective policies and standards.
- 4.3.4 Comparative effectiveness:** Comparative effectiveness research (CER) has been defined as: "the generation and synthesis of evidence that compares the benefits and harms of alternative methods to prevent, diagnose,



treat, and monitor a clinical condition or to improve the delivery of care. The purpose of CER is to assist consumers, clinicians, purchasers, and policy makers to make informed decisions that will improve health care at both the individual and population levels.” Research professionals need to be effectively involved CER in order to facilitate improvement in clinical practice, particularly when there are several accepted approaches to prevent, diagnose, treat, or monitor a given condition, and to develop practice guidelines.

- 4.3.5 IRB Review and Approval:** All systematic investigation including research development, testing and evaluation designed to develop or contribute to generalizable medical knowledge, scholarly and journalistic activities, public health surveillance activities, collection and analysis of information, bio-specimens or records require IRB review and approval for research involving human subjects.
- 4.3.6 Informed Consent Process:** Researchers should obtain informed consent with a concise and focused presentation of the key information that is most likely to assist a subject in understanding the research, what is expected of them, and the potential risks of harm and benefits. Regulations require that this information be understandable to the subject and presented in a way that facilitates comprehension (Protection of Human Subjects, 2017).
- 4.3.7 Records-Based Research:** Professionals who conduct records-based research should understand the risks associated with inappropriate access and unauthorized disclosure of information derived from such research and have procedures in place to protect the confidentiality of the information collected and of the records in use.
- 4.3.8 Genetics Research:** Researchers must be aware of additional risks of harm that sensitive genetic information may pose if there are breaches of the subject's privacy or confidentiality. Researchers must take steps (for example, by unlinking specimens) to protect subject's privacy and confidentiality and try their best to disclose all potential risks of harm to subjects during the consent process.
- 4.3.9 ICH guideline for Good Clinical Practice:** The two important goals of ICH to be upheld by all healthcare researchers are to assure that the rights, well-being, and confidentiality of trial subjects are protected and that the research data are credible. Utmost integrity must also be kept in all reporting and publishing.



References

1. Selker L. G. (1994). Clinical research in allied health. *Journal of allied health*, 23(4), 201–228.
2. Stute, M., Hurwood, A., Hulcombe, J., & Kuipers, P. (2013). Defining the role and scope of practice of allied health assistants within Queensland public health services. *Australian health review: a publication of the Australian Hospital Association*, 37(5), 602–606. <https://doi.org/10.1071/AH13042>.
3. Stenfors-Hayes, T., Hult, H., & Dahlgren, L. O. (2011). What does it mean to be a good teacher and clinical supervisor in medical education? *Advances in Health Sciences Education*, 16(2), 197–210. <https://doi.org/10.1007/s10459-010-9255-2>
4. Norman, G. (2005). Research in clinical reasoning: past history and current trends. *Medical Education*, 39(4), 418–427. <https://doi.org/10.1111/j.1365-2929.2005.02127>.
5. Ratelle, J. T., Sawatsky, A. P., & Beckman, T. J. (2019). Quantitative Research Methods in Medical Education. In *Anesthesiology* (Vol. 131, Issue 1, pp. 23–35). Lippincott Williams and Wilkins. <https://doi.org/10.1097/ALN.0000000000002727>
6. Girot (Rosser), E. (2013). Shaping clinical academic careers for nurses and allied health professionals: the role of the educator. *Journal of Research in Nursing*, 18(1), 51–64. <https://doi.org/10.1177/17449871111399394>
7. Asokan, G. V. (2012). Evidence-based practice curriculum in allied health professions for teaching-research-practice nexus. In *Journal of Evidence-Based Medicine* (Vol. 5, Issue 4, pp. 226–231). <https://doi.org/10.1111/jebm.12000>
8. Foy, J. M., & Earls, M. F. (2005). A process for developing community consensus regarding the diagnosis and management of attention-deficit/hyperactivity disorder. *Pediatrics*, 115(1). <https://doi.org/10.1542/peds.2004-0953>
9. Differences Between Clinical and Non-Clinical Medical Jobs <https://www.verywellhealth.com/clinical-versus-non-clinical-jobs-1736349>
10. <https://www.england.nhs.uk/mids-east/wp-content/uploads/sites/7/2014/11/non-standard-clinical-work-revalidation.pdf>
11. <https://www.northeastern.edu/bachelors-completion/news/how-to-become-a-healthcare-administrator/>