



QCHP
المجلس القطري للتخصصات الصحية
Qatar Council for Healthcare Practitioners



Circular No. (19/2018)

From	Qatar Council for Healthcare Practitioners (QCHP)
To	<ul style="list-style-type: none">All healthcare practitioners working in academic institutions in the state of Qatar.All focal points of healthcare facilities that have an affiliation agreement with academic institutions in the state of Qatar (Governmental/Private)
Subject	Registration/Licensing of Healthcare Practitioners working in Academic Institutions
Date	12 August, 2018

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

In the Registration Department’s pursuit to ensure the quality of the registration/licensing process by maintaining accurate information regarding place of work, scope of practice and level of seniority of healthcare practitioners, and for the sake of legal compliance with the healthcare legislation in the state of Qatar, the registration department decided to adopt a new approach for registration/licensing as the following:

- Healthcare practitioners working in an academic institution as teachers, instructors, admins or researchers, while clinically practicing in other healthcare facilities based on an affiliation agreement between them**
 - New practitioners who will join the college/university should apply for registration/licensing through the healthcare facilities as per the affiliation agreement.
 - Practitioners currently licensed under the Academic institution, should apply for Change Place of Work to the noted healthcare facilities as per the affiliation agreement.
 - Practitioners currently licensed under the Academic institution, and they have the healthcare facilities - as per the affiliation agreement- as an additional place of work, QCHP will remove the academic institution from their license while keeping the healthcare facility in which they work as the main place of work.
 - Healthcare practitioners working in the university/college staff clinic/ first aid unit will maintain their medical licenses showing the same place of work as long



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as it has a valid facility license and the scale of service of this clinic must be relevant to the scope of practice of healthcare practitioners.

5. For healthcare practitioners not clinically practice anywhere because they are fully engaged in their teaching, admin or research roles, QCHP will announce latter different approach for registration/licensing of this category.

The above mentioned categories 1, 2 and 3 should provide the registration team with the following:

- Copy of the Clinical Affiliation Agreement between the college/university and the healthcare facility.
- No objection letter form the college/university that the healthcare practitioner employed therein can clinically practice in a healthcare facility mentioned in the affiliation agreement (Form attached)
- Declaration form from the healthcare facility mentioning the nature of work, clinical roles and capacity of the healthcare practitioners who will be licensed with QCHP in this facility based on the noted affiliation agreement (Form attached)

All healthcare practitioners from the above mentioned categories must complete all required changes in their licensing status before the end of the year 2018. QCHP calls on the healthcare facilities referred to in this circular to cooperate with healthcare practitioners and academic institutions to make the required adjustments

Attachments:

- No objection letter form
- Declaration form

For further information, contact:

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**Thank you for your cooperation,
Qatar Council for Healthcare Practitioners**

No Objection Letter (To be signed by the academic institution)

Dear QCHP,

We have no objection if Dr / Ms /Ms / Mrs..... an employee in our organization is allowed to clinically practice inasbased on the affiliation agreement between us and the mentioned healthcare facility. This No Objection Certificate is issued on particular request of the employee. The healthcare facility shall be liable regarding the clinical services introduced in its settings, and therefore we hold no further responsibility.

Signed _____

Institution _____

Dated _____

Declaration Form (To be signed by the healthcare facility)

I confirm and declare as a medical director ofthat Dr / Mr /Ms / Mrs..... who is licensed with QCHP according to the affiliation agreement between us andis working in our healthcare facility in the capacity ofstarting from....., and his/her clinical roles include the following:.....

I certify that all the above mentioned information is correct, and I am fully responsible for these details.

Signed _____

Healthcare Facility _____

Dated _____