



QCHP
المجلس القطري للتخصصات الصحية
Qatar Council for Healthcare Practitioners



Circular No. (21/2018)

From	Qatar Council for Healthcare Practitioners (QCHP)
To	<ul style="list-style-type: none">• All Licensed Physicians/Dentists in the State of Qatar (Governmental/Private)• All Focal Points of Healthcare Facilities in the State of Qatar (Governmental/Private)
Subject	Adoption of the “Institutional Privilege” Policy
Date	14 August 2018

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

In the QCHP’S pursuit to facilitate registration/licensing procedures, and to upgrade the services provided to healthcare practitioners according to the best practice regionally and globally, Registration Department has adopted a new policy which allows healthcare institutions to grant surgical/medical/dental privileges for its healthcare practitioners in accordance to the rules and conditions stated in this policy.

QCHP calls on the eligible institutions to apply for the institutional privilege before the end of the year 2018 in order to streamline the privileging process and to ensure ease of work flow in these institutions.

Kindly be advised that the Registration Department will conduct a workshop to discuss all the details regarding the new “Core & Advanced Privileges Policy” and “Institutional Privilege Policy” and its implementation. The workshop date will be announced once confirmed. To register on the work shop, please communicate with QCHPhelpdesk@moph.gov.qa

For more information about the procedures/guidelines, please refer to the attached policy, in addition to the “Core & Advanced Privileges Policy” and guidelines for dental privileges on QCHP website.

Attachment:

- Policy of “Institutional Privilege”
- Core & Advanced Privileges Policy

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**Thank you for your cooperation,
Registration Department /Qatar Council for Healthcare Practitioners**

Policy Name: Core and advanced privileges for different physician`s specialties (Draft Policy)
Policy Code:
Version Number:
Developed by: Registration Department - QCHP
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 Qatar Council for Healthcare Practitioners Registration Department. 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

REVIEWS BY REGISTRATION DEPARTMENT - QCHP

Name	Date	Organization/Position	Version

1. Introduction

The Qatar Council for Healthcare Practitioners strives to provide high standards to maintain the healthcare quality and patient safety in the State of Qatar. In the Registration Department's pursuit to unify and sustain a standardized practice in the healthcare sector of the State of Qatar, this policy has been prepared to guide all physicians in the State of Qatar regarding the General core competencies, core competencies, core privileges and advanced privileges for each speciality.

2. Definitions :

- 2.1. Scope of Practice:** The procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license. The scope of practice is limited to that which the law allows for specific education and experience, and specific demonstrated competency.
- 2.2. Core Competencies**
The basic knowledge and the fundamental set of attitudes and skills that are needed to perform in physician's role as a health care professional.
- 2.3. Core (Basic) privileges:**
The clinical activities or procedures within a specialty that any appropriately trained, actively practicing physician with good references would be competent to perform. Which are permitted by virtue of possessing a defined set of credentials.
- 2.4. Advanced privileges:**
The procedures that need special skills, experiences or courses in addition to log book to be fulfilled before permitting the specialist/Consultant physician to perform subject for QCHP approval.
- 2.5. Associate Specialist:**
A physician who has a post-graduate degree which is not from the QCHP approved specialty qualifications list and he/ she is only practicing in the same specialty of his/ her post-graduate degree.
(Or)
A physician who has a post-graduate degree which is included in the QCHP approved specialty qualifications list; however he/ she did not complete the required years of work experience as per the category of his/her post-graduate certificate.
(Or)
A physician who completed structured supervised training programs of minimum three years and is eligible to sit for the certifying exam.
- 2.6. Specialist/Consultant:**
A physician who has a post-graduate degree which is included in the QCHP approved specialty qualifications list and he/ she completed the required years of work experience as per the category of his/her post-graduate certificate. (Refer to circular number (6/2017))

3. Policy Statement



- 3.1.** All clinical privileging is undertaken from the point of view of patient safety and ensuring that Practitioners have the necessary qualifications to allow them to safely provide the services and procedures for which they will be privileged.
- 3.2.** Any physician once he/she gets his/her Temporary or permanent license, he/she can practice as per the scope within the General core competencies.
- 3.3.** Associate specialist once he/she gets his/her Temporary or permanent license; he/she can practice as per the scope within the core competencies specific to this scope (either medical or surgical as categorized below) and can apply for the core privileges.
- 3.4.** Core privileges requests for Associate specialists will be assessed through specialized expert panel.
- 3.5.** Specialist/consultant physician in different specialties once he/she gets his/her Temporary or permanent license, he/she can practice as per the scope within the core competencies and core privileges specific to this scope. (without expert panel)
- 3.6.** Specialist/consultant physicians who request to expand their privileges beyond the allowed core privileges can apply for the advanced privileges.
- 3.7.** All advanced privileges requests will be assessed through a specialized expert panel.
- 3.8.** Lists of Privileges are attached to this policy

4. Procedures/Guidelines

- 4.1.** Associate specialist once he/she gets his/her Temporary or permanent license will be allowed to perform the general core competencies in addition to the core competencies specific to his/her scope.
- 4.2.** Associate specialist can apply for independent core privileges request after fulfilling all the requirements as per the QCHP guidelines.
- 4.3.** Associate specialist can work as assistant to a surgeon who is licensed and have surgical privileges as per the QCHP policies.
- 4.4.** Specialist/consultant physician once he/she gets the Temporary or permanent license, he/she can practice as per the scope within the core competencies and core privileges specific to this scope.
- 4.5.** Specialist/consultant physician can apply for advanced privileges request after fulfilling all the requirements as per the QCHP guidelines.
- 4.6.** Submit a manual/ online Surgical/ Medical Privileges requests along with all the required documents. (The required documents are available on the surgical privileges guidelines through the QCHP official website)



- 4.7.** The applications will be referred to specialized expert panel for assessment. A letter will be issued to the practitioner numerating all the privileges granted by the panel.
- 4.8.** All documents presented in languages other than Arabic or English must be translated and attached to a copy of the original document.
- 4.9.** Any incomplete request will not be processed, and will be sent back with a note for all the missing documents.
- 4.10.** Applying for additional Surgical/ Medical Privileges will only be considered after **a period of 12 month** and only if the applicant submits new documents as new log book or courses or training that had not been submitted or evaluated through the committee before.
- 4.11.** The PLC has the right to cancel any of the competencies, core or advanced privileges if it has been confirmed the unsafe practice of the physician for any of the granted procedures.
- 4.12.** If the healthcare practitioner is not satisfied with the result of the requested privileges, **he/ she can apply for appeal** within one month, with all the required documents for Surgical/ Medical Privileges Applications, in addition to, a justification letter and Copy of the result issued by the registration department /QCHP for the pervious privilege/s request.
- 4.13.** The original attested or verified -by dataflow company- surgical log book must be submitted to the registration department prior to the issuance of the final letter numerating all the privileges approved by the expert panel.
- 4.14.** All core and advanced privileges requirements are applicable on visiting physicians.
- 4.15.** Core/ Advanced Privileges applications can be submitted after completion of the evaluation requests during the licensing stage, however, the final letter numerating all the privileges approved by the panel will be only issued after getting the permanent license.



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4.16. It is prohibited to communicate directly with the expert panel for follow up purposes of advanced/ core privileges requests.

4.17. Anyone who violates the above mentioned, will be held accountable and be subject to disciplinary actions, such as rejection of the respective request with an official warning sent to the concerned facility "refer to circular 2/2014".

4.18. Follow-up on the request through the focal point (After a minimum period of 30 working days).

5. Notes

5.1. All the online privileges forms will be modified as per the new Core/Advanced policy.

5.2. Consultant/ specialist (Diagnostic Radiology) - once he/she gets his/her permanent/ provisional licenses – can perform all the procedures related to diagnostic radiology as X-ray, ultrasound, MRI, CT, Etc. In case he/she is willing to perform interventional radiology procedures, he/she can submit manual/online surgical privileges application along with all the required documents. (Available on the surgical privileges guidelines through the QCHP official website)

5.3. Consultant/ specialist (Anesthesiology) - once he/she gets his/her permanent/ provisional licenses – can perform all types of anesthesia (local, regional, spinal, epidural and general anesthesia). In case he/she is willing to perform pain management procedures, he/she can submit manual/online surgical/ medical privileges application along with all the required documents. (Available on the surgical privileges guidelines through the QCHP official website).

5.4. Regarding the validity of the Surgical Privileges, the FTP department is currently developing the revalidation policy for healthcare practitioners that will ensure that any healthcare practitioner holding surgical privileges is competent and safe to practice.

6. Charts

N/A



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7. References

<https://stanfordhealthcare.org/health-care-professionals/medical-staff/credentialing-and-privileging/shc-privileging-references.html>
<https://knowledgeplus.nejm.org/blog/acgme-core-competencies-professionalism/USA>
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[Guide to Medical Staff Credentialing, Clinical Privileging & Appointment](#)
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8. Related Policies

Expert Panel Guidelines

9. Attachments

N/A



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List of privileges as per Category:

General core competencies for all physicians are as follows:-

- ✓ Admitting privileges.
- ✓ Admission history & physical examination.
- ✓ Ordering & Interpretation of laboratory tests and ECG.
- ✓ Ordering medications and discharge prescription.
- ✓ Ordering Radiological and Imaging Investigations.
- ✓ Interpretation of X rays
- ✓ Cannulation of Peripheral vein for blood sampling & IV medication.
- ✓ Nasogastric tube insertion.
- ✓ Prescribing oxygen therapy.
- ✓ Insertion of urinary catheter.

Core competencies will be categorized to surgical or medical as per the scope of practice; as follows:-

a) For **Medical** scopes of practice:-

- ✓ Abdominal tapping.
- ✓ Arterial puncture for blood sampling.
- ✓ Central venous line placement
- ✓ Arterial line placement
- ✓ Providing Medical acute care management
- ✓ Basic and advanced life support.
- ✓ Needle Thoracocentesis.
- ✓ Management of non-traumatic pneumothorax (closed).
- ✓ Anterior nasal packing.
- ✓ Oropharyngeal airway insertion.

b) For **Surgical** scopes of practice:-

- ✓ Abdominal tapping.
- ✓ Arterial puncture for blood sampling.
- ✓ Central venous line placement
- ✓ Arterial line placement
- ✓ Providing Surgical acute care management
- ✓ Basic and advanced life support.
- ✓ Local anesthetic techniques.

- ✓ Repairing simple lacerations.
- ✓ Simple incision and drainage.
- ✓ Orthopedic and fracture splintage.
- ✓ Spinal Protection.
- ✓ Needle Thoracocentesis.
- ✓ Management of non-traumatic pneumothorax (closed).
- ✓ Anterior nasal packing.
- ✓ Remove non-penetrating foreign body from the eye, nose, or ear.
- ✓ Manage uncomplicated minor closed fractures and uncomplicated dislocations.
- ✓ Wound dressing.
- ✓ Ear Washout.

Core Privileges in “Cardiology” will be as following:-

Core privileges in Cardiology	
1. In-house consultation	5. Treadmill Exercise stress testing
2. Interpretation and reporting of EKG/Holter to include rhythm disorders	6. Perform/Interpret transthoracic echocardiogram with Doppler
3. Interpretation of X-rays	7. Elective cardioversion
4. Emergency needle Tracheostomy	8. Exercise stress echocardiography

Core Privileges in “Vascular Surgery” will be as following:-

Core privileges in Vascular Surgery	
1. Amputations, upper extremity	11. Vein ligation and stripping
2. Amputations, lower extremity	12. Imaging:
3. Brachial, femoral embolectomy or thrombectomy	a. Duplex ultrasonography
4. Central venous access catheters and ports	b. Contrast angiography
5. Endarterectomy other than carotid	13. Thrombolysis
6. Hemodialysis access procedures	a. Percutaneous catheter thrombolysis
7. Intraoperative angiography	b. Intraoperative thrombolysis
8. Resection or repair of peripheral artery or vein with anastomosis or replacement	14. Endoscopic vascular surgery

9. Revascularization of amputated parts	a. Saphenous vein harvesting
10. Sclerotherapy	15. Skin grafting at the site of fasciotomy and amputation stump

Core Privileges in “**Dermatology**” will be as following:-

Core privileges in Dermatology	
1. History taking, local skin examination and description of skin lesions with subsequent topical applications description.	13. Laser therapy
2. Dermojet	14. Chemical peeling
3. Punch Biopsy	15. DTM culture (fungus)
4. Intralesional	16. KOH scrapings
5. Curettage	17. Methylin blue
6. Comedone extraction	18. Botux injection
7. Liquid nitrogen application (cryocautery)	19. Patch test
8. Skin Paring (warts/superficial keratosis/callosity)	20. Wood's light
9. Electrocautery	21. Crystal peel(Microdermabrasion)
10. Local Chemical cautery	22. Dermal fillers
11. Removal of sutures	23. PRP
12. Minor skin surgery (with local anesthesia)	

Core Privileges in “**Gastroenterology**” will be as following:-

Core privileges in Gastroenterology	
1. Diagnostic Oesophago–Gastro–Duodenoscopy and Biopsies (ODG)	2. Diagnostic Ileo colonoscopy and Biopsies

Core Privileges in “**General Surgery**” will be as following:-

Core Privileges in General Surgery	
Skin & subcutaneous Surgery	Small Bowel
1. Excision of Sebaceous cyst	1. Open & Laparoscopic Appendectomy
2. Excision of Lipoma	2. Laparoscopic Mickle`s Diverticulectomy
3. Excision of Ingrown nail	3. Small Bowel Resection & Anastomosis
4. Excision of skin nodule / wart	4. Laparotomy and Exploration
5. Incision and drainage of abscess	5. Laparoscopic Exploration
6. Aspiration of skin swelling (FNA)	Colorectal Surgery
7. Excision of Pilonidal Sinus	6. Right hemicolectomy
8. Ray`s mid- metatarsal Amputation of toe	7. Hartmann`s Procedure
9. Debridement of Diabetic Foot	8. Haemorrhoidectomy
10. Cut wound Suturing	9. Fistulectomy / Fistulotomy



11. Foreign body removal	10. Fissurectomy / Sphincterotomy
Neck Surgery	Breast
1.Excision of Lymph node	1. FNA / Core Biopsy
2.Thyroid FNA	2. Lumpectomy for benign conditions
Gastroesophageal Surgery	Hernia
1. Partial Gastrectomy for Benign lesions	1.Open repair of inguinal Hernia
2. Gastrojejunostomy	2.Open repair of femoral Hernia
3. Laparoscopic closure of Perforated uodenal Ulcer	3.Open repair of Epigastric Hernia
4. Feeding Jujenostomy	4.Open repair of Paraumbilical Hernia
Spleen & Lymph Nodes	Open repair of Lumbar Hernia
1. Splenectomy for trauma	5. Open repair of Incisional Hernia
2. Laparoscopic Peritoneal biopsy	Additional
Hepatobiliary	Stripping of Varicose Veins and perforators ligation
Laparoscopic Cholecystectomy	

Core Privileges in “**Neurosurgery**” will be as following:-

Core Privileges in Neurosurgery	
Cranial Procedures	Other Procedures
1. Surgery for cranial trauma	1. Intra Cranial Pressure insertion
2. Surgery for convexity/superficial brain tumors	2. Lumbar Drain
3. Surgery for posterior fossa brain tumors	3. External Ventricular Drain
4. Steriotactic guided surgery for brain lesions including biopsy and microcraniotomy	4. Lumbar puncture, cisternal puncture, ventricular tap, subdural tap
Spinal Procedures / Surgeries	5. Shunts: ventriculoperitoneal, ventriculoatrial, ventriculopleural, subdural peritoneal, lumbar subarachnoid/peritoneal (or other cavity)
1. Epidural steroid injections for pain	Surgery for Congenital Anomalies
2. Insertion of subarachnoid or epidural catheter with reservoir or pump for drug infusion	1. Surgery for Chairi malformation
3. Lumbar subarachnoid-peritoneal shunt	2. Management of congenital anomalies, such as encephalocele, meningocele, myelomeningocele
4. Radiofrequency ablation	Endovascular Procedures
5. Spinal cord surgery for decompression of spinal cord or spinal canal, for	1. Performing and interpreting diagnostic imaging studies related to the vasculature



intramedullary lesion, intradural extramedullary lesion, rhizotomy, cordotomy, dorsal root entry zone lesion, tethered spinal cord or other congenital anomalies (diastematomyelia)	of the Central Nervous System, head, neck, and spine.
6. Laminectomies, laminotomies and fixation and reconstructive procedures of spine and its contents including instrumentation	2. Participating in short-term and long-term post procedure follow-up care, including neuro-intensive care
7. Surgery for intervertebral disc disease	Additional Privileges:
8. Percutaneous vertebroplasty Balloon kyphoplasty	1. craniostomy for chronic subdural heamatoma
Peripheral Nerve Procedures	2. craniotomy for spontaneous intracranial hemorrhage
1. Peripheral nerve procedures, including decompressive procedures and reconstructive procedures on the peripheral nerves	3. Wound debridment, surgical treatment of post rupture CSF leak (Pseudomeningocele)
2. Nerve blocks	4. Surgery for skull lesions (dermoid, osteoma, eosinophilic, granuloma)
3. Nerve biopsy	5. Trans-sphenoidal surgery for pituitary adenoma
4. Muscle biopsy	6. Injection for carpal tunnel syndrome
	7. All types of pain Management by injection (cervical, dorsal, lumbar)

Core Privileges in “Obstetrics & Gynecology” will be as following:-

Core Privileges in Obstetrics & Gynecology	
1. Abdominal obstetric ultrasound examination (Level 1)	7. Gynaecological Pelvic examination
2. Neonatal resuscitation	8. Taking of cervical smear and vaginal/cervical/urethral swabs
3. Admitting patients under the consultant/ attending's name	9. Cryocautery
4. Endometrial sampling	10. Insertion and removal of vaginal pessaries
5. Removal of Cervical polyp	11. Hysterosalpinogram
6. Insertion/removal of IUCD	12. Interpretation of CTG's
	13. Obstetric abdominal & Pelvic Examination

Core Privileges in “**Ophthalmology**” will be as following:-

Core Privileges in Ophthalmology	
1. Slit lamp eye examination	5. Removal of conjunctival FB
2. IOP measurement	6. Removal of corneal FB
3. Fundus dilatation and examination	7. Epilation of maldirected eyelashes
4. Refraction	

Core Privileges in “**Otolaryngology**” will be as following:-

Core Privileges in Otolaryngology	
Otology procedures	Larynx, Head and neck Surgeries
1. Examination of Ear	1. Examination of the larynx
a. LA	a) LA
b. GA	b) GA
2. Myringotomy with or without tubes	2. I&D Quinsy
3. Removal of foreign body (aural)	3. Tonsillectomy
4. Aural packing	4. Adenoidectomy
5. Ear syringing	5. Tongue tie release
6. Myringo/Tympanoplasty (Type I)	6. PNS Examination/Biopsy
Rhinology Procedures	7. Oropharynx examination/biopsy
1. Examination of the nose	8. Fibro optic endoscopy
a. LA	9. Rigid endoscopy (all)
b. GA	10. Tracheostomy
2. Nasal cautery	Audiology Procedures
3. Submucous diathermy (SMD) of turbinate	1. Full audiological diagnostic procedure including: PT audiometric test battery, Tympanometry test battery, Otoacoustic emission testing, speech audiometry, and Behavioral hearing testing including VRA.



4. Nasal endoscopy	2. Particle reposition maneuver for BPPV
5. Antrostomy inferior (non-endoscopic)	3. Vestibular rehabilitation exercise
6. Turbinectomy	4. Pure tone audiogram
7. Antral wash	5. Speech audiometry
8. Nasal fracture reduction (anterior and posterior)	6. Tympanometry
9. Removal of foreign body	7. Acoustic reflex
10. Flaryng packing	8. Otoacoustic emission
11. Septoplasty (No revision septoplasty)	9. Behavioural test
12. Evacuation of septal hematoma	
13. Sinus endoscopy (Rigid + fibro optic)	

Core Privileges in “**Orthopedic Surgery**” will be as following:-

Core Privileges in Orthopedic Surgery	
Emergency Surgery	Shoulder surgery
1. Application of Traction Pins	1. Manipulation of frozen shoulders
2. Closed manipulation of fractures / dislocations/ splints / casts	2. Subacromial and Intraarticular injections
3. Closed manipulation and Percutaneous wire /screw fixation	3. Scapular bursa injection: excision – open
4. Open reduction and tension wiring	4. Subacromial decompression: open
5. Open reduction with intramedullary device	5. A/C joint resection: acromioplasty open
6. Closed reduction with intramedullary device	6. ORIF of fractures of humeral head/humeral shaft
7. Open reduction and application of external fixation	Wrist and neck surgery
8. Closed reduction and Application of external fixation	1. Tendon Repair Basic Techniques
9. Operative treatment of intra articular fractures	2. Nerve Entrapment surgery (Medial Nerve, Ulnar nerve)
10. Operative treatment of Soft Tissue Injuries	3. Surgical treatment of Tenosynovitis
11. Tendon / ligament repair	4. Surgical treatment of special hand infections (Palmer spaces, web spaces ... etc)
12. Fasciotomy	5. Surgical treatment of tendon sheets infection
13. Wound debridement	6. Trigger finger, Mallet Finger, Dequarvian (stenosing tenosynovitis)



14. Operative treatment of Acute bone, joint & 15. Soft tissue infection	Pelvis and Hip Surgery
16. Bone grafting	Closed reduction with clamp / Fix Pelvic Ring disruptions
17. Hemi / Bipolar Arthroplasty of Hip Fractures	Knee Surgery
18. Operative fixation using DHS / DCS / Cannulated screws	Aspiration of Knee
Pediatric Surgery Procedures	Foot and Ankle Surgery
Bone tumors	1. Removal, excision of soft tissue swelling and Mortin's neuroma
1. Excision of osteochondroma	2. Hallux Valgus surgery (soft tissue procedures, Fusion, Excision Arthroplasty, osteomies proximal and distal)
2. Excision of Osteoma	3. Ingrown toenail operation
Amputations	Lower
Upper Extremity	1. Above Knee Amputation
1. Transarticular Amputation of Elbow	2. Below Knee Amputation
2. Amputation of Elbow	3. Amputations around Ankle
3. Amputation of Wrist	4. Amputations through Tarsus
4. Amputation of Hand	5. Amputations through Metacarpals /
5. Amputation of Digits	6. Metatarsals
	7. Ray Amputations
	8. Amputations/ Terminalisations through
	9. Phalanges
Core privileges in Pulmonology	
1. Diagnostic thoracentesis (diagnostic pleural tapping)	3. Application and management of non-invasive ventilation (e.g., CPAP and Bi-PAP)
2. Pleural catheter insertion	

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Core Privileges in “Pediatric Surgery” will be as following:-

Core Privileges in Pediatric Surgery	
General Procedures	4. Inguinal hernia repair for a child under 2 years
1. I & D of body abscesses excluding perianal	5. Surgery for congenital hydrocele
2. Lymph node biopsy excluding neck region	6. Surgery for undescended testis (palpable)



3. Lymph nodes biopsy neck region	7. Pyloromyotomy
4. Excision biopsy of subcutaneous lumps	8. Appendectomy
5. Circumcision	9. Surgery for intestinal obstruction past the neonatal period
6. Meatotomy	10. Umbilical hernia repair
Abdominal Surgery	11. Rectal suction biopsy
1. Umbilical hernia repair	12. Proctoscopy & Sigmoidoscopy
2. Surgery for omphalomesenteric remnants	13. Rectal polypectomy
3. Inguinal hernia repair for a child over 2 years	

Core Privileges in “Plastic Surgery” will be as following:-

Core Privileges in plastic surgery	
1- Liposuction-Abdomen	6- Facial Trauma: Repair of facial lacerations
2- Liposuction -Arms	7- Facial Trauma: Repair of ear lacerations
3- Dermabrasion	8- Botox and filler (after providing training courses).
4- Skin tumors excision and reconstruction – Benign.	9- Thread lift.
5- Skin tumors excision and reconstruction – Malignant only simple	10- Hair transplant (after providing training courses).

Core Privileges in “Urology” will be as following:-

Core Privileges in Urology	
Kidney	3- Orchidopexy
1- Simple nephrectomy	4- Radical orchidectomy
2- Surgery for renal cysts and abscesses	5- Orchidectomy
3- Pyeloplasty	6- Epididymectomy
4- Management of renal injuries	7- Excision of spermatocele
5- Nephrostomy & renal biopsy (Open)	8- Excision of epididymal cyst
6- Nephropexy	9- Vasectomy



Ureter	10- Surgery for scrotal skin infection
1- Ureterolithotomy	Endoscopic Procedures
2- Excision of ureteric segment and end to end anastomosis	1- Urethroscopy
3- Ureteric reimplantation	2- Urethral dilatation
4- Ureterocalycostomy	3- Optical urethrotomy
5- Extended psoas hitch	4- Cystoscopy
Bladder	5- Bladder biopsy
1- Repair of traumatic bladder injuries	6- TUR-BT
2- Diverticulectomy	7- TUR-P
Prostate	8- Ureterorenoscopy
1- Simple retropubic prostatectomy	9- Ureterotomy
2- Transvesical prostatectomy	10- Endopyelotomy
Penis	11- Percutaneous nephrolithotomy
1- Circumcision	12- Use of laser in endoscopic procedures
2- Meatotomy	Special Urologic Procedures
3- Meatoplasty	1- Percutaneous suprapubic catheter insertion
Testicle and scrotum	2- ESWL
1- Testicular biopsy	3- Insertion of nephrostomy tubes
2- Operations for hydrocele	4- Ultrasound of the urinary tract

Policy Category: Privileging
Policy Name: Institutional Privilege
Policy Code: MOPH/QCHP/RD/PR
Version Number: 01
Developed by: Registration Department – QCHP
Reviewed by/Date: Policy Work Group/April 15, 2018
Approved by/ Date: PLC/April 18, 2018
Date Effective: July 5,2018
Date of Due Revision: July 4,2020
Validity: This policy is the main and valid policy until updated, replaced or canceled by the Qatar Council for Healthcare Practitioners Registration Department. 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

Qatar Council for Healthcare Practitioners (QCHP) 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

QCHP 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 regards to the privileges healthcare practitioners applied for. Its authority includes granting, revalidation and denial of privileges.

4. Abbreviations

QCHP: Qatar Council for Healthcare practitioners.

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 Healthcare facility shall consist of, but not limited to:
 - Government and Semi government hospitals /Healthcare Institutions - medical staffing levels in excess of 200 healthcare practitioners.
 - Private Hospitals and other healthcare facilities -medical staffing levels in excess of 150 healthcare practitioners.
- 6.3. 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 QCHP / 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 QCHP rules and regulations in the 6 months prior to apply for the institutional privilege
 - The facility shall have **Board of Governance and Privileging Committee.**

7. Procedures/Guidelines

- 7.1. The healthcare facility should fill and submit an application form (attached) supported by detailed documents of the existing Board of Governance and the privileging committee members.
- 7.2. In addition, the facility shall submit the Privilege Review Process that describes the roles and procedures for the privileging committee who is involved in the process of privileging and is responsible for evaluating and granting the surgical / medical / dental privileges to its eligible practitioners in alignment with the guidelines attached with the Core and Advanced Privileges Policy.
- 7.3. 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-QCHP.

7.4. QCHP shall review the Privilege Review Process 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.

7.5. Revalidation process:

- The validity of the institutional privilege is granted for a period of 3 years, which shall be renewed periodically. (The renewal process and requirements will be announced later)
- The eligible institution shall update QCHP in case of any changes required, for example, addition or removal of any staff, members of the Privileging committee, Board of Governance changes, and changes in Privilege Review Process etc.

7.6. Conditions for denial or exclusion from granting institutional privilege:

- QCHP 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 QCHP guidelines and after providing notice and the opportunity for a hearing, QCHP has the right to remove the facility privilege.
- The facility has the right to appeal the decision within one month of receiving the official decision

7.7. QCHP 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.

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

- "Declaration form" should say that institution assumes full responsibility for the institutional privileges granted as per QCHP guidelines and takes responsibility for supervision of those practitioners who are granted the clinical / surgical privileges in accordance with the QCHP 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 QCHP on a monthly basis, an updated list of privileges granted to their physicians.
- Case by case assessment may be implemented.



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7.9. Process of “Changing Place of Work” of Practitioner:

- The practitioner - who wishes to change place of work from an eligible institution to another institution-, loses the surgical / medical / dental privilege granted to him as he 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 / medical/ dental privilege to the practitioner.
- If the new facility does not have an institutional privilege, then the practitioner shall apply for privilege through QCHP.
- If the practitioner- who wishes to change place of work from ineligible institution to an eligible institution- has privileges granted by QCHP, he/she can continue practicing within the privileges granted by QCHP. In case the practitioner wants to add more privileges, he/she shall submit the application to the privileging committee in the eligible institution. If the privileging committee makes any change on the privilege list granted by QCHP, the facility shall provide QCHP with the updated privileges.



8. Process Map for Institutional Privilege

