



QCHP
المجلس القطري للتخصصات الصحية
Qatar Council for Healthcare Practitioners



Circular No. (23/2018)

From	Qatar Council for Healthcare Practitioners (QCHP)
To	<ul style="list-style-type: none">All Healthcare Practitioners in the state of Qatar (Governmental & Private sector)All Healthcare Facilities focal points in the state of Qatar (Governmental & Private sector)
Subject	Updates on License Renewal Process regarding Blood Tests Requirement
Date	18 November 2018

“Registration Department in Qatar Council for Healthcare Practitioners present to you its compliment”

In line with the QCHP commitment to continuous update as per our visionary strategic plan and the values of partnership, stakeholder’s engagement, shared responsibilities, trust and aligning with best international standards. Registration department has adopted a new milestone changes in the licensing renewal process.

Effective from the date of this announcement, QCHP will start implementing an updated renewal process as follows:

- Blood tests are not required by QCHP for renewal process.
- Healthcare facility will be held fully responsible and shall take the necessary measures to safeguard the practitioners’ health fitness.
- Upon the request, the healthcare facility maybe requested to provide Registration department with evidence indicating the fitness to practice of its clinical staff

Please read the attached updated renewal policy carefully for all the details

For further information, Contact:

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Thank you for your cooperation

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Policy Name: Medical Test Requirement for license renewal Policy update
Policy Code: MOPH/QCHP/RD/RQ
Version Number: 1.0
Developed by: Registration Department - QCHP
Reviewed by: Policy Working Group
Approved by : Dr.Samar Aboulsoud/ A/CEO Qatar Council for Healthcare Practitioners
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.
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1. Introduction

As part of Qatar Council for Healthcare Practitioner's (QCHP) responsibility towards healthcare sector in the state of Qatar, and in its pursuit to maintain safety and overall quality assurance in all healthcare services, QCHP Registration Department has formulated this policy on the medical test requirement for registration/licensing of healthcare practitioners.

This policy has been developed based on the comparative research methodology from the international healthcare authority and a supportive evidence that medical test for all practitioners were deemed clear from any medical issues.

2. Policy Statement

- Blood test and chest x-ray are required by Registration department only for first time licensing.
- Blood test are not required by Registration department for renewal of license.
- Healthcare facility shall be held responsible to ensure that its practitioners are medically fit to practice.
- Healthcare facility shall be held liable for safeguard and promote safety of patient and practitioners and to report QCHP for any medical fitness to practice issues.
- For audit purposes, the healthcare facility shall provide the QCHP, upon request, an evidence indicating the medical fitness to practice of its clinical staff.

3. Definitions:

- **Medical fitness to practice** : means that healthcare practitioners are free from communicable diseases (Hepatitis B, C and HIV)

4. Scope

This policy applies to all the Healthcare practitioners who need to obtain/renew their medical license, and in addition to the concerned healthcare facilities.

5. Guidelines/Procedures

- Medical report from an approved healthcare facility including blood test (HIV test, HCV test, HBV test) and chest x-ray must be provided by the applicant during the licensing stage as per the QCHP Registration guidelines.
- Licensed healthcare practitioners are not required to submit blood test during the renewal of their medical license, however, health practitioners and facility must declare that they are medically fit to practice.
- Declaration forms must be signed from the healthcare facility and from the healthcare practitioner indicating the medical fitness to practice and submitted to QCHP for license renewal purpose.
- In case, the practitioner has any medical fitness issues which affects his safety and patient safety, then he/she must report this incident to QCHP for subsequent actions.
- Healthcare facility will sign the declaration form once only and the signed declaration form must be attached with each practitioner's renewal request.



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6. Related Policies/circulars

- Circular (15-2016) - Mandatory Requirements for Renewal of Medical Licenses in the State of Qatar – Update.
- QCHP licensing guidelines related to blood test requirements

7. Attachments

- Medical Fitness Declaration Form for Healthcare Facility.
- Medical Fitness Declaration Form for Healthcare Practitioners.



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For Healthcare Facility

Medical Fitness Declaration Form

Name of Institution/Healthcare facility

Dear QCHP,

I, the undersigned _____, the Medical Director of healthcare facility hereby declares that the Institution/healthcare facility shall be fully responsible for medical fitness to Practice for our healthcare practitioners who are seeking to renew their license. QCHP will not be held liable in this regards. We shall notify QCHP immediately in an event of any medical fitness issues. We also acknowledge that that necessary documents/evidence should be available upon request by QCHP.

Signature (Medical Director)

Facility Stamp

Date: _____



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For Practitioner

Medical Fitness Declaration Form

Name of Practitioner	
License Number	
Name of Institution/Healthcare Facility	

Dear QCHP,

I, the undersigned _____, the healthcare practitioner seeking to renew my license would declare that I am medically fit to practice and would notify QCHP in case of any medical incidents such as communicable diseases. I am aware that failure to make a full declaration of health condition may lead to removal of my registration and license to practice.

Practitioner Signature

Practitioner Stamp (if applicable)

Date: _____