

## CIRCULAR NO (15) OF 2023 (DHP)

<b>From</b>	Department of Healthcare Professions / Ministry of Public Health
<b>To</b>	<ul style="list-style-type: none"><li>• All nurses from various scopes in the health sector in Qatar</li><li>• Qatar population (citizens and residents)</li></ul>
<b>Subject</b>	Regulation of Home nursing in Qatar and adding a new scope of practice "Home Nurse" and its registration/licensing standards within nursing scopes regulated by the Department of Healthcare Professions.
<b>Date</b>	6 July 2023

### Greetings from the Department of Healthcare Professions (DHP)

In response to some requests received by DHP from patients or their families who are in urgent need of home care, to license nurses who are sponsored by them personally for providing home care nursing.

Therefore, to deal with the expansion of long-term care and home care that becomes more convenient and acceptable to elderly people, children, and other categories of patients with disabilities or chronic diseases, DHP has decided that:

Nurses working in home settings can apply for registration/licensing with DHP to practice in home, under the sponsorship of the patients or their families. Accordingly, they will be granted a license as a "home nurse."

This decision is supported by recommendations of the legal department in the Ministry of Public Health and matches with the best practice adopted by nursing authorities in many countries worldwide.

Please review the policy attached to this circular to find all information regarding licensing requirements and the approved scope of practice.

For more information, please contact the DHP by email: Registration Team at : [dhregistration@moph.gov.qa](mailto:dhregistration@moph.gov.qa)

**Thank you for your cooperation, Department of Healthcare Professions**



<b>Policy name:</b> Policy for Home Nursing Regulation
<b>Policy Code:</b>
<b>Version number:</b>
<b>Prepared by:</b> Registration Section-Department of Healthcare Professions (DHP)
<b>Reviewed by/history:</b>
<b>Approved by/date:</b>
<b>Date Effective:</b>
<b>Date of Due Revision:</b>
<b>Validity:</b>

## DOCUMENT CONTROL

## REVISION HISTORY

Version	Changes	Date	Name:

## REVIEWS BY THE REGISTRATION SECTION-DEPARTMENT OF HEALTHCARE PROFESSIONS.

Version	Organization/Position	Date	Name:



## 1. Introduction

In continuing efforts to regulate and standardize healthcare practice, the DHP has decided to commence registration/licensing for nurses working in home settings (in-home nurses).

The policy for Home Nursing Regulation aims to:

- Reduce the financial burden on the patients and their families arising from the cost of contracting with nursing services agencies and create a competitive environment without compromising the quality and safety of the nursing services provided.
- Ensure provision of the required nursing care without long waiting-times.
- Reduce the demand for nurses from the Home Care Department at Hamad Medical Corporation.
- Provide patients with the option to stay at home while continuing to get the needed medical care. This option is important for elderly people who require psychological support during recovery at home and for maintaining a healthy lifestyle.
- Facilitate customized care according to each patient's needs, which is difficult to be provided within healthcare facilities.

## 2. Policy statement

- In-home nurses must have the required level of competency to practice independently and safely and meet the needs of the patients. They must also be able to take decisions independently or seek advice from more experienced healthcare practitioners as required.
- Accordingly, a minimum of one of the following educational qualifications is required to be eligible for in-home nurse license: bachelor's in nursing, associate degrees in nursing e.g., ADN (Associate Diploma in Nursing), nursing technical secondary school diploma, or any other national recognized relevant program. More information regarding eligibility is detailed in the Criteria of National Registration Requirements in appendix.
- The in-home nurse license will be issued without specifying the place of work (healthcare facility); it will contain the following details: practitioner's name, profession, category (Home Nursing), and the sponsor. In-home nurses are thereby licensed to work with their sponsor only.



- For license renewal, in-home nurses must complete 80 CPD points and submit a letter of recommendation from the patients or their families in support of the nurse's performance.
- This policy does not cancel the Assistant Nurse scope of practice.

### 3. Definitions

**In-home nurse:** A nurse who provides medical care to patients on a personal basis in the patient's home.

**Criteria for national registration requirements:** The national registration standards for in-home nurse, which includes the definition of the title in-home nurse and their practice settings, scope of practice, and educational and work experience requirements.

**Healthcare facility:** The facilities that provide medical services, medical equipment or medicines, medical insurance companies, and other institutions that support the health care.

**Associate Diploma in Nursing (ADN):** Associate degree with duration of eighteen months to two years.

### 4. Abbreviations

**(DHP):** Department of Healthcare Professions

### 5. Policy Scope

This policy applies to:

- Applicants for nursing registration or license.
- Patients and their families that obtain home nursing services.



#### 6. Policy Statement:

In-home nurses will be registered/licensed by DHP while being sponsored by the patients and working in the patients' homes, provided that:

- i. The applicant fulfils all requirements for registration including submission of verified educational and work experience certificates in addition to the following:
  - QID of the sponsor (Patient or Family)
  - NOC
  - Nurse must be on the patient/family sponsorship
  - Copy of the visa showing the name of the nurse.
  - Copy of the contract with the nurse.

#### 7. Scope of Practice:

- Assesses patient needs and develops plan of care after consultation with physician.
- Educate patient and his family when needed.
- Documents the nursing care provided in accordance with clinical documentation policy.
- Assists patients in mobilizing and in doing exercises as prescribed by therapists.
- Feeds patients as required.
- Measures and records vital signs of patients.
- Observes and monitors patients' behaviors.
- Maintains cleanliness of patients' surroundings.
- Provides skin care for patients to prevent pressure sores.
- Provides wound care.
- Monitors and evaluates patients' response to treatment and medication.
- Records healing/mobilization progress.
- Administers medication and intravenous infusions.
- Helps patients with the activities of daily living, such as, personal grooming, personal hygiene, toileting etc.



- Provides patients and their families with health education.

#### 8. Notes:

- In-home nurses can apply for "Add/Change Scope of Practice" if they meet the requirements for registration of the new scope. In addition, the change scope of practice application must be accompanied by a change place of work application, and these will be processed according to the active policies and guidelines of the DHP.
- Licensed in-home nurses will be eligible to apply for a certificate of good standing in accordance with the DHP policies.
- The DHP policy for nursing license renewal, including stipulations that require practitioners to renew their license before its expiry, will apply to in-home nurses as well.
- The performance and competence of in-home nurses will be measured and validated as per the current Departmental policies for compliance auditing and performance monitoring applicable to all practitioners.

#### 9. Charts

For the registration/licensing process maps, please refer to the guidelines for each profession on the DHP website.

#### 10. References

- Ref how to become a home health nurse < education < salary and job outlook  
[/https://www.allnursingschools.com/specialties/home-health-nurse/](https://www.allnursingschools.com/specialties/home-health-nurse/)
- <http://blog.bayada.com/be-healthy/10-benefits-of-homehealth-care/>
- Home nursing services
- <https://www.homewatchcarehttps://www.allnursingschools.com/specialties/home-health-nurse/gives.com/home-care-services/nursing-services/>
- [Western governors university](https://www.westerngovernors.edu/)

#### 11. Appendix

- **Criteria for National Registration Requirement**
- **Applicant User Manual**



### Criteria for National Registration Requirements

Criteria	Home Health Nurse
<b>Definition</b>	Home health nurses provide one-on-one care for patients in their homes. Patients who need home health nursing may be elderly, disabled, or terminally ill, but they may also be recovering from an injury or accident or living with a chronic disease. Some home health nurses also work with pregnant women and new mothers to provide ongoing care, education, and support. Home healthcare may involve assisting patients with basic needs such as bathing and dressing, as well as more specialized services such as wound care, medication management, and IV therapy. <sup>1</sup>
<b>Practice Settings</b>	<ul style="list-style-type: none"> <li>• Patients' homes</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>• Eighteen (18) months to two (2) years of nursing diploma after completion of general education.</li> <li>• Graduate of Enrolled or Practical Nursing program recognized by country where he/she is currently licensed.</li> <li>• Three (3) years nursing diploma after completion of nine (9) years general education.</li> </ul>
<b>Scope of Practice</b>	<ul style="list-style-type: none"> <li>• Assesses patient needs and develops plan of care after consultation with physician.</li> <li>• Educate patient and his family when needed.</li> <li>• Documents the nursing care provided in accordance with clinical documentation policy.</li> <li>• Assists patients in mobilizing and in doing exercises as prescribed by therapists.</li> <li>• Feeds patients as required.</li> <li>• Measures and records vital signs of patients.</li> <li>• Observes and monitors patients' behaviors.</li> <li>• Maintains cleanliness of patients' surroundings.</li> <li>• Provides skin care for patients to prevent pressure sores.</li> <li>• Provides wound care.</li> <li>• Monitors and evaluates patients' response to treatment and medication.</li> <li>• Records healing/mobilization progress.</li> <li>• Administers medication and intravenous infusions.</li> <li>• Helps patients with the activities of daily living, such as, personal grooming, personal hygiene, toileting etc.</li> </ul>

<sup>1</sup> [Western Governors University](http://www.westerngovernors.edu)



Criteria	
Licensure	Home Health Nurse must apply for licensure through The Department of Healthcare Professions (DHP) and successfully write the relevant Qatar National Examination as applicable.
Experience	Two years (2) recent experience in the field of nursing.
Other Requirement for Evaluation & Registration	<i>(Refer to DHP requirements for license Registration/Evaluation)</i> <a href="https://dhp.moph.gov.qa/en/Pages/Home.aspx">https://dhp.moph.gov.qa/en/Pages/Home.aspx</a>
Requirements for License Renewal	<i>(Refer to DHP requirements for license Registration/Evaluation)</i> <a href="https://dhp.moph.gov.qa/en/Pages/Home.aspx">https://dhp.moph.gov.qa/en/Pages/Home.aspx</a>
<b>Note: Applicants with a break from practice please see QCHP "Break from Practice Policy".</b>	

## Applicant User Manual (Home Practitioner License)

(Evaluation)

**Guidelines on using the Registration & Licensing Electronic System**

**A. Apply for Evaluation ([https:// dhportal.moph.gov.qa](https://dhportal.moph.gov.qa))**

Enter User name and password on login Tab

[Login/Sign In](#)   [Register/Sign Up](#)   [Guidelines](#)

### Login

Username

Please enter your User Name

Password

Please enter your Password

**Sign In** ↑

[Forgot Password](#)

After Successful login, kindly choose Apply for Evaluation

**Department of Healthcare Professions**



User Reset

- ✓ Create and Submit Requests
- Apply for Evaluation ←
- Apply for Additional Place of Work
- Apply for Temporary License
- Apply for Licensing
- Print
- Contact Information

Welcome:DHP Test - You may perform the following actions:

View & track status of my requests

Search

Request Type:

Select

Request Status:

Select

Request Date From:

Request Date To:

Search

Request No.	Request Type	Request Type	Applicant Submission Date	Date of submission to QCHP	Date of Completion	Current Status	Remove	Comments
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No data has been retrieved

1. Please read through the declaration statements and click on the highlighted points

●
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Personal Declaration
Personal and Professional Information
Educational Qualifications
Work Experience and Registration Information
Verification Report and Additional Information
Pay Fees and Submit Application

### Personal Declaration

I hereby declare the information and documents I provide to QCHP are true and verifiable to the best of my knowledge and I bear responsibility for any discrepancies in the presented particulars.

I undertake that I must inform QCHP of any past or current criminal charges or convictions. I will also inform the Council of any physical or mental conditions that jeopardize my ability to provide quality health care. I also undertake that as long as I am licensed by QCHP I will provide them with any updates regarding the aforementioned.

I hereby declare the above mentioned statements.

**Please make sure you have the following scanned documents before you proceed with the application:**

- Passport
- Educational qualifications
- Work experience certificates
- Licensing exam (if required by your scope of practice)
- Previous registration/medical license
- Primary source verification report

Save
Save and Close
Close
Reset

←
→

1. Please fill all the information as per the highlighted asterisk

●
●
●
●
●

Personal Declaration
Personal and Professional Information
Educational Qualifications
Work Experience and Registration Information
Verification Report and Additional Information

●

### Personal and Professional Information

Personal Information

First Name on Passport* <input type="text" value="Ahmed"/>	Middle Name(s) on Passport <input type="text"/>	Last Name on Passport* <input type="text" value="Mohamed"/>
First Name on Passport - Arabic <input type="text"/>	Middle Name(s) on Passport - Arabic <input type="text"/>	Last Name on Passport - Arabic <input type="text"/>
Gender* <input type="text" value="Male"/>	Date of Birth* <input type="text" value="20/06/1986"/>	Nationality* <input type="text" value="QATAR"/>
Passport Number* <input type="text" value="A123458"/>	Passport Expiry Date* <input type="text" value="14/04/2027"/>	

Personal Photo:

i Maximum File Size is : 2 MB

PIC-Photo-16417.JPG



Please upload a passport sized photo with white background  
Circular (04-2014) - Required Specifications of the Personal Photograph for Medical License Cards



**Note:**

- A. put tick (✓) Check If you are going to working as a Home Practitioner under the sponsorship of the patient or one of their family members.  
B. Add Sponsor's Qatar ID Number

Profession

Check If you are going to working as a Home Practitioner under the sponsorship of the patient or one of their family members

Profession\*  Scope Of Practice\*

Sponsor's Information

Sponsor's Qatar ID Number\*  Sponsor's Full Name\*  Sponsor's Full Name - Arabic\*

Sponsor's Mobile Number\*  Sponsor's Email ID\*

Sponsor's QID Scanned Copy

Please select a file

Maximum File Size is : 2 MB

SA-SponsorQID-16417.pdf

Visa Details

Kindly attach both sides of your QID in one file

Qatar ID Number  QID Expiry Date  QID Scanned Copy

Maximum File Size is : 2 MB

ID\_COPY-QID-16417.pdf

Passport Scanned Copy

Please select a file

Maximum File Size is : 2 MB. Allowed file extensions are .PDF, .JPG, .JPEG, .PNG

Attachments	Remove
<a href="#">Passport_scov-Passport-16417.pdf</a>	
<a href="#">SA-Passport-16417.pdf</a>	

National Number

National Number

National Id Copy

Please upload your Home country National Id

Maximum File Size is : 2 MB

Place of work

If your potential place of work is not already licensed, please select "Private Home Nursing".

Institution Type  Institution

Contact Information

The following information will be used to contact you. Please make sure you enter accurate and valid contacts

Mobile Number\*  Email Address\*

Address / P.O Box\*

Save

← →

## 2. Please fill Education Qualification information and Qualifying Examination (Prometric)

Personal Declaration | Personal and Professional Information | Educational Qualifications | Work Experience and Registration Information | Verification Report and Additional Information | Pay Fees and Submit Application

### Educational Qualifications

**You have applied for the scope: "Registered General Nurse"**

Please provide information along with the supporting documents about your educational qualifications relevant to your clinical practice and licensing requirements. You can add more than one qualification.

**Qualifications**

Qualifications * <input type="text" value="Select"/>	Specialty * <input type="text" value="Select"/>	Country * <input type="text" value="Select"/>
City * <input type="text"/>	Institution * <input type="text"/>	Start Date * <input type="text" value=""/>
		End Date * <input type="text" value=""/>

+ Add Reset

**Qualification Information Attachments**

Please make sure you attach all the supporting documents for the qualifications you have provided above. Please attach the transcripts for your educational qualifications specifying the length of the program.

Please attach your latest CV on the QCHP template as per the link below : [QCHP's CV template](#)

Please select a file 📁

File Description

Maximum File Size is : 2 MB. Allowed file extensions are .PDF, .JPG, .DOC/.DOCX, .PNG & .GIF

Attachments	Description	Remove
<a href="#">11a-Qinfo-1081840.pdf</a>		

**Prometric Exam Details**

Have you taken the QCHP Licensing exam relevant to your scope?  Yes  No

**Licensing Examination:**

Exam Appointment Id * <input type="text"/>	Exam Date * <input type="text" value=""/>	Exam Score* <input type="text"/>
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Please attach the Qualifying Exam results (Score report)

Please select a file 📁

File Description

Maximum File Size is : 2 MB. Allowed file extensions are .PDF, .JPG, .DOC/.DOCX, .PNG & .GIF

Attachments	Description	Remove
⚠️ No Attachments Available		

Save
Save and Close
Close
Reset

←
→

### 3. Please fill Work Experience information and Registration Information History

Personal Declaration

Personal and Professional Information

Educational Qualifications

Work Experience and Registration Information

Verification Report and Additional Information

Pay Fees and Submit Application

#### Work Experience and Registration Information

You have applied for the scope: - "Internal medicine"

Please add all your work experience certificates. You can add your internships, residency training and fellowship experience in this section.

##### Work Experience

Start Date *	End Date *	Position *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country *	City *	Place of Work *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Phone No *	<input type="text"/>	
<input type="text"/>		
<input type="button" value="+ Add"/>	<input type="button" value="Reset"/>	

Start Date	End Date	Position	Country	City	Place of Work	Contact Phone No	Remove
No data is available							

##### Work Experience Attachments

Please make sure you attach all the supporting documents for the work experiences you have provided above.

Please select a file	<input type="button" value="Upload"/>	File Description
Maximum File Size is : 2 MB. Allowed file extensions are .PDF, .JPG, .DOC/DOCX, .PNG & .GIF		

Attachments	Description	Remove
No Attachments Available		

##### Registration/License Information

Kindly attach all your previous medical Registration/Licenses with full details (which covers your experience mentioned above)

Country	Registration/Licensing Authority	Registration/License Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Status	Start Date	End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Before you apply for your licensing application, please request a Certificate of Good Standing to be sent directly from your registration authority to QCHP either by mail or email.

QCHP, MOPH Address and Email: Ministry of Public Health

P.O Box 7744  
Doha, Qatar  
QCHPGoodSt@moph.gov.qa

<input type="button" value="+ Add"/>	<input type="button" value="Reset"/>
--------------------------------------	--------------------------------------

Country	Registration/Licensing Authority	Registration/License Number	Current Status	Start Date	End Date	Requested CoGS	Remove
No data is available							

##### Registrations/Medical Licenses Attachments

Please make sure you attach all the registrations/medical licenses you have provided above.

Please select a file	<input type="button" value="Upload"/>	File Description
Maximum File Size is : 2 MB. Allowed file extensions are .PDF, .JPG, .DOC/DOCX, .PNG & .GIF		

Attachments	Description	Remove
No Attachments Available		



#### 4. Verification report and Additional Information

Progress bar: Personal Declaration, Personal and Professional Information, Educational Qualifications, Work Experience and Registration Information, **Verification Report and Additional Information**, Pay Fees and Submit Application

### Verification Report and Additional Information

Additional Information:

Please attach the Primary Source Verification report. Please add any comments and/or attach any supporting documents that are relevant to your application.

**Verification Report**

Please select a file  File Description

Maximum File Size is : 2 MB. Allowed file extensions are .PDF, .JPG, .DOC/DOCX, .PNG & .GIF

Attachments	Description	Remove
No Attachments Available		

Please provide additional information(if required)

Please select a file  File Description

Maximum File Size is : 2 MB. Allowed file extensions are .PDF, .JPG, .DOC/DOCX, .PNG & .GIF

Attachments	Description	Remove
No Attachments Available		

Save Save and Close Close Reset

#### 5. While completing Primary Evaluation - Kindly follow below steps for online payment

Progress bar: Personal Declaration, Personal and Professional Information, Educational Qualifications, Work Experience and Registration Information, Verification Report and Additional Information, **Pay Fees and Submit Application**

### Pay Fees and Submit Application

Please note that there is no payment for sent back requests, so please submit to proceed to the next stage.

Request Type: Apply for Evaluation Request Transaction ID: 1061840 Request Fees: 100 QR

**Payment Method**

Online payment Pay Application Fees

Please note that the fees are non-refundable

confirm that I have attached the below documents in the application:

- Passport
- Educational qualifications
- Work experience certificates
- Licensing exam (if required by your scope of practice)
- Previous registration/medical license
- Primary source verification report

Save Save and Close Close Reset

1. [Click here to pay online.](#)



2. Enter your Credit card information and Click on **Pay Now**

## Qatar e-Government

Secure payment

Card number \*



Expiry month \* Expiry year \*

Cardholder name \*

Security code \*

3 digits on back of your card

### Billing address

Street 1

Street 2

City

State / Province

Postcode / Zipcode

Country

### Order details

e-Service

TOTAL QAR: 100.00 ريبال

The next screen you see may be payment card verification through your card issuer.

[Cancel](#)

[Pay now](#)

After payment, your request will show (Pending with employer) which means you have to contact [dphhelpdesk@moph.gov.qa](mailto:dphhelpdesk@moph.gov.qa) to accept the request.

Welcome:DHP Test - You may perform the following actions:

View & track status of my requests

**Search**

Request Type:  Request Status:  Request Date From:  Request Date To:

Request No.	Request Type	Applicant Submission Date	Date of submission to QCHP	Date of Completion	Current Status	Remove	Comments
1061840	Apply for Evaluation	27/03/2021	----	----	Pending with employer		

After approval the request will be evaluated by DHP

On completion of evaluation process from DHP an email and SMS will be sent.

You can do the following according to evaluation decision mentioned below

1. *Send back:* - Click on “Apply for evaluation” and provide missing information according to the comments mentioned by DHP.
2. *Rejected:* - Contact your employer representative.
3. *Approved:* - Click on “Apply for Licensing” and complete licensing requirements.

✘ If you face any technical issues please send an email to our technical support helpdesk: [dphhelpdesk@moph.gov.qa](mailto:dphhelpdesk@moph.gov.qa)