وزارة الصحـــــة العامـــــة
Ministry of Public Health
State of Qatar • دولـــة قطـــر

CIRCULAR NO (DHP/2026/39)

From	Department of Healthcare Professions/ Ministry of Public Health
To	• All licensed physicians and dentists in the state of Qatar (Governmental & Private sectors) • All Healthcare Facilities in the state of Qatar (Governmental & Private sector)
Subject	Issuance of the Non-Surgical Cosmetic Procedures (NSCPs) Standard for Physicians and Dentists
Date	22/10/2026

As part of the Department of Healthcare Professions' (DHP) ongoing commitment to developing its regulatory framework in line with international best practices and enhancing access to Non-Surgical Cosmetic Services in the State of Qatar, the DHP hereby announces the issuance of the Non-Surgical Cosmetic Procedures (NSCPs) Standard for Physicians and Dentists.

The standard aims to establish a comprehensive regulatory framework that defines practitioner eligibility, qualification, training and competency requirements, professional privilege classifications, and the scope of authorized procedures within each category, thereby, contributing to ensuring patient safety and maintaining the highest standards of professional practice in the State of Qatar.

Accordingly, all licensed physicians and dentists and healthcare facilities are required to review and comply with all the requirements and controls stipulated in the attached standard.

Notes:

1. This standard is effective from the date of issuance of this circular.
2. This standard supersedes all previous DHP circulars, guidelines, and internal policies related to privileges for the use of Botulinum Toxin (Botox) and cosmetic dermal fillers (Filler).
3. Any physician or dentist who has previously been granted privileges for Botulinum Toxin and Dermal Fillers must comply with the Tiered Privilege Classification and Practitioner Eligibility Requirements by Category outlined in the NSCPs Standard. They are prohibited from performing any procedure outside their assigned tier and procedures list for their category.

Attachments:

- Non-Surgical Cosmetic Procedures (NSCPs) Standard for Physicians and Dentists.

For further information, please call: 16000.

Best regards,
Department of Healthcare Professions
Ministry of Public Health



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Non-Surgical Cosmetic Procedures (NSCPs) Standard for Physicians & Dentists

Document Name	**Non-Surgical Cosmetic Procedures (NSCPs)** **Standard for Physicians and Dentists**
Version Number	1
Developed By	Registration Section - DHP/ MoPH
Reviewed by/Date	Assistant Undersecretary for Healthcare Regulatory Affairs on 24 June 2026
Approved by	PLC
Date Effective	Publishing date
Date of Due Revision	After 2 years from the publishing date

DOCUMENT CONTROL

REVISION HISTORY

Name	Date	Changes	Version
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REVIEWS BY REGISTRATION SECTION - DHP

Name	Date	Organization/Position	Version
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Section 1: Introduction

NSCPs have expanded rapidly over the past two decades, evolving from limited aesthetic interventions into a consumer based, high-volume medical subspecialty involving injectables, energy-based devices, and regenerative techniques. Although these procedures do not involve operative surgery, they are medical interventions with recognized clinical risks and therefore require clear regulatory oversight.

Regulatory standards for practitioners performing NSCPs are designed to ensure:

- Patient safety
- Clinical competence
- Ethical practice
- Informed consent

Section 2: Purpose and Scope

2.1 This Standard highlights the requirements and procedures for granting NSCPs to licensed physicians and dentists in the State of Qatar.

2.2 This Standard shall:

a. Define NSCPs and their regulatory scope.

b. Introduce a Risk-Tier classification model.

c. Establish physician and dentist eligibility criteria.

d. Define training and competence requirements.

e. Establish privileging, application, and renewal procedures.

f. Define patient safety, consent.

g. Incorporate religious, cultural, and ethical considerations applicable in the State of Qatar.

2.3 Non-Surgical Cosmetic Procedures (NSCPs) definition:

Non-surgical cosmetic procedures are elective medical procedures performed to enhance appearance or address aesthetic concerns through injection, chemical, mechanical, cryotherapeutic, electrical, photonic, or energy-based mechanisms that produce a biological, physiological, or structural effect on tissues, without the use of surgical incision, excision, or operative tissue removal.

Supersession Notice

This Standard supersedes all previous DHP circulars, guidelines, and internal policies related to Botulinum Toxin and Dermal Filler privileges.

Section 3: Tiered Privilege Classification

Non-Surgical Cosmetic Procedures are classified into three Risk Zones based on tissue depth, proximity to critical neurovascular structures, and complication severity.

Tier 1	**Low Risk** Procedures involving superficial tissue planes with minimal proximity to major vascular or neural structures, typically non-invasive or minimally invasive, with a low risk of serious complications.
Tier 2	**Moderate Risk** Procedures involving deeper dermal or subdermal tissue planes and/or moderate proximity to vascular or neural structures, requiring enhanced anatomical knowledge and clinical training.
Tier 3	**High Risk** Procedures involving deep tissue manipulation, high-risk anatomical zones, or significant proximity to major vascular or neural structures, requiring advanced training, surgical-level anatomical knowledge, and readiness to manage potential complications or emergencies.

Section 4: Practitioner Eligibility by Categories

Physicians and dentists eligible to perform NSCPs are classified into the following categories based on their primary specialty, training background, and scope of practice

Categories	Eligible Specialties	Tiers	Remark
Physicians			
A	Plastic Surgery, Dermatology, Aesthetic Medicine	1,2,3	
B	All Physician Specialties	1,2	
C	General Practitioner	1	
Dentists			
D1	Oral Surgery, Oral &Maxillofacial Surgery	1,2,3	Face, oral region, and peri-oral structures ONLY.
D2	Prosthodontics, Periodontics, Oral Medicine, Orthodontics.	1,2	Face, oral region, and peri-oral structures ONLY.
D3	General Dentist and all other dental specialties	1	Face, oral region, and peri-oral structures ONLY.

Notes:

1. Licensed specialists in Plastic Surgery, Dermatology, Aesthetic Medicine, Oral Surgery, and Oral & Maxillofacial Surgery are automatically granted NSCP privileges as part of their core privileges, in accordance with their respective DHP-approved scope of practice. The exercise of these privileges remains subject to the practitioner's relevant training, demonstrated competency, and any applicable DHP requirements. Inclusion within the same Tier does not imply equivalent professional scope or entitlement to perform all procedures listed under that Tier.

2. All dental practitioners (specialists and general) are restricted to the face, oral region, and peri-oral structures. Dentists may not perform body contouring, truncal procedures, or any non-facial cosmetic intervention.

Section 5: NSCPs Risk Classification — Procedure Lists

- NSCP Risk Classification — Procedure Lists shall be read in conjunction with Annex 1: Facial Zone Risk Classification.
- Inclusion of a practitioner category against a procedure or Tier indicates eligibility to be considered for that privilege only and does not constitute automatic authorization to perform the procedure or all examples listed under that tier. The actual privilege granted shall remain subject to the practitioner's applicable scope, anatomical limitations, relevant training, demonstrated competency, and any procedure-specific requirements.
- Training course approval is tier specific. Completion of a training course does not automatically confer the right to practice. The granting and renewal of privileges remain at the sole discretion of DHP and/or the Institutional Privileging Committee, which may impose additional requirements, conditions, or restrictions based on the applicant's qualifications, experience, clinical competence, and patient safety considerations. DHP reserves the right to amend, update, or withdraw recognition of any training program at any time.

Tier 1 — Low Risk Procedures

#	Procedure	Subcategory	Eligible physician categories	Eligible Dentist Categories (Face, Oral Region, and Peri-Oral Structures ONLY).
1	Low-energy LED phototherapy	Device-Based	A, B, C	N/A
2	Hydradermabrasion non-injectable, (e.g. HydraFacial)	Device-Based	A, B, C	N/A
3	IPL (Intense Pulsed Light), Electrolysis or laser for hair removal.	Device-Based / Laser Hair Removal	A, B, C	N/A
4	LLLT (Low-Level Laser Therapy) hair restoration	Device-Based / Hair Restoration	A, B, C	N/A
5	Non-ablative laser — low-energy — superficial skin rejuvenation	Device-Based / Laser	A, B, C	D1 only
6	Basic Botulinum Toxin – Upper face only (glabellar lines, forehead lines, and lateral canthal lines [crow's feet treatment]), excluding the lower face, neck, and advanced periorbital procedures.	Injectable / BTX	A, B, C	D1 , D2, D3
7	Dermal filler — low-risk zones only (superficial plane): jawline, lateral mid-face / zygomatic arch, chin (pre-periosteal at pogonion), mandibular angle.	Injectable / Filler	A, B, C	D1 , D2, D3
8	Superficial mesotherapy — Face only	Injectable / Skin Booster	A, B, C	N/A
9	Basic cryotherapy — superficial benign skin lesions only (e.g., warts, skin tags, seborrheic keratosis)	Skin Lesion Tx	A, B, C	N/A
10	Superficial chemical peels — Glycolic, salicylic, lactic acid, TCA ≤15%	Skin Resurfacing	A, B, C	N/A
11	Microdermabrasion / Dermaplaning	Skin Resurfacing	A, B, C	N/A

#	Procedure	Subcategory	Eligible physician categories	Eligible Dentist Categories (Face, Oral Region, and Peri-Oral Structures ONLY).
12	Superficial microneedling (Needle depth ≤0.5 mm, epidermal/superficial dermal treatments only)	Skin Resurfacing	A, B, C	N/A
13	Topical skin-tightening treatments (non-energy, cosmeceutical-based)	Topical	A, B, C	N/A

Tier 2 — Moderate Risk Procedures

#	Procedure	Subcategory	Eligible physician categories	Eligible Dentist Categories (Face, Oral Region, and Peri-Oral Structures ONLY).
1	Advanced microneedling (depth >0.5 mm) With or without PRP / topical serum infusion	Device-Based	A, B	N/A
2	RF microneedling / RF skin tightening (Monopolar, bipolar, combined RF + microneedling)	Device-Based	A, B	N/A
3	HIFU — face and neck	Device-Based	A, B	N/A
4	Body contouring devices (e.g. Cryolipolysis, RF devices, HIFEM)	Device-Based / Body	A, B	N/A
5	Fractional non-ablative laser resurfacing (moderate energy/density)	Device-Based / Laser	A, B	D1 only
6	Fractional ablative laser resurfacing (low density/ energy), e.g., fractional CO_2 or Er:YAG	Device-Based / Laser	A, B	N/A
7	Botulinum toxin — advanced indications (e.g., platysmal bands (superficial plane), hyperhidrosis, masseter hypertrophy, gummy smile)	Injectable / BTX	A, B	D1 , D2
8	Biostimulators (e.g., collagen-stimulating injectables)— standard facial indications	Injectable / Biostimulator	A, B	N/A
9	Dermal fillers — mid-face and lower face (moderate-risk zones only) (Annex1)	Injectable / Filler	A, B	D1 , D2
10	Mesotherapy — face, scalp, or body (non-vascular high-risk zones)	Injectable / Mesotherapy	A, B	N/A
11	Platelet-Rich Plasma (PRP) therapy — facial rejuvenation or hair restoration	Injectable / Regenerative	A, B	N/A
12	Minor non-surgical ear lobe repair (adhesive or filler-based techniques)	Minor Procedure	A, B	N/A
13	Medium-depth chemical peels (TCA 15–35%)	Skin Resurfacing	A, B	N/A

Tier 3 — High Risk Procedures

#	Procedure	Subcategory	Eligible physician categories	Eligible dentist categories (Face, oral region, and peri-oral structures ONLY)
1	Non-surgical blepharoplasty adjuncts (e.g., plasma devices)	Device-Based / Periocular	A only	N/A
2	Full ablative laser resurfacing	Device-Based / Laser	A only	N/A
3	Laser treatment of vascular lesions (e.g., port-wine stains, hemangiomas, telangiectasia).	Device-Based / Laser	A only	N/A
4	Botulinum toxin — lower face, neck, and injections involving high-risk anatomical zones. (Annex1)	Injectable / BTX	A only	D1 only
5	Injectable lipolysis (e.g., deoxycholic acid)	Injectable / Body	A only	N/A
6	Dermal fillers including body and high-risk facial anatomical zones (Annex1)	Injectable / Filler	A only	D1 only
7	Advanced biostimulators or regenerative injectables in deep structural planes	Injectable / Regenerative	A only	N/A
8	Thread lifts	Injectable / Threads	A only	N/A
9	Deep chemical peels (TCA >35% or phenol peels)	Skin Resurfacing	A only	N/A

Section 6: Training and Competence Requirements

Requirement	Tier 1	Tier 2
Total Duration	Minimum 40 contact hours*	Minimum 60 contact hours
Theoretical Components	• Facial anatomy, vascular structures, and aesthetic proportions • Pharmacology of botulinum toxin, dermal fillers, and biostimulatory agents • Injection techniques, dosing principles, and facial contouring strategies • Indications, contraindications, and product selection for injectables • Advanced aesthetic applications • Patient assessment, consultation, and treatment planning • Complication prevention, recognition, and management in injectables	• Comprehensive facial anatomy, including vascular mapping, danger zones, and aesthetic proportions • Advanced pharmacology of botulinum toxin, dermal fillers, and biostimulatory agents • Evidence-based injection techniques, dosing strategies, and facial contouring approaches • Clinical indications, contraindications, and rational product selection for injectable treatments • Advanced aesthetic applications • Comprehensive patient assessment, consultation, and individualized treatment planning • Prevention, early recognition, and management of injectable-related complications • Integration of adjunctive therapies, including basic energy-based devices (e.g., laser, RF, ultrasound) to complement injectable treatments
Mode of Course	Hybrid (online theoretical component with mandatory in-person hands-on clinical training)	Hybrid (online theoretical component with mandatory in-person hands-on clinical training)
Theory Delivery	Online or in-person	Online or in-person
Hands-On	≥50% in-person supervised practical training	≥50% in-person supervised practical training
Assessment	• Oral or Written examination (MCQs/clinical scenarios) • practical competency assessment • case logbook submission	• Oral or Written examination (MCQs/clinical scenarios) • practical competency assessment • case logbook submission

Notes:

1. *The training requirements outlined for Tier 1 are primarily applicable to botulinum toxin and dermal filler procedures. For other procedures within this tier, short courses of 2–3 days are acceptable, along with competency-based assessment.

Section 7: Privileging Process: Submission, Renewal and Monitoring

A. New privilege request submission Pathways:

Pathway 1:

- Physicians Licensed under Hospitals or Healthcare Facilities with a Daycare Unit

  - Privilege applications shall be submitted to the Institutional Privileging Committee (IPC) as per IP policy (Circular DHP/2026/01).

Pathway 2:

- **Physicians Licensed under Healthcare Facilities without a Daycare Unit.**
- **All Dentists**
  - Privileges applications shall be submitted through the DHP online registration system directly to DHP.
  - Applicants must submit all required privilege documents in addition to the following:
    1. Training course certificate(s) relevant to the requested tier.
    2. Official documents showing course duration, type of course and subjects covered in the course should be provided in the application.
    3. All credentials and training certificates must undergo Primary Source Verification (PSV) prior to privilege application submission.

B. Privilege Validity

Validity period	Renewal deadlines	First renewal
NSCPs are valid for 2 years from the date of issuance.	Renewal requests can be submitted at least 3 months before the privilege expiry date.	For physicians and dentists who are currently holding NSCPs, the first renewal shall be due two (2) years from the date of issuance of this standard.

Note: expired privileges are considered inactive

C. Renewal Pathways

Pathway 1:

- **Physicians Licensed under Hospitals or Healthcare Facilities with a Daycare Unit**
- **All Dentists**

  - Privilege renewal applications shall be submitted to the Institutional Privileging Committee (IPC) as per IP policy (Circular DHP/2026/01).

Pathway 2:

- **Physicians Licensed under Healthcare Facilities without a Daycare Unit**

  - Privileges renewal applications shall be submitted through the DHP online registration system directly to DHP.

  - Applicants must submit all required privilege request documents in addition to:

    1. Clinical logbook for the previous 2 years.
    2. Patient outcome report for the previous 2 years.
    3. Copy of previous/current privilege list.
    4. Ongoing Professional Practice Evaluation (OPPE) Evaluation Results. (Annex 2)

Note: OPPE is A continuous, data-driven process conducted by the Medical Director to monitor performance, assess clinical competence and quality outcomes, and support decisions related to modification, renewal, or restriction of clinical privileges.

D. Reporting & Notification Requirements

Facilities with IP committee

- Physicians and Dentists who hold privileges through an IPC must ensure that all newly granted, renewed, modified, suspended, withdrawn, or revoked privileges — as well as any disciplinary actions — are uploaded to their profile in the DHP electronic registration system.
- The Institutional Privileging Committee must notify DHP/MoPH within 5 working days of any suspension, revocation, downgrade of NSCP, or any disciplinary actions.
- The notification must include full justification and supporting documentation.

Facilities without IP committee

- The Medical Director of all healthcare facilities without a daycare unit must notify DHP/MoPH within 72 hours of any adverse event related to an NSCP.
- The notification must include patient details (anonymized), procedure performed, nature of the adverse event, and immediate actions taken.

Section 8: Patient Safety, Eligibility Requirements

8.1 Patient Assessment and Medical Evaluation

Before performing any Non-Surgical Cosmetic Procedure (NSCP), the physician or dentist must conduct and document a comprehensive patient evaluation. This must include:

a) Full medical and dental history

b) Review of current medications and allergies

c) Assessment of potential contraindications (e.g., pregnancy, bleeding disorders, autoimmune diseases, or active infection in the treatment area)

d) Skin assessment and facial analysis

e) Identification of psychological risk factors such as unrealistic expectations or body dysmorphic disorder (BDD)

A clear diagnosis and documented treatment plan must be established before performing any aesthetic procedure. If the patient is deemed unsuitable for treatment, the practitioner must decline the procedure and provide appropriate advice or referral when necessary.

Section 9: Religious, Cultural, and Ethical Considerations

- It is the professional responsibility of the practitioner to ensure that any cosmetic procedures are clinically indicated and do not violate the religious rules and Qatari culture.
- **Consent Requirements for NSCP:** The practitioner must obtain written, procedure-specific informed consent before any NSCP. Consent must cover nature of the procedure, expected outcomes, risks and complications, alternatives including no treatment, and products/devices to be used.

Dermal Filler

Anatomical Zone	Complication Profile
HIGH RISK	
Nasal dorsum and tip	Vascular occlusion via retrograde embolisation to ophthalmic artery. Tissue necrosis. Cerebrovascular accident
Glabella	Retrograde embolisation via supratrochlear artery to central retinal artery. Vision loss. Cutaneous necrosis
Forehead (deep plane)	Vision loss. Cutaneous necrosis. Cerebrovascular accident
Periorbital region and tear trough	Irreversible visual loss. Tyndall effect
Temporal fossa	Vision loss case. Temporal branch of cranial nerve VII palsy
MODERATE RISK	
Nasolabial fold	Vascular occlusion with cutaneous necrosis. Infraorbital nerve paresthesia
Lips (volumisation)	Local vascular occlusion with tissue necrosis. Vision loss.
Medial cheeks (deep plane)	Vascular occlusion. Infraorbital nerve compression
Chin (deep injection)	Mental nerve paresthesia (lower lip and chin anaesthesia). Not applicable to midline pre-periosteal injection at pogonion (low risk)
Marionette lines	Vascular occlusion. Marginal mandibular nerve paresis causing oral asymmetry
LOW RISK	
Jawline (superficial plane)	Oedema, ecchymosis, palpable nodules
Lateral mid-face and zygomatic arch	Oedema, ecchymosis, asymmetry.
Mandibular angle (pre-periosteal)	Ecchymosis, asymmetry.
Chin at pogonion (pre-periosteal, midline)	Nodules, minor asymmetry.
Perioral region (superficial dermis)	Nodules, asymmetry.

Botulinum Toxin

Anatomical Zone	Complication Profile
HIGH RISK	
Perioral musculature (depressor anguli oris, depressor labii inferioris, orbicularis oris, mentalis)	Oral incompetence (loss of oral sphincter function). Sialorrhoea. Dysarthria. Highest documented adverse event rate for aesthetic botulinum toxin indications.
Lower face and neck (deep platysmal plane, pharyngeal region)	Severe dysphagia from diffusion to pharyngeal constrictor musculature. Dysphonia. Aspiration risk. Respiratory compromise.
MODERATE RISK	
Masseter	Masticatory dysfunction. Facial asymmetry. Paradoxical parotid gland prominence. Cranial nerve VII buccal branch in proximity.
Platysmal bands (superficial plane)	Dysphagia from diffusion to strap musculature and pharyngeal constrictors. Cervical weakness. Dysphonia.
Nasalis (transverse nasal lines)	Upper lip ptosis from diffusion to levator labii superioris alaeque nasi. Nasal valve dysfunction.
Mentalis (chin dimpling)	Lower lip incompetence. Sialorrhoea. Oral asymmetry. Depressor labii inferioris adjacent.
Platysma at mandibular border (cervicofacial rejuvenation)	Asymmetric smile. Lower lip ptosis. Marginal mandibular nerve effect at mandibular border.
Axillary eccrine glands (hyperhidrosis)	Compensatory hyperhidrosis. Localised muscle weakness.
LOW RISK	
Glabella (corrugator supercilii, procerus)	Brow ptosis. Asymmetry. Cephalgia. All temporary and dose-dependent.
Lateral canthal lines (orbicularis oculi, lateral portion)	Lower lid ectropion Xerophthalmia
Forehead (frontalis)	Brow ptosis.

Annex 2: Ongoing Professional Practice Evaluation Process (OPPE) Template

The Medical director conducts an Ongoing Professional Practice Evaluation Process (OPPE) of the physicians and dentists to be submitted to the Institutional Privileging Committee when required.

1. The OPPE process is conducted using, but not limited to, the following elements:
    a. Chart reviews such as:
        - Accuracy and quality of documented information
        - Description of the procedures performed
        - Appropriateness of ordered tests and procedures performed
    b. Patient outcomes
    c. Clinical audit outcomes
    d. Logbook
    e. Patient complaints and incidents
    f. Unnecessary referrals
    g. Mortality and morbidity data
    h. Post procedure infection rates

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