



CIRCULAR NO (DHP/2024/12)

From	Department of Healthcare Professions (DHP) - Ministry of Public Health
To	All Healthcare Facilities in The Private Health Sector in The State of Qatar
Subject	Roles, Responsibilities, and Authorities of Medical Director in Private Healthcare Facilities in The State of Qatar
Date	21 April 2024

Greetings from Department of Healthcare Professions (DHP) / Ministry of Public Health (MOPH),

In light of the regulatory and supervisory role of DHP and its continuous cooperation with its strategic partners in regulating health practices and services in the country to improve the quality of the professional practices by developing policies and regulations, DHP hereby announces the Role, Responsibilities, and Authorities of Medical Directors approved by The Permanent Licensing Committee illustrating the significant role assigned to the Medical Directors in the healthcare facilities being responsible for the efficient operations in all aspects related to health care services through close monitoring of professional performance of both clinical and administrative staff ensuring being consistent with the laws and regulations in the country in accordance with recognized medical and ethical frameworks, in addition to their vital role in representing the facility before the local official authorities.

Effective immediately, all healthcare facilities and practitioners, by referring to the attached document, must uphold these core obligations as part of their professionalism by extending the Medical Directors their full support and adherence as per the contained instructions to avoid violations that may result in disciplinary actions.

For queries, please contact us via ftpenquiry@moph.gov.qa

Thank you for your cooperation, Department of Healthcare Professions

ROLES, RESPONSIBILITIES AND AUTHORITIES OF MEDICAL DIRECTOR IN PRIVATE HEALTHCARE FACILITIES IN THE STATE OF QATAR

The purpose of this policy is to identify and regulate the roles, responsibilities, and authorities of medical directors in healthcare facilities in the State of Qatar being the link between the local regulatory authorities, healthcare practitioners and the facilities' management as illustrated below.

FIRST: GENERAL GUIDELINES

SECOND: ROLES, RESPONSIBILITIES AND AUTHORITIES OF MEDICAL DIRECTOR SHALL COVER THE FOLLOWING AREAS:

1. INTERNAL STANDARD OPERATING PROCEDURE (SOP)
2. POLICIES/CIRCULARS ISSUED BY MINISTRY OF PUBLIC HEALTH
3. SAFE PRACTICES WITHIN THE FACILITY.
4. PATIENTS' RECORDS/DOCUMENTATION IN PATIENTS' FILES IN THE FACILITY.
5. THE EFFECTIVE UTILIZATION OF HEALTH RESOURCES IN THE FACILITY AND THE OPTIMAL USE OF THEM (HUMAN AND MATERIAL RESOURCE MANAGEMENT)
6. CLINICALLY RELATED HEALTH COMPLAINTS AND DISPUTE MANAGEMENT SYSTEM

THIRD: INSTRUCTIONS FOR HEALTHCARE FACILITIES' OWNERS

FIRST: GENERAL GUIDELINES

The Medical Directors Must:

1. have wide-ranging skills with an exceptional communication, emotional intelligence, clinical expertise, and administrative ability that will enable them to manage health facilities and carry out the assigned tasks.
2. have license to practice medicine in the State of Qatar (as per Qatari Laws & related amendments).
3. Be licensed as a dentist in specialized dental facilities only.
4. Be aware of the health practice laws, regulations, circulars, and policies in the country.
5. To assign a deputy in case of their absence and to inform Ministry of Public Health of same.

6. To keep practicing his/her profession as physicians/dentists during his assignment as Medical Director.
7. Fully committed to the content assigned to them that are stipulated in this policy and any other tasks that may be added in the future by health regulation authorities.

SECOND: ROLES, RESPONSIBILITIES AND AUTHORITIES OF MEDICAL DIRECTORS SHALL COVER THE FOLLOWING AREAS

1. STANDARD OPERATING PROCEDURE (SOP)

Medical Directors must ensure the availability of policies and procedures that ensure:

1. The establish of SOP that describes specific step by step procedures in clinical & administrative management that should be used as a hands-on reference for service providers providing services, thereby helping to standardize the practice in the facility, with the ultimate goal of optimizing the quality & standard patient care for effective health & administrative management within the healthcare facility by clarifying roles and responsibilities of the service providers for clinical & non-clinical care on a continual basis in accordance with the clinical governance policies defined by Ministry of Public Health.
2. The necessary measures are taken to guarantee the full compliance of healthcare practitioners to their scope of specialty and the granted medical privileges approved by the competent health authorities in Qatar without breaching them, and to ensure that all medical and paramedical staff in the facility are aware of these measures.
3. All clinical services are defined and priced within the approved specific scope of services without any contradiction with the relevant policies specified by Ministry of Public Health and according to the approved pricelist.
4. The Development of all policies governing clinical & non-clinical activities that directly affect patient care within the facility, taking into consideration the interest of providers and recipients of care (patients / health practitioners / administrative staff), updated on regular basis, and compatible with regulatory body directions.
5. Being primarily responsible, in agreement with the top management in the facility, for the selection and employment of medical and paramedical healthcare staff ensuring that all departments/units are in full compliance with the minimum number of specialists to operate the facility according to the approved activities by the competent health authorities otherwise the department/unit must be closed temporarily until meeting the requirements and MoPH to be informed officially.
6. The Development of a mechanism to ensure the implementation of policies, circulars, and decisions with full compliance.

1- POLICIES/CIRCULARS ISSUED BY MINISTRY OF PUBLIC HEALTH

Medical Directors must ensure the availability of policies and procedures that ensure:

1. All policies and circulars issued by Ministry of Public Health are shared, re-circulated, implemented and adhered to by all health practitioners working in the facility.
2. Referring to MoPH website/social media platforms/concerned departments Continuously to keep him/herself updated on the circulars and policies published and sharing the updates with the information with the concerned practitioners within the health facility.

2- SAFE PRACTICE IN THE FACILITY

Medical Directors must ensure the availability of policies and procedures that ensure:

1. All necessary measures to ensure full compliance with the laws, regulations, and policies regulating health sector activities in terms of the licensing of the health facility and practitioners.
2. Healthcare facility license is valid and ensure that it is renewed well before its expiry date, and that all units including their equipment, tools, and devices, have all necessary approvals from MoPH.
3. All health practitioners working in the healthcare facility have valid licenses to practice issued by the concerned authority (Ministry of Public Health in the State of Qatar).
4. Placing a copy of facility licenses and healthcare practitioners in a prominent and conspicuous place.
5. Healthcare practitioners work according to the approved scopes of practice and specific privileges granted to them to be practiced in that licensed facility.
6. No healthcare practitioner starts working in the facility before being granted a permanent license to practice/ temporary license to practice/ an official training letter issued by MoPH concerned authorities to allow him working in the facility indicated in his/her license/training letter only.
7. No healthcare practitioner starts working in the facility before completing registration and licensing applications including requests related to transfer of license (change place of work) & approved by MoPH concerned authorities.
8. The quality and efficiency of health services provided to patients are constantly monitored and updated as needed.
9. Define training and development plans for healthcare practitioners in the facility and ensure that practitioners adhere to those plans.
10. Maintain a consistent level of quality of care provided by adopting a program of best practices ensuring high quality patient care in accordance to MoPH guidelines.
11. Direct and advise the facility's internal committees concerned with quality assurance, performance improvement, pharmacy services, infection control, safety, and medical care.
12. Direct and lead the facility towards commencing affiliation and performance agreements with other health care providers and establishing effective external relationships, for example, with regulatory bodies, professional associations, insurance companies, ambulance services, emergency medical systems and planning to respond to situations that require emergency transfer of patients to a more specialized health facility.

13. If the facility is licensed to provide emergency services, the necessary measures must be taken to ensure the availability of all necessary resources to provide such services safely and effectively.
14. Conduct a periodic assessment of the professional practices within the facility to ensure that all practitioners follow the circulars and internal policies of the facility, as well as the laws and regulations in force in the State.
15. Create and update plans for dealing with emergencies and disasters.
16. Take all necessary measures regarding infection control and report the competent authorities in the country about cases in accordance with the relevant applicable laws.

3- PATIENTS' FILES IN THE FACILITY

Medical Directors must ensure the availability of policies and procedures that ensure:

1. The existence of a paper/electronic system for keeping patients' files and maintaining the confidentiality of the information contained therein, with no access to them except for authorized personnel.
2. All healthcare practitioners adhere to the correct documentation in patients' files, and that the necessary information are available to make the right decision in patient care by adopting a reliable patient-centred documentation system that makes information availability & flow instantly and securely to authorized users (depending on facility size and capacity).
3. Develop a mechanism that helps in preparing comprehensive medical reports for patients without any delay to ensure continuation of treatment.
4. Patients' files are kept according to the period stipulated in the regulatory laws.
5. Full access to patient files.

4- THE EFFICIENCY OF HEALTH RESOURCES IN THE FACILITY AND THE OPTIMAL USE OF THEM (HUMAN AND MATERIAL RESOURCE MANAGEMENT)

Medical Directors must ensure the availability of policies and procedures that ensure:

1. All devices and materials used in the facility have official approvals from the competent authority at Ministry of Health.
2. The validity and expiry dates of all materials and solutions used.
3. The necessary measures are taken to periodically standardize all approved devices and carry out continuous maintenance.
4. The availability of resources according to the classification of the health facility.
5. A safe and encourage work environment for the facility's employees to maintain the quality of health care provided.
6. The stamps are placed in a safe place and used only by legitimate legal means.

7. The availability of a sufficient number of health care staff during working hours in the facility as per MoPH regulations.
8. All services are in accordance with the directives, requirements and standards specified by Ministry of Public Health.

5- COMPLAINTS AND DISPUTE MANAGEMENT SYSTEM/POLICY FOR HEALTH CARE SERVICES

Medical Directors must ensure the availability of policies and procedures that ensure:

1. A system/service/policy (depending on facility size and capacity) is developed for receiving and investigating patient complaints according to the size and nature of the service, the system that will help in responding appropriately to complaints to restore trust in the provided services and preventing a minor grievance escalating into a major incident.
2. Medical director will be involved in assessing all clinical complaints to determine the best resolution process, taking into consideration the seriousness and complexity of the complaint and the complainant's requests.
3. The system/service/policy must include a method that ascertains informing complainants and staff of the investigations' outcomes that include reasons for the taken decisions.
4. Take the necessary corrective measures and direct improvement plans to ensure that standards of patient care are met which will help in avoiding the repetition and how changes will be monitored.
5. In cases of adverse events, based on the seriousness of the event, the medical director or his deputy must intervene and resolve the issue at the point of service.
6. The medical director must manage the issues professionally by being patient, transparent, and open for discussion that will reassure patient and his family about the service, supervise the provision of the best available treatments, and follow up completing the referral of the case to another competent authorities if the facility is unable to deal with these complications.
7. Notify the Department of Healthcare Professions and the other concerned competent health authorities about the negative, serious, and harmful events and any issues that threaten the safety of patients or the public.
8. Timely report and analysis of audit results and direct improvement plans to ensure that standards of patient care are met.
9. Notify Department of Healthcare Professions about decisions / disciplinary actions taken by the facility against their practitioners, and to ensure timely reporting according to the circulars issued by the competent health authorities in this regard.
10. Develop an internal quality improvement system/process/committee that involves an appropriately skilled and senior member of staff with clinical audits experience, conduct peer reviews periodically in each specialty to assess professional behavior



and practices, and including preventive measures to reduce medical complaints by improving the quality of services according to the outcomes of the investigations.

11. Cooperate with competent health authorities in the country by providing them with all requested information.
12. Cooperate with inspection teams from MoPH by facilitating their missions.
13. Taking full responsibility before the official authorities regarding any violations that may be found in the health facility including issues related to unprofessional and unethical practices.

THIRD: DIRECTIVES FOR HEALTHCARE FACILITIES' OWNERS REGARDING MEDICAL DIRECTORS POSITION

1. Appoint a medical director before initiating the work in the facility and notify the competent health authorities regarding the appointed MD and update the authorities when any changes occur in the assignment.
2. The competent health authority must be notified officially when the position of the medical director becomes vacant for any reason within two weeks' time at most.
3. Appoint a temporary medical director during the vacancy of the position.
4. Appoint a new medical director within sixty (60) days of the position becoming vacant.
5. The competent authority must be notified of the name of medical director deputy and contact details.
6. The facility must be closed If failed to appoint a medical director.