

Circular No. (8/2015)

From	Qatar Council for Healthcare Practitioners (QCHP)
To	<ul style="list-style-type: none">• All healthcare facilities in the State of Qatar (Governmental and Private sectors)• All healthcare facilities' focal points in the State of Qatar (Governmental and Private sectors)• All physicians and dentists in the State of Qatar (Governmental and Private sectors)
Subject	Mandatory instructions for all physicians and dentists
Date	19th April 2015

"The Registration Department in Qatar Council for Healthcare Practitioners presents to you its compliments".

In alignment with QCHP's mission, vision and values which aim to ensure patient safety and the quality of healthcare services in the State of Qatar, as it has been noticed that some physicians and dentists perform some surgical and dental privileges before getting an official approval from the registration department; it is mandatory for all employers, focal points, physicians and dentists to comply with the following:-

- Practicing within the scope of practice granted by the registration department. (for all healthcare practitioners)
- Submitting a request to perform surgical privileges / dental privileges (**Attached to the circular**), in case desired by physician/Dentist, to practice outside the granted scope of practice, considering all mandatory requirements by registration department are fulfilled.
- It is not allowed for any physician or dentist to perform any surgical / dental privilege before getting an official approval from the registration department including the approved surgical / dental privileges.
- Practicing within the privileges list approved by the registration department.
- In case of non compliance with the above mentioned, the required disciplinary actions will be taken against the facility and the practitioner.

Thank you for your cooperation.

Registration Department Team/ QCHP

Request for approval to perform Surgical Privileges For Consultant / Specialist Physicians

Date: _____

Name: _____ License No.: _____

Scope of practice: _____

Required Documents:

1-A list of type and number of procedures performed by the Surgeon within the last three years (log book) Signed and Stamped by chairperson of the Dept and Medical Director of the Hospital (s) where the Log Book has been issued attested from Embassy of country of origin + Qatari Ministry of Foreign affairs .

2- Full Address of the Hospital (s) where the Log Book has been issued (including the name of the hospital, Fax No, Tel No. , P.O. Box, Email, Website) for verification purpose.

3-For further requirements, please visit SCH, QCHP websites: <http://www.sch.gov.qa/> , <http://www.qchp.org.qa/en/Pages/default.aspx>

Kindly note that you must submit all the required documents otherwise your request will be neglected.

Undertaking:

I. The Physician:

I hereby declare that all information provided in this request and attached documents are accurate to the best of my knowledge.

I hereby undertake not to perform any procedure(s) before getting an official approval from the Registration Department/ QCHP.

I hereby undertake not to perform any procedure(s) not approved by the Registration Department/ QCHP; and that I shall bare all legal and disciplinary responsibilities in case of violation of this clause. Further, I declare that performing the approved procedures / treatments will be at my sole responsibility.

Signature: _____ Stamp: _____

II. The Facility:

This medical institution undertakes to provide all requirements that are legally and/or professionally deemed necessary for providing quality and safe care for patients before, during and after approved surgical intervention (s) are performed by this licensed and privileged Surgeon in this facility. The institution also acknowledges taking full responsibility and financial liability in case of negligence and/or malpractice that have been proven beyond doubt which have directly or indirectly caused harm and/or complication(s) to the patient.

Institution: _____ Stamp: _____

Director: _____ Signature: _____ Stamp: _____

Personal Declaration for Dental Privileges (General Scope Dentist – Specialist Dentist)

Date: _____
Practitioner Name: _____ License No.: _____
Scope of Practice: _____

Undertaking:

I hereby declare that all information provided in this request and attached documents are accurate to the best of my knowledge.

I hereby undertake not to perform any procedure(s) before getting an official approval from the Registration Department/ QCHP.

I hereby undertake not to perform any procedure(s) not approved by the Registration Department/ QCHP; and that I shall bare all legal and disciplinary responsibilities in case of violation of this clause. Further, I declare that performing the approved procedures / treatments will be at my sole responsibility.

Signature: _____ Stamp: _____

III. The Facility:

This medical institution undertakes to provide all requirements that are legally and/or professionally deemed necessary for providing quality and safe care for patients before, during and after approved dental/surgical intervention(s) are performed by this licensed and privileged (Temporary / Permanent) Dentist in this facility. The institution also acknowledges taking full responsibility and financial liability in case of negligence and/or malpractice that have been proven beyond doubt which have directly or indirectly caused harm and/or complication(s) to the patient.

Institution: _____ Stamp: _____

Director: _____ Signature: _____ Stamp: _____

Kindly note that you must submit all the required documents (refer to dentists guidelines) otherwise your request will be neglected.