



STANDARD FOR CLINICAL PRIVILEGING OF HEALTHCARE WORKFORCE AND CLINICAL SERVICES

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1. Standard Scope

- 1.1. This Standard applies to all healthcare workforce and healthcare providers licensed by DOH.

2. Definitions and Abbreviations

No.	Term / Abbreviation	Definition
2.1.	Advanced Practice Professionals (APP)	Non-Physician healthcare personnel who are qualified to provide a level of medical care directly to the patient. They provide the services collaboratively with a supervising physician who is responsible for their performance. They are typically privileged through the privileging committee.
2.2.	Competence	The knowledge, skills, capabilities required for an individual to perform the duties of an assigned role successfully.
2.3.	Initial Verification process	The confirmation of experience, performance, and the status of clinical privileges from the previous employer.
2.4.	Disaster	Any incident or incidents causing very serious damage, and which require the cooperation of the government and society as a whole in order to achieve recovery, and may require the support and help of the international community (National Emergency Crisis and Disasters Management Authority - NCEMA).
2.5.	DOH	The Department of Health
2.6.	Focused Professional Practice Evaluation (FPPE)	A short duration evaluation process of a healthcare professional competence of how the skills and knowledge are applied to a specific clinical privilege.
2.7.	Healthcare Professionals (Healthcare Workforce):	Persons who hold current and valid licenses issued by DOH authorizing them to engage in certain medical activities, this includes physicians, dentists, advanced practice professionals (APP), nurses, and allied health professionals.
2.8.	Healthcare Provider	A healthcare facility whether owned or operated by an individual or a legal entity that has the ultimate responsibility for the management of the facility.
2.9.	Peer	A healthcare professional who is familiar with the tasks of another Healthcare Professional from the same discipline. A peer maybe from the same facility or someone outside the organization.
2.10.	Peer Recommendation	The information submitted by a peer about his/her objective opinion of a healthcare professional's clinical practice, ethical conduct, and ability to work as a team.
2.11.	Preceptor	A Healthcare Professional who teaches new clinical skill, technique, or knowledge, and can assists with a procedure or take charge of it. He/she is an expert in their field and privileged in the clinical procedures they observe and must be in good standing.

2.12.	PQR	Healthcare Professionals Qualification Requirements
2.13.	Clinical Privileges	are permissions granted to a healthcare professional to provide medical and other patient care services in the granting Healthcare Provider, within defined limits, based on the individual's education, professional license, experience, competence, ability, health, and judgment in addition to the Healthcare Provider's resources. Clinical Privileges are granted by the Privileging Committee at the Healthcare Provider.
2.14.	Privileging	A process of which the health professional is granted Clinical Privileges by the Healthcare Provider.
2.15.	Privileging Committee (or similar structure)	The group of individuals holding the ultimate authority and responsibility for establishing rules and policies, and standards to maintain quality patient care. Examples are medical director, executive medical committee, and speciality board among others. For the purpose of this document, the use of "Privileging Committee" represent the group of individuals within a Healthcare Provider who are responsible for granting, reviewing, renewing, and cancelling of Clinical Privileges of healthcare professionals.
2.16.	Scope of Practice	is the predefined range of services, treatments, and responsibilities that will set out activities of a healthcare professional permitted to undertake within the scope of the license category of that Healthcare Professional.
2.17.	Ongoing professional practice evaluation process (OPPE)	a process that allows identification of professional practice trends of the Healthcare Professionals who have been granted Clinical Privileges that have impact on quality of care and patient safety on an ongoing basis and focuses on the individual member's performance and competence related to his or her clinical practices.

3. Standard Requirements and Specifications

3.1. The Clinical Privileging Framework

3.1.1. The objective of the Clinical Privileging framework is to outline the processes through which the health professionals' clinical privileges are granted within their scope of practice.

3.1.2. The guiding Principles are:

- .A. **Patient Safety:** Ensure that healthcare professionals undergo robust privileging process to safeguard patient safety.
- .B. **Equity and Fairness:** Ensure that all Healthcare Professionals privileges are fairly delineated without discrimination and that all decisions are based on their academic qualifications, experience, and competence.
- .C. **Alignment with DOH Requirements:** Ensure that Healthcare Providers adopt DOH policies and standards within their organizations' operations.
- .D. **Efficient Patient Care:** Ensure the adoption of best verification and privileging processes based on transparency and accountability to enhance quality and safety of patient care.

3.1.3. The Clinical Privileging Framework Consist of:

- .A. Privileging Process
- .B. Privileges Renewal Process
- .C. Management of Privileges Changes
- .D. Withdrawal or Suspension of Delineated Privileges
- .E. The Clinical Privileging Committee
- .F. Privileging Appeal Process
- .G. Privileging Short-term Appointments and Visiting Physicians
- .H. Staff Rotation and Privileging Across Facilities' Network
- .I. Privileges for Trainees Supervisors
- .J. Clinical Privileges in emergency situations or disasters

3.1.4. Privileging Process

- .A. The Healthcare Providers must ensure that the experience and Clinical Privileges of all Healthcare Professionals are verified from the previous employer by requesting a verified copy of the previously approved delineated privileges.
- .B. Healthcare Providers leadership must consider the ethical principles of integrity and equality when writing reference letters, and the issuance of verified copy of the assigned Clinical Privileges of the Healthcare Professionals employed or were employed by them. They must ensure that the contents of the issued documents and the information provided are honest and objective. The reference letter must include details related to the performance of the Healthcare professional as listed in **Appendix 1: Reference Letter**.
- .C. The Healthcare Provider shall provide the newly joined Healthcare Professional Clinical Privileges request form and a list of required supporting documents for completion and submission.
- .D. The newly joined Healthcare Professional submits a list of Clinical Privileges within their scope and competence with the required supporting documents.
- .E. The Privileging Committee reviews the privileges request and assign temporary Clinical Privileges in writing based on specific criteria listed in **Appendix 2: Defining the Privileges Process**.
- .F. Healthcare Professionals granted temporary Clinical Privileges must be subjected to Focused Professional Practice Evaluation Process (FPPE) as set out in **Appendix 3: Focused Professional Practice Evaluation (FPPE)** of this standard.
- .G. The newly joined Healthcare Professional must only commence delivering care to patients following the delineation of written Clinical Privileges.
- .H. The duration of the written temporary Clinical Privileges is three months. It coincides with the probation period of the newly joined Healthcare Professional. It can be extended in writing to a maximum of three more months.
- .I. Towards the expiry of the temporary Clinical Privileges (at the end of the three months probationary period), the Privileging Committee decides on the competency of the Healthcare Professional either to confirm or extend the temporary Clinical Privileges based on the FPPE outcome as stipulated in **Appendix 3: Focused Professional Practice Evaluation (FPPE)**.
- .J. The confirmed Clinical Privileges are valid for two years unless withdrawn or suspended earlier by the granting Healthcare Provider or the DOH.

3.1.5. Privileges Renewal Process

- .A. The Privileging Committee must establish a periodic Clinical Privileges renewal process. The process ensures all Clinical Privileges of all Healthcare Professionals are reviewed every 2 years with a view to renew, suspend, amend or withdraw the granted Clinical Privileges. This process must be documented in writing and must take place even if the Clinical Privileges may remain unchanged.
- .B. The Privileging Committee approves in writing the Clinical Privileges effective periods along with the approved Clinical Privileges and must maintain these records for a period of twenty-five (25) years from the date of granting, renewal, amendment, suspension or withdrawal of the Clinical Privileges.
- .C. Clinical Privilege process in all its stages requires peer recommendations and results of Ongoing Professional Practice Evaluation Process (OPPE) outcome for Privileging Committee decision, **Appendix 4: The Ongoing professional practice evaluation process (OPPE)**.

3.1.6. Management of Clinical Privileges Changes

- .A. The Privileging Committee reviews the delineated Clinical Privileges once triggered by one or more of the following situations:
 - .1. Changes in the Healthcare Provider license or scope such as facility settings or circumstances.
 - .2. Change in the role of the Healthcare Professional.
 - .3. When the Healthcare professional requests additional or adjustment of Clinical Privileges based on obtained advanced education and training.
 - .4. As a result of an adverse event which is deemed to be erroneous or due to failure in providing the standard of care on the part of the Healthcare Professional.
 - .5. Analysis result of patients' complaints as a result of errors or failures to provide the standard of care on the part of the healthcare professional.
 - .6. Unsatisfactory OPPE as a result of errors findings or failures to deliver the standard of care on the part of the Healthcare Professional.
 - .7. As per peer recommendations which are supported by evidence-based findings or failures to provide the standard of care against the Healthcare Professional and the recommendation of the Healthcare Professional manager.
 - .8. As a result of final medical liability committees' findings of medical errors or Failures to provide the standard of care attributable to the Healthcare Professional.
 - .9. Self-notification by the Healthcare Professional.
 - .10. Changes in the physical or mental health of the Healthcare Professional.
 - .11. Introduction of a new medical service or technology.
 - .12. Upon DOH's written request.
- .B. The Privileging Committee may decide to alter the Clinical Privileges of a Healthcare Professional to ensure patient safety. The changes in the Clinical Privileges might be one of the below:
 - .1. Addition of a temporary Clinical Privileges (requires commencement of an FPPE process).
 - .2. Suspension of one or more Clinical Privileges during an adverse event or any performance related investigations as stipulated in 4.3 below.
 - .3. Withdrawal of one or more Clinical Privileges.
 - .4. Downgrade the level of Clinical Privileges of concern from unsupervised to supervised.

3.1.7. Withdrawal or Suspension of Delineated Privileges

Healthcare Providers should withdraw the Healthcare Professionals' Clinical Privileges in any of the following situations:

- .A. Immediately, if the Healthcare Professional ceases to be legally entitled to practice such as the expiration of the Healthcare Professionals DOH license or their medical malpractice insurance policy.
- .B. On instruction from DOH as a result of findings arising from patients' complaint (s).
- .C. On DOH announcement of additional controls to specific clinical procedure.
- .D. If the Healthcare Provider terminated the employment contract.
- .E. If found that the Healthcare Professional provided false information about his/her qualifications or experience.
- .F. If the Healthcare Professional was not following the generally accepted clinical standards in their practice.
- .G. If the Healthcare Professional committed gross medical negligence.
- .H. If the Healthcare Professional was condemned of a serious crime.
- .I. If the physical or mental health of the Healthcare Professional and their physical ability to perform a task or make a wise decision is compromised
- .J. When the Healthcare Professional continues to deliver poor clinical decisions or was not able to make clinical decision within his Clinical Privileges and continues to consult with colleagues or refer patients to them pointlessly.
- .K. When the Healthcare Professional is not able to work unsupervised.
- .L. When the Healthcare Professional fails to work together with his/her colleagues as part of the work and delivery of care requirements.
- .M. At any situation, where patient safety is compromised.

3.1.8. The Clinical Privileging Committee

- .A. The Healthcare Provider is responsible to establish Clinical Privileging Committee or a governance mechanism to oversee and manage the granting and review of Clinical Privileges and appeals consistent with the requirements of this standard.
- .B. The main aim of the Clinical Privileging Committee is to verify the competency of the Clinical Privileges applicants and grant Clinical Privileges to ensure that only qualified and competent healthcare professionals provide patient care.
- .C. Membership of the Clinical Privileging Committee should comprise of representatives of the profession with appropriate and relevant level of competencies, knowledge, experience, and skills relevant to the Healthcare Professional being privileged. It should also include members of related professions, the medical director, and non-physician member representing the Quality and Patient Safety services.
- .D. The responsibility of the Clinical Privileging Committee includes:
 - .1. Define the information prerequisites for the verification and Clinical Privileging processes as per this standard's requirements.
 - .2. Recommend the performance evaluation criteria including FPPE and OPPE processes.
 - .3. Assign appropriate written Clinical Privileges to Healthcare Professionals within their scope of practice and according to the available clinical services and resources.

- .4. Determine Clinical Privileges permissions based on competence and roles and responsibilities such as procedures done autonomously and levels of supervision.
- .5. Establish mechanisms for the granting emergency Clinical Privileges to respond to emergency, disasters, and crisis situation once declared by the relevant authorities.
- .6. Establish mechanisms for granting temporary Clinical Privileges for short-term, seconded, contracted, and visiting Healthcare Professionals as set out in this standard.
- .7. Recommend the commencement of the FPPE processes for newly joined Healthcare Professionals, Clinical Privileges change, and any other situation set out in this Standard.
- .8. Responsible for Clinical Privileges renewal, amendment, suspension and withdrawal as a result of any incident provided for under this Standard or due to reviewing the results of OPPE processes.
- .9. Report the Clinical Privileging Committee recommendations to the facility leadership.
- .10. Ensure that the Healthcare Professionals are informed in writing of their assigned Clinical Privileges or any actions taken in relation to their Clinical Privileging.
- .11. Ensure that all Clinical Privileging Committee's meetings are documented and kept confidential.
- .12. Conduct meetings in fairness and justice and ensure that there are no conflicts of interests or biased opinions that would affect the decisions of the Clinical Privileging Committee.

3.1.9. Privileging Appeal Process

- .A. Healthcare Professionals who had their requested Clinical Privileges denied or altered, may submit an appeal for a review of their request within the Healthcare Provider.
- .B. An ad-hoc appeal panel, independent from the Clinical Privileging Committee, must be formed to review appeal requests.
- .C. Appeal reviews should be done in fairness and justice and should identify the issues and confirm the Clinical Privileging Committee decisions, amend or reject appeal requests.
- .D. The process should be well documented and records should be kept for future reference.

3.1.10. Privileging Short-term Appointments and Visiting Professionals

- .A. The Healthcare Provider must verify the experience and skills of all Healthcare Professionals who are contracted as part-time, seconded, visiting Healthcare Professionals, and those who are permitted to use the operating theatres by requesting a verified copy of previously approved Clinical Privileges from previous employer.
- .B. The Healthcare Provider must grant temporary Clinical Privileges to part-time, seconded, visiting Healthcare Professionals, and those who are contracted to use the healthcare providers' operating theatres in accordance with the provisions of this Standard.
- .C. The Healthcare Provider must delineate Clinical Privileges and conduct performance evaluation as stipulated in this Standard on all contracted Healthcare Professionals regardless of their contract type.
- .D. The Healthcare Provider must ensure the availability of the required medical equipment and resources required for the requested procedures.

3.1.11. Staff Rotation and Privileging Process Across Facilities' Network

- .A. Healthcare Providers who are operating more than one healthcare facility and are providing the same scope of clinical services and capacity in all their facilities, can implement a central verification and Clinical Privileging system across the facilities as set out in this Standard.
- .B. Healthcare Providers who operate multiple facilities that are different in their scope of clinical services, must assign different Clinical Privileges Committee for the concerned Healthcare Professionals in each respective facility. The assigned Clinical privileges Committee must align with the clinical service settings in each facility.
- .C. The data from the different facilities can be used in the performance evaluation of the Healthcare Professionals.

3.1.12. Privileges for Trainees Supervisors: The Healthcare Providers must ensure that the Healthcare Professionals who are supervising trainees are granted Clinical Privileges for all the clinical procedures and services that they supervise.

3.1.13. Clinical Privileges in Emergency Situations or Disasters

- .A. Privileging Committee (or similar structure) grants Healthcare Professionals whatever is necessary (within the scope of each Healthcare Professional's license) to save the life, limb, or organ of a patient.
- .B. The only situation where physicians may perform work that exceed their competence or exceeds the license granted to them is in emergency situations to save lives¹¹ or to avoid gross complications that patients may suffer¹².
- .C. Healthcare Professionals who are holding DOH temporary licenses during emergency, disaster, and crisis situations are subjected to 4.1 of this standard.

3.2. Clinical Privileges Requirements and Specifications

- 3.2.1.** Clinical Privileges are requested by the Healthcare Professional and reviewed and approved by the Privileging Committee. The granted Clinical Privileges must be set within the scope of practice.
- 3.2.2.** Health Care Professionals who wish to practice beyond their scope of practice must submit their request through DOH Licensing process (TAMM - Manage a Healthcare Professional License <https://www.tamm.abudhabi/>).
- 3.2.3.** Dentists who wish to practice dental implantology, must comply with DOH Minimum Requirements for Dental Implantology Privilege, **Annex 1: Minimum Requirements for Dental Implantology**. This is based on the fact that dental implantology training increasingly became part of multiple dental specialty training programs such as prosthodontic, periodontics, oral surgery and oral and maxillofacial surgery.
- 3.2.4.** DOH may restrict the Clinical Privileges of specific clinical procedures for Healthcare Professionals in situations where patient safety is deemed to be compromised.
- 3.2.5.** The Healthcare Professionals must practice only within a valid assigned Clinical Privileges.
- 3.2.6.** The Healthcare Professionals shall sign an undertaking letter to abide by this Standard during the DOH license application process. The undertaking letter shall include:
 - .A. The Healthcare Professional will provide the care in accordance with his/her scope of practice and delineated Clinical Privileges.
 - .B. The Healthcare Professional commits to continue developing his/her competency through his/her Continuous Education annual required hours.

- .C. The Healthcare Professional will allow the employer to share information about his/her competency/Clinical privileges.
 - .D. The Healthcare Professional will maintain the surgical logbook/case records as applicable to surgical specialties.
- 3.2.7.** The Healthcare Providers shall be accountable to ensure that the Healthcare Professionals are assigned evidenced-based Clinical Privileges within their scope of practice and in accordance with the facility licensed services and available resources, **Appendix 2: Defining the Privileges Process.**
- 3.2.8.** Healthcare Professionals who require Clinical Privileges to practice in the Emirates of Abu Dhabi are, but not limited to:
- .A. Physicians
 - .B. Dentists
 - .C. Advanced practitioner professionals (APP). Examples are: Nurse practitioner (NP), Registered Midwife (RM), Certified Registered Nurse Anesthesia (CRNA), Physician Assistant (PA), Podiatrist, and Pre-hospital Care provided by Emergency Medical Services with advanced training.
 - .D. Pharmacists for direct patient intervention i.e. vaccine administration.
- 3.2.9.** Copies of the delineated Clinical Privileges of Healthcare Professionals must be accessible to them, and to the team working with them.
- 3.2.10.** Small-sized Healthcare Providers who do not have an established organized medical staff structure and Clinical Privileging Committee may seek the Clinical Privileging services from other parties to comply with this Standard.

4. Key stakeholder Roles and Responsibilities

4.1. Duties of the Healthcare Providers include:

- 4.1.1.** Ensure that their employed Healthcare Professionals are assigned Clinical Privileges prior to practice.
- 4.1.2.** Set a well-defined system for verification and privileging Healthcare Professionals in accordance with this standard. The system must be non-biased and best clinical practice to ensure that the Healthcare Professionals have the appropriate skills and experience.
- 4.1.3.** Publish the Clinical Privileges process details.
- 4.1.4.** Ensure that all Healthcare Professionals are aware about the Clinical Privileges process.
- 4.1.5.** Ensure that all Healthcare Professionals are kept informed in clear terms of their assigned Clinical privileges.
- 4.1.6.** Ensure that the approved Clinical Privileges of all Healthcare Professionals are accessible to relevant team members participating in patient care delivery specifically in operating theaters, critical care areas, and emergency departments.
- 4.1.7.** Set up a monitoring system such as OPPE to assess the compliance of Healthcare Professionals to the implementation of best clinical practices to the granted Clinical Privileges. This process must be on a regular basis at a minimum of once a year and as set out in **Appendix 4: The Ongoing professional practice evaluation process (OPPE).**
- 4.1.8.** Ensure that an appeal system is in place.
- 4.1.9.** Maintain a record of all lists of Clinical Privileges granted to the employed Healthcare Professionals and any changes or limitations that were imposed including any disciplinary actions.

- 4.1.10. Ensure that the system includes a detailed process of delineating Clinical Privileges in emergency situations and disasters.
- 4.1.11. Ensure that any visiting Healthcare Professionals undergo the Clinical Privileges process.
- 4.1.12. Ensure that Healthcare Professionals who are contracted to perform surgical procedures using the operating theatre are verified and granted Clinical Privileges in accordance with this Standard.
- 4.1.13. Share an updated list of Healthcare Professionals' Clinical Privileges with the health payers.
- 4.1.14. Provide a verified copy of previously delineated Clinical Privilege and a reference letter to the Healthcare Professional, the recruiting Healthcare Provider, or DOH whenever requested. All documents should be issued in writing in fairness without conflicts of interests or biased opinions.
- 4.1.15. For Dental Implantology Privilege
 - .A. Ensure that dentists employed at their Healthcare Providers are familiar with the requirements of this Standard and that they comply with it.
 - .B. Ensure that dental implantology Clinical Privileges are only granted to employed dentists who are licensed by DOH to practice dental implantology.

4.2. Duties of the Healthcare Professionals

- 4.2.1. Provide accurate information to the Clinical Privileging Committee to enable them to make informed decision in their verification and Clinical privileging process including prior restrictions or limitations to the assigned Clinical Privileges.
- 4.2.2. Ensure that they have been assigned Clinical Privileges within their scope of practice prior to the provision of any patient care.
- 4.2.3. Not engage in the clinical management of any patient beyond their scope of practice, delineated Clinical Privileges, and their level of training and experience.
- 4.2.4. Notify the Clinical Privileging Committee of any changes in their conditions that may affect performing the granted Clinical Privileges.
- 4.2.5. Keep a detailed portfolio of their training and a log-book of all invasive procedures performed and their outcomes.

4.3. Duties of DOH, DOH is responsible for:

- 4.3.1. Setting the Clinical Privileging framework for Healthcare Providers and Healthcare Professionals to ensure that care is provided by qualified and competent Healthcare Professionals.
- 4.3.2. Update or supplement this Standard to ensure that care is provided by qualified and competent Healthcare Professionals.
- 4.3.3. Setting the standards and developing processes to permit DOH licensed physicians to practice beyond their scope of practice.
- 4.3.4. Setting the verification and credentialing requirements for the practice of Dental Implantology by DOH licensed general dentists and dental specialists to ensure that care is provided by qualified and competent Healthcare Professionals.
- 4.3.5. Limit, revoke, and / or suspend Clinical Privileges of Healthcare Professionals within their scope of practice when deemed necessary for patient safety.
- 4.3.6. Ensure that the implementation of this Standard is monitored.

- 4.3.7.** Update the published Healthcare Professionals list (Shafafiya List) with the Dental Implantology credentialing status.

4.4. Duties of Third-Party Payers:

- 4.4.1.** Ensure that reimbursements of Healthcare Providers are done against current and updated Clinical Privileges of Healthcare Professionals.
- 4.4.2.** Maintain an updated list of Healthcare Professionals' Clinical Privileges when providing patient care.
- 4.4.3.** Set procedures to support the implementation of this Standard.

5. Monitoring and Evaluation

A monitoring and evaluation framework is in place to evaluate the effectiveness, outcomes, and impact of this Standard, and where necessary adopt changes to ensure continuous improvement within the health system in line with emerging new developments in healthcare sciences, medical practices, and healthcare education and training.

6. Enforcement and Sanctions

Healthcare Providers must comply with the terms and requirements of this Standard, the DOH Standard Provider Contract and the DOH Data Standards and Procedures. DOH may impose sanctions in relation to any breach of requirements under this Standard in accordance with the Healthcare Sector Disciplinary Regulations.

7. Exempted from Scope

NA

8. Relevant Reference Documents

No.	Reference Date	Reference Name	Relation Explanation / Coding / Publication Links
1	2021	Cabinet Resolution No. 29 issued on April 15, 2020, Concerning the Implementing Regulation of the Federal Law No. (4) of 2015 Concerning Private Health Facilities	Arabic version https://www.doh.gov.ae/ar/about/law-and-legislations English version https://mohap.gov.ae/en/about-us/legal-references
2	2021	Cabinet Resolution No. 47 of 2018, Adopting the unified national standards for hospitals	Arabic version https://www.doh.gov.ae/ar/about/law-and-legislations English version https://mohap.gov.ae/en/about-us/legal-references
3	2021	DOH Healthcare Regulator Manual - 2017	https://www.doh.gov.ae/en/resources/policies
4	2021	DOH Healthcare Professional Manual – 2017	https://www.doh.gov.ae/en/resources/policies
5	2021	DOH Healthcare Provider Manual -2017	https://www.doh.gov.ae/en/resources/policies
6	2021	DOH Policy on Healthcare Emergency & Disaster Management- 2017	https://www.doh.gov.ae/en/resources/policies
7	2021	DOH Standards on Tele-Medicine - 2020	https://www.doh.gov.ae/en/resources/standards
8	2021	Medical Staff Essentials. Joint Commission Resources by Gilmartin, D., Knoll, S., Kolendra, K., Lechowicz, N., & Mccourt, L. (2017).	
9	15 November 2021	Requirements for Granting Privileges During a Disaster - The Joint Commission 2021	https://www.jointcommission.org/resources/news-and-multimedia/blogs/deline-tjc/2020/03/requirements-for-granting-privileges-during-a-disaster/?_ga=2.134803959.765648969.1635746332-1898854549.1635746332
10	18 November 2021	Ongoing Professional Practice Evaluation (OPPE) - Understanding the Requirements - The Joint Commission 2021	Ongoing Professional Practice Evaluation (OPPE) - Understanding the Requirements Critical Access Hospital Medical Staff MS The Joint Commission

11	2021	Federal Law No. 5 of 2019, Concerning regulating the practice of the profession of human medicine	<p>Arabic version https://www.doh.gov.ae/ar/about/law-and-legislations</p> <p>English version https://mohap.gov.ae/en/about-us/legal-references</p>
12	2021	Federal Law No. 4 of 2016 regarding Medical Liability	<p>Arabic version https://www.doh.gov.ae/ar/about/law-and-legislations</p> <p>English version https://mohap.gov.ae/en/about-us/legal-references</p>
13	2021	Unified Healthcare Professional Qualification Requirements – 2022	https://www.doh.gov.ae/en/pqr

9. Appendices

9.1. Appendix 1: Reference Letter

9.2. Appendix 2: Defining the Privileges Process and Duration

9.3. Appendix 3: Focused Professional Practice Evaluation (FPPE)

9.4. Appendix 4: The Ongoing professional practice evaluation process (OPPE)

Appendix 1: Reference Letter

The healthcare provider must provide a reference letter reflecting the current professional status of the healthcare professional upon request from the healthcare professional, the potential employer, and DOH.

The reference letter may include the following:

	Reference Letter
1	Quality of patient care and clinical procedural Skills
2	Medical knowledge and professionalism & ability to work unsupervised
3	Interpersonal and Communication Skills and ability to work with his colleagues
4	Any health condition that affect ability to practice (physical or mental)
5	History of involuntary or voluntary limitation, reduction or revoking of privileges to practice
6	History of involvement in incident related to patient complaint, negligence, medical errors
7	History of suspension of DOH license/registration status
8	History of Involvement in a crime investigation

Appendix 2: Defining the Privileges Process

1. Each Healthcare Provider must assign evidenced-based and clear Clinical Privileges to their Healthcare Professionals within their DOH license scope of practice.
2. Clinical Privileges classification system may comprise of listing of procedures, disease categories, body systems, or specialty areas and may include the following:
 - 2.1. Supervised practice
 - 2.2. Anatomical region of the body
 - 2.3. Core privileges
 - 2.4. High risk patient by categories
 - 2.5. Specialty and sub-specialty
 - 2.6. Admission privileges
 - 2.7. Privileges to use certain medication as per UAE law and DOH regulations.
3. The decision to grant Clinical Privileges shall be based on the following assessment and consideration:
 - 3.1. The physical and mental abilities of the applicant
 - 3.2. Receiving confirmation on the ability of the applicant to practice the requested Clinical Privileges from peers, chairs of departments who have direct knowledge of applicant's abilities and based on the result of an FPPE process.
4. The Clinical Privileging Committee shall review all privileges requests and assign privileges in accordance with the following criteria:
 - 4.1. Verified copy of the previously delineated Clinical Privileges
 - 4.2. Relevant and current training including technical knowledge, and practical skills
 - 4.3. Relevant and recent experience including meeting requirement for minimal number of procedures carried out successfully and autonomously per annum (for invasive procedures (logbook)
 - 4.4. Current competencies
 - 4.5. Ability to perform the requested privileges
 - 4.6. Absence of revoked Clinical Privileges, limitation or reduction
 - 4.7. Appropriate supervision and available resources (staff, equipment and the physical facilities available within the health care facility)
 - 4.8. Results of FPPE or OPPE processes

Appendix 3: Focused Professional Practice Evaluation (FPPE)

1. FPPE is a process that includes one or more evaluation processes and tools for evaluating Healthcare Professional on specific Clinical Privileges.
2. The Chair of Clinical Service conducts a Focused Professional Practice Evaluation Process (FPPE) of the Healthcare Professionals who are assigned temporary privileges upon the commencement of Clinical Privileges.
3. FPPE process conducted through utilizes the following elements but not limited to:
 - 3.1. **Review of qualitative data** such as:
 - 3.1.1 Review of concurrent and retrospective medical records such as:
 - 3.1.2 Accuracy and quality of documented information
 - 3.1.3 Description of the procedures performed
 - 3.1.4 Appropriateness of ordered tests and procedures performed
 - 3.1.5 Patient outcomes
 - 4 Patient complaints and incidents
 - 5 Clinical audit outcomes
 - 6 Breaches of code of ethics
 - 7 Peer recommendations
- 3.2. **Review of Quantitative data** may include:
 - 3.2.1 Post-operative infection rates
 - 3.2.2 Length of stay trends
 - 3.2.3 Medical records delinquency
 - 3.2.4 Authorization of voice or transcription orders within the predefined timeframe
 - 3.2.5 Compliance with core measures
4. Direct observation may be conducted following a pre-defined criterion based on clinical guidelines for that specific privilege.
5. Based on the data to be collected and evaluation outcomes, a decision to confirm the temporary Clinical Privileges or extend the evaluation period and performance monitoring.

Appendix 4: The Ongoing professional practice evaluation process (OPPE)

1. The Chair of Clinical Service conducts an Ongoing Professional Practice Evaluation Process (OPPE) of the Healthcare Professionals.
2. Types of data consists of qualitative and quantitative data may be collected to monitor diagnostic and treatment techniques. Examples may include:

2.1. Qualitative data:

2.1.1 Chart review such as:

- 2.1.1.1 Accuracy and quality of documented information
- 2.1.1.2 Description of the procedures performed
- 2.1.1.3 Appropriateness of ordered tests and procedures performed

2.2 Patient outcomes

- 3 Clinical audit outcomes
- 4 Patient complaints and incidents
- 5 Breaches of code of ethics
- 6 Unnecessary referrals
- 7 Mortality and morbidity data
- 8 Peer recommendations

2.2. Quantitative data, and may include:

- 2.2.1 Post-operative infection rates
- 2.2.2 Length of stay trends
- 2.2.3 Medical records delinquencies
- 2.2.4 Authorization of voice or transcription orders within the predefined timeframe
- 2.2.5 Compliance with core measures

10. Annex

10.1. Annex 1: Minimum Requirements for Dental Implantology Privileges

(This Annex is published in as a separate document, follow the link in the DOH website below the published Standard: <https://www.doh.gov.ae/-/media/89EE42A5F5024985BFD484E72385C32A.ashx>)

11. Revision List (Changes)

Issue No.	Revision Date	Clause No.	Revision Explanation (changes)
PHP/ POS/ FACL/ Pr/VO.9	February 2021	1	Purpose section was removed to align with the new template.
PHP/ POS/ FACL/Pr/VO.9	February 2021	3	The Duties of Licensed Healthcare Facility merged into Key stakeholder Roles and Responsibilities, to align with the new template format.
PHP/ POS/ FACL/Pr/VO.9	February 2021	7	The Criteria for Granting Clinical Privileges merged into Standard Requirements and Specifications, under Standard framework, to align with new template format.
PHP/ POS/ FACL/Pr/VO.9	February 2021	8	Standard 3- The principles of the Privileging System merged into Standard Requirements and Specifications, under Privilege framework, to align with new template format.
PHP/ POS/ FACL/Pr/VO.9	February 2021	9	Standard 4 - The Content of the Privileging system merged into Standard Requirements and Specifications, under Privilege framework, to align with new template format.
PHP/ POS/ FACL/Pr/VO.9	February 2021	10	Standard 5 -Responsibilities - HAAD and facility governing body/s merged into Key stakeholder Roles and Responsibilities, to align with the new template format.
PHP/ POS/ FACL/Pr/VO.9	February 2021	11	Standard 6 - The Privileging criteria merged into Key stakeholder Roles and Responsibilities, to align with the new template format.
PHP/ POS/ FACL/Pr/VO.9	February 2021	12	Standard 7 - Review of Privileges was removed and rephrased in Standard Requirements and Specifications, under Privilege framework and Monitoring and Evaluation, to align with the new template format.
PHP/ POS/ FACL/Pr/VO.9	February 2021	13	Standard 8- Withdrawal or suspension of Clinical Privileges merged into Standard Requirements and Specifications, under Privilege framework, to align with new template format.

HAAD/IMPR/SD/0.9	February 2021	1.	Purpose section was Removed to align with the new template
HAAD/IMPR/SD/0.9	February 2021	2.	Merged in with HAAD Standard for Clinical Privileging to align with new requirements and template format
HAAD/IMPR/SD/0.9	February 2021	3.	Duties merged with HAAD Standard for Clinical Privileging and placed under Key stakeholder Roles and Responsibilities to align with the new template format.
HAAD/IMPR/SD/0.9	February 2021	4.	Enforcement and Sanctions merged with HAAD Standard for Clinical Privileging and placed under Enforcement and Sanctions to align with the new template format.
HAAD/IMPR/SD/0.9	February 2021	5.	Implant Dentistry Privileging Requirements merged with HAAD Standard for Clinical Privileging and placed under Key stakeholder Roles and Responsibilities, under Standard framework, to align with new template format.
HAAD/IMPR/SD/0.9	February 2021	6.	Application Checklist section was Removed to align with the new template.
Current Standard	February 2021		<p>In alignment with new template format:</p> <p>Sections were added: Standard Requirements and Specifications, Privilege framework, Monitoring and Evaluation, Enforcement and Sanctions.</p> <p>Other standards merged: Dental Implantology.</p>