المجلس القطري للتخصصات الصحية QATAR COUNCIL FOR HEALTHCARE PRACTITIONERS (QCHP)

إدارة التسجيل REGISTRATION DEPARTMENT

# **Related Attachments**

# **Attachment "1" - Break from Practice Policy**

## QATAR COUNCIL FOR HEALTHCARE PRACTITIONERS (QCHP)

## **Break from Practice Policy**

- A "break in practice" is a period of time during which a health practitioner has not been working in their scope of practice. Note that ongoing part-time work (of any amount) is not considered to constitute a break in practice.
- The following table outlines additional registration requirements of any Applicant who has taken a break from practice.

< 2 years	o No extra requirements
2 – 5 years	General Scope Applicants (For all health
	professions):
	o Provide proof of undergoing <b>Minimum six</b>
	month clinical experience attachment
	o Pass mark on exam or panel assessment
	Specialty Scope Applicants/Ear all health
	Specialty Scope Applicants(For all health professions):
	· · · ·
	o Provide proof of undergoing Minimum six
	month clinical experience attachment
	o Panel Assessment
5 – 10 years	General Scope Applicants(For all health
	professions):
	o Provide proof of undergoing <b>Minimum one</b>
	year clinical experience attachment
	o Pass mark on exam and /or panel
	assessment
	Specialty Scope Applicants(For all health
	professions):
	o Provide proof of undergoing <b>Minimum one</b>
	<b>year</b> clinical experience attachment o Panel Assessment
> 10 years	o Not eligible for registration

### **General Notes:**

> Clinical attachment or training must be in full-time nature.

## المجلس القطرى للتخصصات الصحية

### QATAR COUNCIL FOR HEALTHCARE PRACTITIONERS (QCHP)

- Training should be initiated by written approval from the supervisor and to submit a report on the training hours and period along with his eligibility to practice.
- For physicians, the training should be on an accredited educational hospital in or outside the State of Qatar.
- This training policy does not include physician in sub specialties instead; it is investigated on a case by case basis.
- Dentists, Pharmacists, Nurses and Allied Healthcare Practitioners can be trained in healthcare facilities in the private sector after fulfilling the other requirements
- The table above describes minimum additional registration requirements. In some cases, applicants depending on their individual circumstances may be required to undertake additional assessment to satisfy the registration department of their eligibility for registration.

# **Attachment "2" - Photo Criteria Circular**

## **Photo Criteria Circular**

# Circular No. (4/2014)

From	<b>Dr. Jamal Rashid Khanji</b> Acting Chief Executive Officer (CEO) Qatar Council for Healthcare Practitioners (QCHP)	
То	<ul> <li>All Healthcare Practitioners in the State of Qatar (governmental &amp; private sectors)</li> <li>All Healthcare Facilities in the State of Qatar (governmental &amp; private sectors)</li> </ul>	
Subject	Required Specifications of the Personal Photograph for Medical License Cards	
Date	<sup>9th</sup> March 2014	

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

In order to comply with unified standards which befit the level of professionalism and in line with the prevailing culture in the State of Qatar, all healthcare practitioners and focal points in the healthcare facilities should attach a personal photograph having the same specifications as mentioned below:

- Recent photo reflecting the current appearance of the applicant
- Photo size: 45 mm high \* 35 mm wide
- High quality without any line marks or creases
- Uniform and suitable lighting (not dark nor very light)
- White background color; the photograph must show the applicant alone without any other objects or people visible
- Facial features must be clear and should not be modified by any computer programs
- Women must maintain the natural skin color and avoid heavy make up
- Directly facing onto the camera, not tilted and must show both sides of the face clearly
- The applicant should be dressed formally, decently and suitably to the prevailing culture in the State of Qatar

All the above mentioned shall be effective immediately, knowing that any photograph which doesn't fit the above mentioned specifications will not be accepted.

### Thank you for your kind cooperation

# **Attachment "3" - Declaration Letter**

المجلس القطري للتخصصات الصحية 📃

## QATAR COUNCIL FOR HEALTHCARE PRACTITIONERS (QCHP)

## **Declaration Letter**

UNDERTAKING	اقـــــرار
We are committed to renew the annual practicing license before expiry date and we take full responsibility in case of failure to do that.	نقر نحن الموقعين أدناه، بأن نلتزم بتجديد ترخيص مزاولة المهنة الخاص بالممارس الصحي سنوياً وقبل انتهاء فترة صلاحية الترخيص، ونتحمل المسؤولية كاملة في حالة عدم الالتزام بذلك.
Healthcare practitioner's name :	اسم الممارس الصحي: •
Profession:	التخصص: •
Scope of practice :	• مجال العمل:
> License No. :	رقم الترخيص : •
Health practitioner's signature :	توقيع الممارس الصحي: •
Healthcare facility name :	اسم المنشأة الصحية : •
Medical Director name:	اسم المدير الطبي: •
Healthcare facility signature & stamp :	توقيع وختم المنشأة: •
> Date :	التاريخ: •

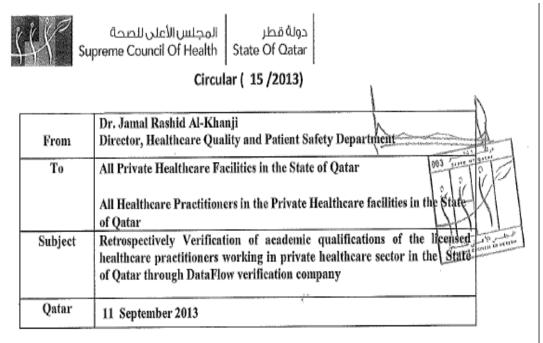
# Attachment "4" – Retrospective Verification of Academic Qualification

### QATAR COUNCIL FOR HEALTHCARE PRACTITIONERS (QCHP)

### **Retrospective verification Circular**

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As part of its commitment to maintaining public safety, improving the medical services provided by the health sector; and in accordance with the recommendation of His Excellency The Minister of Health and Secretary General of the Supreme Council of Health, all private healthcare practitioners, who have been given annual practicing license before the implementation of verification process by Dataflow starting 2009, are requested to submit their Academic qualifications to the company, in order to be verified.

- Please see the necessary guidance for the verification procedures through the following attachments:
  - Attachment 1 / The procedures for submitting documents and follow-up request
  - Attachment 2 / fee payment procedures

Thank you for your kind cooperation Registration Department Team