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Oncology Services Inspection Checklist- Random

Name of the Facility: _____

Date of Inspection: ____/____/____

Ref.	Description	Yes	No	N/A	Remarks
6	STANDARD TWO: HEALTH FACILITY REQUIREMENTS				
6.8.	The health facility shall provide documented evidence of the following:				
6.8.1.	Appropriate storage and preparation of chemotherapy, targeted therapy and immunotherapy medicine.				
6.8.2.	Transfer of critical/complicated cases when required				
6.8.3.	Patient discharge				
6.8.4.	Clinical laboratory services				
6.8.5.	Equipment maintenance services				
6.8.6.	Multidisciplinary decision making and management of patients				
6.8.7.	Laundry services				
6.8.8.	Medical waste management as per Dubai Municipality (DM) requirements				
6.8.9.	Housekeeping services.				
6.11.	The health facility shall ensure it has in place adequate lighting and utilities, including temperature controls, water taps, medical gases, sinks and drains, lighting, electrical outlets and communications.				
7	STANDARD THREE: HEALTHCARE PROFESSIONALS REQUIREMENTS				
7.1.	Medical Oncologist				

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7.1.1.	A Medical oncologist is a highly trained specialist who is responsible for the diagnosis and treatment of patients with cancer. They must be assisted by a competent team to provide effective treatment.				
7.2.	Radiation Oncologist				
7.3.	Radiation Therapist				
7.4.	Surgical Oncologist				
7.4.1.	Including specialization in colorectal, upper GI, hepatobiliary, breast oncoplastic, urology, GYN oncology, thoracic surgery, head and neck surgery and neurosurgery.				
7.5.	Oncology Nurses				
7.6.	Chemotherapy Nurses				
7.7.	Oncology Pharmacist				
7.8.	Oncology Social Worker				
7.9.	Radiation Technician				
7.10.	Radiation Physicist				
7.11.	Pathologist				
7.12.	Hematologist				
7.13.	Lab Technician				
7.14.	Nutritionist				
7.15.	Physical Therapist				
7.16.	Palliative Care Specialist				
7.17.	Healthcare Professionals with sub-specialty or specialty oncology training from a DHA approved institution.				
7.18.	Nuclear Medicine Specialists				
7.19.	Chemotherapy unit includes (but not limited to):				
7.19.1.	Internal Medicine Consultant /Specialist present at the facility at all times.				
7.19.2.	Medical Oncologist				
7.19.3.	Clinical Pharmacist				

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7.19.4.	Specialty Nurse- Oncology				
7.19.5.	Palliative care physician				
7.20.	Multidisciplinary team:				
7.20.1.	All Cancer Care Centers must have a multidisciplinary team with a minimum membership including diagnostic radiologists, pathologists, surgical oncologist, radiation oncologists and medical oncologists to achieve high levels of quality care to manage the disease.				
7.20.2.	The multi-disciplinary team may include physicians ranging from primary care providers to specialists in all oncology disciplines. In addition, care requires input from many other clinical and allied-health professionals including nursing, social work, genetics, nutrition, rehabilitation, and others.				
7.20.3.	Multidisciplinary team must meet on a regular basis to discuss the management of patients who are diagnosed with cancer.				
7.21.	Diagnostic Imaging Unit:				
7.21.1.	Diagnostic Radiologist				
7.21.2.	Radiologist				
7.21.3.	Radiographer				
7.21.4.	Magnetic Resonance Imaging (MRI) Technologist				
7.21.5.	Sonographer				
7.21.6.	Interventional radiology service				
7.22.	For radiation therapy unit; the clinical use of ionizing radiation is a complex process involving highly trained personnel in a variety of interrelated activities that include:				
7.22.1.	Radiation Oncologist				
a.	There should be one (1) radiation oncologist for each 35-45 patients under treatment at the facility.				

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7.22.2.	Physicist:				
a.	There should be one physicist present for each center				
b.	A therapist with specialized training in dosimetry, a “Dosimetrist”, may render additional support.				
7.22.3.	Radiotherapy Technologist				
a.	Two technologists are required for the operation of each treatment machine.				
b.	An additional technologist will also be present with special training in simulation techniques.				
7.22.4.	Mould Room Technician				
7.22.5.	Nuclear Medicine Technologist				
7.22.6.	Specialty Nurse- Oncology				
a.	A nurse with special competence and skills required for the management of oncology patients.				
7.22.7.	Support personnel				
a.	Personnel will be present to attend to the needs of the patients and the facility in the general categories of administration, compiling of documentation, scheduling, etc.				
b.	Additional staff may be required for transcription, mold fabrication and other tasks as identified by the facility.				
7.23.	Surgical Oncology Unit includes (but not limited to):				
7.23.1.	Anaesthesiologist				
7.23.2.	Surgical Oncologist				
7.23.3.	Specialty Nurse – Oncology				
7.23.4.	Anaesthesia Technologist				
7.23.5.	Anaesthesia Technician				
7.24.	Pediatric Oncology Unit				
7.24.1.	Pediatric Oncologist				
7.24.2.	Pediatric Hematologist				

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7.24.3.	Pediatric Surgeon/ Surgical oncologist (as per 7.20.12)				
7.24.4.	Pediatric Transfusion Medicine				
7.24.5.	Registered Nurse				
7.24.6.	Pediatric Nurse				
7.24.9.	Radiologists with specific expertise in the diagnostic imaging of infants, children, and adolescents.				
7.24.10.	Radiation oncologist trained and experienced in the treatment of infants, children and adolescents.				
7.24.11.	Pediatric Surgeons/ Urologist; Surgical specialists with pediatric expertise (i.e., training and certification, if available) in neurosurgery, orthopedics, ophthalmology, otolaryngology, etc.				
7.24.12.	Pediatric Subspecialists available to participate actively in all areas of the care of the child with cancer, including anaesthesiology, intensive care, infectious diseases, cardiology, neurology, endocrinology and metabolism, genetics, gastroenterology, child and adolescent psychiatry, nephrology, and pulmonology.				
7.24.13.	A pathologist experienced in pediatric oncology is an essential member of the multidisciplinary team at the pediatric oncology center.				
7.25.	Clinical Laboratory:				
7.25.1.	Anatomic and clinical pathologist				
7.25.2.	Cytopathologist				
7.25.3.	Hematopathology				
7.25.4.	Pediatric Pathologist				
7.27.	Physicians:				
7.27.1.	A suitably qualified DHA licensed Consultant Oncologist / Physician shall be nominated as medical director of the oncology center who shall				

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	be responsible for overall management of the facility.				
7.27.2.	A DHA licensed consultant paediatric oncologist must be associated with the facility in case Paediatric oncology services are provided (children from birth to eighteen (18) years of age, this age could be extended to twenty-one (21) years of age as per the American Cancer Society).				
7.27.3.	The paediatric oncologist must be present when paediatric oncology services are provided.				
7.27.5.	The oncologist shall be contactable at all times to render emergency care.				
7.27.11.	There shall be a documented Quality Assurance Program (QAP) to ensure quality patient care through objective and systematic monitoring, evaluation, identification of problems and action to improve the level and appropriateness of care. The QAP shall include:				
a.	Documented policies and procedures related to the safety while conducting all patient care activities.				
b.	Documented regular biannual reviews of the policies and procedures.				
c.	Documented reviews of deaths, accidents, complications and injuries arising from treatment.				
7.28.	Nursing Staff:				
7.28.1.	Nurses with specialized knowledge and skills shall provide oncology-nursing care.				
7.28.2.	The nurse in-charge must be a qualified DHA licensed Registered Nurse (RN), with at least two (2) years of experience in oncology.				
7.28.3.	The ratio of trained RNs/ patients shall be 1:3 at a given time.				
7.28.4.	All the nurses shall have an Oncology Nursing Society (ONS) certification and maintain				

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	Continuous Professional Development (CPD) by attending ONS programs.				
7.28.5.	There shall be at least one (1) nurse with a minimum of six (6) months of training or experience/ training to be physically present at the oncology center at all times to monitor the patients throughout the treatment/ procedure, to be available to deal with any emergencies that may arise and to alert the oncologist when necessary.				
7.28.6.	The attending RN is responsible for the general checkup of the patient including vital statistics and recording the initial assessment in the medical records.				
7.28.7.	All RNs shall hold current BLS and ACLS certifications.				
7.29.	Biomedical Engineer:				
7.29.1.	Employ a biomedical engineer or have contracts with the manufacturers of the equipment for regular monitoring and maintaining equipment.				
7.33.	Therapist (Physiotherapist, Occupational Therapist, Speech Therapist):				
7.33.1.	DHA licenses healthcare professionals to support the cancer treatment offered at the facility.				
7.34.	Clinical Psychologist:				
7.34.1.	At least one (1) DHA licensed clinical psychologist to help people who are having difficulty coping with cancer or cancer treatment.				
7.35.	Dietician:				
7.35.1.	At least one (1) dietician shall maintain progress notes of all patients treated in the facility.				
7.36.	Medical Social Worker:				
7.36.1.	There shall be some medical social workers associated with oncology center.				

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7.36.2.	The medical social workers shall be involved in psychosocial evaluation, case work counselling of patients and families, group work, evaluate and facilitate rehabilitation, team care planning and collaboration, facilitating community agency referral, improve communication with treating team.				
7.36.3.	The social workers are required to maintain notes of the patients.				
7.37.	Infection Control Nurse:				
7.37.1.	To perform regular audits, conducts surveillance of cultures and insures best practice for patient access.				
8	STANDARD FOUR: DIAGNOSTIC IMAGING REQUIREMENTS:				
8.1.	The diagnostic imaging services may include the following:				
8.1.1.	Conventional Radiography (X ray unit)				
8.1.2.	Ultrasound				
8.1.3.	MRI				
8.1.4.	Digital Mammography				
8.1.5.	Sonography				
8.1.6.	CT: PET CT imaging and SPECT/CT				
8.1.7.	For detailed information, please refer to Diagnostic Imaging Services Regulation on the DHA website www.dha.gov.ae .				
8.1.8.	Diagnostic imaging services must comply with the FANR laws and regulations regarding the use of ionizing radiation and radioactive materials. For further information regarding FANR, law and regulations please visit FANR website www.fanr.gov.ae .				
9	STANDARD FIVE: RADIATION REQUIREMENTS				

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9.7.	Areas requiring specific protection measures (controlled areas) include:				
9.7.1.	Irradiation rooms for external beam				
9.7.2.	Therapy and remote afterloading brachytherapy				
9.7.3.	Brachytherapy rooms				
9.7.4.	Simulator room				
9.7.5.	Radioactive source storage and handling areas				
9.9.	The area of the control panel shall be considered as a controlled area, to prevent accidental exposure of patients by restriction of access to non-related persons, and distraction to the operator of a radiotherapy machine.				
9.11.	Certain staff members need to be monitored with individual dosimeters. Individual external doses can be assessed by using individual monitoring devices such as thermoluminescent dosimeters or film badges, which are usually worn on the front of the upper torso. These shall include:				
9.11.1.	Radiation oncologists				
9.11.2.	Radiotherapy physicists				
9.11.3.	Radiation protection officer				
9.11.4.	Radiotherapy technologists				
9.11.5.	Source handlers				
9.11.6.	Maintenance staff				
9.11.7.	Nursing or other staff who must spend time with patients under treatment with brachytherapy.				
9.12.	Indications for radiation must undergo quality control and auditing.				
10	STANDARD SIX: CHEMOTHERAPY REQUIREMENTS				
10.3.	Chemotherapy can be provided in an outpatient service except in the case of acute leukemia patients where the patients shall be treated in a				

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	multispecialty health facility with inpatient, outpatient & ICU services.				
10.4.	The chemotherapy unit can have inpatient services only with an Internal Medicine Consultant /Specialist present at the facility at all times and provide a minimum of 5- 6 inpatient beds.				
10.16.	All cytotoxic drug waste shall be separated from general waste.				
10.17.	Cytotoxic waste shall be destroyed in an incinerator approved for the destruction of cytotoxic drugs.				
10.18.	Breakable contaminated needles, syringes, ampoules, broken glass, vials, intravenous sets and tubing, intravenous and intravesical catheters etc. shall be placed into designated leak-proof; puncture proof sharps containers that clearly and visibly displays the cytotoxic hazard symbol.				
10.19.	Non-breakable contaminated materials including disposable gowns, gloves, gauzes, masks, intravenous bags, etc. shall be placed in thick sealed plastic bags, hard plastic or cytotoxic containers that clearly and visibly display the cytotoxic hazard symbol. When full, the bags and containers shall be placed in the oncology waste container.				
10.20.	Clearly marked chemotherapy waste receptacles shall be kept in all areas where cytotoxic drugs are prepared or administered.				
11	STANDARD SEVEN: SURGICAL ONCOLOGY				
11.1.	All oncology / suspected cancer surgeries must be approved by MDT except emergency surgeries and this must be audited regularly				
11.2.	Surgical Oncology procedures must be done by surgeons with specialized training in oncology.				

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11.3.	Rectal surgeries must be done by colorectal surgeons.				
11.4.	Sarcoma surgeries must be done by orthopedic surgeons with special training in oncology.				
13	STANDARD NINE: PATEINT CARE				
13.2.	Palliative care:				
13.2.2.	Palliative care must be available in all cancer centers.				
13.2.3.	Palliative care services shall be available to patients either on-site or by referral.				
13.2.4.	An interdisciplinary team of medical and mental health professionals, social workers, and spiritual counsellors shall be available or accessible to provides palliative care services.				
13.7.	Critical Care Services:				
13.7.1.	Every freestanding oncology center must have a contract/ agreement with a hospital with an Intensive Care Unit (ICU), which must be accessible (less than 10 minutes response time) to receive patients in case of emergency.				
13.8.	Emergency Services				
13.8.1.	It is the responsibility of the healthcare facility management in addition to the oncologist in charge to ensure that there are facilities for emergency resuscitation, as well as documented protocols/procedures to deal with cardiopulmonary collapse and urgent medical treatment as patients may develop hypotension, fits or collapse during treatment.				
13.8.2.	In addition, the healthcare facility management under the supervision of the oncologist in charge must:				
a.	Ensure that there are prior arrangements made for patients receiving treatment to be admitted in a				

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	nearby hospital in case of a freestanding facility, shall the need arise, within 10 minutes' driving time.				
b.	Ensure oncology group practice by having standing arrangements with other healthcare professionals to provide immediate medical care in the event that the physician in charge is not available.				
c.	Ensure there is an ambulance available at any given time to transfer the patient to a hospital in case of any medical emergency.				
d.	Ensure that the ambulance service is accessible and at close proximity.				
e.	In case the oncology center has its own ambulance service the ambulance services shall be ready with licensed, trained and qualified Emergency Medical Technicians (EMT) for patient transportation if required, this service can be outsourced with a written contract with an emergency services provider licensed in Dubai. Clear patient transport protocol shall be maintained.				
13.8.3.	The ambulance shall maintain the following, but not limited to:				
a.	Sets of instruments, which shall include suturing set, dressing set, foreign body removal set or minor set and cut down set.				
b.	Disposable supplies which shall include suction tubes (all sizes), tracheostomy tube (all sizes), intravenous cannula (different sizes), IV sets, syringes (different sizes), dressings (gauze, sofratulle, etc.), crepe bandages (all sizes), splints (Thomas splints, cervical collars, finger splints).				
c.	Portable vital signs monitor (ECG, Pulse-Oximetry, Temperature, NIBP, and EtCO2).				

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d.	Portable transport ventilator with different ventilation mode (IPPV, SIMV, spontaneous, PS).				
e.	Suction apparatus.				
13.8.6.	A record must be kept for each patient receiving emergency services and must be integrated into the patient's health records, the record shall patient name, date, time and method of arrival, physical findings, care and treatment provided, name of treating doctor and discharging/transferring time.				
13.9.	Transfer Planning				
13.9.2.	If patient is transferred to another health facility and in order to ensure continuity of patient care, the other facility shall be informed about the case and approval for transfer shall be documented in the patient file.				
13.9.4.	A transfer sheet shall be prepared for all patients being transferred requiring further treatment.				
13.9.5.	A referral letter shall be given to the patient or family/patient representative. Patient shall not be sent under any circumstances to another facility without prior approval.				
13.10.	Patient Assessment:				
13.10.2.	The patient assessment shall include, but not limited to, medical history, physical, social and psychological assessment and identification of patients at risk.				
13.10.3.	Patients conveying personal health information during any assessment shall be accommodated in an area where privacy is assured.				
13.10.4.	Discharge preparation starts at admission and includes various persons, information and resources like:				
a.	The pickup person after treatment.				

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b.	Travel distance to the patient's house.				
c.	Post discharge transport.				
d.	The carer's contact details and their awareness of possible issues and requirements following discharge.				
e.	Contact numbers after discharge in case of an emergency.				
f.	Discharge arrangements regarding home care where it is identified.				
13.10.5.	Healthcare professionals shall use a formal risk assessment process to assess skin integrity and risk of falls of patients.				
13.10.7.	The plan of care must be determined and delivered in partnership with the patient and when relevant, patient's family/patient representative/legal guardian, to achieve the best possible outcomes.				
13.10.8.	The patient has the right to refuse the plan of care but this has to be documented and signed by the patient.				
15	STANDARD ELEVEN: PATHOLOGY REQUIREMENTS				
15.1.	Only an accredited oncology designated lab can diagnose cancer. All specimens suspected of malignancy must be examined and reported independently by two pathologists.				
15.2.	The oncology healthcare facility must have a designated pathology laboratory for cancer diagnosis.				
15.3.	Pathology department must be in-house or an accredited outsourced lab.				
16	STANDARD TWELVE: MULTIDISCIPLINARY TEAM				
16.1.	A multidisciplinary team (MDT) recommendation is mandatory for management of all newly diagnosed cancer cases, and prior to initiating treatment.				

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16.2.	The major challenge is that many cancer cases are being misdiagnosed or inaccurately treated leading to poor outcome. MDT must be officially recognised by DHA and must consist of consultant (Not specialist) medical oncologist, consultant Radiation oncologist, consultant general surgeon and consultant pathologist with training in oncology and preferred surgical oncologist.				
16.3.	All hospitals that do not have a full oncology service and do not have a DHA approved MDT must have an agreement with a DHA approved oncology MDT in order to treat cancer patients.				
16.4.	It is the responsibility of the Chief Medical Officer of each healthcare facility to ensure strict adherence to the protocol: No cancer surgery or cases of suspected cancer shall be scheduled in the operating room without prior recommendation and approval by the Multidisciplinary Team (MDT). This rule is mandatory in all health facilities that provide cancer treatment.				
APPENDIX 1:	HEALTHCARE PROFESSIONALS REQUIREMENTS FOR CLINICAL RADIATION THERAPY				
A1.1.	Consultant Radiation oncologist-in-chief: 1 consultant and 1 specialist as a minimum per Radiation therapy unit				
A1.2.	Staff radiation oncologist/ Physician: 1:200/250 patients treated annually. No more than 25–30 patients under treatment by a single physician at any one time.				
A1.3.	Radiation physicist: 1:400 patients annually.				
A1.4.	Treatment planning staff: Dosimetrists or physics assistant: 1: 300 patients treated annually				
A1.5.	RTT (Radio Therapy Technologist): 2:25 patients treated daily				

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A1.6.	RTT-Simulator: 2: 500 patients simulated annually				
A1.7.	RTT-Brachytherapy: As needed				
A1.8.	Registered Nurses: 1: 300 patients treated annually				
A1.9.	Social worker: As needed to provide service				
A1.10.	Dietician: As needed to provide service				
A1.11.	Physiotherapist: As needed to provide service				
A1.12.	Biomedical Engineer: If equipment serviced 'in-house'				
Note	If advanced or special techniques are to be undertaken, staff additional to the above will be required.				

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