

<ul style="list-style-type: none"> Electronic copy is controlled under document control procedure. Hard copy is uncontrolled & under responsibility of beholder. It is allowed ONLY to access and keep this document with who issued, who is responsible and to whom it is applicable. Information security code: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Shared -Confidential <input type="checkbox"/> Shared-Sensitive <input type="checkbox"/> Shared-Secret 	<ul style="list-style-type: none"> النسخة الإلكترونية هي النسخة المضبوطة وفق إجراء ضبط الوثائق. النسخ الورقية غير مضبوطة وتقع على مسؤولية حاملها. يسمح بالوصول وباحتفاظ بهذه الوثيقة مع مصدرها أو مع المسؤول عن تطبيقها أو مع المطبق عليهم. تصنيف امن المعلومات: <input checked="" type="checkbox"/> بيانات مفتوحة <input type="checkbox"/> مشارك -خاص <input type="checkbox"/> مشارك -حساس <input type="checkbox"/> مشارك -سري
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قطاع التنظيم الصحي Health Regulation Sector

Document Type: Policy	Code: DHA/HRS/HPSD/HP-02	Version Number: 2
Document Title: Clinical Privileging	Issue Date: 03-07-2025	Effective Date: 03-09-2025
Ownership: Dubai Health Authority-Health Regulation Sector		
Applicability: All Health Facilities and healthcare professionals Licensed by Dubai Health Authority		
<p>1. Purpose:</p> <p>1.1. The Clinical Privileging Policy aims to fulfil the following overarching Dubai Health Sector Strategy 2026:</p> <p>1.1.1. Pioneering Human-centered health system to promote trust, safety, quality and care for patients and their families.</p> <p>1.1.2. Make Dubai a lighthouse for healthcare governance, integration and regulation.</p> <p>1.2. To enable all health facilities under the Dubai Health Authority (DHA) jurisdiction to adopt a standardized framework for granting, renewing, modifying, or revoking the clinical privileging of their healthcare professionals (HP) based on their qualifications, experience, and demonstrated competence</p> <p>1.3. To ensure physicians clinical practice is consistent with assigned clinical privileges.</p> <p>1.4. To ensure all physicians have an acceptable level of knowledge, skills, training and competence</p>		

consistent with requirements set out by DHA and international best practice to promote safety and high quality of care.

2. **Scope:**

2.1. This policy applies to all licensed healthcare professionals (HP), who request or hold clinical privileges.

3. **Definitions/Abbreviations:**

3.1. **Advanced Practice Professionals** are non-physician healthcare personnel. privileged through the privileging committee and 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

3.2. **Clinical Privileging** are permissions granted to a healthcare professional to provide medical and other patient care services within defined limits, based on the professional's scope, professional license, competence, education, experience, ability, health, and judgment in addition to the Healthcare Provider's resources.

3.3. **Clinical Privileging Committee** is a multidisciplinary body within a health facility responsible for evaluating, recommending, and overseeing the granting, renewal, modification, or revocation of clinical privileges for physicians and other licensed independent practitioners. The committee ensures that privilege decisions are based on verified credentials, demonstrated competencies, professional conduct, and compliance with regulatory and institutional standards. Its primary goal is to safeguard patient safety and uphold the quality of care by aligning practitioners'

clinical privileges with their training, experience, and current performance. Examples of such bodies may include the Medical Director, Executive Medical Committee, and/or Specialist/Consultant in the same specialty.

- 3.4. **Health Facility:** is a facility licensed by DHA to provide medical services to individuals, including areas of prevention, treatment, and convalescence owned and managed by natural or corporate body.
- 3.5. **Medical Director** is a DHA licensed physician who holds responsibility and oversight of medical services and clinical operations within a DHA licensed health facility.
- 3.6. **Medical Practice Committee (MPC)** refers to committee formed by virtue of Executive Council Resolution No. (32) Of 2012 to regulate the practice of medical professions in the Emirate of Dubai.
- 3.7. **Monitoring and evaluation** is the process of continuous gathering of information and data to support decision making and appraisal of clinical practice and patient outcomes.
- 3.8. **Renewing of Privileges** is the process of reviewing the physician or health professional privileging within a Two (2) year timeframe.
- 3.9. **Scope of practice** is a set of professional competencies, legislation, regulations, and workplace safeguards which form the foundations of a health professional's scope of practice. These give professionals the tools to know what is expected of them and identifies the boundaries of their care.

CPC	: Clinical Privileging Committee
CME	: Continuing Medical Education
CPD	: Continuing Professional Development
DHA	: Dubai Health Authority
HRS	: Health Regulation Sector
HP	: Healthcare Professionals
MPC	: Medical Practice Committee
PQR	: Unified Healthcare Professional Qualification Requirements
SOP	: Scope of Practice

4. Policy Statement

- 4.1. The Health Facility shall establish a comprehensive, written internal policy that defines the clinical privileging system in place, ensuring all aspects of the privileging process are clearly addressed and documented.
- 4.2. The health facility shall have in place a standardized, objective and evidence-based clinical privileging system to privilege DHA licensed HP to treat patients and/or to provide other clinical services consistent with this Policy. The clinical privileging system shall:
- 4.2.1. Ensure that physicians and HP undergo clinical privileging within a Two (2) year timeframe.
- 4.2.2. Assure granted privileges are supported by international benchmarks and best practices.
- 4.2.3. Include the review of clinical competence, malpractice, incident reporting and patient outcomes.

- 4.2.4. Assist in benchmarking high quality and safe care and support the identification of professional practices and services provided to patients.
- 4.2.5. Track the status of all granted privileges with supporting evidence.
- 4.2.6. Align to the needs of the Clinical Privileging Committee (CPC) which is the responsible entity to authorise or deny clinical privileges.
- 4.3. The Clinical Privileging Framework is composed of the following key elements:
 - 4.3.1. Initial Privileging Process – The procedure for evaluating and granting clinical privileges to HP.
 - 4.3.2. Privileges Renewal Process – The systematic review and revalidation of existing privileges at defined intervals.
 - 4.3.3. Management of Privilege Modifications – The process for handling changes to existing privileges, including additions or restrictions.
 - 4.3.4. Suspension or Revocation of Privileges – Procedures for the temporary or permanent withdrawal of granted privileges.
 - 4.3.5. Clinical Privileging Committee – The designated body responsible for overseeing all privileging activities.
 - 4.3.6. Short-Term and Part-Time Physician Privileging – Procedures for granting temporary privileges to Part-Time or short-term staff.
 - 4.3.7. Staff Rotation and Cross-Facility Privileging – Standards for privileging staff who rotate or work across multiple facilities within a network in line with DHA regulations and procedures.

4.3.8. Privileges for Supervisors of residents, interns or trainees– Criteria for granting privileges to those overseeing clinical trainees.

4.3.9. Disaster Privileging – Special provisions for granting privileges should be aligned with any decisions updates during disaster situations, e.g. pandemic situation.

4.4. Clinical privileges that are granted by the CPC shall adhere to titles mentioned in the Unified Healthcare Professional Qualification Requirements (PQR), or any privileges mentioned in DHA regulations, policies, or standards.

4.5. Clinical privileges shall be granted consistent with UAE Federal Laws and Regulations.

4.6. The granted privileges must not overlap with any existing specialty or subspecialty titles listed in the PQR. If such overlap occurs, the HP must obtain license from DHA in that specific specialty or subspecialty. However, the CPC may limit the HP's practice to a specific area within their broader specialty that falls within their scope of practice.

4.7. Clinical privileges shall be granted aligning with the clinical needs, resources, capacity of the services and scope of service provided within the health facility. In addition to any requirements mandated by external accreditation body, DHA or provisioned by legislations to ensure the delivery of safe and high-quality healthcare services.

4.7.1. To assist in clinical privileging, the health facility shall ensure it has in place a written service specification for each service line that includes the following:

- a. Service name, type and scope.
- b. Level of service provision and description.
- c. Service operational times.

- d. Minimum staffing and resource requirements.
- e. Risk management and business continuity arrangements.
- f. Management structure, oversight and reporting arrangements.
- g. Service performance metrics.
- h. Staff job descriptions.

4.8. The health facility shall ensure it has in place an active CPC supported by written terms of reference. Membership of CPC may include but not be limited to the following staff for comprehensive assessment:

- 4.8.1. Chairman.
- 4.8.2. Medical Director.
- 4.8.3. Head of Department /Lead Clinician (Specialist/Consultant in the same specialty).
- 4.8.4. Head of Nursing.
- 4.8.5. Quality leader.
- 4.8.6. Legal representative.
- 4.8.7. Executive or administrative leader.

4.9. The health facility shall be accountable to ensure that the HP are assigned evidenced-based Clinical Privileges within their scope of practice and in accordance with the facility licensed services and available resources.

4.10. HP who requires Clinical Privileges to practice are, but not limited to:

- 4.10.1. Physicians,
- 4.10.2. Dentists,

4.10.3. Advanced Practice Professionals, e.g. but not limited to; Nurse practitioner, Registered Midwife, Certified Anesthesia Nurse, Physician Assistant, Clinical Psychologist, Optometrist, Chiropractor Practitioner, Physical Therapist, Occupational Therapist and Podiatrist.

4.10.4. Pharmacists with direct patient intervention i.e. vaccine administration.

4.11. Privileges in the following specialties shall only be granted after obtaining a DHA license with a title in the same specialty:

4.11.1. Laser Dentistry.

4.11.2. Dental Implantology.

4.11.3. Laser Hair Reduction.

4.11.4. Hair Transplantation.

4.12. For health facilities with limited capacity or without a formal medical staff structure, the Clinical Privileging Committee may outsource clinical privileging responsibilities to qualified healthcare professionals from external health facilities. These professionals must obtain a part-time license to ensure compliance with this policy.

4.13. The CPC shall be responsible for:

4.13.1. Assessing and verifying the qualifications, experience, and competencies of HP applying for clinical privileges to ensure they meet international standards necessary for granting such privileges.

4.13.2. Establishing and maintaining a transparent set of criteria for granting, renewing, and revoking clinical privileges.

- 4.13.3. Ensuring that all privileging processes comply with relevant UAE laws, DHA regulations, and facility's standards.
- 4.13.4. Documenting the decisions and review dates. Continuously monitoring the performance and outcomes of HP to ensure they maintain the required standards of care.
- 4.13.5. Documenting Privileging records in a secure electronic system that includes audit trails and is always accessible to authorized personnel for review and compliance purposes.
- 4.13.6. Periodically reassessing and renewing clinical privileges based on updated credentials, performance reviews, and any new qualifications or training.
- 4.13.7. Investigating and addressing any concerns or issues related to the clinical performance of HP, including taking corrective actions if necessary.
- 4.13.8. Assuring there is no conflict of interest between applicants seeking privileges and committee members.
- 4.13.9. Ensuring the scope and complexity of the privileges being sought are inline the health facility scope and capabilities.
- 4.13.10. Obtaining periodic reports from the heads of units/departments to assure privileges granted support the HP efforts to assure high quality and safe care.
- 4.13.11. Reporting should be aligned with the health facility documentation and records management system.
- 4.13.12. Issuing final decision to approve or deny clinical privileges, along with the reasons for the decision.

4.13.13. Review the HP's history of good standing.

4.13.14. Revoking HP clinical privileges at any time where there is justifiable reason that is supported by documented evidence. Revocation of privileges shall be determined by the CPC and include the following of scenarios:

- a. Falsified or inaccurate documentation.
- b. Serious underperformance. Example: Consistent failure to meet the expected standards of care, leading to poor patient outcomes.
- c. Ongoing and unresolved ethical concerns, including but not limited to breaches of professional conduct.
- d. Ongoing or unresolved staff or patient complaints.
- e. Final negative decision determined by the Courts.
- f. Any actions or behaviors that pose a significant risk to patient safety.
- g. Contract Termination by the Health Facility or resignation of staff.
- h. Disciplinary action enforced by DHA Medical Practice Committee (MPC).
- i. Revocation of DHA license.
- j. Evidence of incompetence or inability to perform clinical duties effectively.

4.14. The HP shall provide and submit to the CPC, a formal request letter specifying privileges being sought along with reasons. The submission must be supported by evidence of HP's qualifications, training, experience, and current clinical competence relevant to the requested privileges. This includes but is not limited to the following documents:

4.14.1. Active DHA License according to their scope of practice.

- 4.14.2. DHA good standing certificate issued in the past 6 months.
- 4.14.3. Copies of degrees, diplomas, and certificates.
- 4.14.4. Any relevant board certifications or additional specialty/subspecialty training.
- 4.14.5. Relevant and up-to-date evidence of Continuing Professional Development (CPD)/ Continuing Medical Education (CME) as per the PQR.
- 4.14.6. Clinical logbook and approved privileges from the previous health facility.
- 4.14.7. Detailed employment history, including previous positions and responsibilities.
- 4.14.8. Evaluation letter from the medical trainer if under supervision.
- 4.14.9. At least two supporting references (clinical expertise) must be submitted to CPC.
- 4.14.10. Proof of current malpractice insurance coverage.
- 4.15. Applicants shall not apply for the clinical privileges prior to DHA licensure.
- 4.16. The privileging renewal process must incorporate multi-source feedback, including patient and staff input, as part of the HP overall performance review.
- 4.17. The health facility may implement structured mechanisms to collect feedback from patients and healthcare team members. This data will be analysed and incorporated into the professional's periodic performance evaluation and privileging renewal process. Feedback will be used to assess communication, professionalism, and collaboration skills, and will form part of the decision-making criteria for the renewal of clinical privileges.
- 4.18. The process of Renewal of clinical privileges after Two (2) years should include the submission of up-to-date documentation to justify the extent of privileges.
- 4.19. Renewal of clinical privileges shall be sought Three (3) months prior to the end of the Two (2)

year period for clinical privileging.

4.19.1. Applicants shall extend / re-apply for clinical privileges once all requirements determined by the CPC have been satisfied.

5. Performance measures

- 5.1. Facilities should set up a professional practice evaluation, which is a process of monitoring system to assess the compliance, performance, competence, and behaviour of HP. The goal is to ensure that HP are delivering safe, high-quality, and effective care consistent with the established Policy and best clinical practices relevant to the granted Clinical Privileges.
- 5.2. Facilities should review patient outcomes, medical errors, and adverse events to identify any areas for improvement.
- 5.3. DHA may conduct regular audits of professional practices and documentation to ensure compliance with established protocols and standards.

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