



DHCR Requirements for Short- Term Physician Licensure

GUIDELINE

Department: Professional Licensing Department

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GUIDELINE – Short-Term Physician Licensure

INTRODUCTION

Dubai Healthcare City Authority – Regulatory (DHCR) regulates and licenses healthcare professionals in Dubai Healthcare City (DHCC). This guideline has been prepared to define the requirements for professionals intending to obtain a temporary Dubai Healthcare City Authority (DHCA) license to practice in DHCC for a short period of time (typically one month).

The Short-Term Physician license is only granted to the Healthcare Professionals who have a confirmed job offer with a DHCA-licensed healthcare operator (HCO).

To receive a License for short-term engagement in DHCC, the HCO will submit the application for licensure and both the healthcare operator and the healthcare professional must comply with the guidelines set out in this document.

1. PURPOSE

1.1	To set the licensing requirements for Healthcare Professionals to obtain a Short-Term DHCA license.
1.2	To ensure that the DHCA-licensed Short-Term Professionals have the required training, knowledge, and experience to perform as a qualified Physicians.
1.3	To ensure a high quality of service necessary to protect patients and consumers in DHCC.
1.4	To ensure continuity of care provided to patients of DHCC facilities.

2. SCOPE OF APPLICATION

2.1	Healthcare Operators intending to employ a temporary Professional with required expertise. The Healthcare Professional's specialty must match an approved specialty on the Healthcare Operator's Clinical Operating Permit.
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3. APPLICABLE TO

3.1	Medical and Dental Professionals with Option 1 qualifications intending to apply for Short-Term license to practice in DHCC.
3.2	DHCA licensed Healthcare Operators intending to employ or engage Healthcare professionals on temporary basis in DHCC.
3.3	All regulatory departments involved in licensing, inspecting or evaluating Short Term Professionals in DHCC.

This document should be read in conjunction with the '**Healthcare Professionals Licensure General Requirements - Guidance for Applicants**' document which can be accessed/downloaded from the Dubai Healthcare City Authority - Regulator website at www.dhcc.ae.



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4. GUIDELINE

4.1 The Healthcare Operator intending to employ a short-term physician must:

4.1.1	Ensure all the clinical training, licensure and experience credentials of the physician are examined, confirmed and verified by the HCO.
4.1.2	Provide the physician with a “Letter of Intent”. The letter must be valid for 3 months, signed by the authorized signatory, and include all the physician’s details.
4.1.3	Provide a valid and current medical malpractice insurance policy from a UAE based insurance company for the physician to cover his/her practice while working in DHCC.
4.1.4	Assign a full-time accompanying licensed physician in the same specialty and/or scope to ensure continuity of care upon departure of the short-term physician.
4.1.5	Have the specialty of the physician approved on the Clinical Operating Permit prior to submission of a request.
4.1.6	Complete the online application for issuing a Short-Term License.
4.1.7	Provide an undertaking letter from the accompanying physician (8.2).
4.1.8	Specify the responsibilities of the accompanying physician.
4.1.9	Submit the duly signed undertaking letter (8.1).
4.1.10	Make provision for an alternative physician, in case the accompanying physician was not available due to any reason.

4.2 The Professional intending to be licensed as Short-Term Physician:

4.2.1	The HCP can only be eligible for a Short-Term license if invited by a DHCA licensed HCO.
4.2.2	Must suffice the minimum eligibility guidelines under Option 1 for medical/dental specialists.
4.2.3	Must have a valid professional license from the country of residence or employment as a specialist and/or consultant for the same specialty that s/he will practice in DHCC.
4.2.4	Must have a minimum of two (2) years of experience holding the professional title, at a teaching and/or accredited healthcare facility.
4.2.5	Must provide all documents for review and primary source verification of key credentials when creating a profile on Masaar.
4.2.6	Must work only in the DHCA-licensed healthcare facility that has invited him/her.
4.2.7	Is responsible for documentation of the treatment provided to the patients seen during the visit to the hosting HCO.
4.2.8	Will be granted a professional license valid for a period of only one (1) month at a time.
4.2.9	Can apply for renewal of the professional license not more than three (3) times in any one (1) year.
4.2.10	Can apply for a New Short Term license after the expiry of the one (1) year validity. Also, the HCP may be eligible for a full-time license.



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4.2.11	Must have a valid Basic Life Support certificate (BLS) and other applicable life saver course certification (ACLS/PALS/ATLS etc) as per the Life Support Policy.
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5. Related Documents

5.1	General Licensure Requirements For Healthcare Professionals Guideline
5.2	Licensure Requirements for Physicians and Dentists Guidance for Applicants
5.3	Life Support Policy

6. COMMUNICATION (check all that apply)

<input checked="" type="checkbox"/>	Announcement
<input checked="" type="checkbox"/>	Awareness
<input type="checkbox"/>	Training
<input type="checkbox"/>	Other specify

7. DEFINITIONS

7.1	DHCC. Dubai Healthcare City
7.2	DHCA. Dubai Healthcare City Authority
7.3	DHCR. Dubai Healthcare City Authority- Regulatory
7.4	HCP. Healthcare Professional
7.5	HCO. Healthcare Operator
7.6	MMI. Medical Malpractice Insurance
7.7	Letter of Intent. A Letter issued by HCO to invite, employ or hire a Specialist/Consultant on temporary bases in the DHCA licensed facility.
7.8	COP. Clinical Operating Permit issued by DHCR
7.9	BLS. Basic Life Support
7.10	ACLS. Advanced Cardiac Life Support
7.11	PALS. Pediatric Advanced Life Support
7.12	ATLS. Advanced Trauma Life Support



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8. APPENDICES

8.1	Appendix 1 Undertaking Letter by the Healthcare Facility
8.2	Appendix 2 Undertaking Letter by the Accompanying Physician



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Appendix 1 Undertaking Letter by the Healthcare Facility

Undertaking Letter by the Healthcare Facility

On behalf of the healthcare facility engaging a visiting physician, I hereby undertake that the healthcare facility shall:

1. Ensure that the professional holds a valid professional license to practice from the country of residence/employment as a Consultant or Specialist, in accordance with option – 1 of physicians' licensure in DHCA, with a minimum of two (2) years of experience holding the title, at a teaching and/or accredited healthcare facility.
2. Ensure all the certificates and other documents of the visiting physician are authenticated and accurate.
3. Ensure availability of an accompanying physician of the same specialty at the facility.
4. Ensure availability of an alternative physician of the same specialty in case the accompanying physician was not available due to any reason.
5. Ensure that the visiting physician adheres to applicable Fitness to Practice Requirements in Dubai, in case of age 65 years or above.
6. Be responsible for all ethical, legal and financial consequences that may arise out of the practice of the visiting physician.
7. Ensure valid and current medical malpractice insurance and life saver course (BLS and/or ACLS...etc.) are provided for the visiting physician, where applicable.

Signature 1:

Name of Authorized Signatory:

Date:

Signature 2:

Name of Medical Director:

Specialty:

License No.:

Date:

Healthcare Facility Stamp



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Appendix 2 Undertaking Letter by the Accompanying Physician

Undertaking Letter by the Accompanying Physician

I hereby undertake that I accept to accompany Dr.... Physician's full name..... during his/ her visit from (dd/mm/yy) to (dd/mm/yy) in the Name of the Healthcare Operator..... Furthermore, I shall bear the responsibility to:

1. Receive the patient, record the medical history, conduct relevant diagnostic procedures and medical screening, where applicable.
2. Work with the visiting physician in fulfilling the full treatment plan including diagnosis, medication and surgical procedure/s.
3. During the absence of the visiting physician, follow up on patients and perform the required assessment and/or treatment in case of any complication/s that may have risen due to the performed medical/surgical procedure/s by the visiting physician. I shall maintain communication with the visiting physician regarding the case management plan and its progress.
4. In case of medical error or substandard care that may arise as a consequence of the treatment plan, respond to any inquiry and/or investigation from a UAE judicial committee or the regulatory authority of the jurisdiction in which patients were treated, while maintaining communication with the visiting physician.
5. Refrain from any form of advertisement for the visiting physician, and/or the specialized services to be offered by the visiting physician, prior to obtaining CPQ approval.
6. Provide DHCA with a full report after each visit as per Appendix 3.

Signature:

Name of Accompanying Physician:

Specialty:

License No.:

Date:

Healthcare Facility Stamp

