



Department:	Medical Service		
Document:	Multidisciplinary Policy and Procedure		
Title:	Credentialing and Privileging		
Applies To:	All MCH Employees		
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1. PURPOSE:

- 1.1 To ensure that all practitioners are properly credentialed and each medical staff member is authorized to perform only those diagnostic and/ or therapeutic procedures, which they are considered competent to perform.
- 1.2 To grant clinical privileges to each licenced independent practitioner as permitted by Saudi Health Commission for Health Specialties to practice independently; to provide medical or other patient care services within the scope of the individual's training, experience, competency, judgement, character, and capability.
- 1.3 The delineation of clinical privileges does not, however, relieve physicians of their responsibility to act in the case of an emergency to save lives and/ or relieve suffering.

2. DEFINITIONS:

- 2.1 Application means the packet that includes – application form and other forms that all practitioners must complete when applying initially or reapplying for credentials and privileges at Ministry of Health Hospitals.
- 2.2 **Credentialing** – is the systematic process of reviewing the qualifications of applicants for appointment to ensure they possess the education, training, experience and skill to fulfil the requirements of the position.
- 2.3 **Clinical Privileges** – is defined as the process by which a practitioner is granted permission by the facility to provide the psychiatric, medical or other patient care services, within well-defined limits, based on an individual's clinical competence as determined by peer review, training, licensure, and registration. The delineation of clinical privileges is specialty specific and is also based on availability of this facility's resources by which to support delineated clinical privileges. Clinical privileges are granted for a period not to exceed 2 years.
- 2.4 **Practitioner** – the provision of direct and indirect reimbursable health services to the client (individual, group, families, or communities). Practice is "regularized" activity and generally, does not include one time, irregular or infrequent activities such as brief consultations, ones a year programs, presentation, and honoraria. It includes advanced practice such as delivery of primary, secondary or tertiary care and the provision of services towards promoting, maintaining or restoring optimal health.
- 2.5 **Primary Source Verification** – by the original source of a specific credential to determine the accuracy of a qualification reported by an individual health care practitioner. Examples of primary source verification are internet verification and dataflow (Saudi Commission of Health Specialties) and reports from credentials verification organization.

3. POLICY:

- 3.1 The hospital has written policy describing the process used for the verification of credentials.
- 3.2 Medical staff members are allowed to practice only within the privileges granted by privileging committees.
- 3.3 The hospital gathers, verifies, and evaluates the credentials (license, education, training, certification and experience) of those medical staff, nursing staff, and other health professionals licensed to provide patient care.
- 3.4 Credentials are verified from the original source.

- 3.5 Job responsibilities and clinical work assignments/ privileges are based on the evaluation of the verified credentials.
- 3.6 The hospital ensures the registration of all healthcare professionals with the Saudi Commission for Health Specialties.
- 3.7 The hospital identifies the circumstances under which temporary or emergency privileges are granted
- 3.8 Staff licensed to provide patient care must always have and maintained a valid license to practice only within their profession.
- 3.9 The hospital maintains an updated record of the current professional license, certificate, or registration, when required by laws, regulations, or by the hospital for every medical staff, nursing staff and other healthcare professionals.
- 3.10 When verification of credentials is conducted through a third party, the hospital must request for a confirmatory documentation.
- 3.11 Verification process applies to all clinical staff categories (full time, part time, visitor, and locum).
- 3.12 Credentialing and Privileging meeting are held at least 10 times per year.
- 3.13 When a new privilege is requested by a medical staff members, the relevant credential are verified and evaluated prior to approval.

4. PROCEDURE:

- 4.1 The credentialing office in the Human resource department is responsible for processing all credential applications.
 - 4.1.1 All applicants who wish to apply to be privileged to practice in Ministry of Health hospitals must complete an application request for clinical privileges.
 - 4.1.2 Application shall submit to credential office for credentialing process that shall contain following documents:
 - 4.1.2.1 Application Forms – candidates seeking appointment or reappointment must complete the appropriate forms for the position for which they are applying.
 - 4.1.2.2 The CV, which contains the entire professional history of the candidate.
 - 4.1.2.3 Copies of qualifying education and training certificates, courses/ workshops/ seminars attended, experience credentials, and published research if any.
 - 4.1.2.4 Copy of Saudi Commission for Health Specialties registration.
 - 4.1.2.5 Copy of dataflow (showed clear evidence of verification license and experience.)
 - 4.1.2.6 Evidence of current Malpractice Coverage.
 - 4.1.2.7 Sedation Competency as appropriate.
 - 4.1.2.8 BLS
 - 4.1.2.9 ACLS (Advanced Cardiac Life Support: for ICU, anaesthesia & general internist.
 - 4.1.2.10 PALS (Paediatric Advanced Life Support) for: PICU and Paediatric ER & Paediatrician.
 - 4.1.2.11 NRP (Neonatal Resuscitation Program) for :Neonatologist
 - 4.1.2.12 Copy of identification card, IQAMA as appropriate.
 - 4.1.2.13 Current Photo.
 - 4.1.2.14 List of the clinical privileges requested for approval and requirements for skill upgrades if any.
 - 4.1.2.15 Current competency – in order to evaluate current competency and experience, peer recommendations will be solicited from 2 peers in the same professional discipline as the practitioner, who are knowledgeable about the applicant's professional performance. This evaluation will include any effects of health status on privileges being requested.
 - 4.1.2.16 Employment letter.
 - 4.1.2.17 Health fitness or ability to perform the requested privileges – all applicants, whether seeking initial appointment or reappointment, must be physically able (with or without reasonable accommodation) and mentally capable of performing the required functions of their medical staff role and the privileges they are requesting.

- 4.1.2.18 Other information – additional information required for membership and/ or granting clinical privileges should also be provided:
- 4.1.2.18.1 Professional liability claims, suits, and/ or judgement. Previous, pending, or current professional liability claims, suits, and/ or judgement made against them.
 - 4.1.2.18.2 Denial or Revocation of Medical Staff Membership. Previous or pending denial or revocation of medical staff membership.
 - 4.1.2.18.3 Reduction, Suspension, Revocation, Relinquishment, or Non – renewal of clinical privileges. Previous or pending reduction; suspension, revocation, voluntary or involuntary relinquishment; or non – renewal of clinical privileges.
 - 4.1.2.18.4 Drug use – current or past use of illegal drugs.
 - 4.1.2.18.5 Sanctions or Current Investigations previous, pending, or current investigation.
 - 4.1.2.18.6 A criminal background check will be conducted.
- 4.1.3 **References:** all applicants for initial appointment and/ or clinical privileges must provide a minimum of three letter of reference.
- 4.1.3.1 The above criteria are uniformly applied to all medical staff members and constitute the basis for granting initial or continuing medical staff membership, in addition, the medical staff must meet the Saudi Commission for Health Specialties requirement and the Ministry of Health regulations for the practice of medicine.
- 4.1.4 **Verification of credentials procedures:**
- 4.1.4.1 The credentialing process includes verification, through the appropriate primary sources; The following credentials verifications will be obtained for all practitioners from the primary source or a designated equivalent source:
 - 4.1.4.1.1 Current licensure.
 - 4.1.4.1.2 Relevant education.
 - 4.1.4.1.3 Training.
 - 4.1.4.1.4 Experience: time since graduation from professional school should be accounted for, with a summary of jobs or medical staff memberships, date, locations, and types of clinical activities or privileges.
 - 4.1.5 General directorate of health affairs in Riyadh is following the Saudi Commission for Health Specialties to verify the original source of a specific credential (dataflow) to determine the accuracy of a qualification reported by an individual health care practitioner. Other type of primary source credentials verification includes and not limited to:
 - 4.1.5.1 Direct contact (should be documented).
 - 4.1.5.2 Letter to primary source.
 - 4.1.5.3 Web verification.
 - 4.1.5.4 Public listing of specialist in a book website.
 - 4.1.5.4.1 To avoid issues arising with surveyors, it is advisable to print the disclaimer when the verification is printed. Sites are constantly changing.
 - 4.1.5.4.2 If the search for the documents is unsuccessful, or the primary source documents are not received after a minimum of two requests, keep written documentation of these efforts in the credentialing file.
 - 4.1.5.4.3 It is recommended that at least 15 days provided for requests made national and no more than 30 days for international, before the attempt is deemed unsuccessful.
 - 4.1.5.4.4 The practitioner needs to be notified and needs to obtain the necessary documentation through a secondary source.
 - 4.1.6 **Privileging Procedures:**
 - 4.1.6.1 Temporary privilege: is granted and approved by head department, medical director and chairman of credentialing and privileging committee to following category:

- 4.1.6.1.1 Newly hire physicians (provisional status) during the preparation period while the physician's papers are being processed by the Credentialing and Privileging Committee up to 90 days and it isn't renewable.
- 4.1.6.1.1.1 Provisional Status Procedure:
- 4.1.6.1.1.1.1 Each medical staff member shall be placed on provisional status for a period of at least 3 months upon initial appointment.
 - 4.1.6.1.1.1.2 For those medical staff members who will have privileges in Ministry of Health hospital, the credentials committee and medical director shall assign a proctor from the Hospital medical staff. The proctor should be in the same specialty as the medical staff member, if possible, and shall be responsible for evaluating the medical staff member's ability to perform the privileges in a satisfactory manner.
 - 4.1.6.1.1.1.3 The proctor shall review a minimum of 10 medical records of patients treated by the medical staff member. The review should include observing the medical staff member performing procedures, as applicable.
 - 4.1.6.1.1.1.4 The credential committee may require other proctoring activities that deems appropriate at any time during the provisional status period.
 - 4.1.6.1.1.1.5 For those medical staff members who are credentialed at hospital but who do not have clinical privileges, the head of the department shall be responsible for monitoring the practitioners in their department during the provisional period in a manner required by the credentials committee.
 - 4.1.6.1.1.1.6 The proctor and as applicable, the head of department, shall submit an evaluation of the medical staff member to the credentials committee on a form and within the time frame designated by the credentials committee. A period not to exceed a total of 3 months.
 - 4.1.6.1.1.1.7 The temporary privileged practitioner can be downgraded, if the scope of practice privileges or criteria are not met and can be upgraded if it is met.
 - 4.1.6.1.1.2 A visitor or locum's credentials is forwarded to the HR department.
 - 4.1.6.1.1.3 A Visiting, locum can be privileged part time for a period of 90 days.
 - 4.1.6.1.1.4 The appointment to the locum, staff shall be for not more than 90 days.
 - 4.1.6.1.1.5 Physician from accredited hospitals, visitor/locum/part-time will have a permanent privilege depending on the

- agreement letter from his mother hospital with a copy of his/her privileges.
- 4.1.6.1.2 **Emergency Privilege:** should be granted by the medical director at the time of emergency and it's a case to case basis. The list of emergency privileges include (see Appendix 7.1)
- 4.1.6.1.2.1 A specific licensed independent practitioner has the necessary skills to provide care to a patient that a practitioner currently privileged does not possess.
 - 4.1.6.1.2.2 The emergency privilege can be verbally given by Medical Director at the event of emergency and it should be documented in the next committee.
 - 4.1.6.1.2.3 Emergency privilege starts with the event of emergency and ends by the end of the event.
 - 4.1.6.1.2.4 Temporary or emergency privileges are not granted for more than 3 months and not renewable.
- 4.1.6.1.3 **Disaster Privileging:** Disaster Privileging Plan for Licensed Independent Practitioners when the emergency operation plan has been activated for a local, regional or national disaster, and the hospital director has declared, in writing, that hospital is operating in a disaster mode (not emergency mode), disaster privileging can be authorized by the medical director or designees when the hospital is unable to handle the immediate patient care needs. Disaster privileges must be granted prior to providing patient care, even in a disaster situation, and decisions are made on a case by case basis at the direction of the medical director.
- 4.1.6.1.4 Permanent Privilege (granted to physician who have Successfully completed and passed the trial period - the first three month of the contract.)
- 4.1.6.1.4.1 The promotion for privileges should be evidence-based (Appendix 7.3) according to the cases they have handled and it will be supervised / approved by the physician of the same speciality.
 - 4.1.6.1.4.2 The privileges given has the validity of 2 years, unless there is a reason for downgrading or upgrading them or limiting the duration for specific conditions.
- 4.1.7 **Privilege Approval:**
- 4.1.7.1 All requests for approval of privileges shall be initiated by the appropriate department head. The department head with coordination of medical director shall be required to submit the request to the Credentials Committee.
 - 4.1.7.2 In case the Head of department is the physician, requesting for privileges, then medical director is authorized to act as the Head of Department.
 - 4.1.7.3 In case the Head of Department is the Medical Director and he is the Physician requesting privilege, then Director of the Hospital is authorized to act as the Head of Department.
 - 4.1.7.4 The Credentialing and Privileges Committee is to determine whether the applicant meets credentialing requirements after review of recommendations from the director of medical services and joint recommendation of the head of the department.
 - 4.1.7.5 The Credentialing and Privileging Committee at hospital shall make recommendation to hospital director or hospital executive committee as appropriate for approval.
 - 4.1.7.6 If the credential committee votes to deny credentialing or to revise/ deny or revoke any privileges, the applicant or medical staff member shall be entitled to a fair hearing and appeal process as outlined MOH by law.
 - 4.1.7.7 The credentialing and privileging process is privileged and confidential. All information, records, reports and communications received and generated by or the

direction of the credentials and privileges committee shall not be released without permission of the chair of the committee.

4.1.8 Notice of Final Decision:

- 4.1.8.1 Notice of the final action of the Credentialing and privileging committee on an application shall be given to the hospital director or his delegate who will provide an approved applicant with written offer privileges and special notice of any adverse action on the application in a timely manner. The hospital director shall give notice of its final decision through the medical director.
- 4.1.9 Hospital director shall send credential and privileges package to head department through medical director.
- 4.1.10 The practitioner shall be given a written list of granted initial, renewed, revised or denied privileges. The list shall include notification that the scope and content of patient services are limited to the privileges contained within the list.
- 4.1.11 Each clinical department shall maintain a list of privileges for each specialty, which have been approved by the department chair and the credentials committee.
- 4.1.12 Medical staff membership and privileges are granted, renewed or revised for no longer than 2 years period.
- 4.1.13 For Appeal of Clinical Privileges: Physician can apply for appeal of clinical privileges not granted and/or denied for him/her within a period of maximum 15 days from the decision of the Credentialing & Privileging Committee, and it will be reviewed and discussed with the next committee agenda for final decision.

5. MATERIAL AND EQUIPMENT:

- 5.1 N/A

6. RESPONSIBILITIES:

- 6.1 Hospital Director
- 6.2 Medical Director
- 6.3 Department Head
- 6.4 Applicant
- 6.5 Credentialing and Privileging Committee (Hospital)
- 6.6 Human Resources Director
- 6.7 Credential Office

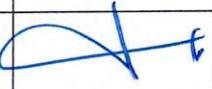
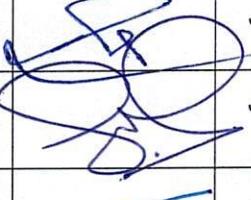
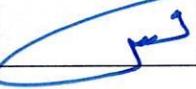
7. APPENDICES:

- 7.1 Emergency Privilege List
- 7.2 Medical Staff Patient Care Privileges
- 7.3 Operation/Procedure Log Book

8. REFERENCES:

- 8.1 CBAHI Standard 3rd Edition 2016.
- 8.2 Ministry of Health Rules and Regulations.

9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Dr. Shaimaa Bayoumi Emara	Asst. Medical Director for Medical Quality		January 05, 2025
Reviewed by:	Dr. Tamer Mohamad Naguib	Medical Director		January 06, 2025
Reviewed by:	Mr. Fahid Mishnaf AlDhafiri	HR Director		January 12, 2025
Reviewed by:	Mr. Abdulelah Ayed Al Mutairi	QM&PS Director		January 13, 2025
Approved by:	Mr. Fahad Hezam Alshammari	Hospital Director		January 19, 2022

EMERGENCY PRIVILEGE LIST (NOT LIMITED TO):

1. **Cardiopulmonary Resuscitation**
 - Advance Cardiac Life Support ACLS
 - Defibrillation
 - Cardioversion
 - Pediatric Advance Life Support PALS
2. **Airway Management**
 - Endotracheal Intubation
 - Laryngeal Mask Airway (LMA)
 - Rapid Sequence intubation (RSI)
 - Nasotracheal Intubation
 - Needle Cricothyroidectomy
3. **Percutaneous tracheostomy**
4. **Venous Access**
 - Peripheral Venous Access
 - Central venous access (subclavian, internal jugular, femoral)
 - Venesection
 - Intraosseous Route
5. **Cardiac**
 - Cardiac Pacing- transcutaneous and transvenous
 - Pericardiocentesis
 - Pleural Procedures
 - Needle and tube thoracotomy (chest tube insertion)
 - Pleural Fluid aspiration
6. **Lumbar Puncture**
7. **Nasogastric Tube Insertion**
8. **Suprapubic Catheterization**
9. **Peritoneal Dialysis Catheter insertion**
10. **Arterial Blood Gas (ABG) Sampling**
11. **Arterial Line Placement**
12. **Obstetric Emergency**
 - Outlet Forceps Delivery
 - Vacuum Extraction
 - Caesarean Section (Uncomplicated)
 - Caesarean Section (Complicated)
 - Peri-Partum Hysterectomy
13. **Others Regional Anesthetic blocks suturing.**



DEPARTMENT OF _____

SECTION OF _____

**MEDICAL STAFF
PATIENT CARE PRIVILEGES**

INSTRUCTIONS

Category I - Uncomplicated illness or problem that is nonlife threatening. (When doubt exists consultation must be sought).

Category II - Complex of severe illness or problem requiring skills usually achieved during training sufficient to attain eligibility for board certification.

Category III - Illness or problem requiring an unusual degree of cognitive expertise and / or competence in techniques requiring special skills, usually acquired only with subspecialty training.

Category IV - Illness, problem or procedure requiring extraordinary experience and training, often involving new and / or specialized procedures.

Skills are often acquired subsequent to formal fellowship training as the result of recent technological advances.

Note :

At the time of life-threatening clinical emergency, any practitioner may render whatever care needed/ indicated for the patient and it will be granted by Medical Director only.

Requested By: _____ Sign: _____ Date Granted: _____ Ending Date: _____



DEPARTMENT OF _____
PRIVILEGING FOR _____

1. REQUESTED (S/C/N)
2. GRANTED (S/C/N)
3. NOT GRANTED (D)

Please indicate with the following letters as appropriate:

C Only with Consultation N Not Requested
S Solo Management D Denied

Name of Physician : _____

Computer Number : _____

Current Position : _____

Section : _____

Qualifications : _____

Courses : ALSO ACLS PALS NRP BLS ATLS OTHERS _____

Clinical Privilege Category : Temporary Permanent Emergency

Remark : _____

1 REQUESTED	2 GRANTED	3 NOT GRANTED	COUNTER SIGNED	CATEGORY I
1 REQUESTED	2 GRANTED	3 NOT GRANTED	COUNTER SIGNED	CATEGORY II
1 REQUESTED	2 GRANTED	3 NOT GRANTED	COUNTER SIGNED	CATEGORY III
1 REQUESTED	2 GRANTED	3 NOT GRANTED	COUNTER SIGNED	CATEGORY IV

Requested By: _____ Sign: _____ Date Granted: _____ Ending Date: _____



DEPARTMENT OF _____
PRIVILEGING FOR _____

1. REQUESTED (S/C/N)
2. GRANTED (S/C/N)
3. NOT GRANTED (D)

Please indicate with the following letters as appropriate:

C Only with Consultation **N** Not Requested
S Solo Management **D** Denied

Name of Physician : _____

Computer Number : _____

Current Position : _____

Section : _____

Qualifications : _____

Courses : ALSO ACLS PALS NRP BLS ATLS OTHERS _____

Clinical Privilege Category : Temporary Permanent Emergency

Remark : _____

1 REQUESTED	2 GRANTED	3 NOT GRANTED	COUNTER SIGNED	CATEGORY I
1 REQUESTED	2 GRANTED	3 NOT GRANTED	COUNTER SIGNED	CATEGORY II
1 REQUESTED	2 GRANTED	3 NOT GRANTED	COUNTER SIGNED	CATEGORY III
1 REQUESTED	2 GRANTED	3 NOT GRANTED	COUNTER SIGNED	CATEGORY IV

Requested By: _____ Sign: _____ Date Granted: _____ Ending Date: _____

APPENDIX 7.3

Kingdom of Saudi Arabia
Hafar Al Batin Health Cluster
Maternity and Children Hospital



المملكة العربية السعودية
الجمع الصحي بحفر الباطن
مستشفى الولادة والأطفال

CASES MANAGE/OPERATION / PROCEDURE LOG BOOK

Name:		
Computer No.:	Current Position:	Section:
Salary No.:	Qualification:	Clinical Privilege Category:

SN	DATE	MEDICAL RECORD NUMBER	CASES MANAGED/ PROCEDURE/ OPERATION	PRECEPTOR/ EVALUATOR NAME	SIGNATURE

Physician Name:..... Signature:..... Completion Date:.....

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OPERATION / PROCEDURE LOG BOOK