



CLINICAL PRIVILEGING GUIDELINE



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Purpose

The vision of the National Health Regulatory Authority is to have safe and high-quality healthcare services in the kingdom of Bahrain. One of the key strategies to ensure patient safety and the delivery of quality of care is a vigorous privileging process by assessing the competencies of the physicians. The purpose of this document is to provide healthcare facilities with a unified guide regarding the granting and ongoing review of clinical privileging. It is also meant to establish a common understanding of terminology and increase awareness regarding the importance of privileging.

Scope

All health care professionals and healthcare facilities.

Definitions:

Clinical Privileges: The diagnostic, therapeutic procedures, or other patient care services a physician is deemed competent to perform.

CPC: Clinical Privileging Committee within the healthcare facility.

Healthcare Facility: A licensed healthcare facility.

Kingdom: Kingdom of Bahrain

License category: The specific designation given to the physician within the license issued by NHRA (general, specialist, or consultant).

License: An official permit to practice medicine/dentistry within the Kingdom of Bahrain.

Medical Director: The licensed physician holding overall responsibility for the medical services and the clinical operations being provided within a healthcare facility.

NHRA: National Health Regulatory Authority.

Periodic Review: A systematic review and reassessment of the granted clinical privileges.

Physician: Any medical doctor or dentist licensed to practice within the Kingdom of Bahrain.

PQR: Professional Qualifications Requirements

Privileging: A process whereby a physician is authorized to practice specific procedures and services within a specified healthcare facility.

SCH: Supreme Council of Health

Specialty: The specific specialty a physician is permitted to practice as specified within the license as per the PQR.

Sub-Specialty: A specified sub-specialty a physician is permitted to practice as specified within the license as per the PQR.

General Guidelines:

1. All healthcare facilities should comply with the Professional Qualifications Requirements approved by the SCH and published on NHRA's website.
2. Privileges for Specialties and Sub-specialties should not be given to physicians except if specified within the physician's license as per the PQR.
3. Privileges granted by healthcare facilities should not contradict NHRA's resolutions, policies, or guidelines.
4. Privileges may not be granted for services banned or considered illegal in the kingdom.

Responsibilities of the healthcare facility:

Privileging:

1. All physicians appointed within a healthcare facility should go through a privileging process.
2. Privileging should be based on:
 - a. Assessment of healthcare facility's capacity and scope of service for the delivery of safe services.
 - b. Healthcare facility's resources available to support the clinical activity. Clinical privileges may only be granted at facilities where the appropriate resources (such as equipment, staffing, intensive care units etc.) to safely provide the services to the patients are available.
 - c. Qualifications, training, and experience of the physician
 - d. Maintenance of scope requirements
 - e. License of the physician. No clinical privilege should contradict the specialty and/or sub-specialty of the physician or the category of their license.
 - f. Patient need for the clinical activity to be privileged

Clinical Privilege Lists:

1. The list of procedures for clinical privileges should include the core procedures expected to the clinical department members.
2. Physicians may request that specific procedures be excluded from their clinical privileges based on their training and/or experience. These requests should be assessed by the CPC.

Multidisciplinary Overlap of Clinical Privileges:

In some cases, clinical privileges may be performed by physicians from different departments. In such cases:

1. CPC needs to develop criteria for granting and reviewing clinical privileges for physicians from the different departments as the training and experience needs may differ between departments.
2. The medical director holds the ultimate responsibility to ensure that the minimum standard of care is provided regardless of which specialty performs the procedure.

CPC:

1. A CPC should be formally established within the healthcare facility with specific roles and responsibilities.
2. The Medical Director should be one of the members of the committee.
3. The committee should establish a transparent policy and decision-making processes for the granting and review of clinical privileges. The policy should ensure conflict of interest is addressed and is minimized.
4. All clinical privileging within the facility should be granted and reviewed by the committee only.
5. The committee should maintain clear minutes of its decisions and review dates.
6. The committee should reach all its decisions based on all statements mentioned in article 2 under privileging within this guideline.
7. The committee should establish mechanisms for the granting of temporary clinical privileges for visiting physicians

Periodic Review:

1. All granted clinical privileges should be reviewed within a maximum of 2 years from the date of granting or earlier if deemed necessary.
2. Review of clinical privileges should be based on the following:
 - 2.1. Annual performance of the physician which should take into consideration their complication rates, complaints, mortality rates, and other criteria which may affect the continuity of the granting of the clinical privileges.
 - 2.2 Reports from the head of the department regarding the continuity of the practice of the physician of his clinical privileges and his/her justified recommendation regarding the continuity/revocation of the clinical privileges.
3. Review of clinical privileges should be sought at least three months prior to the end of the 2 years.

Service provision within the facility:

The governing body of the healthcare facility should establish a governance mechanism to oversee and manage privileging. Policies and procedures should be developed and be implemented to prevent any physician from performing services or procedures which they do not hold a clinical privilege for such as booking a patient for a procedure or requesting medications for services without clinical privileges being granted.

Physician's responsibilities:

All physicians should:

1. Restrict their practice to the limits of their license.
2. Ensure that they do not start their practice without being granted clinical privileges.
3. Provide all qualifications, training, and experience to the CPC.
4. Know their limits and capabilities and not request privileges which fall outside the scope of their license and specialty.
5. Declare discontinuity from the practice of any given privilege to the head of department and CPC.

References:

1. Alberta Health Services Guide to Medical Staff Credentialing, Clinical Privileging, and Appointment. Provincial Medical Affairs. July 15, 2013
2. DHA: Clinical Privileging Policy 2019 (HRA/CP/1/2018)
3. HAAD Standard for Clinical Privileging Framework 2010 (PHP/POS/FACL/Pr/V0.9)

