



دائرة الصحة
DEPARTMENT OF HEALTH

HEALTHCARE PROVIDERS MANUAL

November 17

PREAMBLE

The Health Authority - Abu Dhabi (DOH) is the regulator of the Abu Dhabi health system. The Health Regulations comprising of Policies, Standards and Circulars, collectively translate federal UAE and Abu Dhabi Laws into a simple, practical set of tools to help drive compliance and improve access, quality and affordability of care.

This document is an update of the “Policy Manuals” that were published in 2012. The Manuals were drafted in collaboration with Abu Dhabi and international healthcare experts including the Joint Commission International (‘JCI’), other health regulators, local and international legal advisors (Al Tamimi and Wragge and Co.), and delegates from Abu Dhabi and international Providers, Professionals and Insurers. The 2012 Manuals followed a structured consultation process comprising the formation of a permanent DOH Policy Advisory and Consultative Panel and formal sector-wide consultation (8-12 weeks). The current document has been updated in light of the new relevant regulations published since 2012.

STRUCTURE OF ABU DHABI HEALTH REGULATIONS

The Department of Health (DOH), previously known as the Health Authority - Abu Dhabi (HAAD), was established by Law No. 1 of (2007) concerning the establishment of the Health Authority - Abu Dhabi. DOH's purposes, defined in Article 1 (clauses 1 and 2) of Law No. 1 (2007), are to achieve the highest standards in health, curative, preventive and medicinal services and health insurance; to advance these in the health sector; and to follow-up and monitor the operations of the health sector to achieve an exemplary standard in provision of health, curative, preventive and medicinal services and health insurance.

In order to achieve its purpose, the DOH establishing Law No. 1 of (2007) empowers DOH, in particular:

- a) To apply the laws, rules, regulations and policies that are related to its purposes and responsibilities, in addition to those issued by respective international and regional organisations in line with the development of the health sector (Article 5 clause 2),
- b) To approve rules and procedures that are required for operating health and curative establishments, to approve procedures and methods of treatment, and to lay down policies and programs for satisfying the needs of the health sector in the Emirate (Article 5 clause 4),
- c) To develop and apply integrated systems for the control of government and private health sectors in the Emirate (Article 8 clause 12).

With this mandate, and by virtue of Article 8 clause 12, DOH has created an integrated Health Regulations system, comprised of Policies, Standards and Circulars for the Emirate to regulate, control and monitor the implementation of federal and local health laws and best practices in health, curative, preventive and medicinal services and health insurance in the health sector.

All health entities operating, or to be established in the future, in the health field, be it governmental or private, must carry out their responsibilities in accordance with the rules, regulations and decisions issued by DOH (Article 6). Governmental health sector entities include the Abu Dhabi Health Services Company (SEHA) incorporated by virtue of Emiri Decree no. (10) of 2007 and the National Insurance Company (DAMAN) incorporated by virtue of Emiri Decree no. (39) of 2005, are responsible for executing their objectives as incorporated companies in accordance with the rules, regulations and decisions issued by DOH.

Policies

Policies refer to decisions, plans, and actions undertaken to achieve DOH's health care goals for Abu Dhabi. DOH policies define a vision for the future that helps to establish targets and points of reference for the short- and medium-term. DOH policies outline priorities and the expected roles of different groups, and build consensus and inform Professionals, Providers, Insurers and the public.

DOH will consistently monitor the effectiveness of its Policies to improve access, quality and accessibility of care and will revise Policies, as needed. However, DOH intends that Policies will remain stable over time.

Standards

Standards add further definition around practice, establishing both acceptable minimum and aspirational levels. Standards set the minimum requirements for specific structures, processes, and services and define the related roles, responsibilities, and interactions of Providers, Professionals and Insurers. Whereas Policies are intended to provide regulatory consistency, Standards are intended to adapt as medical practice and the Abu Dhabi health system continue to evolve.

Standards define reciprocal binding responsibilities in support of the Patients' Charter, which sets out the rights and the responsibilities of those using the Abu Dhabi health system.

KEY PRINCIPLES

This section sets out the principles that underpin all DOH regulations.

Evidence-Based Regulation

DOH regulatory controls will be evidence based as far as possible.

Seamless, Coherent and Transparent Regulation

DOH regulatory framework will be seamless, transparent and coherent across the healthcare continuum.

Efficient and Effective Interventions

DOH regulatory framework seeks to optimise resources and reduce administrative burdens (cutting red tape where possible).

Consistent and Equitable Sector Regulation

Regulatory requirements will be applied consistently and equitably across the health sector.

Accountability

DOH is accountable to its stakeholders, through its consultative policy process.

Proportionality

DOH's regulatory framework is proportional, appropriate, necessary and reasonable in order to achieve the intended objective.



VISION, MISSION, VALUES AND STRATEGY

Vision

A Healthier Abu Dhabi.

Mission

DOH aims to regulate and develop the healthcare sector and to protect the health of individuals by ensuring better access to services, continually improving quality of care, and sustainability of resources.

Values

- **Commitment to society:** Commitment to our society's needs and expectations.
- **Creativity and innovation:** Encourage creative thinking and continuous improvement of our services.
- **Accountability:** All are responsible for his/her actions and their consequences.
- **Integrity:** Honesty, commitment to the policies of DOH, and avoiding acts contrary to the code of conduct.
- **Excellence:** Spreading and promoting the culture of excellence and continuously improving corporate performance.

Strategy

DOH periodically develops healthcare strategies that are in line with the wider Abu Dhabi Government Plans.

At the time of publication, DOH pursues seven priorities for Health Sector improvement:

1. Integrated continuum of care for individuals

- “Cradle-to-grave” coverage, the individual's care throughout life,
- Access to care (all types of care: ER, primary, secondary, tertiary, quaternary, home, pre-hospital, rehabilitation, preventive measures/vaccination, etc.), this will reduce need for IPC,
- Capacity planning – including rural areas in the Western and Eastern Regions,
- Address healthcare issues specific to the Emirat.

2. Drive quality and safety as well as enhance patient experience

- Track outcomes and processes from Healthcare Providers to drive quality improvement,
- Publish outcomes and processes once data are validated.



3. Attract/retain/train workforce

- Particularly Emiratis,
- Encourage Research, Innovation, Education/Training

4. Emergency preparedness

- The Emirate of Abu Dhabi at all times must be prepared for potential major disasters or disease outbreaks.

5. Wellness and prevention—public Health approach

- Community initiatives to enhance wellness and awareness.

6. Ensure value for money + Sustainability of healthcare spend

- Reduce waste,
- Encourage Private Sector (“level playing field”),
- Eliminate loss transfer for non-mandated healthcare provision,
- Foster effective management of funded mandates,
- Ensure appropriate reimbursement framework.

7. Integrated Health Informatics and eHealth

- Including Telemedicine,
- Tool to drive 1, 2, 3, 4, 5, 6 above.



HEALTHCARE PROVIDERS MANUAL

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CHAPTER I. INTRODUCTION

1. Purpose

- 1.1. This Chapter describes the basic principles of regulation, which guide this Manual.

2. Background

- 2.1 The purpose of regulating Healthcare Providers by DOH is to ensure, as far as is possible, an active market in safe, effective, ethical and high quality healthcare in the Emirate of Abu Dhabi.
- 2.2 Healthcare Providers operate facilities, which are potentially complex environments that need to be planned, built, equipped, staffed and run in a manner that best protects the welfare and improves the health of individuals receiving healthcare services within them, of their visitors, and of the community in which they are located.
- 2.3 Regulation is required in order to ensure that all Healthcare Facilities being operated in the Emirate meet appropriate standards of health and safety, quality, staff management, and outcome-oriented patient care, and that the Healthcare Providers, which operate them are appropriately governed.
- 2.4 DOH's Policy for Quality and Patient Safety¹ ensures that the measures necessary for assuring quality and patient safety are in place in regards to structure, process and outcome. It sets the base for a value-based health system, engagement and collaboration among all health system stakeholders to achieve the vision of a healthier Abu Dhabi.
- 2.5 Regulation is also required to ensure that the availability of healthcare capacity in the Emirate may be in the best long-term interests of the health economy and of patients.
- 2.6 Regulation should be clear, proportionate and targeted only at cases in which it is needed. DOH will therefore apply the tools of regulation flexibly to ensure that it intervenes only where appropriate in relation to each type of Healthcare Facility.
- 2.7 DOH will in particular:
- 2.7.1 require Healthcare Providers to obtain a license to operate any facility in the Emirate, on the basis of clear licensing criteria².
 - 2.7.2 require those Providers to comply with industry standards³ of organisational governance and good management to secure the best outcomes for patients,
 - 2.7.3 provide under this Manual for the development of specific Standards which will set out the detailed duties of Providers in relation to particular aspects of their operations,
 - 2.7.4 grant exemptions from the duties applying to Providers in appropriate cases.

¹ DOH Policy for Quality and Patient Safety.

² Chapter III: DOH Healthcare Providers Manual; DOH Facility Service Standards; and DOH New Facility Application Form.

³ Includes Standards such as the Joint Commission International Guide on Leadership in Healthcare Organizations: A Guide to Joint Commission Leadership Standards.



CHAPTER II. HEALTHCARE PROVIDERS AND FACILITIES

3. Purpose

- 3.1 This Chapter defines the term 'Healthcare Provider' and makes provision for DOH to define different types of Healthcare Facilities and to set service standards in relation to them.

4. Background

- 4.1 This Manual imposes a number of duties on Healthcare Providers operating in Abu Dhabi.
- 4.2 In this Manual DOH sets out a clear definition of the term 'Healthcare Provider' to ensure complete compliance to duties from those who are identified to be legally responsible.
- 4.3 Healthcare Providers operate different types of Healthcare Facilities. The level of regulation in respect of each facility should be in proportion to the issues of safety, quality and efficiency likely to arise at that facility.
- 4.4 In order to allow an appropriate level of regulation to be applied to each facility, it is important that DOH is able to define different types of facilities so as to distinguish between them.

Healthcare Providers

5. Healthcare Providers

- 5.1. A Healthcare Provider is any person who operates a Healthcare Facility or (for the purposes of Chapter III only) who proposes to do so.
- 5.2. For these purposes:
- 5.2.1 a 'person' means any individual or legal entity,
- 5.2.2 that person 'operates' a Healthcare Facility if he carries on the business of providing healthcare services at the facility or, where healthcare services are not provided as part of a business, otherwise has the ultimate responsibility for the management of the facility.

Healthcare Facilities

6. Healthcare Facilities

- 6.1. A Healthcare Facility is any establishment that falls within one or more named category set out in a document, which is to be known as the Healthcare Facilities Definition.

7. The Healthcare Facilities Definition

- 7.1 The Healthcare Facilities Definition may be issued, and revised by DOH.



- 7.2 DOH may issue the Healthcare Facilities Definition in more than one part for the purpose of defining different categories of facility, and all of the parts taken together shall be treated as constituting the document.
- 7.3 The Healthcare Facilities Definition will define one or more named categories of facility by reference to the nature of the healthcare services that may be provided at that category of facility and to any other criteria that DOH may consider appropriate.
- 7.4 The Healthcare Facilities Definition will have the purpose and function of:
- 7.4.1 defining those establishments that are to be treated as Facilities for the purposes of this Manual, and
 - 7.4.2 defining categories of facility for the purposes of the imposition of different obligations under this Manual.

Facility Service Standards

8. The Service Standards

- 8.1 DOH may issue, and revise, one or more documents (to be known as the Facility Service Standards^{4 5}) which will have the purpose and function of:
- 8.1.1 specifying the scope of services and treatments that may be provided at a named category of Healthcare Facility, and
 - 8.1.2 setting out requirements relating to staffing and equipment that must be satisfied by each facility falling within any named category of facility.

⁴ DOH Post-Acute Rehabilitation Services Standard.

⁵ DOH Standard for Renal Dialysis Clinical Service.



CHAPTER III. MARKET ENTRY

9. Purpose

9.1. This Chapter provides for the licensing of Healthcare Providers in Abu Dhabi.

10. Background

- 10.1 The regulation of Healthcare Providers by means of licenses issued by DOH is one of the most important ways in which DOH can ensure the provision of safe, effective, ethical and high quality healthcare in Abu Dhabi.
- 10.2 DOH will require all Healthcare Providers to hold a license in respect of each Healthcare Facility operated by them.

PART A. THE DUTY TO BE LICENSED

11. Introduction

11.1 This Part A sets out the steps, process and the requirement to be licensed as Healthcare Facility and become eligible to operate within the emirate of Abu Dhabi⁶.

Preliminary Approvals

12. The Preliminary Approval

- 12.1 The following steps are required to get the preliminary approval:
- 12.2 Create account in the e-licensing system through the below link:
<https://bpmweb.DOH.ae/UserManagement/Login.aspx>
- 12.3 Upon receiving an email confirming the activation of the user's account, log into the e-licensing system to apply for a "new registration" application.
- 12.4 Ensure that the application has been filled according to the facility type attaching the required documents before submitting the application. The Healthcare Facility type (detention) is available in the below link: <https://www.DOH.ae/DOH/tabid/127/Default.aspx>
- 12.5 A Technical Taskforce will review the application, and the feedback will be available in the application.
- 12.6 Payment of the application fees will be required either through online payment or at DOH's Customers' Service after the application has been reviewed by the Facility Licensing Team and all the requirements have been fulfilled.
- 12.7 DOH may reject an application for licence to any Healthcare Provider who has not met all the requirements and the applicant will be notified about the reason
- 12.8 A preliminary approval issued by DOH will be valid for one year only in order to commence establishment of the Healthcare Facility.

⁶ DOH Standard for Healthcare Facility Licensure: <https://www.DOH.ae/DOH/LinkClick.aspx?fileticket=nW2sktqXoVs%3d&tabid=819>



- 12.9 During the preliminary approval period, the facility may apply for licensing the medical staff. However; the healthcare facility is not allowed to:
- 12.9.1 Provide healthcare services;
 - 12.9.2 Receive or treat any patient;
 - 12.9.3 Promote or advertise any health services; and
 - 12.9.4 Start its operations and activity before obtaining the permanent licence.
- 12.10 In case of violation of DOH's regulations related to Healthcare facilities, the preliminary approval shall be repealed.
- 12.11 The preliminary approval must be extended before its expiry date, as per DOH's procedures.
- 12.12 The preliminary approval poses no obligation on DOH to license the facility.

13. Engineering Drawings⁷

- 13.1 The Healthcare Facility drawings should comply with DOH's Health Facility Guidelines found at: <http://www.healthdesign.com.au/DOH.hfg/>
- 13.2 Engineering drawings Requirements:
- 13.2.1 After the preliminary approval, the engineering drawings need to be submitted through the e-licensing system.
 - 13.2.2 The drawing will be reviewed by DOH's Facility Planning and Coordination Section and the feedback will be available in the application.
 - 13.2.3 The following need to be taken in consideration to get the required drawing approval:
 - 13.2.3.1 Hospitals, One Day Surgery Centres, and Centres that have a laboratory and/or an x-ray instrument, require to be planned by an engineering consultant accredited by DOH.⁸
 - 13.2.3.2 All other Healthcare Facilities (Medical and Pharmaceutical), do not require to be prepared by an engineering consultant accredited by DOH
 - 13.2.3.3 Drawings are not required for the mere provision of Health Service.
 - 13.2.4 The 90% inspection⁹ is required for Hospitals and One Day Surgery Centres only and it will be conducted through third parties and DOH team¹⁰
 - 13.2.5 The 90% inspection report will be available in the application:
 - 13.2.5.1 In case of failure, the facility will be requested to apply for second inspection after submitting an action plan to the DOH engineering section.
 - 13.2.5.2 Upon passing the 90% inspection, the facility must be ready to submit the 100% inspection request through the e-licensing system which will be forwarded to the DOH Health Audit.

⁷ Healthcare Facility Design Standards: <http://www.healthdesign.com.au/DOH.hfg/>

⁸ The List of Approved Consultants Offices that allowed preparing the Architecture and MEP drawings is available on the below link: <https://www.DOH.ae/DOH/tabid/1195/Default.aspx>

⁹ Whereby approved Consultant Offices to conduct 90% inspection.

¹⁰ The List of Approved Consultant Offices to conduct 90% inspection is available here: <https://www.DOH.ae/DOH/tabid/1195/Default.aspx>



14. Permanent Licence

- 14.1 DOH will issue a permanent licence to a Healthcare Provider to operate a Healthcare Facility where the Provider has made a valid application for the licence and has met all licensing requirements.
- 14.2 The following are required to receive the permanent licence:
 - 14.2.1 All required staff are registered under the Healthcare Facility.
 - 14.2.2 Submission of all requirement documents through the application:
 - 14.2.2.1 Request letter for inspection,
 - 14.2.2.2 Medical malpractice insurance,
 - 14.2.2.3 Medical waste Certificate (Medical waste disposal contract between the facility and an approved company from the Centre of Waste Management – Abu Dhabi (Tadweer)),
 - 14.2.2.4 Trade licence,
 - 14.2.2.5 The site visit will be conducted by DOH Audit Team¹¹.
- 14.3 The final approved health audit, inspection reports will be available in the application.
- 14.4 In case of failure of the 100% inspection, the facility will be requested to apply for second inspection after submitting an action plan through the e-licensing system.
- 14.5 In case of passing the 100% inspection, the facility will pay the licensing fees (payment online or through DOH customers' service).
- 14.6 The permanent licence shall be issued only after fulfilling all DOH's requirements.
- 14.7 The permanent licence will be issued for one year to a maximum of two years.
- 14.8 The permanent licence shall specify the following:
 - 14.8.1 The owner name (Owner name should reflect the name as shown in the Emirates ID (Arabic & English)).
 - 14.8.2 The Healthcare Facility name (facility name should reflect the name as shown in the facility 's Trade Name (Arabic & English)).
 - 14.8.3 The Healthcare Facility type and subtype.
 - 14.8.4 Issue date and expiry date.
- 14.9 Displaying the Licence
 - 14.9.1 A Healthcare Provider must ensure that at least one copy of the facility licence as issued by DOH is displayed in a prominent position within such facility, where which it can be both clearly seen and easily read by patients and visiting members of the public.
 - 14.9.2 No Healthcare Provider may display any copy of a licence issued by DOH, other than in the facility to which it was issued for.

¹¹ The information on auditing checklists available in the link: <https://www.DOH.ae/DOH/tabid/613/Default.aspx>



PART B. Renewing Licences

15. Rules¹²

- 15.1 Renewal application should be submitted through the e-licensing system with attaching the required documents mentioned in the below link:
- 15.1.1 For Medical: <https://www.DOH.ae/DOH/tabid/877/Default.aspx>
- 15.1.2 For Pharmaceutical: <https://www.DOH.ae/DOH/tabid/949/Default.aspx>
- 15.2 Renewal application should be submitted at least 30 days prior to the licence expiry date.
- 15.3 Renewal application should fulfill all DOH's requirements.
- 15.4 If a facility fails to fulfill the licence renewal requirements within the period granted under section 16; delay fines shall apply.
- 15.5 Calculation of licence renewal delay fines:
- 15.5.1 Delay in facility renewal fines shall be calculated within 30 days from the licence expiry date.
- 15.5.2 Delay fines shall be calculated in the amount of 25% of the established fees, monthly and for maximum 6 months.
- 15.5.3 Fractions of months shall not be considered.
- 15.5.4 In case of non-renewal for more than 6 months from the expiry date, or if the licence renewal requirements have not fulfilled the licence shall be considered expired.
- 15.6 DOH may reject an application for the renewal of a licence if the facility fails to satisfy any of these requirements or does not complete the renewal requirements within 6 month, after which by law the license will be cancelled and the application rejected. The facility can however submit an application for re-registration.

PART C. General Rules for Healthcare Facility Licensure

16. General Rules for Healthcare Facility Licensure

- 16.1 Healthcare Providers must adhere to all Health Facility data reporting and audit requirements, Health Facility licensure related rules and definitions as per <http://www.DOH.ae/DOH/tabid/127/Default.aspx> and Health Regulation Laws as per <http://www.DOH.ae/DOH/tabid/1013/Default.aspx>
- 16.2 A Healthcare Facility can apply for insurance only after receiving the permanent licence.
- 16.3 School clinics registration should ensure that the facility owner name shown in the licence is the school name.
- 16.4 Inpatient Pharmacy registration should ensure that the facility owner name shown in the licence is the hospital name.

¹² Rules of Health facilities Licensing Renewal: <https://www.DOH.ae/DOH/LinkClick.aspx?fileticket=PBV2hGJXF24%3d&tabid=183>



- 16.5 If the Healthcare Facility's Public Relation Officer, the Director and/or Pharmacist in charge change, the facility should update the information through the e-licensing system and a hardcopy should be submitted to DOH.
- 16.6 Healthcare Facilities have the option to register / renew the licence for one or two years subject to approval by DOH's Facility Licensing.
- 16.7 Unavailability of licensed medical staff at a Healthcare Facility will result in temporary closure of the facility by DOH. However, temporary closure of a facility does not prevent licence renewal.
- 16.8 The maximum period of temporary closure of a Healthcare Facility is six months.¹³ If the Healthcare Facility remains closed for a period of six consecutive months it must provide evidence to support closure and this will be subject to the Licensing Committee decision to terminate the licence¹⁴. Enquiries related to Licensing Committee must be communicated to regulation@DOH.ae
- 16.9 Prior approval from DOH is required in case of the following:
- 16.9.1 Temporary Closing /extension or re-opening of the facility.
 - 16.9.2 Registering or cancelling insurance for a Healthcare Facility.
 - 16.9.3 Changing the facility location.
 - 16.9.4 Changing the facility type.
 - 16.9.5 Changing, adding or deleting a Healthcare Facility's owner.
 - 16.9.6 Changing name of a Healthcare Facility.
 - 16.9.7 Changing drawing plan and layout of the Healthcare Facility.
 - 16.9.8 Changing the Healthcare Facility's owner.
 - 16.9.9 Licensing medical transportation (Ambulance & Medical Transportation unit).
 - 16.9.10 Request Prescriptions (Narcotic, Controlled Drug Prescription, Drug Register).
 - 16.9.11 Cancellation of a Healthcare Facility.

¹³ Rules of temporary Closure/ Extending Temporary Closure of Facilities (Health/ Pharmaceutical):
<https://www.DOH.ae/DOH/LinkClick.aspx?fileticket=JzWf7yr20N4%3d&tabid=183>

¹⁴ Health Regulation Laws/Book no. 3/Private Healthcare Facilities/Federal Law No. 2 of 1996 concerning private Healthcare facilities, article no. 13.

CHAPTER IV. MARKET EXIT

17. Purpose

17.1. This Chapter makes provision for licences to be surrendered, and for dealing with the effects of their suspension or their revocation because of disciplinary action.

18. Background

18.1. Where a Healthcare Provider holds a licence to operate a Healthcare Facility, it must continue to provide the healthcare services authorised by the licence until that licence is surrendered, suspended or revoked¹⁵

18.2. If the Provider wishes to surrender a licence or suspend its operations at a facility, it should first obtain the approval of DOH and then put in place any arrangements required by DOH to ensure that the interests of Patients are not affected by the Provider ceasing to operate the facility.

18.3. If the licence of a Provider to operate a facility is suspended or revoked as a consequence of disciplinary action, DOH has appropriate powers to intervene and ensure that the provision of healthcare services at the facility continue where that is necessary to ensure that the interests of Patients are not affected by the Provider ceasing to operate the facility.

PART A. SURRENDER OF LICENCES

19. Introduction

19.1. This Part A makes provision for Healthcare Providers to surrender their licences to operate Healthcare Facilities.

20. The Notice of Intention to Surrender

20.1. If a Healthcare Provider wishes to surrender any licence held by it, it must notify DOH of its intention to do so.

20.2. DOH may issue, and revise, one or more forms of notice to be used by Providers wishing to surrender a licence (the Notice of Intention to Surrender).

20.3. The Notice of Intention to Surrender may set out information and supporting evidence that a Provider is required to provide to DOH together with the Notice.

20.4. Where a Provider notifies DOH that it wishes to surrender a licence, it must:

- 20.4.1. use the relevant Notice of Intention to Surrender,
- 20.4.2. complete the Notice in total honesty and good faith,
- 20.4.3. provide all of the information and evidence requested in the Notice,

¹⁵ Chapter IX: DOH Healthcare Regulator Manual.



- 20.4.4. disclose any other information or evidence – whether or not it is requested in the Notice – that is known to the Provider and is likely to be relevant to the ongoing interests of any Patients who are provided with healthcare services at the Healthcare Facility to which the licence relates, and
- 20.4.5. accompany the Notice with the payment of any fee specified in the Notice.
- 20.5. DOH may withhold issuing clearance from legal and financial obligations under licensure if the Provider fails to satisfy the requirements of the Notice or if any information provided with the Notice is inaccurate.
- 20.6. DOH will otherwise accept the Notice and will determine a date on which the surrender of the licence is to take effect.
- 20.7. The surrender of a licence may only take effect on a date determined by DOH.

21. The Exit Plan

- 21.1. On receiving a Notice of Intention to Surrender, DOH may require a Healthcare Provider to prepare and submit for its approval a plan (the Exit Plan) which will set out the arrangements under which the Provider will cease to operate the facility to which the licence relates.
- 21.2. The purpose of an Exit Plan is to ensure that the Provider ceases to operate the facility in an orderly manner and without any adverse effects on Patients who receive healthcare services or treatments at that facility.
- 21.3. An Exit Plan must make provision for such matters as DOH may specify, which may include without limitation:
 - 21.3.1. where the facility is being transferred to another Healthcare Provider, arrangements for continuity in the management of Patient care during the period of the transfer,
 - 21.3.2. where the facility is being closed, arrangements for informing patients, Healthcare Professionals, Healthcare Insurers and other Healthcare Providers of the planned closure in order to ensure all appropriate continuity of care for patients.
- 21.4. DOH may approve an Exit Plan subject to such amendments, as it considers appropriate.
- 21.5. DOH may require the Provider to make such amendments to an approved Exit Plan as it considers necessary, and the Plan will remain approved only if those amendments are made.
- 21.6. Where an Exit Plan has been approved by DOH, the Provider must ensure that the Plan is carried out in accordance with its provisions.
- 21.7. DOH may make the date on which the surrender of the licence is to take effect conditional on some or all of the actions described in the Exit Plan, having first been completed.

PART B. REVOCATION OF LICENCES

22. Introduction

- 22.1. This Part B makes provision for the consequences of a decision by DOH to revoke a licence held by a Healthcare Provider.



23. Revocation

- 23.1. DOH may revoke any licence issued to a Healthcare Provider where it is entitled to do so in accordance with the provisions of the law or the Healthcare Regulator Policy Manual as to discipline and sanctions.

PART C. SUSPENSION OF LICENCES

24. Introduction

- 24.1. This Part C makes provision for the circumstances in which a Healthcare Provider, whether of its own decision or because it is required to do so by DOH, temporarily closes a Healthcare Facility operated by it.

Voluntary Suspension

25. The Notice of Request to Suspend

- 25.1. If a Healthcare Provider wishes for any licence held by it to be suspended, it must notify DOH of its request.
- 25.2. DOH may issue and revise one or more forms of notice to be used by Providers seeking the suspension of a licence (the Notice of Request to Suspend).
- 25.3. The Notice of Request to Suspend may set out information and supporting evidence that a Provider is required to provide to DOH, together with the Notice.
- 25.4. Where a Provider notifies DOH that it wishes a licence held by it to be suspended, it must:
- 25.4.1. use the relevant Notice of Request to Suspend,
 - 25.4.2. complete the Notice in total honesty and good faith,
 - 25.4.3. provide all of the information and evidence requested in the Notice, and
 - 25.4.4. accompany the Notice with the payment of any fee specified in the Notice.
- 25.5. DOH may reject a completed Notice of Request to Suspend if the Provider fails to satisfy the requirements of the Notice or if any information provided with the Notice is inaccurate.
- 25.6. DOH will otherwise accept the Notice and will:
- 25.6.1. determine a date on which the suspension of the licence is to take effect, and
 - 25.6.2. at such later time as it is satisfied that the facility to which the licence relates may be reopened, determine a date on which the suspension will come to an end.
- 25.7. The suspension of a licence may only take effect and come to an end on dates determined by DOH.



26. The Suspension Plan

- 26.1. Where it receives a Notice of Request to Suspend, DOH may require a Healthcare Provider to prepare and submit for its approval a plan (the Suspension Plan) which will set out the arrangements under which the Provider will temporarily cease to operate the Facility to which the licence relates.
- 26.2. The purpose of a Suspension Plan is to ensure that the Provider suspends and recommences its operation of the facility in an orderly manner and without any adverse effects on Patients who receive healthcare services or treatments at that facility.
- 26.3. A Suspension Plan must make provision for such matters as DOH may specify, which may include, without limitation arrangements for informing patients, Healthcare Professionals, Healthcare Insurers and other Healthcare Providers of the planned closure in order to ensure all appropriate continuity of care for patients.
- 26.4. DOH may approve a Suspension Plan subject to such amendments as it considers appropriate.
- 26.5. DOH may require the Provider to make such amendments to an approved Suspension Plan as it considers necessary, and the Plan will remain approved only if those amendments are made.
- 26.6. Where a Suspension Plan has been approved by DOH, the Provider must ensure that the Plan is carried out in accordance with its provisions.
- 26.7. DOH may make the date on which the suspension of the licence is to take effect, or the date on which it is to come to an end, conditional on some or all of the actions described in the Suspension Plan having first been completed.

Involuntary Suspension

27. Involuntary Suspension

- 27.1. DOH may suspend the licence of a Healthcare Provider where it is entitled to do so in accordance with the law or the provisions of the Healthcare Regulator Policy Manual as to discipline and sanctions.



CHAPTER V. GENERAL DUTIES, GOVERNANCE AND CHANGE OF CONTROL

28. Purpose

28.1. This Chapter sets out the general duties that will apply to each Healthcare Provider, requires Providers to establish adequate governance arrangements in relation to the operation of their Facilities, and makes provision for changes in the corporate control of Providers.

29. Background

29.1. Each Healthcare Provider should be subject to certain general duties, including requirements to comply with the conditions of their licences and with DOH regulations.

29.2. It is important that Healthcare Providers have proper control and quality management systems in place to ensure that they can comply with these DOH regulations and create an appropriate environment within which to deliver high quality healthcare services to Patients.

29.3. In the event of changing ownership of healthcare facilities, such change requires DOH authorisation. DOH reserves the right to not grant that authorisation or investigate before authorisation if the transfer could be in violation of existing policies, law and procedure or not in the interest of the wider market

PART A. GENERAL DUTIES

30. Introduction

30.1. This Part A sets out the general duties applying to all Healthcare Providers in relation to the operation under licence of their Facilities.

Licences and Standards

31. Licences

31.1. A Healthcare Provider must at all times, in respect of each facility which it operates:

31.1.1. continue to provide the full range of healthcare services which it is authorised to provide at that facility under a licence issued by DOH, but

31.1.2. provide only those healthcare services in relation to which it is so authorised.

31.2. Healthcare Providers must comply with any conditions or restrictions to which they are subject under the terms of licences issued by DOH.

31.3. The services which a Provider is authorised to provide under a licence issued by DOH are those that may – in line with the Healthcare Facilities Definition and the Service Standards – be provided at a facility that



falls within the category specified on the face of the licence, subject only to any conditions or restrictions imposed by the licence.

- 31.4. For the purposes of this provision, the 'full range of services' means all of the types of services that are so authorised.
- 31.5. The duty of a Provider to continue to provide healthcare services shall cease to apply on the Expiry Date of the licence in respect of the facility, on the date of a surrender or revocation of that licence, or during any period of suspension of that licence.
- 31.6. Providers need to inform DOH before stopping any of the services they are licensed to provide for a period longer than one month. Failure to do that will be in violation of their license agreement

32. Policies and Standards

- 32.1. DOH may issue Policies and Standards¹⁶ in relation to any aspect of the management or conduct of Healthcare Providers, or of the operation^{17 18} by Providers of Healthcare Facilities.
- 32.2. The Policies and Standards may make different provision for different Healthcare Providers or Facilities, or different categories of Provider or Facility.
- 32.3. Each Healthcare Provider must comply with the requirements of any Policy and Standard that apply to it and any Service Standards that apply to the Healthcare Facility it operates.

Patients

33. Respect for Patients

- 33.1. Healthcare Providers must respect^{19 20} the integrity and individuality of each Patient to whom they provide healthcare services or with whom they come into contact.
- 33.2. Healthcare Providers must have due regard for, but not unfairly discriminate on account of, the sex, race, religion, custom, physical and mental ability and values of each Patient to whom they provide healthcare services or with whom they come into contact.
- 33.3. Healthcare Providers must not engage in any act, which is intended to or has the effect of exploiting a Patient for commercial gain, other than by way of obtaining reasonable payment for their services in accordance with the reimbursement rates, rules and mechanisms that are established by DOH under the Healthcare Insurers Manual.
- 33.4. Healthcare Providers must maintain the highest ethical standards and must ensure that every member of their staff behaves at all times with courtesy, respect, dignity and discretion in their dealings with Patients.

¹⁶ Including but not limited to the DOH Standard Provider Contract, among others.

¹⁷ The DOH Healthcare Sector Environment, Health and Safety Management (EHSMS) Standards.

¹⁸ DOH Policy on Occupational and Environmental Health and Safety Management in Healthcare Facilities.

¹⁹ DOH Patient Rights and Responsibilities Standard.

²⁰ DOH Patient Rights and Responsibilities Charter.



34. Informed Consent

34.1. Healthcare Providers must ensure that they do not provide any treatment to a Patient unless Informed Consent ²¹:

34.1.1. has been obtained from or on behalf of that Patient to the treatment which is to be provided, or

34.1.2. has been deemed by DOH or the Regulations not to be required in the case of the relevant treatment for that Patient.

35. Data Management and Confidentiality

35.1. Each Healthcare Provider must ensure that it complies at all times with all²² DOH regulatory requirements relating to the:

35.1.1. right ²³ of a Patient to access, by obtaining a copy of, that data,

35.1.2. right of a Patient to require that data to be transferred^{24 25} to another Provider,

35.1.3. restrictions on the collection, use, retention, storage and destruction ^{26 27}of data relating to healthcare in Abu Dhabi,

35.1.4. duty to maintain and operate effective systems ²⁸ for the management of data.

35.2. Healthcare Providers must treat all information in relation to Patients that is received by them as confidential ²⁹, and must not disclose or use that information other than for the purposes of the provision of healthcare services and treatment, except to the extent that it is permitted by DOH or the Regulations as specified in Chapter VI of the Healthcare Regulator Manual or required for the purposes of this Manual.

Complaints

36. Responding to Complaints

36.1. A Healthcare Provider must ensure that, where it receives any complaint ³⁰ about the quality of service or treatment provided at any Healthcare Facility operated by it, it:

36.1.1. gives timely consideration to the complaint,

36.1.2. assesses whether the complaint is justified (either entirely or in part),

36.1.3. provides the person making the complaint with a clear response in a reasonable time,

36.1.4. where any part of the complaint is justified, admit its failure and take appropriate steps to remedy it or to compensate the person making the complaint.

36.2. Where any complaint received by a Healthcare Provider is a complaint relating to a member of its staff and falls within Part D of Chapter VII of this Manual, the Provider must ensure that it follows the procedure described in that Part.

²¹ DOH Standard for Informed Consent.

²² For more details also refer to the Chapter on Data Management in the DOH Regulator Manual.

²³ DOH Patient Rights and Responsibilities Standard.

²⁴ DOH Standard for Record Keeping and Information Management.

²⁵ DOH Data Standard.

²⁶ DOH Standard for Informed Consent.

²⁷ DOH Standard for Record Keeping and Information Management.

²⁸ DOH Standard for Record Keeping and Information Management.

²⁹ DOH General Confidentiality Standard.

³⁰ DOH Standard for Complaints Management in Healthcare Facilities.



36.3. Healthcare Provider must submit copy of its investigations on the complaints to DOH whenever it is requested.

37. Review of Complaints

37.1. A Healthcare Provider must ensure that it reviews its assessments of all the complaints received by it in order to identify any areas in which it can improve the quality of its services or treatments, and must take appropriate steps to make such improvements within a reasonable time.

Advertising and Promotions

38. Advertising

38.1. Without prejudice to any other applicable laws, a Healthcare Provider may only publish promotional material if all of the information contained in that material is factually accurate and capable of being verified by evidence which the Provider can make available to DOH on request.

38.2. Promotional material published by a Healthcare Provider may not:

38.2.1. express or imply any criticism of other Healthcare Providers or their Facilities,

38.2.2. express or imply a guarantee that treatment offered by the Provider will be successful,

38.2.3. claim that the Provider is able to offer services or treatments that it lacks the capability or the professionally qualified staff to provide,

38.2.4. claim that the Provider is able to offer services or treatments that it is not authorised to provide at any category of facility to which the promotional material relates, or

38.2.5. be misleading as to any fees charged by the Provider for its services or treatments.

38.3. For these purposes, 'promotional materials' include any form of advertising which is carried out by any media, and 'publish' includes the broadcasting of advertisements by any means.

39. Promotional Activity

39.1. Healthcare Providers must not engage in any activity that is intended to, or does in fact, take advantage of their institutional status, of the status of any Healthcare Professional employed by them, or of the vulnerability or lack of medical knowledge of any person by placing unfair pressure on that person to purchase any services or receive any treatment.

Financial Management

40. The General Duties

40.1. Each Healthcare Provider must act in a manner designed to ensure that:

40.1.1. it remains financially solvent,

40.1.2. each facility operated by it is economically and efficiently managed, and

40.1.3. it, at all times, has access to adequate financial resources to ensure that it can carry on the provision of healthcare services at each of the Facilities operated by it.



- 40.2. Each Healthcare Provider must establish and at all times give effect to adequate systems of risk management designed to ensure that:
- 40.2.1. it does not engage in any activity involving a degree of financial risk taking – whether by commitments of expenditure, levels of borrowing, or otherwise – that is excessive in the context of its available resources and existing commitments, and
 - 40.2.2. it promptly takes all necessary steps to mitigate the consequences of any unforeseen financial liabilities.

41. Claims

- 41.1. Each Healthcare Provider must ensure that any claim^{31 32 33} for payment, which is submitted by it to a Health Insurer in respect of treatment provided at a facility which it operates:
- 41.1.1. relates only to care actually provided,
 - 41.1.2. is accurate in all other respects,
 - 41.1.3. All information is provided accurately and submitted within the timeline specified by DOH.
- 41.2. Each Healthcare Provider must ensure that it complies at all times with all DOH regulatory requirements relating to insurance fraud, abuse, misuse, mistakes, errors³⁴ and timelines.
- 41.3. Providers will accept that information provided in claims will be used for population management purposes and must endeavor to make sure it is accurate. Failure to do so will be in violation of the licensing agreement, and DOH reserve the right to take the action necessary to penalise against this.

42. Financial Statements

- 42.1. If it is directed to do so by DOH, a Healthcare Provider must, prepare and submit to DOH:
- 42.1.1. financial statements which reflect a true and fair view of its revenues and expenditure, its assets and liabilities,
 - 42.1.2. separate financial statements reflecting the revenues, expenditure, assets and liabilities relevant to each of the different Facilities operated by it,
 - 42.1.3. separate financial statements distinguishing its revenues, expenditure, assets and liabilities used for the purposes of providing healthcare services from those used for the purposes of any activity of the Provider that is not related to healthcare.
- 42.2. DOH may issue such a direction to all Providers, to certain categories of Provider or Facility, or only to specific Providers identified in the direction.
- 42.3. Where DOH issues a direction, each Provider to whom that direction applies must establish and operate effective systems of financial reporting and management sufficient to ensure that it is able to comply with the direction.

³¹ DOH Manual on Healthcare Insurers and specified requirements thereof.

³² DOH Standard Provider Contract.

³³ DOH Coding Manual.

³⁴ Chapter VI: DOH Manual on Healthcare Insurers.



PART B. GOVERNANCE AND MANAGEMENT

43. Introduction

- 43.1. This Part B sets out the duties applying to Healthcare Providers in relation to their governance and to the management of the Facilities, which they operate. It applies to all Providers, except to any in respect of whom DOH has issued a direction granting a derogation from the duties which it sets out.
- 43.2. This Part B also sets out the personal duties³⁵ of senior individuals within Healthcare Providers in relation to institutional governance and the management of the Facilities operated by those Providers.

The Control Environment

44. Policies

- 44.1. Each Healthcare Provider must establish and at all times give effect to adequate systems of planning and internal control which are designed to ensure that the Provider is able to comply with DOH regulations and all other relevant requirements of law.
- 44.2. Each Healthcare Provider must establish and at all times have in place written policies and procedures which together:
- 44.2.1. document its systems of planning and internal control, and
 - 44.2.2. cover all of the principal aspects of its operation of each of its Facilities.
- 44.3. The policies and procedures must be set out in writing in one or more documents and must be sufficiently clear and detailed that they can be easily understood and followed by those who need to rely on them.
- 44.4. The policies and procedures must be revised by the Provider to ensure that they remain accurate and up to date at all times.
- 44.5. A copy of the policies and procedures must be available to and readily accessible by all staff at each facility to which they relate.
- 44.6. Each Provider must ensure that its policies and procedures are complied with.

45. The Governance Protocol

- 45.1. Each Healthcare Provider which takes the form of a corporate organisation must establish arrangements designed to ensure its effective and efficient governance as a provider of healthcare services (the Governance Protocol³⁶).
- 45.2. The Governance Protocol must be set out in a written document and must be sufficiently clear and detailed that it can be easily understood and followed by those who need to rely on it.
- 45.3. The Governance Protocol must be revised by the Provider to ensure that it remains accurate and up to date at all times.

³⁵ Includes Standards such as The Joint Commission International Guide on Leadership in Healthcare Organizations: A Guide to Joint Commission Leadership Standards.

³⁶ Includes Standards such as The Joint Commission International Guide on Leadership in Healthcare Organizations: A Guide to Joint Commission Leadership Standards.



- 45.4. The Governance Protocol must define the roles and responsibilities of the directors and senior executive officers of the Provider or those who hold positions of equivalent status within its organisational structure (the Senior Individuals).
- 45.5. The Governance Protocol must in particular ensure that:
- 49.5.1 where the Provider is an organisation which has a governing board:
 - 49.5.1.1 there is a clear allocation of responsibilities between the board members and the staff employed by the Provider,
 - 49.5.1.2 in particular, it is clear which decisions are reserved to the board and which require the approval of the board before they may be made, and
 - 49.5.1.3 where the staff employed by the Provider need the board to make a decision within its area of responsibility, or to approve a decision which they intend to make, they may obtain that decision or approval quickly and efficiently,
 - 49.5.2 responsibility for governance is allocated to one or more Senior Individuals, identified by their names and titles, at least in relation to:
 - 49.5.2.1 the financial performance of the Provider,
 - 49.5.2.2 the clinical performance of the Provider (including in relation to Patient safety and quality of treatment),
 - 49.5.2.3 the strategy for the management of risk by the Provider, and
 - 49.5.2.4 the compliance of the Provider with DOH regulations and the governance of its relationship with DOH,
 - 49.5.3 the scope of the duties and responsibilities of each Senior Individual are set out,
 - 49.5.4 appropriate provisions are made to ensure that decisions made by Senior Individuals are not subject to conflicts of interest,
 - 49.5.5 arrangements are in place for the regular evaluation of Senior Individuals against clear performance criteria,
 - 49.5.6 there are procedures for the appointment and dismissal of Senior Individuals, and
 - 49.5.7 there are procedures to ensure that the systems of planning and internal control and the policies and procedures established by the Provider (and of all changes made to them) are approved by one or more Senior Individuals.
- 45.6. The Governance Protocol must also ensure that the Provider establishes a committee for the audit of clinical performance (including in relation to Patient safety and quality of treatment), which is to be responsible for:
- 49.6.1 assessing from time to time the clinical quality of the healthcare services provided at each of the Facilities operated by the Provider,
 - 49.6.2 measuring the clinical quality of those services against that of the healthcare services of other Providers at comparable Facilities,



- 49.6.3 reporting to the Senior Individuals and (where the Provider is an organisation which has a governing board) to the board of the Provider on any steps that should be taken to improve the clinical quality of those services, and
- 49.6.4 assisting in resolving any ethical dilemma that Healthcare Providers might face.
- 45.7. A copy of the Governance Protocol must be available to and readily accessible by all Senior Individuals at the Provider.
- 45.8. Each Provider must ensure that its Governance Protocol is complied with at all times.

The Power to Derogate

46. Derogations

- 46.1. DOH may issue a direction including provisions that exempt a Healthcare Provider from the duty to comply with the whole or specified requirements of this Part B in respect of any one or more of its Facilities.
- 46.2. Any directions issued by DOH may have effect in relation to different Healthcare Providers or Facilities, or different categories of Provider or Facility, at different times.
- 46.3. Any directions issued by DOH may be subject to such conditions as DOH may specify.

PART C. OWNERSHIP

47. Introduction

- 47.1. This Part C sets out the duties of Healthcare Providers in relation to changes of ownership.

48. Significant Interest

- 48.1. Each Healthcare Provider has the form of an organisation must promptly inform DOH where any person obtains a significant interest in the Provider.
- 48.2. Where DOH directs it to do so, the Provider must ensure that DOH is provided with such information as it may require about any person who has a significant interest in the Provider.
- 48.3. For these purposes, a person obtains a 'significant interest' in the Provider if he:
 - 48.3.1. gains control over 20 per cent or more of the share capital of the Provider, or
 - 48.3.2. gains control – whether directly or indirectly through one or more parent organisations over the exercise of 20 per cent or more of the voting rights in the Provider.

49. Controlling Interest

- 49.1. Each Healthcare Provider must promptly notify DOH of a proposal for any person to obtain a controlling interest in the Provider.
- 49.2. Where DOH directs it to do so, the Provider must ensure that DOH is provided with such information as it may require about any person who has or proposes to obtain a controlling interest in the Provider.
- 49.3. For these purposes, a person obtains a 'controlling interest' in the Provider if he:



49.3.1. gains control over 50 per cent or more of the share capital of the Provider, or

49.3.2. gains control – whether directly or indirectly through one or more parent organisations over the exercise of 20 per cent or more of the voting rights in the Provider.

50. Change of Control

50.1. No person may obtain a controlling interest in the Provider unless DOH has been notified of the proposal for him to do so and has issued a notice to the Provider granting its approval to the transaction.

50.2. DOH shall be entitled to revoke any licence issued to it by the Provider if a person obtains a controlling interest in the Provider without the approval of DOH.



CHAPTER VI. OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT

51. Purpose

51.1. This Chapter requires high risk Healthcare Providers to establish and give effect to appropriate systems for the management of occupational health and safety risks³⁷.

52. Background

52.1. The healthcare environment may be a source of disease, injury or contamination to staff, patients, visitors, contractors and the wider community. It is important that the risks associated with that environment are actively managed so as to minimise the incidence of harm.

52.2. Healthcare Providers should therefore have in place, at each of their facilities, appropriate systems to protect the safety, health and well-being of their staff, patients, visitors, and contractors, as well as the community in which the facility is located.

The Duties on Healthcare Providers

53. The Duty to Develop an OSHMS

53.1. Each Healthcare Provider must develop an Occupational Safety and Health Management System³⁸ (an OSHMS) in relation to one, or more, facility operated by it, where it is issued a direction by DOH to do so.

53.2. The duty to develop an OSHMS incorporates a duty to set out in writing the details of that system in an internal policy OSHMS (the OSHMS Policy) and supporting OSHMSs (the OSHMS Standard Operating Procedures).

54. The Duty to Implement an OSHMS

54.1. Each Healthcare Provider must submit to DOH EHSMS & Special Audit Department for review and approval, within the period specified by DOH from issuing its direction:

54.1.1. the facility OSHMS document, and

54.1.2. a signed declaration stating the facility's compliance with this Chapter and related DOH Standards³⁹.

54.2. Where DOH has approved an OSHMS document the Provider must take all necessary steps to implement the OSHMS as described in that OSHMS within the period specified by DOH from issuing its approval.

³⁷ The DOH Healthcare Sector Environment, Health and Safety Management Standards.

³⁸ The DOH Healthcare Sector Environment, Health and Safety Management Standards.

³⁹ The DOH Healthcare Sector Environment, Health and Safety Management Standards.



55. Development and Implementation of OSHMS

55.1. Each Healthcare Provider must ensure that:

- 55.1.1. the OSHMS has been developed in relation to each facility operated by it,
- 55.1.2. the OSHMS has received the approval of DOH, and
- 55.1.3. the Provider has taken all necessary steps to implement the OSHMS as set out in the facility OSHMS document.

56. The Continuing Duty to Give Effect to an OSHMS

- 56.1. Once it has implemented the facility OSHMS, a Healthcare Provider must continue to give effect to the System as set out in the OSHMS document approved by DOH.
- 56.2. A Provider may not make any major change to a facility OSHMS unless it has submitted to DOH a revised version of the OSHMS document, which reflects the proposed change and has received the approval of DOH to that revision.
- 56.3. On receiving the approval of DOH to a revision of its OSHMS document, a Provider must take all necessary steps to implement the changes in accordance with the revised OSHMS document and must then continue to give effect to the OSHMS in its changed form.

57. Compliance Audit

57.1. Once it has implemented a facility OSHMS, a Healthcare Provider must:

- 57.1.1. actively audit the operation of the OSHMS to ensure that it is in compliance with the OSHMS document, DOH HS OSH Standards, and OSHAD System Framework,
- 57.1.2. regularly submit valid data to DOH as required,
- 57.1.3. have a robust system on recording OSH incidents and events,
- 57.1.4. ensure that it is subject to external audit annually by a competent and qualified organisation, and
- 57.1.5. ensure that Auditors are registered with the Abu Dhabi OSH Centre (OSHAD).

The OSHMS

58. Scope of the OSHMS

58.1. An OSHMS must:

- 58.1.1. be designed to minimise the risks associated with the healthcare environment at the facility to which it relates,
- 58.1.2. be designed to protect staff, patients, visitors and contractors at that facility, and the wider community in which the facility is located, from any incidence of harm arising from the activities at the facility,
- 58.1.3. be integrated with other management systems if available within the facility,
- 58.1.4. be proportionate to the needs and size of the facility, to the scope and range of healthcare services provided there, and to the risks associated with those activities,



- 58.1.5. be consistent with all laws of the United Arab Emirates and the Emirate of Abu Dhabi,
- 58.1.6. be consistent with all relevant Policies and Standards issued by DOH, and
- 58.1.7. be consistent with all relevant OSHAD SF requirements issued by OSHAD.

59. Content of the System

59.1. An OSHMS⁴⁰:

59.1.1. must, except where a Healthcare Provider is exempt from one or more requirement under a direction issued by DOH, address at least the following matters:

- 59.1.1.1. the administration and mechanisms for the management of environmental, health and safety risks in accordance with the Occupational Safety and Health Management system (OSHMS)
- 59.1.1.2. The roles and responsibilities of staff,
- 59.1.1.3. Legal Compliance,
- 59.1.1.4. Targets and objectives,
- 59.1.1.5. Management of change,
- 59.1.1.6. Training and Competency,
- 59.1.1.7. Incident Reporting and Investigation,
- 59.1.1.8. Communication and Consultation,
- 59.1.1.9. Performance Monitoring,
- 59.1.1.10. Document Control and Records,
- 59.1.1.11. self-regulation,
- 59.1.1.12. the management of contractors,
- 59.1.1.13. hazard identification and risk management,
- 59.1.1.14. emergency management (including fire safety),
- 59.1.1.15. audits and inspections,
- 59.1.1.16. monitoring,
- 59.1.1.17. occupational health and safety,
- 59.1.1.18. ambient air emissions, indoor and occupational air quality management,
- 59.1.1.19. water quality,
- 59.1.1.20. land management,
- 59.1.1.21. noise management,
- 59.1.1.22. hazardous materials management,
- 59.1.1.23. waste management,
- 59.1.1.24. infection prevention and control management
- 59.1.1.25. smoke-free healthcare facilities;
- 59.1.1.26. workplace wellness, and

⁴⁰ The DOH Healthcare Sector Environment, Health and Safety Management Standard.



59.1.1.27. may comprise such additional elements as the Provider considers appropriate with regard to the facility to which it relates.

The Power to Derogate

60. Derogations

- 60.1. DOH may issue a direction including provisions that exempt a Healthcare Provider from the duty to comply with the whole or specified requirements of this Chapter in respect of any one or more of its facilities.
- 60.2. Any directions issued by DOH may have effect in relation to different Healthcare Providers or Facilities, or different categories of provider or facility, at different times.
- 60.3. Any directions issued by DOH may be subject to such conditions as DOH may specify.



CHAPTER VII. STAFFING AND STAFF MANAGEMENT

61. Purpose

61.1. This Chapter requires Healthcare Providers to have in place systems for recruiting, training and supervising a suitably qualified and experienced body of staff.

62. Background

62.1. Where a Healthcare Provider employs staff and that staff will play an essential part in ensuring that the Provider delivers high quality and effective healthcare to patients.

62.2. It is therefore essential that such staff are suitably qualified and experienced, and that they receive appropriate levels of on-the-job training and supervision.

62.3. For these reasons, it is important that each Healthcare Provider has in place appropriate systems for recruiting, training, supervising and disciplining staff.

63. Licences

63.1. Each Healthcare Provider must make all necessary enquiries, before a Healthcare Professional⁴¹ commences employment with it, to ensure that it is correctly informed as to:

63.1.1. whether he is required by DOH to hold a licence⁴² to practice,

63.1.2. whether he does hold a current and valid licence issued by DOH, and

63.1.3. whether he is subject to any restriction or condition⁴³ by virtue of the terms of any licence issued by DOH.

63.2. A Healthcare Provider must not employ a Healthcare Professional who is required to hold a licence to practice unless he holds a current and valid licence at the time of commencing employment.

⁴¹ DOH Healthcare Professionals Manual.

⁴² Chapter III: DOH Healthcare Professionals Manual.

⁴³ DOH Standard for Clinical Privileging Framework.



- 63.3. A Healthcare Provider must not employ a Licensed Healthcare Professional to carry out any activities, which he is prohibited from carrying out by virtue of a condition or restriction in his licence to practice.

PART B. PRIVILEGES AND JOB DESCRIPTIONS

64. Introduction

- 64.1. This Part B requires Healthcare Providers to establish arrangements to ensure that members of their staff have clear roles, responsibilities and authority.

Credentialing and Privileges

65. Duty to Have a Policy

- 65.1. Each Healthcare Provider must have a written policy on Credentialing and granting of Privileges^{44 45}.
- 65.2. That policy must describe the approach taken by the Provider to the assignment of Privileges to Licensed Healthcare Professionals who are permitted to treat Patients without immediate qualified supervision at Facilities which it operates.
- 65.3. The policy must in particular:
- 65.3.1. state which Healthcare Professionals will be required to hold Privileges within the Facilities operated by the Provider,
 - 65.3.2. describe the process by which Privileges may be applied for, assigned, renewed, extended, restricted and withdrawn at the Facilities operated by the Healthcare Provider,
 - 65.3.3. describe the maximum limits of the Privileges that may be available to each category of Healthcare Professional (which must be consistent with the Scope of Practice for the relevant Healthcare Profession),
 - 65.3.4. describe the criteria against which the Provider will determine the limits of the Privileges to be assigned to an individual Healthcare Professional,

⁴⁴ Chapter III: DOH Healthcare Professionals Manual.

⁴⁵ DOH Standard for Clinical Privileging Framework.



- 65.3.5. be consistent with the terms of any DOH regulatory requirement and any guidance published from time to time by DOH in relation to Privileges, and
- 65.3.6. each Healthcare Provider must notify DOH, or (if they have been established) the relevant Professional Boards, of those Healthcare Professions which will be required to hold Privileges at Facilities that it operates.

66. Assigning Privileges

- 66.1. Each Healthcare Provider must ⁴⁶:
 - 66.1.1. assign Privileges to any Healthcare Professional who requires them at the time at which that Professional commences employment with the Provider,
 - 66.1.2. review the Privileges held by that Professional on each occasion on which he applies to DOH for the renewal of his licence to practise, and
 - 66.1.3. renew those Privileges following a review, subject to such extensions or restrictions as may be appropriate having regard to the performance of the Professional and any changes in the nature of his role.
- 66.2. All decisions on the assignment or renewal, and on the extension or restriction, of Privileges must be taken by the Healthcare Provider:
 - 66.2.1. on the basis of the criteria set out in its written policy, and
 - 66.2.2. having full regard to the clinical environment in which the Healthcare Professional works, including the support and resources available to him.
- 66.3. Each Healthcare Provider must ensure that the Healthcare Professionals which it employs are kept informed in clear terms of the Privileges assigned to them from time to time.
- 66.4. Each Healthcare Provider must notify DOH, or (if they have been established) the relevant Professional Boards, of those Healthcare Professionals who, from time to time, hold Privileges at Facilities that it operates and of the details of the Privileges held by those Professionals.

⁴⁶ DOH Standard for Clinical Privileging Framework.



PART C. STAFF MANAGEMENT AND TRAINING

67. Introduction

67.1. This Part C requires Healthcare Providers to establish arrangements to ensure that all of their staff are appropriately managed and adequately trained.

Personnel Files

68. Duty to Keep Personnel Files

68.1. Each Healthcare Provider must maintain personnel files for all members of its staff. Files may be kept electronically.

68.2. The personnel file for each member of staff must include at least:

- 68.2.1. a copy of any licence to practise which he currently holds,
- 68.2.2. evidence of steps taken by him to satisfy any continuing education requirements,
- 68.2.3. a list of his current Privileges (if any),
- 68.2.4. his job description,
- 68.2.5. a copy of any evaluation produced for the purposes of recruitment, and of any later performance evaluation, and
- 68.2.6. a record of any disciplinary action taken against him.

Training

69. Duty to Give Orientation Training

69.1. Each Healthcare Provider must ensure that every new member of its staff is provided with orientation training immediately upon commencing employment.

69.2. Orientation training must be appropriate to the role to be performed by the member of staff being trained, and must include –

- 69.2.1. basic orientation to the facility at which he will be located,
- 69.2.2. training in the policies, plans and procedures of the Provider which are relevant to his role,
- 69.2.3. training in the quality management, patient safety and infection control systems that apply to the facility, and
- 69.2.4. training in the DOH regulations, policies and standards that are relevant to his role.



70. Duty to Support Continuing Professional Education

70.1. Each Healthcare Provider must allow all Licensed Healthcare Professionals⁴⁷ which it employs to take paid time off-duty – in addition to their contractual entitlement to vacation time – for the purpose of obtaining their required quota of continuing professional education.

71. Duty to Provide Training in Life Support

71.1. Each Healthcare Provider must ensure that all members of its staff who participate directly in the care of Patients:

71.1.1. have been provided with training in basic life support, and

71.1.2. receive a refresher course in basic life support at least once in every two-year period.

71.2. Where the role of any member of staff of a Healthcare Provider requires it, the Provider must ensure that he receives additional training in advanced life support.

PART D. STAFF DISCIPLINARY PROCEDURES

72. Introduction

72.1. This Part D requires Healthcare Providers to establish and give effect to arrangements to deal with complaints about staff and for the disciplining of staff in appropriate cases.

73. The Complaints Procedure

73.1. Each Healthcare Provider must establish, and at all times have in place, a written procedure for the management of complaints made about any member of its staff⁴⁸.

73.2. The procedure must:

73.2.1. permit complaints to be made by:

73.2.1.1. Patients and their representatives,

73.2.1.2. visitors to any Facility operated by the Provider, and

⁴⁷ Chapter V: DOH Healthcare Professionals Manual.

⁴⁸ DOH Standard for Complaint Management Procedure.



- 73.2.1.3. other members of staff of the Provider (whether personally or on behalf of the Provider),
- 73.2.2. provide for the appointment of one or more impartial and suitably qualified persons (investigators) to consider the complaint and determine whether it should be upheld, and
- 73.2.3. provide for the thorough investigation of the complaint and for both the person making the complaint and the member of staff to whom it relates to make representations to the investigators.
- 73.3. The procedure must be written in terms which ensure that it can be clearly understood by any person who may wish to make a complaint.
- 73.4. A copy of the procedure must be made available on request to any person who is entitled to make a complaint and to all members of staff of the Provider.
- 73.5. Each Provider must ensure that its procedure is complied with whenever a complaint is made.
- 73.6. Where the senior Healthcare Professional employed by the Provider decides that there is a real risk that any member of staff against whom a complaint has been made may cause harm to Patients:
 - 73.6.1. he may direct that the member of staff is suspended from all duties involving direct contact with Patients until such time as the complaint has been determined, and
 - 73.6.2. he must inform DOH of the suspension within two working days of it taking effect.
- 73.7. Except in these circumstances, a Healthcare Provider may not suspend or take disciplinary action against a member of staff until after the investigators have thoroughly investigated the complaint made against him.

74. Disciplinary Action

- 74.1. Each Healthcare Provider must establish, and have in place at all times, a policy which sets out clearly the disciplinary actions that may be taken where a complaint against a member of staff has been upheld and the circumstances in which those actions will be considered appropriate.
- 74.2. A copy of the policy must be made available to all members of staff of the Provider.



- 74.3. Each Healthcare Provider must take disciplinary action against any member of staff in respect of whom a complaint is upheld by the investigators.
- 74.4. Any disciplinary action taken by the Provider must be lawful, appropriate, proportionate in all the circumstances of the case, and consistent with the policy of the Provider.
- 74.5. Where the Provider takes disciplinary action against a member of staff who is either a Licensed Healthcare Professional or Senior Individual, it must provide a clear statement to the member of staff that its action is in addition to any right that DOH may have to take action in accordance with the Health Regulator Policy Manual.
- 74.6. Where the disciplinary action involves a limitation, suspension or withdrawal of Privileges held by a Licensed Healthcare Professional, the Provider must inform DOH, or (if it has been established) the relevant Professional Board, of the action taken.



CHAPTER VIII. STANDARDS OF CARE

75. Purpose

75.1. This Chapter requires Healthcare Providers to establish systems for ensuring a high standard of care for Patients at each of their Facilities.

76. Background

76.1. It is important that Healthcare Providers in Abu Dhabi operate to deliver the highest standards of healthcare.

76.2. High quality healthcare⁴⁹ should be understood in terms of clinical outcomes, and the systems put in place by Providers must be designed to achieve those outcomes in the best interests of Patients.

Outcome-Oriented Care

77. Patient Safety Goals

77.1. Each Healthcare Provider must meet all relevant Patient Safety Goals as set out in the DOH Standard for Patient Safety Goals.

77.2. DOH will publish on its website, and may update, a list of the applicable Patient Safety Goals and the categories of facility to which they are relevant.

78. Outcome Monitoring

78.1. Each Healthcare Provider must⁵⁰:

78.1.1. take all appropriate steps to ensure continuing improvement in the quality of Patient interventions at each of its Facilities,

78.1.2. monitor the outcomes of those interventions, and

78.1.3. report those outcomes to DOH in a form approved or required by DOH from time to time.

⁴⁹ DOH Policy for Quality and Patient Safety.

⁵⁰ DOH Policy for Quality and Patient Safety.



79. Policies and Procedures

- 79.1. Each Healthcare Provider must develop written policies and procedures as to all aspects of the provision of healthcare to Patients at each of its Facilities.
- 79.2. These policies and procedures must be consistent with the requirement of the DOH Policy for Quality and Patient Safety and DOH Policy for Integrated Continuum of care and other relevant Regulations issued by DOH, and of the law of Abu Dhabi and the UAE.
- 79.3. Each Healthcare Provider must implement its policies and procedures consistently in respect of all Patients treated at its Facilities.

80. Clinical Support Services

- 80.1. Each Healthcare Provider must ensure that it makes available, so far as is necessary to meet the needs of its Patients:
 - 80.1.1. pharmacy services⁵¹ (including the maintenance at all times of an appropriate stock of essential medicines),
 - 80.1.2. laboratory services⁵² (including blood banking),
 - 80.1.3. radiology and diagnostic imaging services, and
 - 80.1.4. food and nutritional care services.

Discharge, Referral and Transfer from Inpatient Facilities

81. Discharge

- 81.1. Each Healthcare Provider must ensure that a Patient is given easily understandable medical advice and instructions on his discharge⁵³ from an Inpatient Facility.

82. Referral

- 82.1. Each Healthcare Provider must ensure that no Patient is referred⁵⁴ from an Inpatient Facility operated by it (the Referring Facility) to another Facility (the Receiving Facility) unless:
 - 82.1.1. the referral is at the request of the Patient,

⁵¹ DOH Standard for Pharmacy Benefits Management Services in the Emirate of Abu Dhabi.

⁵² DOH Clinical Laboratory Standards.

⁵³ DOH Hospital Care Standards.

⁵⁴ DOH Patient Referral Standard.



- 82.1.2. the Referring Facility is unable to provide the healthcare treatment or related services required by the Patient,
- 82.1.3. a suitable bed is not available at the Referring Facility, or
- 82.1.4. the Patient is not eligible for treatment at the Referring Facility.

83. Transfer

- 83.1. A Healthcare Provider which operates a Referring Facility must ensure that, where a Patient is being referred to a Receiving Facility:
 - 83.1.1. where possible, the Patient is in a stable condition before being physically transferred from one facility to the other,
 - 83.1.2. the Receiving Facility accepts the referred patient and is able and willing to provide appropriate healthcare treatment to the Patient, and arrangements are in place at the time of his transfer for him to be received by that facility,
 - 83.1.3. the Healthcare Professional with overall responsibility for the care of the Patient at the Referring Facility signs a referral form⁵⁵ accompanied by a summary of the Patient's clinical condition, of the treatment provided to him and of his continuing medical need.
 - 83.1.4. that referral form⁵⁶ and accompanying information is delivered to the Receiving Facility no later than the time at which the Patient arrives there,
 - 83.1.5. suitable transportation⁵⁷ is made available (having regard to the clinical condition of the Patient) to transfer the Patient from one facility to the other, and
 - 83.1.6. a Healthcare Professional with suitable skills (having regard to the clinical condition of the Patient) accompanies the Patient during the transfer.

⁵⁵ DOH Patient Referral Standard.

⁵⁶ DOH Patient Referral Standard.

⁵⁷ DOH Standard for Minimum Preparedness for Common Medical Emergencies In Inpatient Care Setting, Outpatient Care Setting, Ambulance Services and Interfacility Patient Transfer. Appendix 6: BLS, ALS, Retrieval Drugs and Equipment (Including Controlled Medication).



Risk Management

84. The Risk Manager

84.1. A Healthcare Provider must ensure that the Senior Manager responsible for the management of risk at a facility operated by it is allocated responsibility for incident reporting.

85. Incident Reporting

85.1. Each Healthcare Provider must establish a procedure to ensure that, at each facility which it operates, it collects (as far as is possible) full and accurate information about adverse and sentinel incidents⁵⁸ in which a Patient or visitor either suffered harm or was exposed to a risk of harm beyond that which is consistent with the routine provision of healthcare services at that facility.

85.2. For the purposes of this procedure, a Healthcare Provider must ensure that:

85.2.1. there are no adverse consequences for any individual who reports an incident,

85.2.2. each incident report is treated as confidential, and

85.2.3. no reference is made to an incident report in a Patient Record.

85.3. Each Healthcare Provider must take all steps necessary to encourage staff at the facilities which it operates to report incidents in accordance with its procedure.

85.4. Each Healthcare Provider must regularly review and analyse the incident reports relating to the facilities which it operates, and take all appropriate steps to prevent the recurrence of incidents similar to those which have been reported in accordance with its procedure.

85.5. Each Healthcare Provider must:

85.5.1. immediately report to DOH any incident recorded in accordance with its procedure that falls within a category that DOH has specified requires immediate reporting⁵⁹, and

85.5.2. submit an annual report⁶⁰, to DOH of all the incidents recorded in accordance with its procedure, in each case in such form and including such detail as DOH may require.

⁵⁸ DOH Standard for Reporting Adverse Reactions.

⁵⁹ DOH Standard for Reporting Adverse Reactions.

⁶⁰ DOH Standard for Reporting Adverse Reactions.



CHAPTER IX. INTERPRETATION AND DEFINITIONS

86. Interpretation

- 86.1. In this Manual, the following rules of interpretation shall apply.
- 86.2. Unless the context requires otherwise:
- 86.2.1. words in the masculine gender are to be read as including the feminine gender (and vice versa),
 - 86.2.2. words in the singular are to be read as including the plural (and vice versa), and
 - 86.2.3. references to a numbered Chapter, part, section or paragraph are to the provision bearing that number within this Policy.
- 86.3. The words 'including' and 'in particular' indicate a list of examples and should not be read as limiting the scope of the words that occur before them.
- 86.4. Any reference to another Policy, Standard, Law, Rule or other legal instrument is to be read as a reference to that legal instrument as it may be revised or reissued.
- 86.5. Where this Manual requires any duty to be complied with by a specified time, and where the duty has not been complied with by that time, that duty shall continue to be binding until it has been satisfied and the continuing failure to comply with it shall be treated as an ongoing and repeated breach of this Policy.
- 86.6. Where this Manual requires a Healthcare Provider to have a written policy or procedure, that requirement includes an ongoing duty to keep the policy or procedure up-to-date at all times unless it expressly states that there is to be a review only at specified intervals.
- 86.7. The words 'employ', 'employed' and 'staff', when used in relation to a Healthcare Professional or to any other person performing functions on behalf of a Healthcare Provider, refer to any arrangement (whether or not of full time employment) by which that Professional or other person is engaged to undertake activities on behalf of the Provider.
- 86.8. The words 'notice', 'notification' and 'notify' refer to notice that is given in writing and which is communicated by the delivery of a hard copy to the physical location of the recipient or an electronic copy to a valid electronic mailing address of the recipient.



- 86.9. The words ‘treat’ or ‘treatment’ when used in respect of a Patient refer to any intervention including advice, clinical investigation, diagnosis, monitoring, clinical and/or surgical intervention, the prescription of medicines and the supervision of care that falls within the professional activities of the relevant Healthcare Professional providing healthcare to the Patient.
- 86.10. The words ‘healthcare services’ in relation to the activities of a Healthcare Provider at a Healthcare Facility include all of the treatments that may be provided by the Provider at that Facility.
- 86.11. The words ‘DOH regulatory requirements’, in relation to a Healthcare Provider, refer to the obligations on that Provider as set out in one or more documents issued by DOH with which it is required to comply by virtue of the other provisions of this Manual.
- 86.12. The word ‘year’ means a year according to the Gregorian calendar.

87. Definitions

87.1. In this Manual the following words shall have the meanings given to them below:

Acute Care Facility	A Healthcare Facility in which a Patient is treated for a brief but severe episode of illness, conditions that are the result of disease or trauma, and/or during a post-operative recovery period.
Derogation	A term of law that means an official or legal partial cancellation of an obligation under law, exercised under authority provisioned by law.
DOH	The Department of Health.
Exit Plan	A plan, setting out the arrangements under which a Healthcare Provider will cease to operate a Facility, prepared in accordance with Part A of Chapter IV.
Expiry Date	The date on which a license issued by DOH to a Healthcare Provider will automatically expire.
Governance Protocol	The arrangements, designed to ensure the effective and efficient governance of a Healthcare Provider as a provider of healthcare services, established in accordance with Part B of Chapter V.
Healthcare Facility (or simply Facility)	An establishment at which healthcare services are provided and falls within a category named by DOH in a Healthcare Facility Definition.
Healthcare Insurer	Has the meaning given in the Manual on Healthcare Insurance.



Healthcare Professional	Has the meaning given in the DOH Healthcare Professionals Manual.
Healthcare Provider (or simply Provider)	Has the meaning given in Chapter II
Hospital	A Healthcare Facility within that category as defined in the Healthcare Facilities Definition.
Informed Consent	Has the meaning given in the DOH Consent Guideline.
Inpatient	A Patient during a period of admission to a Facility involving an overnight stay.
Licensed Healthcare Professional	A Healthcare Professional who holds a current and valid licence issued by DOH and authorising him or her to engage in certain professional activities.
Licensing Criteria	One or more documents, setting out the requirements that a Healthcare Provider must satisfy in order to be issued with a licence to operate a Healthcare Facility, issued by DOH in accordance with Part A of Chapter III.
Notice of Intention to Surrender	A form of notice to be used by Healthcare Providers who wish to surrender a licence, and issued by DOH in accordance with Part A of Chapter IV.
Patient	Any individual who seeks or is receiving healthcare services or treatment through a Healthcare Provider.
Patient Record	A record maintained by a Healthcare Provider for each of its Patients in accordance with Chapter VIII.
Patient Safety Goals	A set of strategies to reduce the risk of medical error and promote good clinical practice, entitled the International Patient Safety Goals and adopted from the work of the Joint Commission International.
Preliminary Approval	Is an approval to construct a Healthcare Facility issued by DOH in accordance with Part A of Chapter III.
Privileges	Are the entitlements of a Healthcare Professional, assigned by a Healthcare Provider, to provide treatments to Patients within a Facility operated by that Provider.
Professional Board	Has the meaning given in the Healthcare Regulator Policy Manual.
Scope of Practice	Has the meaning given in the Healthcare Professionals Manual.
Senior Individual	Is a director or senior executive officer of a Healthcare Provider or a person holding a position of equivalent status within its organisational structure.



Senior Manager	A senior member of staff of a Healthcare Provider who has principal responsibility for any aspect of the day-to-day management of one or more Facilities operated by it.
Service Standards	One or more documents of that title issued by DOH in accordance with Chapter II.
Standard	A Standard issued by DOH in accordance with this or a Policy or with any provision of law.