



## **GOVERNING REGULATION**

**REGULATION NUMBER (1) OF 2008**

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**Table of Contents**.....Error! Bookmark not defined.

**Part One : Preliminary and Key Provisions** ..... 10

1 Title..... 10

2 Issue of Regulation ..... 10

3 Repeal of Regulation ..... 10

4 Hierarchy ..... 10

5 Commencement..... 10

6 Background ..... 10

7 Purpose ..... 10

8 Requirement to be bound by Regulations ..... 10

9 Prohibition on bringing a claim in any other jurisdiction ..... 10

10 Scope and application ..... 11

11 Definition apply to all Regulations..... 11

12 Amendment of Regulations ..... 11

13 No discrimination..... 11

14 Provision of services in accordance with Regulations..... 11

15 Governing Regulation to be read in conjunction with other Regulations ..... 12

16 Responsibility for administration of Regulations ..... 12

17 Repeal of Enabling Regulation ..... 12

**Part Two : Interpretation** ..... 13

18 Definitions..... 13

19 Regulations include amendments..... 20

20 Headings..... 20

21 Time periods ..... 20

22 Gender..... 20

23 Documents in languages other than English ..... 20

24 Documents in writing..... 20

25 Meaning of Person..... 20

26 Reference to sections ..... 20

**Part Three ; Objectives and Functions of the DHCCA**..... 21

27 Objectives of DHCC ..... 21

28 Functions of the DHCCA ..... 21

---

29	Additional powers of the DHCCA.....	22
30	Chairman.....	22
31	Board of Directors .....	22
32	Executive Committee .....	22
33	Delegation .....	23
<b>Part Four : Center for Healthcare Planning and Quality (CPQ).....</b>		<b>24</b>
34	Objective of CPQ.....	24
35	Accountability of CPQ.....	24
36	Purpose of CPQ.....	24
37	Powers and responsibilities of CPQ .....	24
38	Relationship with the Agencies .....	24
<b>Part Five : Clinical Governance .....</b>		<b>25</b>
<b>Clinical Governance Board .....</b>		<b>25</b>
39	Establishment of Clinical Governance Board .....	25
40	Accountability of Clinical Governance Board .....	25
41	Purpose of Clinical Governance Board .....	25
42	Clinical Governance Board powers and responsibilities.....	25
43	Establishment of Councils .....	26
44	Delegations.....	26
45	Ongoing review and update .....	26
46	Obtaining advice.....	26
47	Relationship with other Agencies .....	26
48	Membership of Clinical Governance Board .....	27
49	Interested persons may be invited to attend Clinical Governance Board meetings 27	
50	Expertise of members .....	27
<b>Quality Council.....</b>		<b>28</b>
51	Establishment of Quality Council.....	28
52	Accountability of Quality Council .....	28
53	Purpose of Quality Council.....	28
54	Relationship with CPQ.....	28
55	Quality Council powers and responsibilities .....	28

---

56	Provision of accreditation reports to Quality Council by Licensed Healthcare Operators .....	28
57	Provision of information to Quality Council.....	29
58	Guidance.....	29
59	Subcommittee for promotion of continuous quality improvement.....	29
60	Ongoing review and update .....	29
61	Obtaining advice.....	29
62	Relationship with other Agencies .....	29
63	Membership of Quality Council.....	29
64	Quality Council to have representation on Clinical Governance Board .....	30
65	Expertise of membership .....	30
	<b>Planning Council .....</b>	<b>30</b>
66	Establishment of Planning Council .....	30
67	Accountability of Planning Council .....	30
68	Purpose of Planning Council .....	30
69	Relationship with CPQ.....	30
70	Planning Council powers and responsibilities.....	30
71	Approval required for changes to Clinical Activities .....	31
72	Provision of information to Planning Council .....	31
73	Guidance.....	31
74	Ongoing review and update .....	31
75	Obtaining advice.....	31
76	Relationship with other Agencies .....	31
77	Membership of Planning Council .....	31
78	Planning Council to have representation on Clinical Governance Board.....	31
79	Expertise of members .....	32
	<b>Academic Council .....</b>	<b>32</b>
80	Establishment of Academic Council .....	32
81	Accountability of Academic Council.....	32
82	Purpose of Academic Council.....	32
83	Relationship with Office of the Chief Academic Officer.....	32
84	Academic Council powers and responsibilities.....	32
85	Register of Approved Educational Operators .....	32
86	Availability of information contained in register of Academic Council.....	33

---

87	Ongoing review and update .....	33
88	Provision of information to Academic Council .....	33
89	Guidance .....	33
90	Obtaining advice.....	33
91	Relationship with other Agencies .....	33
92	Membership of Academic Council .....	33
93	Chairman .....	33
94	Academic Council to have representation on Clinical Governance Board .....	33
95	Expertise of members .....	33
	<b>Research Council.....</b>	<b>34</b>
96	Establishment of Research Council.....	34
97	Accountability of Research Council .....	34
98	Purpose of Research Council .....	34
99	Relationship with Office of the Chief Academic Officer.....	34
100	Research Council powers and responsibilities .....	34
101	Register of Approved Research Operators.....	34
102	Availability of information contained in register of Research Council.....	35
103	Ongoing review and update .....	35
104	Provision of information to Research Council.....	35
105	Guidance .....	35
106	Obtaining advice.....	35
107	Relationship with other Agencies .....	35
108	Membership of Research Council.....	35
109	Chairman .....	35
110	Research Council to have representation on Clinical Governance Board .....	35
111	Expertise of members .....	35
	<b>Healthcare Professions Council.....</b>	<b>36</b>
112	Establishment of Healthcare Professions Council .....	36
113	Accountability of Healthcare Professions Council.....	36
114	Purpose of Healthcare Professions Council.....	36
115	Relationship with CPQ.....	36
116	Healthcare Professions Council powers and responsibilities .....	36
117	Provision of information to Healthcare Professions Council.....	36
118	Guidance .....	37

---

119	Ongoing review and update .....	37
120	Obtaining advice.....	37
121	Relationship with Agencies.....	37
122	Membership.....	37
123	Healthcare Professions Council to have representation on Clinical Governance Board .....	37
124	Expertise of membership .....	37
<b>Complementary and Alternative Medicine Council.....</b>		<b>37</b>
125	Establishment of Complementary and Alternative Medicine Council.....	37
126	Accountability of Complementary and Alternative Medicine Council.....	37
127	Purpose of Complementary and Alternative Medicine Council.....	38
128	Relationship with CPQ.....	38
129	Complementary and Alternative Medicine Council powers and responsibilities.	38
130	Provision of information to Complementary and Alternative Medicine Council..	38
131	Guidance.....	38
132	Ongoing review and update .....	39
133	Obtaining advice.....	39
134	Relationship with Agencies.....	39
135	Membership.....	39
136	Complementary and Alternative Medicine Council to have representation on Clinical Governance Board .....	39
137	Expertise of membership .....	39
<b>Part Six : Clinical Regulation.....</b>		<b>40</b>
138	Establishment of Licensing Board .....	40
139	Independence of Licensing Board .....	40
140	Purpose of Licensing Board .....	40
141	Licensing Board powers and responsibilities.....	40
142	Relationship with CPQ.....	41
143	Actions of Licensing Board.....	41
144	Appeal of Licensing Board decisions .....	41
145	Register .....	42
146	Availability of information contained in register of Licensing Board.....	42
147	Obtaining advice.....	42
148	Relationship with other Agencies .....	42

---

149	Composition and membership of Licensing Board .....	42
150	Licensing Board voting members.....	43
151	Licensing Board to have representation on Clinical Governance Board.....	43
<b>Part Seven : Commercial Regulation .....</b>		<b>44</b>
152	Establishment of Office of the Registrar .....	44
153	Appointment of Registrar .....	44
154	Independence of Office of the Registrar.....	44
155	Purpose of Office of the Registrar.....	44
156	Establishment of register of companies.....	44
157	Powers and functions of Registrar.....	44
158	Appointment of officers.....	45
159	Delegation .....	45
<b>Part Eight : Complaint Management and Investigation.....</b>		<b>46</b>
160	Complaint management and investigation principles.....	46
161	Making a complaint .....	46
162	Receipt of complaints to be centralized.....	46
163	Register of complaints.....	46
164	Management of complaints.....	46
165	Initial assessment.....	46
166	Complaints may be referred to Licensees .....	47
167	Complaint investigation process for Licensee and Commercial Companies.....	47
168	Complaints unable to be resolved by Licensee or Licensed Commercial Company 48	
169	Responsibility of DHCCA to investigate complaints .....	48
170	Categories of complaints .....	48
171	Investigation of complaints by Executive Committee .....	48
172	Requirement to provide information .....	48
173	Power to obtain and use information.....	49
174	Power to inspect premises for purposes of obtaining information.....	49
175	Power to seek further information.....	49
176	Formal investigation process .....	49
177	Written notice to be provided to Licensee of appointment of an Investigator .....	50
178	Cooperation of Licensee or Licensed Commercial Company Required.....	50

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179	Scope of investigation by an Investigator .....	50
180	Powers of an Investigator .....	50
181	Requirement for Licensee and Licensed Commercial Company to comply with Investigator requests .....	50
182	Referral of complaint to Licensing Board or Registrar .....	50
183	Provision of information to Licensing Board and Office of the Registrar .....	51
184	Executive Committee must provide information to Agencies and Office of the Registrar .....	51
<b>Part Nine : Establishment of Healthcare Claims Committee .....</b>		<b>52</b>
185	Establishment of Healthcare Claims Committee.....	52
186	Purpose of Healthcare Claims Tribunal.....	52
187	Healthcare Claims arising prior to establishment of Healthcare Claims Committee 52	
188	Medical Liability Regulation applies to arbitration under DIAC.....	52
189	All Healthcare Claims subject to Medical Liability Regulation.....	52
<b>Part Ten : Penalties for Breach of Regulations .....</b>		<b>53</b>
190	Penalties .....	53
191	Licensee to be notified in writing .....	53
192	Referral to Licensing Board or Office of the Registrar.....	53
193	Failure to pay Penalty due .....	53
194	Continuation of Penalty.....	53
195	Enforcement of Penalty .....	53
<b>Part Eleven : Management and Disclosure of Information .....</b>		<b>55</b>
196	Disclosure of information.....	55
197	Exemptions to disclosure of information.....	55
198	Exclusion of part of Record.....	56
199	Process for requesting Records .....	56
200	Notification to Affected Person prior to releasing Records.....	56
201	Affected Person may object to disclosure of Record .....	56
202	Release of Records .....	56
203	Notification of Records released to Affected Person .....	56
<b>Part Twelve : Exclusion of Liability .....</b>		<b>57</b>
204	Exclusion of liability.....	57

---

205	Indemnification of members and employees.....	57
	<b>Schedule 1 : Provisions relating to Agencies .....</b>	<b>58</b>
1	Method of appointment of members .....	58
2	Qualifications of members.....	58
3	Appointment of chairman of Agency .....	58
4	Term of appointment.....	58
5	Reappointment of members.....	58
6	Resignation of members.....	58
7	Vacation of office .....	58
8	Removal from office .....	59
9	No compensation for loss of membership .....	59
10	Appointment of vice chairman.....	59
11	Appointment of secretary to the Agency.....	59
12	Role of secretary.....	59
13	Meeting procedures.....	59
14	Participation of other persons .....	60
15	Formation of subcommittees.....	60
16	Disclosure of interests.....	61
17	Disclosure of interest must be recorded.....	61
18	Member may be permitted to participate in deliberations.....	61
19	Meaning of transaction.....	61
20	When a member has an interest in a transaction.....	61
21	When a member does not have an interest in a transaction .....	62
	<b>Schedule 2 : Patients Rights and Responsibilities.....</b>	<b>63</b>
1	Patient rights .....	63
2	Patient responsibilities.....	63

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## **Part One : Preliminary and Key Provisions**

### **1 Title**

This regulation is to be referred to as the DHCC Governing Regulation No. (1) of 2008 (the "Governing Regulation").

### **2 Issue of Regulation**

This Governing Regulation is issued in accordance with Article 9 of Decree no.(9) of 2003 and adopted under Order no (1) of 2008.

### **3 Repeal of Regulation**

This Governing Regulation repeals and replaces the DHCC Enabling Regulations 4/2005 in accordance with Article 3 of Order No. (1) of 2005.

### **4 Hierarchy**

- (1) If there is any conflict between the provisions of this Governing Regulation and any other Regulation adopted by the Chairman, the provisions of the other Regulation will prevail.
- (2) In the event of any inconsistency between an earlier version of a Regulation and an amended version of the same Regulation, the most recently amended version of the Regulation will prevail.

### **5 Commencement**

This Governing Regulation comes into force on the date of its issuance by the Chairman.

### **6 Background**

- (1) The vision of DHCC is to be the internationally recognized location of choice for quality Healthcare Services and an integrated center of excellence for clinical and wellness services, medical education and research. To assist in achieving this vision, there needs to be a strong and transparent governance framework.
- (2) No Entity or natural person may operate within DHCC without the appropriate Registration, License, Certification or Permit.

### **7 Purpose**

The purpose of this Governing Regulation is to set out the governance framework under which Registered Companies, Licensed Healthcare Professionals, Licensed Complementary and Alternative Medicine Healthcare Professionals and Licensed Healthcare Operators will operate within DHCC.

### **8 Requirement to be bound by Regulations**

It is a requirement that any Healthcare Professional, Complementary and Alternative Medicine Healthcare Professional, Healthcare Operator or Commercial Company holding a License, Certificate or Permit to carry on business within DHCC must comply with, submit to and be bound by the relevant Regulations, the applicable Rules, and all applicable Policies or Standards.

### **9 Prohibition on bringing a claim in any other jurisdiction**

- (1) Subject to any provision stating otherwise in the Regulations, no person may bring proceedings independently of this Governing Regulation or any of the other Regulations in any court in the UAE.

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- (2) This Governing Regulation and the other Regulations set out the exclusive remedy for any claim, including Healthcare Claims, arising in the course of the provision of DHCCA Services, Commercial Services or Healthcare Services within DHCC.

**10 Scope and application**

This Governing Regulation sets out the overarching governance framework within DHCC.

**11 Definition apply to all Regulations**

Each definition within this Governing Regulation applies to all Regulations unless it is specifically stated otherwise in the other Regulation.

**12 Amendment of Regulations**

The Chairman may, from time to time, adopt amendments to this Governing Regulation, or any of the other Regulations, taking into account the recommendations of the Board of Directors, the Executive Committee and the Agencies, as considered appropriate.

**13 No discrimination**

- (1) In providing DHCCA Services, Commercial Services and Healthcare Services in DHCC no person shall discriminate against any person on the basis of such person's:
- (a) race;
  - (b) creed;
  - (c) color;
  - (d) national origin;
  - (e) ancestry;
  - (f) religion;
  - (g) sex;
  - (h) sexual orientation;
  - (i) marital status;
  - (j) age (including newborn status);
  - (k) handicap; or
  - (l) source of payment.

**14 Provision of services in accordance with Regulations**

- (1) No person may operate within DHCC except in accordance with the applicable Regulations, including any Rules, Standards and Policies made under the Regulations.
- (2) Failure to comply with the applicable Regulations or Rules, Standards and Policies may result in:
- (a) a Penalty being imposed as provided by the Regulations; and/or
  - (b) eviction of any Entity or natural person operating within DHCC without a License and/or not in compliance with the Regulations; and/or
  - (c) the termination of the Licensed Healthcare Professional's, Licensed Complementary and Alternative Medicine Healthcare Professional's, Licensed Healthcare Operator's and Licensed

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Commercial Company's right to operate within DHCC as provided by the applicable Regulations.

**15 Governing Regulation to be read in conjunction with other Regulations**

- (1) This Governing Regulation should be read in conjunction with the following Regulations:
- (a) Commercial Services Licensing Regulation;
  - (b) Company Regulation;
  - (c) Complementary and Alternative Medicine Regulation;
  - (d) Education Regulation;
  - (e) Health Data Protection Regulation;
  - (f) Healthcare Operators Regulation;
  - (g) Healthcare Professionals Regulation;
  - (h) Medical Liability Regulation;
  - (i) Research Regulation; and
  - (j) Any other Regulation adopted by the Chairman under the Decree.

**16 Responsibility for administration of Regulations**

The Board of Directors and the Executive Committee of DHCCA are responsible for administering the Regulations and any Rules, Standards and Policies made under the Regulations in conjunction with the Agencies established in this Governing Regulation.

**17 Repeal of Enabling Regulation**

The Enabling Regulation 4/2005 is repealed and replaced by this Governing Regulation. Any decision or action made under the Enabling Regulation prior to the date of this Governing Regulation coming into force will continue to be valid in accordance with its terms. Any subsequent decision or action made once this Governing Regulation comes into force will be made under this Governing Regulation.

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## Part Two : Interpretation

### 18 Definitions

Unless it is specifically stated otherwise in another Regulation, or unless the context otherwise requires, the following definitions apply to all the Regulations within DHCC.

**Academic Council** means the Academic Council established by Part Five of this Governing Regulation;

**AED** means the lawful currency of the UAE;

**Affected Person** means, with regard to the disclosure of information under Part Eleven of this Governing Regulation, a person about whom the information to be disclosed relates;

**Agency** or **Agencies** means each or any of the Boards and Councils established under this Governing Regulation and includes the Clinical Governance Board, Licensing Board, Planning Council, Quality Council, Academic Council, Research Council, Healthcare Professions Council and the Complementary and Alternative Medicine Council;

**Applicant** means the applicant as defined in the specific Regulations that submits an Application for a License or Permit in accordance with the specific Regulations and applicable Rules, Policies and Standards;

**Application** means an application for a License or Permit made under the specific Regulations;

**Approved Research Operator** means a Research Operator holding a Research Permit duly issued by the Research Council;

**Associated Person** means with regard to an Applicant, any other person, including an Entity, that is Closely Linked with such Applicant;

**Authority** means the Authority referred to in the Decree or that Authority's successors;

**Board of Directors** means the board established under Article 10 of the Decree and is part of the DHCCA of DHCC;

**Branch** means the branch of a company or any other Entity or body formed outside DHCC under the laws and regulations applicable in its place of incorporation and authorized to conduct business through this branch inside DHCC;

**Business Category** means a line of clinical business, as determined in accordance with Schedule 1 of the Healthcare Operators Regulation, in at least one of which a Licensed Healthcare Operator engages in DHCC;

**Chairman** means the Chairman of the Authority;

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**Clinical Activity** means a Healthcare Service that falls within a Business Category;

**Clinical Governance Board** means the Clinical Governance Board established under Part Five of this Governing Regulation;

**Clinical Operating Permit** is the authorization issued by the Licensing Board to a Healthcare Operator allowing it to conduct one or more Clinical Activities within a Business Category in DHCC;

**Closely linked** with reference to the relationship between a person and an Applicant, means that such person:

- directly or indirectly, is a Controller of such an Applicant;
- directly or indirectly, is controlled by such an Applicant;
- directly or indirectly, is under common control with such an Applicant; or
- is a person in accordance with whose directions or instructions the Directors of the Applicant are accustomed to act;

**Commercial Company** means a company that would be subject to the Company Regulation, Company Licensing Regulation and any of the other applicable Regulations and Rules, Standards and Policies if it intends to engage in the provision of Commercial Services in DHCC;

**Commercial Services** means services provided by a Licensed Commercial Company;

**Company Regulation** means the DHCC Company Regulations 1/2005, as they may be amended from time to time;

**Company Licensing Regulation** means the Regulation previously referred to as the DHCC Non-Clinical Company Licensing Regulations, Regulation 2/2005, as it may be amended from time to time;

**Complementary and Alternative Medicine** means a diverse group of medical and healthcare therapies and systems that may be separate from or integrated with conventional medical therapies. A common factor shared with all Complementary and Alternative therapies is a holistic and individualistic approach to health and healing, an appreciation of the whole human being, comprising of physical, emotional, mental and spiritual dimensions. Complementary and Alternative may include Ayurveda, Homeopathy, Naturopathy, Osteopathy, Traditional Chinese Medicine, and others;

**Complementary and Alternative Medicine Council** means the Complementary and Alternative Medicine Council as established by Part Five of this Governing Regulation;

**Complementary and Alternative Medicine Healthcare Professional** means a natural person engaged in the provision of Complementary and Alternative Medicine and who would be subject to the Complementary and Alternative Healthcare Regulation and the applicable Rules, if he intends to engage in Professional Practice in DHCC but who is not licensed under that Regulation and the applicable Rules, Standards and Policies;

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**Complementary and Alternative Medicine Healthcare Professionals Regulation** means the DHCC Complementary and Alternative Medicine Healthcare Regulation, Regulation 1/2008, as it may be amended from time to time;

**Controller** with reference to the relationship between a person and an Applicant, means a person who, either alone or with any of its Associated Persons:

- holds more than fifty per cent (50%) of the economic interests in the Applicant or of another person of which the Applicant is a subsidiary company;
- is entitled to exercise, or control the exercise of, more than fifty per cent (50%) of the voting power of the Applicant or of another person of which the Applicant is a subsidiary company; or
- is able to exercise a significant influence over the management of the Applicant or of another person of which the Applicant is a subsidiary company, with such influence being manifested by such indicia as the Controller being a person in accordance with whose directions or instructions the Directors of the Applicant are accustomed to act.

**CPQ** means the entity, in whatever form it may from time to time be structured, and, as of the date on which this Governing Regulation comes into force, is the Center for Healthcare Planning and Quality FZ LLC and which objectives are set out in Part Four of this Governing Regulation;

**Credentialing** means the process undertaken by the Licensing Board to ensure that a Healthcare Professional or a Complementary and Alternative Medicine Healthcare Professional meets the required Standards to enable that person to be Licensed within DHCC;

**Decree** means Decree No. (9) of 2003, issued by the Chairman of the Ports, Customs and Free Zone Corporations establishing DHCC and any amendments or variations to that Decree;

**DHCC** means the Dubai Healthcare City established in the Emirate of Dubai under Decree No. (9) of 2003;

**DHCCA** means the Dubai Healthcare City Administration and comprises the Chairman, the Board of Directors and the Executive Committee;

**DHCCA Services** means the services provided by DHCCA in carrying out the objectives and functions of the DHCCA and include the services provided by the Agencies, CPQ, the Office of the Registrar, the Office of the Chief Academic Officer and any Entity established by DHCCA for the purposes of providing such services;

**DIAC** means the Dubai International Arbitration Center;

**Director** means a person on the governing body of an Entity, by whatever name called, and any person in accordance with whose directions or instructions (but not advice given in a professional capacity) the Directors of an Entity are accustomed to act;

**Disciplinary Action** means any of the actions specified in the Regulations, and includes, but is not limited to, summary restriction or suspension or the refusal

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to renew a License of a Licensed Healthcare Professional or a Licensed Complementary and Alternative Medicine Healthcare Professional;

**Document and Documentation** means information stored in any form of writing, code or visual depiction and the manner in which such information is stored is irrelevant for the purpose of deeming the information to constitute a “document” for the purpose of this definition and a “document” includes summons, notice, order or other legal process and registers;

**Education Regulation** means the Education Regulation, Regulation 1/2008, as it may be amended from time to time;

**Electronic Record** means a record generated, communicated, received or stored by electronic, magnetic, optical or other means in an information system or for transmission from one information system to another;

**Electronic Signature** means any letters, characters, numbers or other symbols in digital form attached to or logically associated with an Electronic Record, and executed or adopted with the intention of authenticating or approving the Electronic Record;

**Entity or Entities** means a person or persons other than a natural person;

**Executive Committee** means the Executive Committee of the DHCCA established under Article 11 of the Decree;

**Fit and Proper Person** is a determination made under this Governing Regulation or any other applicable Regulation with respect to a natural person who is to serve as a Controller, Director, Associated Person or Manager with regard to an Entity, with such determination being made by consideration of such person’s probity, competence and soundness of judgment for fulfilling the responsibilities of the particular position, the diligence with which he is fulfilling or likely to fulfill those responsibilities and whether the interests of patients, vendors, investors, or the Agencies are, or are likely to be, in any way negatively impacted by his holding such position;

**Guidance** means information developed by the DHCCA or an Agency to assist the reader in understanding the Regulations, Rules, Policies or Standards for which such Agency has responsibility, but which is not binding;

**Health Data Protection Regulation** means the DHCC Health Data Protection Regulation, Regulation 2/2008, as it may be amended from time to time;

**Healthcare Claim** means any and all claims or disputes relating to an injury incurred by a person in conjunction with the receipt of Healthcare Services from a Licensee, whether against a Licensee or otherwise, and including an injury incurred outside of DHCC if the Licensee was providing Healthcare Services to such person within the authority of the License or Clinical Operating Permit issued to him or it by the Licensing Board;

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**Healthcare Claim Tribunal** means the Tribunal referred to in Part Nine of this Governing Regulation;

**Healthcare Operators Regulation** means the DHCC Healthcare Operators Regulation, Regulation 2008, as it may be amended from time to time;

**Healthcare Professionals Regulation** means the DHCC Healthcare Professionals Regulation, Regulation 2008, as it may be amended from time to time;

**Healthcare Professional** means a natural person engaged in a Healthcare Profession who would be subject to the Healthcare Professionals Regulation and the applicable Rules if he intends to engage in Professional Practice in the DHCC but who is not licensed or certified under that Regulation and the applicable Rules;

**Healthcare Professions Council** means the Healthcare Professions Council as established by Part Five of this Governing Regulation;

**Healthcare Operator** means a hospital, clinic, laboratory, pharmacy or other Entity providing Healthcare Services that would be subject to the Healthcare Operators Regulation and the applicable Rules if it intends to engage in one or more Clinical Activities in DHCC but that has not received a Clinical Operating Permit under that Regulation and the applicable Rules; and, for purposes of this definition, "Healthcare Operator" will include an Entity at which a Healthcare Service is provided that is of a kind considered to be Complementary and Alternative Medicine;

**Healthcare Services** means the healthcare and medical services provided by Licensed Healthcare Professionals, Licensed Complementary and Alternative Medicine Healthcare Professionals and Licensed Healthcare Operators, and includes, but is not limited to, diagnosis, treatment, advice, service or goods provided in respect of the physical or mental health of a person;

**Investigator** has the meaning set out in section 176(2);

**License** means a license or permit issued by the DHCCA or any other entity or Agency of DHCCA as empowered from time to time by DHCCA, with regard to companies and by the Licensing Board with regard to Healthcare Professionals, Complementary and Alternative Healthcare Professionals and Healthcare Operators;

**Licensed Complementary and Alternative Medicine Healthcare Professional** means a Complementary and Alternative Medicine Healthcare Professional holding a License duly issued by the Licensing Board in accordance with the Complementary and Alternative Medicine Healthcare Professionals Regulation and the applicable Rules, Standards and Polices;

**Licensed Commercial Company** means a company registered under the Company Regulation and licensed under the Company Licensing Regulation to provide Commercial Services within DHCC;

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**Licensed Healthcare Operator** means a Healthcare Operator holding a Clinical Operating Permit duly issued by the Licensing Board in accordance with the Healthcare Operators Regulation and the applicable Rules, Standards and Policies;

**Licensed Healthcare Professional** means a Healthcare Professional holding a License duly issued by the Licensing Board in accordance with the Healthcare Professionals Regulation and the applicable Rules, Standards and Policies;

**Licensee** means a Licensed Healthcare Professional, a Licensed Healthcare Operator; Licensed Complementary and Alternative Medicine Healthcare Professional or a Licensed Commercial Company;

**Licensing Board** means the Licensing Board as established by Part Six of this Governing Regulation;

**Manager** means the person who performs those functions as specified within the Healthcare Operators Regulation, Research Regulation and the Education Regulation or the manager of a Licensee as described the Company Licensing Regulation;

**Medical Liability Regulation** means the DHCC Medical Liability Regulation, Regulation 5/2005, as it may be amended from time to time;

**Patient Health Information** means information about a patient, whether spoken, written, or in the form of an Electronic Record, that is created or received by any Licensee, that relates to the physical or mental health or condition of the patient, including the reports from any diagnostic procedures and information related to the payment for services, and that identifies the patient or with respect to which there is a reasonable basis to believe the information can be used to identify the patient;

**Penalty** means the penalty imposed on a Licensed Healthcare Professional, Licensed Complementary and Alternative Medicine Healthcare Professional, Licensed Healthcare Operator or Licensed Commercial Company in accordance with this Governing Regulation or another Regulation;

**Plan** has the meaning set out in section 68(1)(d);

**Planning Council** means the Planning Council as established by Part Five of this Governing Regulation;

**Policy** means a defined course of action determined by DHCCA and adopted in accordance with the provisions of this Governing Regulation, on the position, strategy or standing on a subject that must be followed by those identified within the policy;

**Professional Practice** means with respect to any Licensed Healthcare Professional or Complementary and Alternative Medicine Healthcare Professional, the provision of Healthcare Services and the performance of functions within the scope of his License, as provided in the Healthcare Professionals Regulation, the

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Complementary and Alternative Medicine Healthcare Professionals Regulation and the applicable Rules, Standards and Policies;

**Public Records Request** has the meaning set out in section 199;

**Quality Council** means the Quality Council as established by Part Five of this Governing Regulation;

**Records** means all papers, records, recorded tapes, photographs, statistical tabulations or other documentary materials or data, regardless of physical form or characteristics, including in written or electronic form;

**Register** means the register of Licensees maintained by the DHCCA under Company Licensing Regulation or the Register of companies maintained by the DHCCA under the Company Regulation, including the register of shareholders;

**Registrar** means the Registrar appointed under this Governing Regulation with the responsibilities specified in this Governing Regulation and other applicable Regulations;

**Regulation** means any regulation adopted by the Chairman under the Decree, including any amendments to any such regulation;

**Renewal Application** means a Renewal Application to renew a License or a Permit under the specific Regulation;

**Renewal Date** is the date as provided in the specific Regulations by which a Healthcare Professional, Complementary and Alternative Medicine Healthcare Professional, Healthcare Operator, Research Operator, Education Operator or Commercial Company must renew its License, or Permit to enable it to continue operating within DHCC;

**Research Council** means the Research Council established by Part Five of this Governing Regulation;

**Research Regulation** means the DHCC Research Regulation, Regulation \_/2008, as it may be amended from time to time;

**Rules** mean the rules approved by the Chairman or Board of Directors as provided for under this Governing Regulation and any other Regulation, and include the rules as they may be amended from time to time;

**Standard** means a specification that defines materials, methods, processes or practices and that is used to provide a basis for determining consistent and acceptable minimum levels of quality, performance, safety and reliability;

**Tenant** means an individual or corporate entity licensed to operate in DHCC in accordance with the Decree and the Regulations, including businesses and professional companies;

**UAE** means the United Arab Emirates.

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**19 Regulations include amendments**

References in this Governing Regulation, or any other Regulations, to the Regulations are to be read as references to any of such Regulations as they may be amended from time to time.

**20 Headings**

The headings used in this Governing Regulation are included for convenience of reference only and will be ignored in the construction or interpretation of this Governing Regulation.

**21 Time periods**

- (1) References in Regulations to time periods are to be construed in accordance with the Gregorian calendar. Whenever Regulations reference a period of time, such period will include every calendar day, except that:
- (a) when the last day of the period falls on a Friday or a Saturday, the period will end instead on the next Sunday; and
  - (b) subject to subsection (1), when the last day of the period falls on a UAE or Dubai public holiday, the period will end instead on the next day that is not a UAE or Dubai public holiday.

**22 Gender**

Pronouns indicating male gender are used to refer to persons of both genders.

**23 Documents in languages other than English**

A person who wishes to submit an original document, a photocopy or an electronic version of a document written in a language other than English must also submit a notarized translation into English of such document prepared by a translation service acceptable to the officer, employee or agent providing the DHCCA Services to whom the document is submitted.

**24 Documents in writing**

References in Regulations to any requirement for any document to be written, in writing, to be presented in writing or for the giving of any notice are to be construed as being satisfied by an Electronic Record and any references in Regulations to any requirement for a signature on any document or notice are to be construed as being satisfied by an Electronic Signature that may be proved in a manner satisfactory to the officer, employee or agent providing the DHCCA Services who is the recipient of such document.

**25 Meaning of Person**

Unless the context otherwise requires, any reference in Regulations to a “person” includes a reference to a natural person, and to a body corporate, limited liability company, association or partnership and to the legal or personal representatives, legal successors and lawful assigns of any such person.

**26 Reference to sections**

Unless otherwise specifically stated, references in a Regulation to a section and subsection mean the section and subsection of that Regulation.

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## **Part Three ; Objectives and Functions of the DHCCA**

### **27 Objectives of DHCC**

- (1) The Objectives of DHCC are defined in Article 4 of the Decree and include, but are not limited to:
  - (a) transform Dubai into a global hub for specialized Healthcare Services through the acquisition of locally available technologies as well as technologies from abroad and the operation of healthcare facilities such as hospitals, general and specialized clinics in all major fields, pharmaceutical companies, pharmacies, pharmaceutical warehouses and manufacturing places, medical laboratories, x-ray centers and other facilities, industries, medical and healthcare services and support industries;
  - (b) establish healthcare and medical corporations, institutions, foundations and other Healthcare Services companies that will directly or indirectly meet the needs and objectives of DHCC;
  - (c) establish medical institutes and centers that conduct research and studies in the healthcare and medical fields.

### **28 Functions of the DHCCA**

- (1) The DHCCA has the functions set out in Article 6 of the Decree, which are determined as follows, to:
  - (a) build DHCC's infrastructure and physical structure and provide administrative support services and any other DHCCA Services necessary to achieve the objectives of DHCC;
  - (b) establish, as a joint or solely invested venture, medical colleges, medical research and studies centers, nursing institutes and schools and internationally accredited centers for continuing medical education and cooperate with leading medical universities and medical and healthcare institutions and providers worldwide;
  - (c) establish, as a joint or solely invested venture, clinical, medical diagnostic centers, organ transport units, pharmaceutical and medical equipment companies, rehabilitation centers, catering services, health and treatment centers, health resorts and clubs, sports clubs and physical and natural therapy clinics;
  - (d) establish, as a joint or solely invested venture, hotels, lodging, furnished and unfurnished hotel apartments, medical care centers and provide access to treatment, preventive care and therapy services through the Internet;
  - (e) organize activities within DHCC;
  - (f) provide a suitable environment for Healthcare Services and related services;
  - (g) establish, License and accredit hospitals, clinical health care facilities and institutions, treatment centers, therapy clinical and other companies and institutions that wish to operate within DHCC;
  - (h) represent the interests of Tenants operating within DHCC and facilitate productive interaction between those tenants and outside businesses and organizations;

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- (i) enter into agreements with other free zones authorizing tenants operating in DHCC to transact business in those other free zones subject to the approval of the Board of Directors;
  - (j) provide DHCC Tenants , at their request, with administrative personnel, managers, technicians and technical support personnel, craftsmen and other types of personnel subject to the applicable provisions of the Decree and the Regulations and such terms as agreed upon between DHCC and those Tenants;
  - (k) offer land and buildings in DHCC to Tenants on a freehold and leasehold basis and upon agreed terms;
  - (l) provide Healthcare Services across all disciplines;
  - (m) charge and collect fees for the services provided by the DHCCA;
  - (n) any other duties of functions assigned to the DHCCA by the Chairman.

### **29 Additional powers of the DHCCA**

- (1) The DHCCA will have the power to:
  - (a) approve the establishment, registration and accreditation of Tenants; and
  - (b) formulate guidelines and procedures concerning the incorporation, registration and accreditation of companies, registration fees, the rules and conditions governing those Tenants and liquidation procedures, as necessary for the proper supervision and monitoring of the activities of those Tenants.

### **30 Chairman**

The Chairman is the Chairman of the Authority and has the responsibility of adopting the Regulations and Rules required to operate DHCC and enforce the Decree.

### **31 Board of Directors**

- (1) The Board of Directors reports to the Chairman of the Authority and has the following functions to:
  - (a) adopt the Policies and general plans for DHCC;
  - (b) study and formulate the Policies, laws and Regulations governing activities in DHCC and submitting same to the Chairman for approval;
  - (c) approve the organization structure and operating regulations of the DHCCA;
  - (d) adopt the by-laws regulating the affairs and meetings of the Board of Directors;
  - (e) exercise any other functions delegated to the Board of Directors by the Chair.

### **32 Executive Committee**

The Executive Committee was established under Article 11 of the Decree and is chaired by an executive director. The executive director is responsible for overseeing the management of DHCC in accordance with the Decree and the Regulations.

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**33 Delegation**

- (1) The DHCCA may delegate some of its functions in accordance with this Governing Regulation and any other Regulation as issued from time to time.
- (2) The Board of Directors may adopt a delegations Policy that defines the delegations of authority with respect to key functions, including, but not limited to, delegations relating to financial commitments and the signing of contracts within the DHCCA.

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## **Part Four : Center for Healthcare Planning and Quality (CPQ)**

### **34 Objective of CPQ**

- (1) CPQ is an Entity which has been established to develop and implement a system of clinical governance within DHCC.
- (2) CPQ will support clinical excellence and continuous quality improvement within DHCC by serving as a center of excellence for:
  - (a) healthcare planning;
  - (b) healthcare policy and standard development;
  - (c) quality improvement; and
  - (d) regulatory services.
- (3) To achieve its objective, CPQ is supported by the Agencies in accordance with the terms of this Governing Regulation.

### **35 Accountability of CPQ**

CPQ will report on its activities to the Executive Committee and the Clinical Governance Board.

### **36 Purpose of CPQ**

- (1) The purpose of CPQ is to:
  - (a) provide the critical elements of the soft infrastructure that impact the Healthcare Services provided by the Licensee registered in DHCC;
  - (b) provide or arrange for the provision of advice regarding strategy development and clinical planning;
  - (c) provide or arrange for the provision of quality benchmarking and Standard development;
  - (d) provide or arrange for the provision of quality oversight systems;
  - (e) provide or arrange for the provision of Credentialing and privileging systems;
  - (f) provide or arrange for the provision of advice for the development of Regulations and Rules for the provision of Healthcare Services within DHCC by Licensees;
  - (g) collect Patient Health Information from Licensees in accordance with the Health Data Protection Regulation to be used for quality oversight and future planning purposes.

### **37 Powers and responsibilities of CPQ**

The powers and functions of CPQ will be determined from time to time by the Executive Committee in conjunction with the Clinical Governance Board.

### **38 Relationship with the Agencies**

CPQ will work alongside each Agency for the purpose of each achieving their respective purposes and overall to achieve the purpose of developing and implementing a system of clinical governance within DHCC.

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## **Part Five : Clinical Governance**

### **Clinical Governance Board**

#### **39 Establishment of Clinical Governance Board**

This Governing Regulation establishes the Clinical Governance Board.

#### **40 Accountability of Clinical Governance Board**

The Clinical Governance Board through its chairman is accountable to the Board of Directors for its actions.

#### **41 Purpose of Clinical Governance Board**

The purpose of the Clinical Governance Board is to provide leadership and overall clinical governance within DHCC.

#### **42 Clinical Governance Board powers and responsibilities**

- (1) The Clinical Governance Board's powers and responsibilities are to:
  - (a) ensure coordination and consistency between the Clinical Governance Board and the other Agencies;
  - (b) oversee the actions of the Quality Council, Planning Council, Academic Council and Research Council, the Healthcare Professions Council and the Complementary and Alternative Medicine Council;
  - (c) delegate as appropriate to the Quality Council, Planning Council, Academic Council and Research Council, the Healthcare Professions Council and the Complementary and Alternative Medicine Council powers and responsibilities associated with ensuring the provision of quality Healthcare Services within DHCC;
  - (d) identify and set Standards, or arrange for the setting of Standards, for clinical competence and cultural competence with respect to the provision of Healthcare Services, and ethical standards of conduct to be observed by Licensed Healthcare Professionals and Licensed Complementary and Alternative Healthcare Medicine Healthcare Professionals;
  - (e) oversee the development of Regulations, Rules, Policies and Standards relating to Healthcare Services across all of DHCC and to ensure that such Regulations, Rules, Policies and Standards are appropriate and consistent with best clinical practice;
  - (f) provide recommendations to the Chair of the Board of Directors regarding membership and chairs of the other Agencies;
  - (g) approve the creation, modification or deletion of subcommittees as proposed by the respective chairs of the Agencies;
  - (h) ensure the Chairman and the Board of Directors are fully informed of Clinical Governance Board activities;
  - (i) make recommendations to the Chairman and the Board of Directors relating to the provision of Healthcare Services within DHCC, with respect to the content of:
    - (i) amendments to the Regulations;
    - (ii) Rules implementing any such Regulations;

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- (iii) other Regulations the Chairman may issue;
  - (j) approve Policies, Standards and Guidance regarding matters relating to the provision of Healthcare Services by Licensees as the Clinical Governance Board may determine to be appropriate or as may be requested by the Chairman or the Board of Directors or any of the Agencies.

#### **43 Establishment of Councils**

- (1) To assist the Clinical Governance Board in carrying out its functions related to the provision of Healthcare Services within DHCC, the following Councils are established under this Governing Regulation:
  - (a) Quality Council;
  - (b) Planning Council;
  - (c) Research Council;
  - (d) Academic Council;
  - (e) Healthcare Professions Council;
  - (f) Complementary and Alternative Medicine Council.

#### **44 Delegations**

- (1) The Clinical Governance Board may delegate its authority to approve Policies, Standards and Guidance to any Council subject to any conditions it considers appropriate in the circumstances.
- (2) Where the Clinical Governance Board delegates its authority under this section, the Council to which such delegation is made must ensure that the Clinical Governance Board is fully informed of any such Policies, Standards and Guidance it approves as soon as it has been approved.
- (3) Where such an approval has been delegated to a Council, the Clinical Governance Board may on review of such Policies, Standards and Guidance direct the relevant Council to adopt amendments to any such Policies, Standards and Guidance the Clinical Governance Board requires.

#### **45 Ongoing review and update**

- (1) The Clinical Governance Board will regularly review and update those matters on which it has provided recommendations to the Chairman and the Board of Directors.
- (2) On the basis of such review, the Clinical Governance Board may recommend to the Chairman and the Board of Directors the adoption of new Regulations, new Rules or amendments to this Governing Regulation, or any other Regulations, or already adopted Rules.

#### **46 Obtaining advice**

In fulfilling its responsibilities under this Governing Regulation, the Clinical Governance Board may seek advice from any source it considers appropriate.

#### **47 Relationship with other Agencies**

In carrying out its powers and responsibilities and before approving any Policies, Standards or Guidance or before making any recommendations to the Chairman and the Board of Directors the Clinical Governance Board will seek the views of the other Agencies as appropriate and take those views into account before finalizing any such Policies, Standards or Guidance or making any such recommendations.

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#### **48 Membership of Clinical Governance Board**

- (1) The Clinical Governance Board will consist of up to nine (9) voting members being:
  - (a) One representatives from each of the:
    - (i) Quality Council;
    - (ii) Planning Council;
    - (iii) Licensing Board;
    - (iv) Healthcare Professions Council;
    - (v) Complementary and Alternative Medicine Council;
    - (vi) Chief Academic Officer;
  - (b) Vice President CPQ;
  - (c) Director Medical Affairs, DHCCA;
  - (d) A Healthcare Professional to act in the role of chairman of the Clinical Governance Board and who does not fall into the category of any of the other members of the Clinical Governance Board.
- (2) In addition, the following will be non-voting members of the Clinical Governance Board:
  - (a) Nursing representative DHCCA;
  - (b) Strategy representative, DHCCA;
  - (c) Chief Operating Officer, DHCCA;
  - (d) Legal representative, DHCCA;
  - (e) A representative from a Licensed Healthcare Operator;
- (3) A quorum will be five (5) members who have voting rights.

#### **49 Interested persons may be invited to attend Clinical Governance Board meetings**

The Chairman of the Clinical Governance Board may from time to time invite persons representing specific interests to attend a Clinical Governance Board meeting. Such a person may contribute to the deliberations of the Clinical Governance Board but will not have voting rights.

#### **50 Expertise of members**

- (1) The Clinical Governance Board will be composed of members who, collectively, have expertise in the areas of:
  - (a) quality of Healthcare Services;
  - (b) Standards of Healthcare Services practice;
  - (c) models of Healthcare Services delivery;
  - (d) codes of conduct for Healthcare Professionals and Complementary and Alternative Medicine Healthcare Professionals;
  - (e) operating procedures of Healthcare Operators;
  - (f) healthcare facility design, construction and equipment;
  - (g) clinical governance; and
  - (h) Policy and Standards development and review.

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## **Quality Council**

### **51 Establishment of Quality Council**

This Governing Regulation establishes the Quality Council.

### **52 Accountability of Quality Council**

The Quality Council is accountable to the Clinical Governance Board for its actions.

### **53 Purpose of Quality Council**

- (1) The purpose of the Quality Council is to:
  - (a) oversee all patient related quality and patient safety matters in DHCC;
  - (b) advise the Clinical Governance Board and Licensing Board, as requested, on matters relating to the quality of Healthcare Services provided by Licensees;
  - (c) monitor the overall performance of DHCC quality oversight process based on defined performance indicators;
  - (d) oversee the development of Policies, Standards and Guidance with regard to quality improvement programs to be implemented and maintained by Licensed Healthcare Operators, including the survey processes to be used by Licensed Healthcare Operators to assure the efficacy of their quality improvement programs;
  - (e) review recommendations from its subcommittees and make recommendations based on such review to the Clinical Governance Board and the Licensing Board;
  - (f) define the criteria for approving, and to approve, independent accrediting agencies for purposes of accrediting Licensed Healthcare Operators as required under the applicable Regulations;
  - (g) periodically review the quality improvement programs of Licensed Healthcare Operators and, as needed and if appropriate, provide recommendations to Licensed Healthcare Operators for improvements in their programs and quality improvement processes.

### **54 Relationship with CPQ**

The Quality Council will carry out its functions with the support of CPQ.

### **55 Quality Council powers and responsibilities**

The Quality Council will have the powers and responsibilities delegated to it by the Clinical Governance Board and as prescribed in the applicable Regulations and in particular the Healthcare Operators Regulation.

### **56 Provision of accreditation reports to Quality Council by Licensed Healthcare Operators**

- (1) Each Licensed Healthcare Operator will submit the reports it receives from accrediting agencies to the Quality Council for its review as provided in the Healthcare Operators Regulation.
- (2) The Quality Council will review such reports and make recommendations as needed and appropriate to the submitting Licensed Healthcare

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Operator concerning proper remedial actions such Licensed Healthcare Operator should undertake to address any deficiencies identified in any such report. When making such recommendations the Quality Council will ensure that the Licensing Board is informed of any recommendation that the Quality Council might make.

- (3) The Quality Council will ensure that CPQ receives a copy of any such accreditation report.

#### **57 Provision of information to Quality Council**

- (1) The Quality Council through CPQ may request each Licensed Healthcare Operator to provide to the Quality Council or to such subcommittee of the Quality Council as the Quality Council may designate, information on such matters as the Quality Council may require from time to time relating to the delivery of Healthcare Services and in particular relating, but not limited, to quality matters, major incidents and adverse outcomes.
- (2) The Quality Council will ensure that CPQ receives a copy of any such report.

#### **58 Guidance**

The Quality Council may issue Guidance for Licensees subject to the approval of the Clinical Governance Board.

#### **59 Subcommittee for promotion of continuous quality improvement**

- (1) The Quality Council will have as one of its subcommittees, a subcommittee designated to work collaboratively with CPQ and Licensed Healthcare Operators to promote continuous enhancement of the quality and safety of patient care in DHCC and to serve as a liaison between Licensed Healthcare Operators and the Quality Council.
- (2) The Quality Council, with the approval of the Clinical Governance Board, will elaborate further on the role and responsibilities of this subcommittee, and on its relationship with the oversight responsibilities of the Quality Council, in the mandate that it establishes for such subcommittee under Schedule One.

#### **60 Ongoing review and update**

The Quality Council will regularly review and update those matters for which it has powers and responsibilities.

#### **61 Obtaining advice**

In fulfilling its responsibilities under this Governing Regulation and any other Regulations the Quality Council may seek advice from any source it considers appropriate.

#### **62 Relationship with other Agencies**

In carrying out its powers and responsibilities the Quality Council will seek the views of the other Agencies where appropriate.

#### **63 Membership of Quality Council**

The Quality Council will consist of five (5) members.

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**64 Quality Council to have representation on Clinical Governance Board**

A member of the Quality Council will also be a member of the Clinical Governance Board. The Quality Council will select the representative.

**65 Expertise of membership**

- (1) The Quality Council will be composed of members who collectively have experience in the following areas:
- (a) quality of Healthcare Services;
  - (b) Standards of Healthcare Services practice;
  - (c) models of Healthcare Services delivery;
  - (d) Policy and Standards development;
  - (e) quality improvement processes.

**Planning Council**

**66 Establishment of Planning Council**

This Governing Regulation establishes the Planning Council.

**67 Accountability of Planning Council**

The Planning Council is accountable to the Clinical Governance Board for its actions.

**68 Purpose of Planning Council**

- (1) The purpose of the Planning Council is to:
- (a) oversee a clinical planning process for the provision of Healthcare Services, including all clinical services and facilities, and associated health information technology in DHCC;
  - (b) oversee the implementation of the provision of Healthcare Services to assure that an appropriate balance is maintained between the clinical service supply and inpatient and outpatient demand in DHCC;
  - (c) foster a continuum of services and facilities that are capable of meeting minimum Healthcare Services needs in DHCC;
  - (d) cause to be developed, and from time to time review and revise, a comprehensive health plan relating to the need for and proper distribution of Healthcare Services and facilities in DHCC (the "Plan");
  - (e) oversee the development of Policies, Standards and Guidance relating to the clinical planning process and the Plan.

**69 Relationship with CPQ**

The Planning Council will carry out its functions with the support of CPQ.

**70 Planning Council powers and responsibilities**

The Planning Council will have the powers and responsibilities delegated to it by the Clinical Governance Board and as prescribed in the Regulations.

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**71 Approval required for changes to Clinical Activities**

- (1) The approval of the Planning Council is required before a Licensed Healthcare Operator may substantially change its Clinical Activities as provided in the Healthcare Operators Regulation.
- (2) The Planning Council will recommend to the Clinical Governance Board with regard to clinical aspects, and the Executive Committee, with regard to commercial aspects, the establishment of thresholds for the Planning Council's review of such additions, expansions or acquisitions and the specification of the review processes that the Planning Council will employ to reach decisions on such matters.
- (3) All actions of the Planning Council under section 70 will be based on relevant provisions, if any, of the Plan in effect at the time the Licensed Healthcare Operator submits its request for approval to the Planning Council, and on such review criteria as may be included in the Healthcare Operators Regulation or applicable Rules implementing such Regulation.

**72 Provision of information to Planning Council**

- (1) The Planning Council through CPQ may request each Licensed Healthcare Operator and Provisionally Licensed Healthcare Operator to provide to the Planning Council or to such subcommittee of the Planning Council as the Planning Council may designate, information on such matters as the Planning Council may require from time to time relating to Clinical Activities.
- (2) The Planning Council will ensure that CPQ receives a copy of any such report.

**73 Guidance**

The Planning Council may issue Guidance for Licensed Healthcare Operators subject to the approval of the Clinical Governance Board.

**74 Ongoing review and update**

The Planning Council will regularly review and update those matters for which it has powers and responsibilities, including any Policies it has recommended for approval to the Clinical Governance Board.

**75 Obtaining advice**

In fulfilling its responsibilities under this Governing Regulation and any other Regulations the Planning Council may seek advice from any source it considers appropriate.

**76 Relationship with other Agencies**

In carrying out its powers and responsibilities the Planning Council will seek the views of the other Agencies where appropriate.

**77 Membership of Planning Council**

The Planning Council will consist of five (5) members.

**78 Planning Council to have representation on Clinical Governance Board**

A member of the Planning Council will also be a member of the Clinical Governance Board. The Planning Council will select the representative.

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**79 Expertise of members**

- (1) The Planning Council will be composed of:
- (a) Healthcare Professionals and Complementary and Alternative Medicine Professionals from different areas of Professional Practice with significant clinical experience;
  - (b) Persons with significant administrative experience with Healthcare Operators;
  - (c) Persons with significant Healthcare Services planning experience; and
  - (d) Persons with significant experience in the design, construction and equipping of Healthcare Operators.

**Academic Council**

**80 Establishment of Academic Council**

This Governing Regulation establishes the Academic Council.

**81 Accountability of Academic Council**

The Academic Council is accountable to the Clinical Governance Board for its actions.

**82 Purpose of Academic Council**

- (1) The purpose of the Academic Council is to:
- (a) provide leadership in the area of Healthcare Services education;
  - (b) undertake overall planning for Educational Activities within DHCC;
  - (c) oversee the development of Policies, Standards and Guidelines for Educational Activities in DHCC, including Continuing Medical Education (CME), Continuing Professional Development (CPD) Education Programs and Post-Graduate Healthcare Professional Education (PGHPE) as defined in the Education Regulation;
  - (d) approve Educational Activities;
  - (e) oversee the provision of Educational Activities by Approved Educational Operators;
  - (f) review in conjunction with the Agencies, if appropriate, the content of Educational Activities provided within DHCC for the purpose of assuring and measuring the quality of Healthcare Services.

**83 Relationship with Office of the Chief Academic Officer**

The Academic Council will carry out its functions with the support of the Office of the Chief Academic Officer.

**84 Academic Council powers and responsibilities**

The Academic Council will have the powers and responsibilities delegated to it by the Clinical Governance Board and as prescribed in the applicable Regulations.

**85 Register of Approved Educational Operators**

- (1) The Academic Council will maintain a register or registers identifying all Approved Educational Operators. Any such register may be held in electronic form or in any other permanent manner, as appropriate.

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- (2) Each such register will include the names and business addresses of Approved Educational Operators and such other particulars, including the Education Activities that have been approved for such Operators and any terms, conditions or restrictions imposed upon an Approved Educational Operator's Approval as the Academic Council may decide from time to time.

**86 Availability of information contained in register of Academic Council**

The information contained in any register of the Academic Council will be made available on request to any person who asks for it on payment of a fee fixed from time to time by DHCCA.

**87 Ongoing review and update**

The Academic Council will regularly review and update those matters for which it has powers and responsibilities.

**88 Provision of information to Academic Council**

- (1) The Academic Council may request each Education Operator, whether or not approved, to provide to the Academic Council, or to such subcommittee of the Academic Council as the Academic Council may designate, information on such matters as the Academic Council may require from time to time relating to Educational Activities.
- (2) The Academic Council will ensure that Office of the Chief Academic Officer receives a copy of any such report.

**89 Guidance**

The Academic Council may issue Guidance to Education Operators subject to the approval of the Clinical Governance Board.

**90 Obtaining advice**

In fulfilling its responsibilities under this Governing Regulation and the Education Regulation the Academic Council may seek advice from any source it considers appropriate.

**91 Relationship with other Agencies**

In carrying out its powers and responsibilities the Academic Council will seek the views of the other Agencies where appropriate.

**92 Membership of Academic Council**

The Academic Council will consist of up to seven (7) members.

**93 Chairman**

The Academic Council will be chaired by the Chief Academic Officer.

**94 Academic Council to have representation on Clinical Governance Board**

The Chief Academic Officer will represent the Academic Council on the Clinical Governance Board.

**95 Expertise of members**

- (1) The Academic Council will be composed of:
- (a) the person currently holding the position of Chief Academic Officer;

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- (b) one member with expertise in the educational requirements of a teaching hospital, who will be nominated by the teaching hospital within DHCC;
  - (c) one member with expertise in educational services provided within the region, who will be nominated by the Ministry of Higher Education of the United Arab Emirates;
  - (d) members who collectively have experience in the following areas:
    - (i) the provision of Educational Activities within DHCC;
    - (ii) the provision of services to meet regional educational needs.

## **Research Council**

### **96 Establishment of Research Council**

This Governing Regulation establishes the Research Council.

### **97 Accountability of Research Council**

The Research Council is accountable to the Clinical Governance Board for its actions.

### **98 Purpose of Research Council**

- (1) The purpose of the Research Council is to:
  - (a) provide leadership in the area of health research;
  - (b) undertake overall planning for Research Activities, as defined within the Research Regulation, within DHCC;
  - (c) oversee the development of Policies, Standards and Guidelines for Research Activities in DHCC, including human subject, animal and stem cell research;
  - (d) oversee the provision of Research Activities by Approved Research Operators.

### **99 Relationship with Office of the Chief Academic Officer**

The Research Council will carry out its functions with the support of the Office of the Chief Academic Officer.

### **100 Research Council powers and responsibilities**

The Research Council will have the powers and responsibilities delegated to it by the Clinical Governance Board and as prescribed in the Research Regulation.

### **101 Register of Approved Research Operators**

- (1) The Research Council will maintain a register or registers identifying all Approved Research Operators. Any such register may be held in electronic form or in any other permanent manner as appropriate.
- (2) Each such register will include the names and business addresses of Approved Research Operators and such other particulars, including the Research Activities that have been approved for such Operators, and any terms, conditions or restrictions imposed upon an Approved Research Operator's Approval as the Research Council may decide from time to time.

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**102 Availability of information contained in register of Research Council**

The information contained in any register of the Research Council will be made available on request to any person who asks for it on payment of a fee fixed from time to time by DHCCA.

**103 Ongoing review and update**

The Research Council will regularly review and update those matters for which it has powers and responsibilities.

**104 Provision of information to Research Council**

- (1) The Research Council may request from each Research Operator whether or not approved to provide to the Research Council, or to such subcommittee of the Research Council as the Research Council may designate, information on such matters as the Research Council may require from time to time relating to Research Activities.
- (2) The Research Council will ensure that Office of the Chief Academic Officer receives a copy of any such report.

**105 Guidance**

The Research Council may issue Guidance to Research Operators subject to the approval of the Clinical Governance Board.

**106 Obtaining advice**

In fulfilling its responsibilities under this Governing Regulation and the Research Regulation the Research Council may seek advice from any source it considers appropriate.

**107 Relationship with other Agencies**

In carrying out its powers and responsibilities the Research Council will seek the views of the other Agencies where appropriate.

**108 Membership of Research Council**

The Research Council will consist of at least nine (9) members.

**109 Chairman**

The Research Council will be chaired by the Chief Academic Officer.

**110 Research Council to have representation on Clinical Governance Board**

The Chief Academic Officer will represent the Research Council on the Clinical Governance Board.

**111 Expertise of members**

- (1) The Research Council will be composed of:
  - (a) the Chief Academic Officer;
  - (b) at least two current members of the Research Ethics Review Committee;
  - (c) a person knowledgeable about research activities;
  - (d) members who collectively have experience in:
    - (i) the research requirements of a teaching hospital from a Healthcare Professional perspective;

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- (ii) research as a Licensed Healthcare Professional;
  - (iii) undertaking Research Activities within the region; and
  - (iv) understanding applicable laws, regulations and rules governing medical research.

## **Healthcare Professions Council**

### **112 Establishment of Healthcare Professions Council**

This Governing Regulation establishes the Healthcare Professions Council.

### **113 Accountability of Healthcare Professions Council**

The Healthcare Professions Council is accountable to the Clinical Governance Board for its actions.

### **114 Purpose of Healthcare Professions Council**

- (1) The purpose of the Healthcare Professions Council is to:
  - (a) provide recommendations to the Licensing Board and the Clinical Governance Board regarding the provision of Healthcare Services within DHCC by Healthcare Professionals;
  - (b) provide recommendations to the Licensing Board relating to Healthcare Professionals or Licensed Healthcare Professionals, regarding matters relating to the review of:
    - (i) Applications;
    - (ii) Renewal Applications and Credentialing; and
    - (iii) Disciplinary Action;
  - (c) oversee the development of Policies, Standards and Guidance with regard to the provision of Healthcare Services by Licensed Healthcare Professionals;
  - (d) make recommendations to any of the Agencies with regard to providing a dispensation for a Healthcare Professional or Licensed Healthcare Professional from any specific requirement under the applicable Regulations, Rules, Policies or Standards as the result of reviewing an Application or Renewal Application;
  - (e) make recommendations in conjunction with the Academic Council to the Licensing Board with regard to the provision of a License to visiting Healthcare Professionals who as part of the teaching within DHCC will provide Healthcare Services.

### **115 Relationship with CPQ**

The Healthcare Professions Council will carry out its functions with the support of CPQ.

### **116 Healthcare Professions Council powers and responsibilities**

The Healthcare Professions Council will have the powers and responsibilities delegated to it by the Clinical Governance Board and as prescribed in the applicable Regulations.

### **117 Provision of information to Healthcare Professions Council**

- (1) The Healthcare Professions Council may request each Licensed Healthcare Professional to provide to the Healthcare Professions Council information on such matters as the Healthcare Professions Council may require from

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time to time relating to the delivery of Healthcare Services by Licensed Healthcare Professionals.

- (2) The Healthcare Professions Council will ensure that CPQ receives a copy of any such report.

**118 Guidance**

The Healthcare Professions Council may issue Guidance for Healthcare Professionals in conjunction with the Quality Council if appropriate and subject to the approval of the Clinical Governance Board including, but not limited to, when its review of quality data that it collects indicates a significant trend or constellation of medical errors by Licensed Healthcare Professionals that can be prevented or minimized.

**119 Ongoing review and update**

The Healthcare Professions Council will regularly review and update those matters for which it has powers and responsibilities.

**120 Obtaining advice**

In fulfilling its responsibilities under this Governing Regulation and any other Regulations the Healthcare Professions Council may seek advice from any source it considers appropriate.

**121 Relationship with Agencies**

In carrying out its powers and responsibilities the Healthcare Professions Council will seek the views of the other Agencies where appropriate.

**122 Membership**

The Healthcare Professions Council will consist of at least three (3) members.

**123 Healthcare Professions Council to have representation on Clinical Governance Board**

A member of the Healthcare Professions Council will also be a member of the Clinical Governance Board. The Healthcare Professions Council will select the representative.

**124 Expertise of membership**

The Healthcare Professions Council will be composed of members who collectively have experience in matters relating to the quality of care and licensure of Healthcare Professionals.

## **Complementary and Alternative Medicine Council**

**125 Establishment of Complementary and Alternative Medicine Council**

This Governing Regulation establishes the Complementary and Alternative Medicine Council.

**126 Accountability of Complementary and Alternative Medicine Council**

The Complementary and Alternative Medicine Council is accountable to the Clinical Governance Board for its actions.

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**127 Purpose of Complementary and Alternative Medicine Council**

- (1) The purpose of the Complementary and Alternative Medicine Council is to:
- (a) provide recommendations regarding the provision of Healthcare Services within DHCC by Complementary and Alternative Medicine Healthcare Professionals;
  - (b) provide recommendations to the Planning Council regarding Applications by Healthcare Operators for the provision of Clinical Activities which include Complementary and Alternative Medicine;
  - (c) provide recommendations to the Licensing Board relating to Complementary and Alternative Medicine Healthcare Professionals or Licensed Complementary and Alternative Medicine Healthcare Professionals regarding matters relating to the review of:
    - (i) Applications;
    - (ii) Renewal Applications and Credentialing; and
    - (iii) Disciplinary Action;
  - (d) oversee the development of Policies, Standards and Guidance with regard to the provision of Healthcare Services by Licensed Complementary and Alternative Medicine Healthcare Professionals;
  - (e) make recommendations to any of the Agencies with regard to providing a dispensation to the Complementary and Alternative Medicine Healthcare Professionals and Licensed Complementary and Alternative Medicine Healthcare Professionals from any specific requirement under the applicable Regulations, Rules, Policies or Standards as the result of reviewing an Application or renewal Application.

**128 Relationship with CPQ**

The Complementary and Alternative Medicine Council will carry out its functions with the support of CPQ.

**129 Complementary and Alternative Medicine Council powers and responsibilities**

The Complementary and Alternative Medicine Council will have the powers and responsibilities delegated to it by the Clinical Governance Board and as prescribed in the applicable Regulations.

**130 Provision of information to Complementary and Alternative Medicine Council**

- (1) The Complementary and Alternative Medicine Council may request each Complementary and Alternative Medicine Healthcare Professional to provide to the Complementary and Alternative Medicine Council information on such matters as the Complementary and Alternative Medicine Council may require from time to time relating to the delivery of Healthcare Services by Licensed Complementary and Alternative Medicine Healthcare Professionals.
- (2) The Complementary and Alternative Medicine Council will ensure that CPQ receives a copy of any such report.

**131 Guidance**

The Complementary and Alternative Medicine Council may issue Guidance for Complementary and Alternative Medicine Healthcare Professionals in conjunction

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with the Quality Council and subject to the approval of the Clinical Governance Board including, but not limited to, when its review of quality data that it collects indicates a significant trend or constellation of errors by Licensed Complementary and Alternative Medicine Healthcare Professionals that can be prevented or minimized.

**132 Ongoing review and update**

The Complementary and Alternative Medicine Council will regularly review and update those matters for which it has powers and responsibilities.

**133 Obtaining advice**

In fulfilling its responsibilities under this Governing Regulation and any other Regulations the Complementary and Alternative Medicine Council may seek advice from any source it considers appropriate.

**134 Relationship with Agencies**

In carrying out its powers and responsibilities the Complementary and Alternative Medicine Council will seek the views of the other Agencies where appropriate.

**135 Membership**

The Complementary and Alternative Medicine Council will consist of at least three (3) members.

**136 Complementary and Alternative Medicine Council to have representation on Clinical Governance Board**

A member of the Complementary and Alternative Medicine Council will also be a member of the Clinical Governance Board. The Complementary and Alternative Medicine Council will select the representative.

**137 Expertise of membership**

The Complementary and Alternative Medicine Council will be composed of members who collectively have experience in matters relating to the quality of care and licensure of Licensed Complementary and Alternative Medicine Healthcare Professionals.

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## **Part Six : Clinical Regulation**

### **138 Establishment of Licensing Board**

This Governing Regulation establishes the Licensing Board.

### **139 Independence of Licensing Board**

- (1) The Licensing Board is the regulator of Healthcare Professionals, Complementary and Alternative Medicine Healthcare Professionals and Healthcare Operators and as such is independent in accordance with the provisions of this Governing Regulation and the applicable Regulations and has ultimate authority with regard to exercising its licensing powers and responsibilities.
- (2) The Licensing Board will report on its activities to the Executive Committee.

### **140 Purpose of Licensing Board**

The purpose of the Licensing Board is to issue Licenses to Healthcare Professionals, Complementary and Alternative Medicine Healthcare Professionals and Healthcare Operators to operate within DHCC.

### **141 Licensing Board powers and responsibilities**

- (1) The responsibilities and the scope of authority of the Licensing Board are set out in this Governing Regulation, the Healthcare Professionals Regulation, the Complementary and Alternative Medicine Healthcare Professionals Regulation and the Healthcare Operators Regulation, and in Rules, Standards and Policies implementing such Regulations.
- (2) The powers and responsibilities of the Licensing Board are to:
  - (a) review and act on applications for Licenses to function within DHCC from Healthcare Professionals, Complementary and Alternative Medicine Healthcare Professionals and Healthcare Operators;
  - (b) consider renewals of Licenses for Licensed Healthcare Professionals, Complementary and Alternative Medicine Healthcare Professionals and Licensed Healthcare Operators;
  - (c) review findings from any complaint investigations regarding Licensees and take action in accordance with the applicable Regulations and Rules and recommendations from the Agencies relating to the ongoing Licensing of the Licensee;
  - (d) summarily suspend, revoke or refuse to renew Licenses and Clinical Operating Permits and refer matters for further action as provided by the applicable Regulations and Rules;
  - (e) maintain a register of Licensed Healthcare Professionals, Licensed Complementary and Alternative Medicine Healthcare Professionals and Licensed Healthcare Operators including the current status of such Professionals or Operators and applicable terms and conditions associated with their Licenses or Clinical Operating Permits;
  - (f) consider the prescribed qualifications developed by the Clinical Governance Board required for scopes of Professional Practice to

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- (g) enable Healthcare Professionals and Complementary and Alternative Medicine Healthcare Professionals to become Licensed; review and promote the competence of Healthcare Professionals and Complementary and Alternative Medicine Healthcare Professionals;
  - (h) receive and act on information from Healthcare Professionals, Complementary and Alternative Medicine Healthcare Professionals, Healthcare Operators and Licensees about the competence of any Licensed Healthcare Professionals, Licensed Complementary and Alternative Medicine Healthcare Professionals or Licensed Healthcare Operators;
  - (i) notify Licensed Healthcare Operators and any other responsible authority that the practice of a Licensed Healthcare Professional or a Licensed Complementary and Alternative Medicine Healthcare Professional may pose a risk of harm to the public;
  - (j) consider the cases of Licensed Healthcare Professionals or Licensed Complementary and Alternative Medicine Healthcare Professionals who may be unable to perform the functions required for their Professional Practice;
  - (k) seek the views of the relevant Agencies in carrying out its Licensing responsibilities;
  - (l) liaise with other Agencies about matters of common interest, either directly or through the participation in the Clinical Governance Board;
  - (m) promote education and training of Licensed Healthcare Professionals and Licensed Complementary and Alternative Medicine Healthcare Professionals in conjunction with the Academic Council.

#### **142 Relationship with CPQ**

The Licensing Board will carry out its functions with the support of CPQ.

#### **143 Actions of Licensing Board**

- (1) In carrying out its powers and functions the Licensing Board must assess any Application or Renewal Application for a License or a Clinical Operating Permit against the Standards approved by the Clinical Governance Board.
- (2) The Licensing Board, in carrying out its powers and functions, will take into account information provided to it by the Quality Council regarding the accreditation of the Healthcare Operator.

#### **144 Appeal of Licensing Board decisions**

- (1) The decision of the Licensing Board regarding Licenses is final and may not be appealed.
- (2) The applicant is entitled to request and be provided with the reasons why the application was unsuccessful.
- (3) There is no restriction on an Applicant making a further Application to the Licensing Board.

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**145 Register**

- (1) The Licensing Board will maintain a register or registers identifying Licensed Healthcare Professionals, Licensed Complementary and Alternative Medicine Healthcare Professionals and Licensed Healthcare Operators. Any such register may be held in electronic form or in any other permanent manner, as appropriate.
- (2) Each such register will include the names and business addresses of Licensees and such other particulars, including the scope of the License, any terms, conditions or restrictions imposed upon a Licensee's License or Clinical Operating Permit as the Licensing Board may decide from time to time.

**146 Availability of information contained in register of Licensing Board**

The information contained in any register of the Licensing Board will be made available on request to any person who asks for it on payment of a fee fixed from time to time by DHCCA.

**147 Obtaining advice**

In fulfilling its responsibilities under this Governing Regulation and the Healthcare Professionals Regulation, the Complementary and Alternative Medicine Healthcare Professionals Regulation and the Healthcare Operators Regulation the Licensing Board may seek advice from any source it considers appropriate.

**148 Relationship with other Agencies**

- (1) In carrying out its powers and responsibilities the Licensing Board will seek the views of the other Agencies where appropriate.
- (2) Where an Agency recommends that a License should not be issued by the Licensing Board and the Licensing Board is not in agreement with that recommendation, the chairs of the Licensing Board and of the relevant Agency will discuss the recommendation including the reasons why the Licensing Board considers that the License should be issued and make best endeavors to reach agreement.
- (3) The chair of the relevant Agency must refer the reasons why the Licensing Board is of the view that the License should be issued back to the relevant Agency for further consideration of its recommendation. The relevant Agency will confirm or revise its recommendation to the Licensing Board.
- (4) The Licensing Board will consider any recommendations in accordance with the provisions of the applicable Regulations.

**149 Composition and membership of Licensing Board**

- (1) The Licensing Board will consist of:
  - (a) up to five (5) voting members as set out in section 150; and
  - (b) three (3) non-voting members who are representatives from the Planning Council, Healthcare Professions Council and the Complementary and Alternative Medicine Council; and
  - (c) one non-voting legal advisor.
- (2) The Licensing Board may also co-opt subject matter experts, as appropriate, to assist the Licensing Board. Such subject matter experts will not have voting rights on the Licensing Board.

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**150 Licensing Board voting members**

- (1) The Licensing Board voting members will be composed of members who collectively have expertise in the following areas:
- (a) at least two (2) Healthcare Professionals, at least one of whom will be a physician; and
  - (b) one (1) consumer representative who is a resident of the UAE and who is not engaged or employed as a Healthcare Professional or Healthcare Operator; and
  - (c) the licensing and regulation of Healthcare Professionals, Complementary and Alternative Medicine Healthcare Professionals and Healthcare Operators; and
  - (d) the quality of Healthcare Services.

**151 Licensing Board to have representation on Clinical Governance Board**

A member of the Licensing Board will also be a member of the Clinical Governance Board. The Licensing Board will select the representative.

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## **Part Seven : Commercial Regulation**

### **152 Establishment of Office of the Registrar**

This Governing Regulation establishes the office of the Registrar as a division of the DHCCA.

### **153 Appointment of Registrar**

- (1) The Chairman of the Board of Directors will appoint a person to serve as Registrar and may dismiss that person from office of Registrar without cause.
- (2) The Board of Directors will consult with the Chairman prior to appointing, renewing or dismissing the Registrar

### **154 Independence of Office of the Registrar**

- (1) The Office of the Registrar is the regulator of Commercial Companies and as such is independent of DHCCA with regard to exercising its powers and responsibilities.
- (2) In exercising his powers and performing his functions the Registrar will act in an independent manner, notwithstanding that he is an employee of the DHCCA.
- (3) The Office of the Registrar will report on its activities to the Executive Committee.

### **155 Purpose of Office of the Registrar**

- (1) The purpose of the Office of the Registrar is to:
  - (a) register Companies to operate within DHCC in accordance with the Companies Regulation; and
  - (b) consider Applications for a License in accordance with the Commercial Services Licensing Regulation.

### **156 Establishment of register of companies**

The DHCCA will maintain a register of companies in such form as it may determine.

### **157 Powers and functions of Registrar**

- (1) The Registrar will have the powers and discharge the duties conferred or imposed upon him under this Governing Regulation, the Company Regulation the Commercial Services Licensing Regulation and any other applicable Regulation and will exercise such powers and perform such function only in pursuit of his objectives under such Regulations.
- (2) Those powers and functions include, but are not limited to:
  - (a) administering the register of companies within DHCC;
  - (b) registration and re-registration of companies or a Branch of a company within DHCC;
  - (c) removing a company or a Branch of a company off the register.

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**158 Appointment of officers**

Officers may be appointed as may be necessary by the Executive Committee to assist the Registrar in the exercise of his functions under this Governing Regulation and under the applicable Regulations.

**159 Delegation**

Any functions of the Registrar under this Governing Regulation and the applicable Regulations may, to the extent authorized by the Registrar, be exercised by any officer on his staff with the prior approval of the DHCCA.

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## **Part Eight : Complaint Management and Investigation**

### **160 Complaint management and investigation principles**

- (1) When investigating a complaint arising from any source, the following principles will be taken into account:
  - (a) the complaint must be dealt with promptly;
  - (b) the investigation must be handled in a manner that is both fair and polite;
  - (c) the investigation should be carried out as close to the source of the complaint as possible;
  - (d) the investigation should be carried out by the most appropriate body taking into account the particular circumstances;
  - (e) subject to the provisions of the Health Data Protection Regulation, the Healthcare Professionals Regulation relating to quality improvement activities, or where the matter has been referred for Disciplinary Action, there must be transparency throughout the investigation process;
  - (f) the complaint must be thoroughly investigated taking into account the nature of the complaint;
  - (g) the investigation process must seek to measure the actions or lack of actions complained about against the relevant Regulation, Rule, Policy, or Standard, including Schedule Two of this Governing Regulation setting out Patients Rights and Obligations.

### **161 Making a complaint**

Any person may make a complaint orally or in writing regarding the provision of DHCCA Services, Healthcare Services provided within DHCC including any outreach service or Commercial Services provided within DHCC on the basis that those DHCCA Services, Healthcare Services or Commercial Services appear to be provided in a manner that is in breach of the Regulations, Rules, Policies or Standards including Schedule Two of this Governing Regulation setting out Patients Rights and Obligations.

### **162 Receipt of complaints to be centralized**

All complaints must be directed to the Executive Committee in the first instance.

### **163 Register of complaints**

The DHCCA is responsible for establishing a central register to record all complaints received and track the process of investigation and resolution.

### **164 Management of complaints**

The Executive Committee is responsible for establishing processes for the management and investigation of complaints received about Licensees and Commercial Companies operating within DHCC and for establishing processes for the management and investigation of complaints received about DHCCA Services.

### **165 Initial assessment**

- (1) As soon as reasonably practicable after receiving a complaint the Executive Committee will make arrangements for a preliminary assessment of the complaint to decide whether to refer the matter to the

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Licensee or Licensed Commercial Company, to investigate the matter itself, or to take no further action on the complaint.

- (2) Where the complaint relates to alleged Inappropriate Professional Practice or Professional Misconduct as defined in the Healthcare Professionals Regulation, the Executive Committee must notify the Licensing Board in writing as soon as reasonably practicable after receiving the complaint.
- (3) The receipt of the complaint must be acknowledged in writing to the complainant within five (5) working days of such receipt. The complainant must be notified of outcome of the initial assessment within 10 working days of the receipt of the complaint.

#### **166 Complaints may be referred to Licensees**

If after the initial assessment of a complaint the Executive Committee considers that the matter should be investigated by the Licensee or Licensed Commercial Company, then the complaint will be referred to that Licensee or Licensed Commercial Company and the complainant will be informed of that referral.

#### **167 Complaint investigation process for Licensee and Commercial Companies**

- (1) Every Licensee and Licensed Commercial Company must have a complaints procedure that ensures that the:
  - (a) receipt of the complaint is acknowledged in writing to the complainant within five (5) working days of such receipt, unless the complaint has been resolved to the satisfaction of the complainant within that period; and
  - (b) complainant is informed of any relevant internal and external complaints procedures, including the availability of resources, if any, to the complainant;
  - (c) complainant's concerns and the actions of the Licensee or Licensed Commercial Company regarding that complaint are documented and accessible to the complainant; and
  - (d) complainant receives all information held by the Licensee or Licensed Commercial Company that is or may be relevant to the complaint, subject to the Health Data Protection Regulation.
- (2) Within ten (10) working days of giving written acknowledgement of receipt of a complaint, the Licensee or Licensed Commercial Company must decide whether:
  - (a) it accepts that the complaint is justified; or
  - (b) it does not accept that the complaint is justified; or
  - (c) more time is needed to investigate the complaint.
- (3) If it decides that more time is needed to investigate the complaint, it will determine how much additional time is needed. If that additional time is more than twenty (20) working days, it will inform the complainant of that determination and of the reasons for it.
- (4) As soon as practicable after a Licensee or Licensed Commercial Company decides whether or not it accepts that a complaint is justified, it must inform the complainant of:
  - (a) the reasons for the decision; and
  - (b) any actions it proposes to take; and
  - (c) any appeal procedure it has in place.

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**168 Complaints unable to be resolved by Licensee or Licensed Commercial Company**

If a complaint is referred to the Licensee or the Licensed Commercial Company and the complainant is not satisfied that the complaint has been investigated or that the issues resolved to the complainant's satisfaction, the complainant may refer the complaint back to the Executive Committee for investigation.

**169 Responsibility of DHCCA to investigate complaints**

If, after the initial assessment of a complaint, the Executive Committee determines to investigate the matter itself, or if the complainant has referred the complaint back to the Executive Committee in accordance with section 168, or if the complaint involves DHCCA Services, the provisions of section 171 will apply.

**170 Categories of complaints**

- (1) Complaints will be categorized as follows:
  - (a) provision of Healthcare Services provided by Licensees;
  - (b) breaches of the Patients Rights and Responsibilities as set out in Schedule Two of this Governing Regulation;
  - (c) provision of Commercial Services provided by Registered Companies;
  - (d) provision of DHCCA Services.

**171 Investigation of complaints by Executive Committee**

- (1) The Executive Committee will refer the matter to the following:
  - (a) Where the complaint relates to the provision of Healthcare Services the matter will be referred to CPQ;
  - (b) Where the complaint relates to a research related activity or an education related activity the matter will be referred to the office of the Chief Academic Officer;
  - (c) Where the complaint relates to the provision of commercial services the matter will be referred to the Office of the Registrar;
  - (d) Where the matter relates to health and safety issues the matter will be referred to the health and safety division of CPQ;
  - (e) Where the matter relates to the provision of DHCCA services, the matter will be referred to the manager responsible for the provision of the relevant DHCCA services.
- (2) In cases where more than one of these categories applies, the Executive Committee will make the determination of where the matter will be referred.

**172 Requirement to provide information**

- (1) CPQ, the office of the Chief Academic Officer, the Office of the Registrar or the manager must obtain such information from the Licensee and the Commercial Companies, as it reasonably requires to perform its functions under this Governing Regulation.
- (2) Each Licensee and Licensed Commercial Company will provide such information, subject to the provisions of this Governing Regulation and other applicable Regulations.

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**173 Power to obtain and use information**

- (1) During the investigation, CPQ, the office of the Chief Academic Officer, the office of the Registrar or the manager, as the case may be, may serve notice in writing on a Licensee, or Licensed Commercial Company, or its representative, requiring the Licensee or the Licensed Commercial Company to produce, within such reasonable time period as may be specified in the notice, such information and documentation as may reasonably be required to investigate the complaint.
- (2) CPQ, the office of the Chief Academic Officer, the Office of the Registrar or the manager, as the case may be, may:
  - (a) make copies of, or extracts from, any documents in the possession of the Licensee or the Licensed Commercial Company that it has the right to access;
  - (b) require the Licensee or Licensed Commercial Company, or its representative, to respond in writing, within a reasonable period of time but not later than thirty (30) days, to its questions or concerns; and
  - (c) if requested documents are not produced, require the Licensee or the Licensed Commercial Company, or its representative, to state, to the best of its or his knowledge and belief, where they are located.
- (3) CPQ, the office of the Chief Academic Officer, the Office of the Registrar or the manager, as the case may be, may serve notice in writing served on any person who is or is to be a Controller, Director or Manager of a Licensed Commercial Company or a Licensed Healthcare Operator, that requires him to furnish, within such reasonable time as may be specified in the notice, such information or documents as may reasonably be required for determining whether he is a Fit and Proper Person to hold the particular position that he holds or is to hold.

**174 Power to inspect premises for purposes of obtaining information**

- (1) Upon reasonable advance written notice, an officer, servant, agent or employee of CPQ, the office of the Chief Academic Officer, the Office of the Registrar or the manager, as the case may be, may visit and inspect the premises within DHCC occupied by a person on whom a notice has been served under section 173(1) for the purpose of obtaining the information or documents required by the notice and for exercising the authority conferred by this section.
- (2) Such notice will not be required if CPQ, the office of the Chief Academic Officer, the Office of the Registrar or the DHCCA manager, as the case may be, has reasonable cause to believe that, if such notice were given, the information or documents being sought would be removed, tampered with or destroyed.

**175 Power to seek further information**

In carrying out its investigation the CPQ, the office of the Chief Academic Officer, the Office of the Registrar and the manager may seek expert opinions.

**176 Formal investigation process**

- (1) Based on information that it receives as a result of an investigation undertaken in accordance with sections 171 through 175, the Executive

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Committee may undertake a more in-depth examination of a Licensee or the Licensed Commercial Company.

- (2) For this purpose, the Executive Committee may appoint one or more competent persons (“Investigators”) to investigate and report to it on the:
  - (a) nature, conduct or state of the Licensee’s or Licensed Commercial Company’s business or any particular aspect of it; or
  - (b) ownership or control of the Licensee or Licensed Commercial Company.

**177 Written notice to be provided to Licensee of appointment of an Investigator**

The Executive Committee will give written notice of the appointment of an Investigator to the Licensee or Licensed Commercial Company concerned.

**178 Cooperation of Licensee or Licensed Commercial Company Required**

A Licensee or Licensed Commercial Company will cooperate with an Investigator in responding to all requests for information or documents that the Investigator may make and respond promptly to inquiries of the Investigator.

**179 Scope of investigation by an Investigator**

An Investigator may, if he thinks necessary to do so for the purposes of his investigation, investigate the business of any other Entity that is Closely linked to the Licensee or Licensed Commercial Company concerned.

**180 Powers of an Investigator**

- (1) For the purposes of performing his responsibilities under section 174, an Investigator may visit and inspect any premises occupied by a Licensee or Licensed Commercial Company being investigated by him.
- (2) The Investigator will provide the Licensee, or Licensed Commercial Company, or its representative, with written notice reasonably in advance of such visit and inspection, unless he has reasonable cause to believe that, if such notice were given, any documents the production of which could be required under section 173(1) would be removed, tampered with or destroyed.
- (3) An Investigator will, upon request of the Licensee, or Licensed Commercial Company, or its representative, produce written evidence of his authority.

**181 Requirement for Licensee and Licensed Commercial Company to comply with Investigator requests**

- (1) Failure to comply with any valid request of the Executive Committee or an Investigator may be grounds for:
  - (a) reviewing the Licensee’s right to hold its License or Clinical Operating Permit or a Licensed Commercial Company’s right to be registered, which reviewing might lead to the suspension and/or cancellation of the License and/or deregistration; and/or
  - (b) imposing a Penalty on the Licensee or Licensed Commercial Company and or Disciplinary Action.

**182 Referral of complaint to Licensing Board or Registrar**

- (1) At any time during the investigation the complaint may be referred to the:

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- (a) Licensing Board if it appears from the complaint that the competence of the Licensed Healthcare Professional or the Licensed Complementary and Alternative Medicine Healthcare Professional or his fitness to engage in his Professional Practice or the appropriateness of his conduct may be in doubt.
  - (b) Licensing Board if it appears that the Licensed Healthcare Operator has acted in a manner that is inconsistent with the requirements of applicable Regulations or Rules or failed to act in a manner required by such Regulation or Rules.
  - (c) Registrar if it appears from the complaint that the actions of the Licensed Commercial Company may be inconsistent with applicable Regulations and warrant the reconsideration of the Licensed Commercial Company's right to be registered within DHCC.

**183 Provision of information to Licensing Board and Office of the Registrar**

- (1) Whenever the Executive Committee has reason to believe that the practice of, or within, a Licensed Company is in breach of the Regulations it must promptly notify the office of the Registrar of that belief and the reasons for it and provide any relevant information to the office of the Registrar.
- (2) Whenever the Executive Committee has reason to believe that the practice of a Licensed Healthcare Professional or a Licensed Complementary and Alternative Medicine Healthcare Professional may pose a risk of harm to the public or is in breach of the Regulations, the Executive Committee must promptly notify the Licensing Board of that belief and the reasons for it and provide any relevant information to the Licensing Board.
- (3) Whenever the Executive Committee has reason to believe that failures or inadequacies in the systems or practices of a Licensed Healthcare Operator are harming or are likely to harm the health or safety of members of the public, the Executive Committee must promptly notify the Licensing Board of that belief and the reasons for it and provide any relevant information to the Licensing Board.

**184 Executive Committee must provide information to Agencies and Office of the Registrar**

The Executive Committee must refer the findings from the investigations to the relevant Agency or Office of the Registrar for the purpose of that Agency or the Office of the Registrar providing Guidance in an anonymised form that may be of interest to Patients, Licensees and Commercial Companies.

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## **Part Nine : Establishment of Healthcare Claims Committee**

### **185 Establishment of Healthcare Claims Committee**

The Chairman may appoint or arrange for the appointment of an independent Healthcare Claims Committee to function as a competent authority to determine claims for compensation under the Medical Liability Regulation related to a Healthcare Claim.

### **186 Purpose of Healthcare Claims Tribunal**

The purpose of the Healthcare Claims Committee is as a mechanism to determine or resolve Healthcare Claims where these have not been resolved through the complaint investigation process referred to in Part Eight of this Governing Regulation.

### **187 Healthcare Claims arising prior to establishment of Healthcare Claims Committee**

Any Healthcare Claim arising prior to the establishment of the Healthcare Claims Committee will be submitted to arbitration in Dubai in accordance with the provisions set forth under the Rules of Commercial Conciliation and Arbitration (the "Arbitration Rules") of the DIAC before a single arbitrator in compliance with the Arbitration Rules, to be conducted by the DIAC.

### **188 Medical Liability Regulation applies to arbitration under DIAC**

Any proceedings that have commenced in the DIAC in accordance with section 187 will be conducted in accordance with the applicable provisions of the Medical Liability Regulation, including those provisions governing the transfer of any such proceeding to the jurisdiction of the Healthcare Claims Committee once established.

### **189 All Healthcare Claims subject to Medical Liability Regulation**

- (1) It will be a condition of the relationship between a Licensee and a patient in respect of the provision of Healthcare Services in DHCC that any Healthcare Claim between them will be subject to this section, the provisions of Part Eight of this Governing Regulation regarding the complaint investigation and the Medical Liability Regulation..
- (2) Any provisions of an agreement between a Licensee and a patient that is inconsistent with the provisions of this section will be null and void and not enforceable by either party to the agreement.

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## **Part Ten : Penalties for Breach of Regulations**

### **190 Penalties**

- (1) A Licensee will be subject to the Penalties where the Licensee has:
  - (a) not complied with a requirement set out in this Governing Regulation; or
  - (b) not complied with a requirement of any of the other Regulations;
  - (c) not complied with a requirement of a Policy, Standard or Rule.
- (2) Penalties may only be imposed by the DHCCA, DHCCA Licensing Board or the Registrar in accordance with the applicable Regulations, Rules, Standards and Policies.

### **191 Licensee to be notified in writing**

DHCCA will notify the Licensee in writing of the Penalty including the reasons why the Penalty has been imposed and the actions the Licensee needs to take and the timeframe for such actions.

### **192 Referral to Licensing Board or Office of the Registrar**

Where a Licensee does not comply with a Penalty requirement, the Licensee will be referred to the Licensing Board or the office of the Registrar.

### **193 Failure to pay Penalty due**

- (1) The Licensing Board or the office of the Registrar may remove the Licensee's right to operate within DHCC if the Licensing Board or the office of the Registrar is satisfied that the:
  - (a) Penalty is due; and
  - (b) Penalty requirement has not been met by the Licensee.

### **194 Continuation of Penalty**

- (1) Where a Licensee has lost the right to operate under section 193 the Penalty will remain due.

### **195 Enforcement of Penalty**

- (1) Any penalty incurred under the Regulations, Rules, Standards and Policies and levied by DHCCA, the Registrar or the Licensing Board in accordance with the applicable Rules, Standards and Policies shall be paid to DHCCA.
- (2) Any penalty payable that remains unpaid for thirty (30) days immediately following the date on which demand for payment is made by DHCCA, the Registrar or the Licensing Board is recoverable at the request of DHCCA before the Dubai Court in civil proceedings as a debt due to DHCCA notwithstanding the amount sought to be recovered.
- (3) The penal responsibility for the violations committed by a Licensee shall be directed to whoever legally represents the Licensee.
- (4) DHCCA may make Rules, Standards and Policies for carrying out the enforcement of penalties.
- (5) DHCCA, the Registrar or the Licensing Board also reserves the right to relax or waive, either in whole or in part and either unconditionally or

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subject to such conditions as it deems appropriate, any or all of a penalty, if it considers it appropriate to do so.

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## Part Eleven : Management and Disclosure of Information

### 196 Disclosure of information

All Records made or received by any officer, employee or agent in the course of providing DHCCA Services will be subject to public disclosure, unless an exemption is provided under section 197.

### 197 Exemptions to disclosure of information

- (1) Notwithstanding any mandatory legal provision to the contrary, and unless any Affected Person has waived his or its right to non-disclosure of any such Record, the Records are not subject to public disclosure where:
- (a) they are specifically or by implication exempt from disclosure by this Governing Regulation, or any other Regulation in effect in DHCC;
  - (b) they are related solely to internal personnel rules and practices of the Agency, provided however, that such Records will be withheld only to the extent that proper performance of necessary functions of the Agency requires it;
  - (c) they pertain to a person's financial statements, unless such financial statements are otherwise in the public domain, for example, through obligatory filing with a national regulatory agency with jurisdiction over such records;
  - (d) they consist of the home address and home telephone number of a named individual;
  - (e) they constitute:
    - (i) personnel information,
    - (ii) Patient Health Information, and
    - (iii) any other Records relating to a specifically named individual the disclosure of which may constitute an unwarranted invasion of personal privacy;
  - (f) they consist of inter-agency or intra-agency memoranda or letters, including between or among any of the officers, employees or agents developed in the course of providing DHCCA Services, relating to policy positions being developed but this section will not apply to reasonably completed factual studies or reports on which the development of such policy positions has been or may be based;
  - (g) they consist of notebooks and other materials prepared by an employee of DHCCA that are personal to him and not maintained as part of the files of DHCCA;
  - (h) they consist of investigatory materials necessarily compiled out of the public view during the course of a complaint investigation, the disclosure of which materials being likely to prejudice the possibility of effective enforcement of this Governing Regulation or any other Regulation such that disclosure would not be in the public interest;
  - (i) they contain trade secrets or commercial or financial information voluntarily provided to DHCCA for use in developing Policy and upon a promise of confidentiality; but this subsection will not

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apply to information submitted as required by law, this Governing Regulation or any other Regulation; or

- (j) they consist of the age, marital status, religion or race of a Licensed Healthcare Professional or a Licensed Complementary and Alternative Medicine Healthcare Professional.

**198 Exclusion of part of Record**

In disclosing Records not exempted from public disclosure, DHCCA may exclude from these otherwise disclosable Records portions that contain material that falls within one or more of the exemptions from disclosure set out in section 197.

**199 Process for requesting Records**

Any person may obtain Records, or portions thereof, that are disclosable under this section by filing a written request to DHCCA and providing specific information as to the Record or Records being sought (a "Public Records Request").

**200 Notification to Affected Person prior to releasing Records**

Within thirty (30) days following receipt by DHCCA of any Public Records Request it must advise the affected person whose Records are the subject of such Request (the "Affected Person") that such Request has been submitted and provide the Affected Person with a copy of the Record or Records (or any portion thereof remaining from exclusion under section 198), that it proposes to disclose.

**201 Affected Person may object to disclosure of Record**

An Affected Person will have thirty (30) days following receipt of a notice provided for in section 200, to file with DHCCA, in writing, a statement of objection to the disclosure of any such Record or portion thereof that had indicated that it intends to disclose. This statement must include the grounds for the objection.

**202 Release of Records**

Within thirty (30) days following the end of the thirty (30) day period provided for in section 201, DHCCA will provide the person or persons who have filed a Public Records Request with the requested Records that DHCCA has determined as being subject to public disclosure.

**203 Notification of Records released to Affected Person**

If DHCCA discloses a Record or portion thereof and such disclosure has been the subject of an objection filed by an Affected Person under section 201, DHCCA will provide the Affected Person concurrently with a written statement recording the reasons why the objection has not been accepted.

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## **Part Twelve : Exclusion of Liability**

### **204 Exclusion of liability**

- (1) Members and employees of DHCCA, CPQ and the Agencies are exempt from any liability for any act or omission of the DHCCA.
- (2) Members and employees of DHCCA, CPQ and the Agencies are not liable to DHCCA for any act or omission made or omitted in their capacity as a member or employee, if they acted in good faith and with reasonable care, in pursuance of the functions of DHCCA.

### **205 Indemnification of members and employees**

- (1) Every member and employee of DHCCA, CPQ and the Agencies is indemnified by the DHCCA:
  - (a) for costs and damages for any civil liability arising from any action brought by a third party in respect of any act or omission done or omitted in his capacity as a member, if he acted in good faith, and with reasonable care, in pursuance of the functions of the DHCCA;
  - (b) for costs arising from any successfully defended criminal proceedings in relation to any such act or omission.

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## **Schedule 1 : Provisions relating to Agencies**

### **1 Method of appointment of members**

- (1) A member of an Agency is appointed by the chair of the Board of Directors.
- (2) The appointment must be made in writing and state:
  - (a) the date on which the appointment takes effect, which must not be earlier than the date on which the notice is received; and
  - (b) the term of the appointment.

### **2 Qualifications of members**

- (1) The following persons are disqualified from being members of an Agency
  - (a) a person who is an undischarged bankrupt;
  - (b) a person who has been convicted of an offence punishable by imprisonment for a term of two (2) years or more, or who has been sentenced to imprisonment for any other offences unless that person has obtained a pardon, served the sentence or otherwise suffered the penalty imposed on the person.

### **3 Appointment of chairman of Agency**

The chairman of an Agency is appointed by the chair of the Board of Directors.

### **4 Term of appointment**

- (1) Of the initial appointees to Agencies the Board of Directors will appoint:
  - (a) half the members to a term of two (2) years each; and
  - (b) half the members to a term of three (3) years, including the chairman.
- (2) In the case that there are an uneven number of members to be appointed, the majority of members will be appointed for the term of two (2) years.

### **5 Reappointment of members**

A Member is eligible for to be reappointment to the Agency unless he has held office for six (6) consecutive years, in which case he will not be reappointed immediately unless the Board of Directors consents in writing to his being re-appointed immediately and holding office consecutively for longer than six (6) years, but in no event to exceed nine (9) years.

### **6 Resignation of members**

A member of an Agency may resign from office by written notice to the chairman of the Agency signed by the member.

### **7 Vacation of office**

A member of an Agency ceases to be a member of the Agency if the Agency is disestablished by amendment to this Governing Regulation.

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**8 Removal from office**

- (1) The chair of the Board of Directors may remove a member of an Agency for just cause by giving written notice to the member including the date on which the removal takes effect, which must not be an earlier date than the date on the notice which is received.
- (2) The notice must state the reasons for removal.
- (3) Just cause includes misconduct, inability to perform the functions required of the member, neglect of duty, and breach of any of the collective duties of the Agency or the individual duties of the member.

**9 No compensation for loss of membership**

A member of an Agency is not entitled to any compensation or any other payment or benefit relating to his ceasing for any reason to hold office as a member of an Agency.

**10 Appointment of vice chairman**

- (1) Each Agency may elect from among its members a vice chairman, who will be eligible for reappointment for as long as he is a member of that Agency.
- (2) The term of office for the vice chairman will be one (1) year and until his successor is elected.
- (3) The functions of the vice chairman will be determined by the Agency.

**11 Appointment of secretary to the Agency**

The chairman of the Agency will appoint a person who is not a member of that Agency to serve as secretary to the Agency. The secretary will serve such term as the chairman will determine and may be removed by the chairman at any time.

**12 Role of secretary**

- (1) The secretary will have the following responsibilities:
  - (a) to keep a written record of all Agency meetings and of all actions taken by it, and any decisions and any recommendations made;
  - (b) at the direction of the chairman, distribute the agenda for each meeting no less than three (3) business days prior to such meeting;
  - (c) responsibility for assuring that the minutes of each meeting are distributed to the members of the Agency within three (3) business days following each meeting;
  - (d) responsibility for maintaining a register of members interests as disclosed under clause 16 in this Schedule; and
  - (e) any such additional duties as the chairman may from time to time prescribe.

**13 Meeting procedures**

- (1) Each Agency will adopt procedural rules to govern conduct, which will include at least the following:
  - (a) It will meet regularly upon the call of the chairman of the Agency, at such times and places as the chairman will designate;

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- (b) At least one meeting each year must be a face to face meeting, where the majority of members must be present at DHCC;
  - (c) All meetings will occur with the physical presence of all participating members; provided, however, that:
    - (i) meetings may take place via teleconference or such other means as determined by the Agency that allow all of the members to participate in the meeting at the same time; and
    - (ii) votes of the Agency may be taken without a meeting, via e-mail, provided that all of the members of the Agency concur in the vote and that e-mail concurrence is received from all of the members within seventy-two (72) hours following the delivery to them of the proposed votes via e-mail by the chairman;
  - (d) A majority of the members of the Agency then in office will constitute a quorum for the transaction of all business;
  - (e) All meetings of the Agency will be deemed to have been duly called and regularly held, and all decisions, resolutions and proceedings of the Agency will be deemed to have been duly authorized, if attended by a majority of the members of that Agency then in office, unless a larger number is required with regard to any meeting or any action at a meeting under any applicable law, Regulation, Rule or Standard in effect from time to time in DHCC.

#### **14 Participation of other persons**

- (1) The chairman of the Agency may invite persons who are not members of the Agency to participate in Agency meetings when he reasonably determines that such participation may be relevant and useful to the Agency's deliberations at such meetings.
- (2) No such invited participant will be entitled to vote as a member of the Agency.

#### **15 Formation of subcommittees**

- (1) The chairman of the Agency, with the approval of the Clinical Governance Board may from time to time establish subcommittees as he deems most expedient to perform the Agency's responsibilities.
- (2) The chairman of the Agency will, in consultation with his Agency, determine the composition of each subcommittee, appoint its members and determine the term of each of the members, which may be a term at the will of the chairman.
- (3) Except as provided within this Governing Regulation or any other Regulation the members of the Agency will constitute at least a majority of the membership of all subcommittees of that Agency.
- (4) In establishing a subcommittee, the chairman of the Agency will at the same time define a mandate for such subcommittee.
- (5) A subcommittee may have an ongoing mandate or an ad hoc mandate, as the chairman may determine at the time the subcommittee is established.
- (6) Each subcommittee will carry out its business in accordance with the provisions of this Schedule One.

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**16 Disclosure of interests**

- (1) A member of an Agency who is interested in a transaction must, as soon as is reasonably practicable after the relevant facts have come to the member's knowledge, disclose the nature of the interest to the Agency.
- (2) A member of an Agency who makes a disclosure under this clause must not:
  - (a) Take part, after the disclosure in any deliberation or decision of the Agency relating to the transaction; or
  - (b) Be included in the quorum when a vote on the decision is to be taken; or
  - (c) Sign any document relation to the entry into a transaction or the initiation of the transaction

**17 Disclosure of interest must be recorded**

The disclosure must be recorded in the minutes of the next meeting of the Agency and entered into the interest register maintained by the Secretary.

**18 Member may be permitted to participate in deliberations**

- (1) However a member who makes a disclosure under this clause may take part in any deliberation (but not in any decision) of the Agency relating to the transaction concerned if a majority of the other members of the Agency permits the member to do so.
- (2) If the member is permitted to take part in the deliberation, the Agency minutes must record:
  - (a) The permission and the majority's reason for giving it; and
  - (b) What the members says in any deliberation at the meeting relating to the transaction concerned.
- (3) Any relevant change to the member's circumstances affecting a matter disclosed is entered in to the register of interests as soon as practicable after the change occurs.

**19 Meaning of transaction**

- (1) A transaction means:
  - (a) The exercise or performance of a function, duty or power; or
  - (b) An arrangement, agreement or contract to which the DHCCA or the Authority is a party; or
  - (c) A proposal that the DHCCA or the Authority enter into an arrangement, agreement or contract.

**20 When a member has an interest in a transaction**

- (1) A member is considered to have an interest in a transaction if the member:
  - (a) Is a party to, or will derive financial benefit from, the transaction; or
  - (b) Has a financial interest in another party to the transaction; or
  - (c) Is a director, member, official, partner or trustee of another party to, or person who will or may derive a financial benefit from, the transaction; or

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- (d) Is the parent, child or spouse of another party to, or a person who will or may derive a financial benefit from, the transaction; or
  - (e) Is otherwise directly, or indirectly, interested in the transaction.

**21 When a member does not have an interest in a transaction**

- (1) A member is not interested in a transaction:
  - (a) If his interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence him in carrying out his responsibilities under this Governing Regulation or any other the other Regulation; or
  - (b) Because he receives remuneration or other benefits in recognition for carrying out his functions under this Governing Regulation or any of the other Regulations.

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## Schedule 2 : Patients Rights and Responsibilities

### 1 Patient rights

- (1) As a Patient you have the right to:
- (a) know by name the physician, nurse and other staff members responsible for your care;
  - (b) talk openly with your physician about your diagnosis, the treatment prescribed for you, the prognosis of your illness, and any instruction required for follow up care;
  - (c) request that your physician communicates in terminology you may reasonably expect to understand;
  - (d) have your request courteously received and properly considered as quickly as circumstances permit;
  - (e) be informed of the reason you are given various tests and treatments, and who the persons are who give them to you;
  - (f) be informed of the general nature and inherent risk of any procedure for which you have given your consent;
  - (g) change your mind about any procedure for which you have given consent, to refuse treatment and to be informed of the medical consequences of this action;
  - (h) expect your personal privacy to be respected to the fullest extent consistent with the care prescribed for you and applicable UAE laws;
  - (i) expect all communications and other records pertaining to your care to be kept confidential to the extent required by law;
  - (j) request through your attending physician a second opinion by another physician, to change physicians, or to change hospitals and/or facilities;
  - (k) participate in ethical discussions that arise in the course of your care including issues of conflict resolution, withholding resuscitative services, foregoing or withdrawal of life sustaining treatment and participation in investigational studies or clinical trials;
  - (l) have impartial access to the medical resources of the health care facility indicated for your care without regard to race, color, creed, national origin, age, gender, or handicap;
  - (m) refuse to participate in medical training programs and research projects;
  - (n) care and treatment in a safe environment;
  - (o) have pain managed in a compassionate manner;
  - (p) be informed about the outcomes of care, including unanticipated outcomes.

### 2 Patient responsibilities

- (1) You in turn, have the responsibility to:
- (a) give cooperation and follow the care prescribed or recommended for you by your physician, nurse or allied health personnel;

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- (b) notify your physician or nurse if you do not understand your diagnosis, treatment or prognosis;
  - (c) respect the privacy of other patients;
  - (d) accept financial obligations associated with your care;
  - (e) be considerate of the rights of other patients and to follow institutional policies as posted;
  - (f) provide to the health care provider, to the best of your knowledge, accurate and complete information about present complaints, past illness, hospitalizations, medications and any other matters relating to your health;
  - (g) keep appointments, and when you are unable to do so for any reason, notify the health care provider or health care facility;
  - (h) be responsible for your actions if you refuse treatment or do not follow the health care provider's instructions.