



HEALTHCARE OPERATORS REGULATION

REGULATION NUMBER (4) OF 2008

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Part One : Preliminary and Key Provisions

1 Title

This regulation is to be referred to as the DHCC Healthcare Operators Regulation No. (4) of 2008 (the “Healthcare Operators Regulation”).

2 Issue of Regulation

This Healthcare Operators 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 Healthcare Operators Regulation repeals and replaces the Clinical Company Licensing Regulations (3/2005), in accordance with Article 3 of Order No. (1) of 2005.

4 Hierarchy

- (1) If there is any conflict between the provisions of this Healthcare Operators Regulation and the Governing Regulation, the provisions of this 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 Healthcare Operators 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 relating to the regulation of Healthcare Operators.
- (2) No person may operate as a Licensed Healthcare Operator conducting Clinical Activities within DHCC unless it is an Entity and has obtained and maintains a Clinical Operating Permit from the Licensing Board, in accordance with this Regulation and the applicable Rule.

7 Purpose

- (1) The purpose of this Healthcare Operators Regulation is to:
 - (a) set out the framework under which Licensed Healthcare Operators may operate within DHCC including the general criteria and procedures under which Healthcare Operators may obtain and maintain Clinical Operating Permits to provide Healthcare Services within DHCC;
 - (b) promote the safe provision of Healthcare Services to patients receiving such Services within DHCC;
 - (c) enable the establishment of consistent and reasonable standards for providing Healthcare Services to patients receiving such Services within DHCC;

- (d) encourage Healthcare Operators to take responsibility for the safe provision of Healthcare Services;
- (e) encourage Licensed Healthcare Operators providing Healthcare Services to improve the quality of such services continuously.

8 Application of this Healthcare Operators Regulation

- (1) This Healthcare Operators Regulation and all applicable Standards and Policies apply to Healthcare Operators, Provisional Clinical Operating Permit Holders and Licensed Healthcare Operators.
- (2) This Healthcare Operators Regulation provides a framework to ensure safeguards are in place to ensure:
 - (a) the safe provision of Healthcare Services in DHCC where such Healthcare Services could pose a risk of harm to the public; or
 - (b) the provision of Healthcare Services in DHCC is regulated under this Regulation; and
 - (c) there are DHCC Standards or other standards recognized by the Quality Council for the Commissioning and Accreditation of Healthcare Operators, Provisional Clinical Operating Permit Holders and Licensed Healthcare Operators.

9 Requirement to comply with Regulations

It is a requirement that any Applicant, Provisional Operating Permit Holder, or Licensed Healthcare Operator must comply with, submit to and be bound by the relevant Regulations, the applicable Rules, and all applicable Policies or Standards.

10 Amendment of Regulations

The Chairman of the Authority may, from time to time, amend this Healthcare Operators Regulation in accordance with the provisions of the Governing Regulation.

11 Provision of services in accordance with Regulations

- (1) A Healthcare Operator may only operate within DHCC in accordance with this Healthcare Operator Regulation and any other applicable Regulations, including any Rules made under the Regulations and any Standards and Policies relating to the provision of Healthcare Services by Healthcare Operators in DHCC.
- (2) Failure to comply with the applicable Regulations or Rules may result in:
 - (a) a Penalty being imposed; and/or
 - (b) the imposing of conditions, suspension, revocation or refusal to renew the Healthcare Operator's Clinical Operating Permit within DHCC as provided by the applicable Regulations.

12 Healthcare Operators Regulation to be read in conjunction with other Regulations

- (1) This Healthcare Operators Regulation must be read in conjunction with the following Regulations and any amendments to such Regulations:
 - (a) Commercial Services Licensing Regulation;
 - (b) Company Regulation;
 - (c) Complementary and Alternative Medicine Regulation;
 - (d) Education Regulation;

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- (e) Governing Regulation;
 - (f) Health Data Protection Regulation;
 - (g) Healthcare Professionals Regulation;
 - (h) Medical Liability Regulation;
 - (i) Research Regulation; and
 - (j) Any other Regulation adopted by the Chairman under the Decree.

13 Responsibility for administration of Regulations

The Board of Directors and the Executive Committee of DHCC are responsible for assuring proper administration of the Healthcare Operators Regulation and any Rules made under the Regulation through CPQ in conjunction with the Agencies.

Part Two : Interpretation

14 Definitions

Capitalized terms not defined in this Healthcare Operators Regulation shall have the meanings ascribed to them in the Governing Regulation. Unless it is specifically stated otherwise in another Regulation or unless the context otherwise requires:

Applicant means an Entity, whether formed inside or outside DHCC and including a Branch that submits an Application to the Planning Council to obtain a Provisional Clinical Operating Permit in preparation for a Clinical Operating Permit;

Application means an application for a Provisional Clinical Operating Permit;

Approved Professional Indemnity Insurance means professional indemnity insurance that is required to be obtained and maintained by a Licensed Healthcare Operator under this Healthcare Operators Regulation in accordance with the applicable Regulations and Rules;

Building Regulations means those laws, regulations, rules or standards of general applicability to the design, construction and safety of buildings in DHCC, whether clinical in nature or not, enforced in DHCC from time to time;

Business Category means the categories under which the Planning Council may issue Provisional Clinical Operating Permits and the Licensing Board may issue Clinical Operating Permits as set out in Schedule One;

Clinical Operating Permit Request means a request by a Provisional Clinical Operating Permit Holder for a Pre-Operating Assessment, to enable the Provisional Clinical Operating Permit Holder to convert a Provisional Clinical Operating Permit to a Clinical Operating Permit;

Commissioning means a quality-focused process for enhancing the delivery of a Clinical Activity where the process focuses on verifying and documenting that the Provisional Clinical Operating Permit Holder and all of its systems and assemblies are planned, designed, installed, tested, operated and maintained to meet the required Standards so that a Clinical Operating Permit may be granted;

Design and Construction Guidelines means, as of the applicable time, the then most current edition of the American Institute of Architects' Guidelines for Design and Construction of Hospital and Health Care Facilities, and such other guidelines of general professional acceptance that apply to specific Business Categories, provided that any such additional guidelines have been specifically identified as applicable by the Planning Council and adequate advance notice is provided that such guidelines may no longer be applicable;

Effective Date means the date upon which a Provisional Clinical Operating Permit becomes effective;

Home Jurisdiction means the jurisdiction outside of DHCC in which the Parent of a Branch has been incorporated, established or formed;

Location means the site within DHCC, including the physical facility or facilities associated therewith, at which a Licensed Healthcare Operator conducts or proposes to conduct its Clinical Activity or Activities under its Clinical Operating Permit;

Parent means, with respect to a Branch, an Entity that has been legally formed outside DHCC, under the applicable law of the jurisdiction of formation, of which the Branch is a division, provided that a Branch is not a legal Entity separate from the Parent;

Permit means a Provisional Clinical Operating Permit or a Clinical Operating Permit issued by DHCCA or any other entity or Agency of DHCCA as provided under this Healthcare Operators Regulation or under the Governing Regulation, and when used in a section without specific reference to a Provisional Clinical Operating Permit or a Clinical Operating Permit means both a Clinical Operating Permit and a Provisional Clinical Operating Permit;

Provisional Clinical Operating Permit means the permit issued to an Entity by the Planning Council to enable that Entity to:

- i. commence the activities required to meet the requirements of a Pre-Operating Assessment; and
- ii. obtain a Clinical Operating Permit in accordance with the Healthcare Operators Regulation and the applicable Rules;

Provisional Clinical Operating Permit Holder means an Entity holding a Provisional Clinical Operating Permit;

Recommendation for Approval means the function described in section 97 of this Healthcare Operators Regulation;

Zoning regulations means those laws, regulations, rules or standards of general applicability to zoning and the use of real estate enforced in DHCC from time to time.

15 Regulations include amendments

References in this Healthcare Operators 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.

16 Headings

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

17 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.

18 Gender

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

19 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.

20 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 the 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 DHCCA Services who is the recipient of such document.

21 Meaning of Person

Unless the context otherwise requires, any reference in this Healthcare Operators Regulation 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.

22 Reference to sections and subsections

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

Part Three : General Provisions relating to Provisional Clinical Operating Permits and Clinical Operating Permits

23 Eligibility

Only an Entity which is registered or intending to be registered under the Company Regulation may submit an Application for the Provisional Clinical Operating Permit.

24 Applicants

Only an Entity that intends to be the eventual Licensed Healthcare Operator for the Clinical Activity or Activities for which the Application is filed may be an Applicant.

25 Requirement for company registration

- (1) Only an Entity which is registered under the Company Regulation may become a Provisional Operating Permit Holder.
- (2) No person may obtain a Clinical Operating Permit unless it is an Entity and has first obtained a Provisional Clinical Operating Permit, in accordance with this Regulation and the applicable Rules, Standards and Policies.

26 Holder of a Provisional Clinical Operating Permit not able to provide Healthcare Services

A Provisional Clinical Operating Permit Holder is not entitled to conduct any Healthcare Services within DHCC under the authority of the Provisional Clinical Operating Permit.

27 Requirement for Provisional Clinical Operating Permit Holders and Licensed Healthcare Operators to comply with Regulations

- (1) Both Provisional Clinical Operating Permit Holders and Licensed Healthcare Operators must comply with all of the applicable requirements of:
 - (a) this Healthcare Operators Regulation and the applicable Rules, Standards and Policies implementing this Healthcare Operators Regulation;
 - (b) the Education Regulation and the applicable Rules relating to any Educational Activities;
 - (c) the Research Regulation and the applicable Rules relating to any Research Activities;
 - (d) any other Regulations and applicable Rules, Policies and Standards that relate to the provision of Clinical Activities by Licensed Healthcare Operators.

28 Responsibilities of Provisional Clinical Operating Permit Holders

- (1) Each Provisional Clinical Operating Permit Holder must ensure that when undertaking the design and construction of its facilities under its Provisional Clinical Operating Permit, that the Location at which it proposes to provide Clinical Activities, upon issuance of a Clinical Operating Permit, complies with all applicable provisions of the:
 - (a) Building and Zoning Regulations and Guidelines;
 - (b) DHCC Design and Construction Guidelines; and
 - (c) Health Safety and Environment Regulation and applicable Rules.

29 Responsibilities of Licensed Healthcare Operators

- (1) Each Licensed Healthcare Operator must ensure that all Locations at which it provides Clinical Activities will at all times comply with all applicable provisions of the:
 - (a) Building and Zoning Regulations and Guidelines;
 - (b) DHCC Design and Construction Guidelines; and
 - (c) Health, Safety and Environment Regulations and applicable Rules.

30 Provision of Clinical Activities within Business Category

- (1) A Licensed Healthcare Operator may only engage in or conduct any Clinical Activity:
 - (a) that is encompassed within the Business Category for which its Clinical Operating Permit has been issued; and
 - (b) where the Licensed Healthcare Operator has employed or engaged a Licensed Healthcare Professional whose Professional Practice covers the provision of the Clinical Activity specified in the Clinical Operating Permit.

31 Exceptions from requirement to hold a Permit

- (1) A person who is not an Applicant or expected to be a Licensed Healthcare Operator will not be required to obtain a Provisional Clinical Operating Permit or a Clinical Operating Permit under this Healthcare Operators Regulation if the person:
 - (a) owns land in DHCC, including any building on such land, in which a Clinical Activity is conducted or is intended to be conducted, provided that such person does not itself conduct or manage such Clinical Activity from that land or building;
 - (b) leases land or a building in DHCC in which a Clinical Activity is conducted, or is intended to be conducted provided that such person does not itself conduct or manage such Clinical Activity from that land or building.
- (2) In such cases the person must:
 - (a) provide information to CPQ about the Business Categories and the Clinical Activities that the building is to be used for; and
 - (b) seek a no objection certificate from CPQ confirming that there is an exemption from the requirement to hold a Permit.

32 Licensed Healthcare Operators may only employ or engage Licensed Healthcare Professional or Licensed Complementary and Alternative Medicine Healthcare Professional

- (1) A Licensed Healthcare Operator may only employ or engage a person to engage in Clinical Activities in DHCC who is a Licensed Healthcare Professional or Licensed Complementary and Alternative Medicine Healthcare Professional.
- (2) Where a Licensed Healthcare Operator employs or engages a Healthcare Professional or a Complementary and Alternative Medicine Healthcare Professional to perform any Clinical Activity in DHCC and such Professional should be but is not licensed to engage in such Clinical Activity within DHCC, that person:
 - (a) may only perform administrative and support functions;
 - (b) must be certified to provide support services under section 33.

33 Licensed Healthcare Operators responsible for certification

- (1) A Licensed Healthcare Operator may employ or engage a person to provide support services such as health care assistant or an assistant providing support services to a Licensed Healthcare Professional or a Licensed Complementary and Alternative Medicine Healthcare Professional related to the provision of Healthcare Services.
- (2) Where the Licensed Healthcare Operator employs or engages such a person, the Licensed Healthcare Operator may be required to provide details of such people to CPQ prior to such employment or engagement for the purposes of seeking certification from CPQ.
- (3) CPQ will determine, from time to time, the process for certification.

34 Jurisdiction of Licensed Healthcare Operator

- (1) A Licensed Healthcare Operator is only Licensed to provide within DHCC those Clinical Activities for which its Clinical Operating Permit has been issued.
- (2) Except as specifically provided in this Healthcare Operators Regulation, any Licensed Healthcare Operator intending to provide services outside of DHCC will be solely responsible for meeting any standards or other requirements of that other jurisdiction.

35 Healthcare Services which may be provided outside DHCC

- (1) A Licensed Healthcare Professional or Licensed Complementary and Alternative Medicine Healthcare Professional employed or otherwise engaged by a Licensed Healthcare Operator may only perform some of its Clinical Activities for a patient outside of DHCC, if the:
 - (a) patient's initial encounter with the Licensed Healthcare Operator was at the Licensed Healthcare Operator's Location within DHCC; and
 - (b) Clinical Activities performed for such a patient are related to the provision of Healthcare Services the patient received at the Licensed Healthcare Operator's Location within DHCC; and
 - (c) The Licensed Healthcare Professional or Licensed Complementary and Alternative Medicine Healthcare Professional is also licensed by the Dubai Health Authority or the relevant jurisdiction.

36 Provision of Healthcare Services by a locum Licensed Healthcare Professional or Licensed Complementary and Alternative Medicine Healthcare Professional

- (1) A Licensed Healthcare Operator may utilize a locum to provide any of its Clinical Activities providing that person is a Licensed Healthcare Professional or Licensed Complementary and Alternative Medicine Healthcare Professional whose Professional Practice covers the Clinical Activities provided by the Licensed Healthcare Operator.
- (2) The Licensed Healthcare Operator remains responsible for any Clinical Activities provided under any locum arrangement.

37 No assignment or transfer of Permit

- (1) Neither a Provisional Clinical Operating Permit Holder nor a Licensed Healthcare Operator may transfer or assign its Provisional Clinical Operating Permit or Clinical Operating Permit.

- (2) For the avoidance of doubt, where there is a change of Controller this will be considered to be an assignment or transfer and subject to sub section (1) of this section.

38 Compliance with requirements of Agencies

Each Licensed Healthcare Operator must comply with all requirements that any of the Agencies may from time to time establish regarding data requirements and disease reporting, and shall assure that each Licensed Healthcare Professional and/or Licensed Complementary and Alternative Medicine Healthcare Professional that it engages shall also comply with such requirements.

39 Exemption from certain requirements

- (1) The Planning Council may provide a waiver (in such terms and conditions as it deems appropriate) to an Applicant, a Provisional Clinical Operating Permit Holder or a Licensed Healthcare Operator for otherwise applicable requirements of the:
- (a) Building Regulations; or
 - (b) Design and Construction Guidelines.
- (2) Such a waiver may only be granted if the Planning Council determines that:
- (a) doing so is in the public interest; and
 - (b) requiring compliance with the particular provision would create an undue hardship on the Applicant; and
 - (c) granting such waiver or waivers would not impair or endanger the health, safety or welfare of any person, including any patient of a Licensed Healthcare Operator.

40 Display of Clinical Operating Permit

A Licensed Healthcare Operator must at all times prominently post a copy of its Clinical Operating Permit at each Location at which it is conducting a Clinical Activity under its Clinical Operating Permit, in such a manner that the Clinical Operating Permit is visible to clients and patients receiving Healthcare Services at such Location.

41 Fees

DHCCA will determine from time to time the fees that are to accompany all Applications, Clinical Operating Permit Requests, Renewal Applications and other submissions to the Planning Council or the Licensing Board provided for under this Healthcare Operators Regulation.

Part Four : Provisions relating to Provisional Clinical Operating Permits

42 Fee to be paid at time Application is submitted

- (1) The Applicant must pay the proper fee at the time the Application is submitted to the Planning Council or the Licensing Board.
- (2) That fee will be set from time to time by DHCCA as provided by section 41.

43 Withdrawal of Application

- (1) An Applicant may withdraw his Application at any time. A record will be retained of the Applicant's withdrawal of the Application.
- (2) The Applicant may at a later date re-activate a withdrawn Application and the Applicant will be required to pay the proper fee at the time the Application is re-activated as determined under section 42.
- (3) The Planning Council will retain a record of the Applicant's withdrawal of the Application together with a copy of all the information provided by the Applicant or otherwise obtained during the course of consideration of the Application up until the time the Application is withdrawn.
- (4) Any fee submitted will not be refunded.

44 Form of Application

- (1) An Applicant must submit an Application for a Provisional Clinical Operating Permit in the form and manner as may be required by the Planning Council.
- (2) An Application for a Provisional Clinical Operating Permit will be considered only if it meets the following requirements:
 - (a) it must be in English;
 - (b) it is typewritten or written in a legible manner;
 - (c) all data, information, and signatures required under this Healthcare Operators Regulation and the applicable Rules are supplied;
 - (d) the proper fee is submitted.

45 Information to be provided with Application

- (1) The following information must be provided with the Application:
 - (a) documentation indicating that the Applicant is registered to carry on business or is intending to be registered in DHCC under the Company Regulation;
 - (b) a description of the Business Category for which the Applicant is seeking a Provisional Clinical Operating Permit and the Clinical Activity or Activities that it will undertake upon conversion of its Provisional Clinical Operating Permit to a Clinical Operating Permit;
 - (c) information regarding any disciplinary action or adverse action taken in any jurisdiction against any Associated Person or Controller of the Applicant, including, if the Applicant is a Branch, of the Applicant's Parent;

- (d) details of the Manager who is appointed by the Applicant to be the principal representative in dealings with DHCCA;
- (e) any other information requested by CPQ, or the relevant Agencies.

46 Provision of other information

- (1) The following information may be obtained by CPQ for the purposes of preparing the Application for the Planning Council to review:
 - (a) financial information regarding the Applicant and any Associated Person or Controller of the Applicant sufficient to assess the Applicant's financial capability to undertake the Clinical Activity or Activities proposed;
 - (b) details of all Controllers, Directors and Associated Persons relating to the Applicant Entity.

47 Declaration by Applicant

- (1) The Application must be accompanied by:
 - (a) a written declaration confirming the accuracy of the statements included in the Application and any accompanying documents;
 - (b) an authorization for the Planning Council to verify the accuracy of any information provided and, subject to the Governing Regulation, to share such information and documentation with any party as the Planning Council deems necessary for purposes of such verification.

48 Provision of incomplete Application

- (1) It is the responsibility of the Applicant to submit a completed Application form and provide the required information.
- (2) In the case of incomplete Applications CPQ will notify the Entity identifying the information that has not been provided and the timeframe within which the Application may be resubmitted.
- (3) The Planning Council must specify a period of time within which the Application may be resubmitted with the required information, which time period shall be reasonable.
- (4) The Healthcare Operator will not be required to pay an additional fee for resubmitting the Application within the specified timeframe.

49 Role of Applicant's Manager in Application process

The Applicant's Manager will be the first point of contact with regard to any matters that arise during the Application process.

50 Information from other sources

At any time during the process of reviewing an Application, the Planning Council may inquire of DHCCA as to the information that DHCCA holds with regard to the financial capability of the Applicant to provide the Clinical Activity or Activities proposed in the Application.

51 Further information required to be provided

- (1) At any time after an Application is submitted to the Planning Council and before action on it is taken, the Planning Council may, by written notice to the Applicant, require the Applicant to provide such additional information or documents as the Planning Council deems reasonable and

necessary to review the Application, in such form and within such time period as the Planning Council reasonably requires.

- (2) Subsection (1) also applies to any person who is:
 - (a) identified in the Application as being a Director, Controller or Manager of the Applicant; or,
 - (b) identified in the Application as being intended to be a Director, Controller or Manager of the Provisional Clinical Operating Permit Holder (if a Provisional Clinical Operating Permit is issued to the Applicant) or the Licensed Healthcare Operator (if a Clinical Operating Permit were to be issued to the Applicant).

52 All information to be provided before Application reviewed

- (1) An Application will not be considered complete until all information required has been submitted to the Planning Council for its review.
- (2) The Planning Council shall not take any action on an Application until it has determined that the Application is complete based on the requirements of sections 44 and 51.

53 Failure to provide further information

- (1) Failure of the Applicant to comply with the requirement to provide further information or resubmit the Application in accordance with section 48 may result in the Planning Council's considering an Application withdrawn on the basis of insufficient information.
- (2) If the Planning Council considers an Application withdrawn, in accordance with section 43 on the basis of insufficient information any fee paid by the Applicant will not be refunded to the Applicant.

54 Requirement to notify changes

- (1) At any time during the review of an Application and prior to the Planning Council issuing a Provisional Clinical Operating Permit, the Applicant must promptly notify the Planning Council of any substantial modification or change to the information or documentation contained in its Application.
- (2) Failure of an Applicant to notify the Planning Council of any such changes will result in either the:
 - (a) Application being considered incomplete and withdrawn in accordance with section 43; or
 - (b) If the Provisional Clinical Operating Permit is issued, the Planning Council not including any modifications in it.

Part Five : Review of Applications for Provisional Clinical Operating Permits

55 Approval of Application by Planning Council

- (1) The Planning Council may approve an Application if it determines that:
- (a) the Applicant satisfies the relevant criteria contained in this Healthcare Operators Regulation and in the applicable Rules with regard to the Business Category and the Clinical Activities the Applicant proposes to undertake;
 - (b) the Clinical Activity or Clinical Activities the Applicant proposes to undertake are consistent with the Plan in effect from time to time in DHCC;
 - (c) the Applicant is capable of completing all of the steps required by this Regulation and the applicable Rules to convert its Provisional Clinical Operating Permit to a Clinical Operating Permit;
 - (d) the Applicant will employ or engage Licensed Healthcare Professionals and Licensed Complementary and Alternative Medicine Providers who possess the clinical competence to implement all Clinical Activities proposed in the Application in a manner consistent with all applicable Rules;
 - (e) all Controllers, Directors and Associated Persons identified in the Application are Fit and Proper Persons; and
 - (f) no facts have been found that would constitute grounds for the Planning Council to deny a Provisional Clinical Operating Permit.

56 Referral of Application by Complementary and Alternative Medicine Council

In the case of an Applicant who intends to provide Healthcare Services provided by Licensed Complementary and Alternative Medicine Healthcare Professionals, the Application must be reviewed by the Complementary and Alternative Medicine Council.

57 Complementary and Alternative Medicine Council recommendations

- (1) Following referral under section 56, the Complementary and Alternative Medicine Council will review the Application in accordance with this Regulation, the Governing Regulation and the applicable Rules, Standards and Policies and provide a recommendation to the Planning Council either to:
- (a) approve the Application; or
 - (b) approve the Application subject to conditions, limitations or restrictions to be attached to the Provisional Operating Permit; or
 - (c) decline the Application.

58 Planning Council not bound by Complementary and Alternative Medicine Council recommendation

- (1) The Planning Council is not required to accept all or any part of the Complementary and Alternative Medicine Council's recommendation.
- (2) Where the Planning Council proposes not to accept a recommendation of the Complementary and Alternative Medicine Council to decline the Application or to attach conditions, limitations or restrictions to the Provisional Clinical Operating Permit the chairman of the Planning Council will, within ten (10) days of receipt of the recommendation provided

under section 57, discuss the recommendation with the chairman of the Complementary and Alternative Medicine Council.

- (3) No decision will be made by the Planning Council on the Application until such discussion has occurred.

59 Matters Planning Council takes into account

- (1) In considering an Application, the Planning Council may take into account any matters relating to:
 - (a) the need to protect the public and the reputation of DHCC;
 - (b) any other factors identified in the applicable Rules, Standards and Policies as appropriate to consider;
 - (c) any person who is or will be employed by or associated with the Applicant for the purposes of any of the Applicant's Clinical Activities if a Clinical Operating Permit is issued to the Applicant;
 - (d) any person that is an Associated Person of the Applicant or of any Director, Controller or proposed Manager of the Applicant or of the intended Provisional Clinical Operating Permit Holder or Licensed Healthcare Operator if the Application is approved;
 - (e) the financial resources available to the Applicant to undertake and maintain the proposed Clinical Activity or Activities;
 - (f) in the case of an Applicant that is a Branch, the length of time the Branch's Parent has been conducting Clinical Activities prior to the Branch submitting its Application under the Healthcare Operators Regulation;
 - (g) the likelihood that the Applicant shall be capable of complying with the requirements of this Healthcare Operators Regulation and the applicable Rules.

60 Grounds for denying Application

- (1) The Planning Council may, based on credible evidence, deny an Application including, but not limited to, if it determines that:
 - (a) any statements, information or documents submitted by the Applicant were false, misleading or deceptive at the time they were provided;
 - (b) there has been a substantial modification or change in the circumstances relating to the information or documentation contained in the Application subsequent to its filing, and the Applicant has failed to timely notify CPQ or the Planning Council of any such modification or change; or
 - (c) there is sufficient likelihood that neither the Planning Council nor the Licensing Board can be assured that the Applicant, if it were to become a Provisional Clinical Operating Permit Holder or a Licensed Healthcare Operator, will be able to comply with the provisions of this Healthcare Operators Regulation or of the applicable Rules;
 - (d) the Clinical Activity or Clinical Activities the Applicant proposes to undertake are not consistent with the clinical plan in effect from time to time in DHCC.

61 Planning Council may impose terms, conditions and restrictions

In approving an Application, the Planning Council may impose such reasonable terms conditions and restrictions, including temporary or permanent restrictions,

on the resulting Provisional Clinical Operating Permit as it deems necessary and proper based on its review of the Application and all information provided to it in conjunction with the Application.

62 Notification of Planning Council's decision to Applicant

- (1) The Planning Council will notify the Applicant in writing of its decision including:
 - (a) whether the Application is granted;
 - (b) whether the Application is granted subject to conditions and/or restrictions to which the Applicant has not agreed;
 - (c) whether the Application is denied and the reasons for denying the Application;
 - (d) the details of the Clinical Activities covered by the Provisional Clinical Operating Permit and any terms, conditions and restrictions imposed;
 - (e) the Effective Date.

63 Right to be referred to as a Provisional Clinical Operating Permit Holder

Where the Application is approved by the Planning Council the Entity will be entitled to refer to itself as a Provisional Clinical Operating Permit Holder.

64 Term of Provisional Clinical Operating Permit

- (1) Subject to the provisions of the applicable Rules, Standards and Policies or any terms, conditions or restrictions imposed by the Planning Council, a Provisional Clinical Operating Permit will be valid for a period of:
 - (a) two (2) years in the case of a Provisional Clinical Operating Permit for a hospital;
 - (b) one (1) year in the case of all other Provisional Clinical Operating Permits.

65 Right to review decision of Planning Council

- (1) The Applicant has the right to seek a review of the Planning Council's decision to deny an Application or place conditions or restrictions on the License to which the Applicant has not agreed in writing.
- (2) Any review will be carried out in accordance with Part Thirteen of this Healthcare Operators Regulation.

66 Restriction on submitting new Application

If the Planning Council denies an Application, unless otherwise agreed by the Planning Council, the Applicant may not file a new Application for the same Clinical Activity or Clinical Activities as those proposed in the denied Application for a period of six (6) months following its receipt of notice from the Planning Council under section 62.

67 Abandonment of Clinical Activities

- (1) Unless otherwise agreed to by the Planning Council, a Provisional Clinical Operating Permit Holder will be deemed to have abandoned its intent to implement one or more Clinical Activities encompassed by its Provisional Clinical Operating Permit if the Provisional Clinical Operating Permit Holder does not commence, within six (6) months of receipt of the notice from the Planning Council to take steps necessary for the eventual filing of a Clinical Operating Permit Request.

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- (2) The Planning Council will make arrangements for the Applicant to be notified in writing of its decision regarding:
- (a) the scope of the Clinical Activities covered by the Provisional Clinical Operating; or
 - (b) the withdrawal of the Provisional Clinical Operating Permit due to abandonment.

68 Restriction on submitting new Application following abandonment

If the Applicant is deemed to have abandoned one or more Clinical Activities under section 67(1), the Applicant may not file a new Application for the same Clinical Activity or Clinical Activities for a period of six (6) months following its receipt of notice from the Planning Council under section 67(2) unless agreed otherwise by the Planning Council.

69 Details contained in Provisional Clinical Operating Permit

- (1) A Provisional Clinical Operating Permit will contain the following details:
- (a) the name of the Provisional Clinical Operating Permit Holder;
 - (b) the name and Location of the facility;
 - (c) the Effective Date of the Provisional Clinical Operating Permit;
 - (d) the term of the Provisional Clinical Operating Permit;
 - (e) the name of the Provisional Clinical Operating Permit Holder's Manager;
 - (f) the Business Category within which the Provisional Clinical Operating Permit Holder intends to provide Clinical Activity or Activities;
 - (g) the Clinical Activity or Activities proposed to be undertaken by the Provisional Clinical Operating Permit Holder; and
 - (h) such other matters, including any terms, conditions or restrictions attached to the Provisional Clinical Operating Permit, as may be specified by the Planning Council.

Part Six : Obligations of Provisional Clinical Operating Permit Holders

70 Progress towards converting to a Clinical Operating Permit

- (1) Following issuance of its Provisional Clinical Operating Permit, each Provisional Clinical Operating Permit Holder must:
 - (a) make good faith efforts and continuing progress toward filing a Clinical Operating Permit Request;
 - (b) report to CPQ on its actions and continuing progress every three months or as requested by CPQ or the Planning Council;
 - (c) comply with all terms, conditions and restrictions imposed on its Provisional Clinical Operating Permit.

71 Information to be provided following issuing Provisional Clinical Operating Permit

- (1) Unless otherwise agreed by CPQ, the Provisional Clinical Operating Permit Holder must submit to CPQ the following information to CPQ if not already provided at the time of making the Application:
 - (a) the Location of the Clinical Activity or Activities, including evidence of the Applicant's legal right to the use of such Location as of the Effective Date;
 - (b) schematic designs, plans and specifications for the physical development of the Location, in such detail as may be required at the time the Application is filed, which plans and specifications must be consistent with applicable Building Regulations, Zoning Regulations and Design and Construction Guidelines.
- (2) The information specified in sub sections 1(a) and 1(b) must be submitted by no later than:
 - (a) six (6) months following the Effective Date in the case of a Provisional Clinical Operating Permit Holder that is a hospital; or
 - (b) three (3) months following the Effective Date in the case of all other Provisional Clinical Operating Permit Holders.

72 Schematic designs plans and specifications to be reviewed

CPQ will make arrangements for the designs, plans and specifications to be reviewed based on the applicable Building Regulations, Zoning Regulations, Health and Safety Rules and the Design and Construction Guidelines.

73 Final design and construction documentation

- (1) Unless agreed otherwise by CPQ, the Provisional Clinical Operating Permit Holder must submit the final construction documents for its Location to CPQ by no later than:
 - (a) nine (9) months following the Effective Date in the case of a Provisional Clinical Operating Permit Holder that is a hospital; or
 - (b) six (6) months following the Effective Date in the case of all other Provisional Clinical Operating Permit Holders.
- (2) The documents referred to in subsection (1) must demonstrate that the construction at such Location will meet all applicable requirements of the Planning Council and the Licensing Board, including the applicable Building Regulations, Zoning Regulations, Health and Safety Rules and the Design and Construction Guidelines.

74 Commencement of construction

- (1) The Provisional Clinical Operating Permit Holder may not commence construction at its Location until it has received notification from CPQ of approval:
- (a) of the schematic designs and the final construction documents;
 - (b) to commence fit out of the Location.

75 Access to Location

- (1) During the term of the Provisional Clinical Operating Permit the Provisional Clinical Operating Permit Holder must allow CPQ and any other associated Entities identified by CPQ involved in monitoring the construction, fit out and health and safety issues, access to each Location, to monitor the progress being made in completing physical construction at each such Location.
- (2) Any Entity seeking access must provide the Provisional Clinical Operating Permit Holder with two (2) working days notice of such.

76 Preparation for Commissioning

In preparation for Commissioning, the Provisional Clinical Operating Permit Holder will develop policies and procedures for the provision of the Clinical Activity or Activities included in its Provisional Clinical Operating Permit in accordance with the relevant Rules, Standards and Policies.

77 Requirement to notify CPQ of substantial modifications

The Provisional Clinical Operating Permit Holder must promptly notify CPQ of any substantial modification or change to the information or documentation contained in its Application.

78 Requirement to notify of changes in personnel

The Provisional Clinical Operating Permit Holder must promptly notify CPQ of any changes as to the identity of all those persons who shall be Associated Persons, Controllers and Directors when it receives its Clinical Operating Permit, as well as the identity of the Manager once such Clinical Operating Permit is issued.

79 Modification or changes to Provisional Clinical Operating Permit Holders which are Branches

When the Planning Council issues a Provisional Clinical Operating Permit to an Applicant that is a Branch, the Provisional Clinical Operating Permit Holder that has received such Provisional Clinical Operating Permit, or its Parent, must notify the Planning Council in writing of any modification or change to the licensure, registration or equivalent authorization that it reported in its Application, together with the date of the occurrence of such modification or change, by no later than twenty (20) days following any such modification or change.

80 Continuation of legal existence of Parent in Home Jurisdiction

During the term of the Provisional Clinical Operating Permit and prior to its Clinical Operating Permit Request the Provisional Clinical Operating Permit Holder must provide the Planning Council on each anniversary of the Provisional Clinical Operating Permit's Effective Date, a certificate issued by the relevant authority in the Parent's Home Jurisdiction that proves the continuation of the legal existence of the Parent in the Home Jurisdiction and the validity of its licensure, registration or equivalent authorization with such authority.

81 Request for extension of Provisional Clinical Operating Permit term

- (1) A Provisional Clinical Operating Permit Holder may request in writing the Planning Council extend the term of the Provisional Clinical Operating Permit.
- (2) The request must specify the:
 - (a) period of time for the extension of the Provisional Clinical Operating Permit;
 - (b) outstanding requirements to be completed;
 - (c) details of any circumstances beyond the reasonable control of the Provisional Clinical Operating Permit Holder which have presented a substantial obstacle to the timely completion of the steps needed to make a Clinical Operating Permit Request.
- (3) Any such request must be made no later than sixty (60) days prior to the expiration of the Provisional Clinical Operating Permit.

82 Extension of term of Provisional Clinical Operating Permit

- (1) Where the Provisional Clinical Operating Permit Holder makes such a request under section 81, and the Provisional Clinical Operating Permit Holder has made substantial progress during the term of its Permit towards converting its Provisional Clinical Operating Permit to a Clinical Operating Permit, the Planning Council may extend the time for such Permit Holder to file its Clinical Operating Permit Request.
- (2) In considering the request under section 81 the Planning Council will take into account any advice provided to the Planning Council by CPQ regarding the progress of the Provisional Clinical Operating Permit Holder.

83 Period of extension

- (1) The Planning Council will consider the request to extend the Provisional Clinical Operating Permit, no later than thirty (30) days prior to the expiration of the Provisional Clinical Operating Permit and may extend the Permit for a further period of up to:
 - (a) two (2) years, in the case of Provisional Clinical Operating Permit Holders that are hospitals; and
 - (b) one (1) year, in the case of all other Provisional Clinical Operating Permit Holders.

84 Notification of decision regarding request for extension of term

- (1) The Planning Council will notify the Applicant in writing of its decision regarding the request for the extension of the term of the Provisional Clinical Operating Permit including:
 - (a) whether the request is granted;
 - (b) whether the request is denied and the reasons for denying the Application;
 - (c) the date the Provisional Clinical Operating Permit will expire.

85 Right to review decision of Planning Council

- (1) The Applicant has the right to seek a review of the Planning Council's decision to deny the request for an extension of the term of the Provisional Clinical Operating Permit.

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- (2) During the period of the review the Provisional Clinical Operating Permit will remain operative.
 - (3) Any review will be carried out in accordance with Part Thirteen of this Healthcare Operators Regulation.

86 Failure to make Clinical Operating Permit Request during term of Provisional Clinical Operating Permit

If a Provisional Clinical Operating Permit Holder fails to make a Clinical Operating Permit Request prior to the expiration of its Provisional Clinical Operating Permit such Provisional Clinical Operating Permit will automatically expire at the date specified in the Provisional Clinical Operating Permit.

Part Seven : Revocation and Suspension of Provisional Clinical Operating Permit

87 Ground for revocation of Provisional Clinical Operating Permit

The Planning Council may suspend or revoke a Provisional Clinical Operating Permit on the grounds that the Provisional Clinical Operating Permit Holder has failed to meet its obligations as set out in Part Six of this Healthcare Operators Regulation or on the same grounds on which the Planning Council could have denied an Application for a Provisional Clinical Operating Permit under section 59.

88 Provisional Clinical Operating Permit Holder to be notified of suspension or revocation

- (1) The Planning Council will notify the Applicant in writing of:
 - (a) its decision to suspend or revoke the Provisional Clinical Operating Permit; and
 - (b) the reasons for its decision;
 - (c) in the case of suspension, any requirements that the Provisional Clinical Operating Permit holder must meet before the suspension will be lifted.
- (2) If the Planning Council suspends or revokes a Provisional Clinical Operating Permit, it must follow the process set out in Part Thirteen of this Healthcare Operators Regulation.
- (3) If the Planning Council suspends or revokes a Provisional Clinical Operating Permit relating to the provision of Healthcare Services provided by Licensed Complementary and Alternative Medicine Healthcare Professionals, it must notify the Complementary and Alternative Medicine Council.

89 Right to review decision of Planning Council

The Applicant has the right to seek a review of the Planning Council's decision to suspend or revoke the Provisional Clinical Operating Permit.

90 Suspension of Provisional Clinical Operating Permit

Where the Planning Council suspends or revokes the Provisional Clinical Operating Permit, the affected Provisional Clinical Operating Permit Holder's Provisional Clinical Operating Permit will be suspended until the Planning Council's review process under Part Thirteen of this Healthcare Operators Regulation is completed.

91 Lifting of suspension

- (1) Where the Provisional Clinical Operating Permit Holder's Permit has been suspended subject to the meeting of certain requirements, when those requirements have been met the Provisional Clinical Operating Permit Holder may request the Planning Council lift the suspension.
- (2) The Planning Council has the right to request any information it considers necessary from the Provisional Clinical Operating Permit Holder to enable it to consider the request to lift the suspension.

Part Eight : Clinical Operating Permit Requests

92 Requirements to become a Clinical Operating Permit Holder

- (1) For a Provisional Clinical Permit Holder to convert its Provisional Clinical Operating Permit to a Clinical Operating Permit it must:
 - (a) complete the Commissioning process as determined by CPQ from time to time;
 - (b) obtain a Recommendation for Approval from the Planning Council.

93 Provisional Clinical Operating Permit Holder responsible for submitting Clinical Operating Permit Request

The Provisional Clinical Operating Permit Holder is responsible for submitting the Clinical Operating Permit Request to the Licensing Board within the term of the Permit together with the specified fee.

94 Information to be provided with Clinical Operating Permit Request

- (1) The Clinical Operating Permit Request must contain such information as the Planning Council may reasonably require, consistent with the provisions of this Healthcare Operators Regulation and the applicable Rules.
- (2) Each Provisional Clinical Operating Permit Holder making a Clinical Operating Permit Request must specify in its request the Clinical Activity or Activities that it proposes to carry on and the Business Category within which it will conduct its Clinical Activity or Activities, if different from the information contained in its Application.

95 Commissioning

- (1) A Provisional Clinical Operating Permit Holder must complete the Commissioning process to ensure that the Provisional Clinical Operating Permit Holder complies with the relevant Rules, Standards and Policies and any other standards that an Agency specifies are required to be met prior to issuing a Clinical Operating Permit.
- (2) Following the submission of a Clinical Operating Permit Request, CPQ will undertake, or arrange for the undertaking of a Commissioning assessment which must include, but is not limited to:
 - (a) a review of the final versions of all of the Provisional Clinical Operating Permit Holder's written policies then required to be in place;
 - (b) a comprehensive on-site inspection of the Location at which the Provisional Clinical Operating Permit Holder proposes to conduct its Clinical Activity or Activities;
 - (c) the review of information that supports the conclusion the Provisional Clinical Operating Permit Holder will be able to satisfy all provisions of the Rules, Standards and Policies applicable to the Business Category in which the Provisional Clinical Operating Permit Holder proposes to provide its Clinical Activity or Activities;
 - (d) the provision of documented evidence that it has received all licenses and other approvals required under the applicable Building Regulations and Zoning Regulations; and

- (3) In undertaking its assessment as part of the Commissioning process, CPQ will also determine if the Controllers, Directors and Associated Persons of the Provisional Clinical Operating Permit Holder, as well as any Managers identified by the Provisional Clinical Operating Permit Holder, are all Fit and Proper Persons.
- (4) On completion of the Commissioning assessment, CPQ or the organization which has undertaken the assessment on behalf of CPQ will provide the Provisional Clinical Operating Holder with a report on the preparedness for the Holder to provide its Clinical Activity or Activities.

96 Requirement to provide further information

The Provisional Clinical Operating Permit Holder must provide any such other information as CPQ may reasonably request within the timeframe specified by CPQ, in preparation for the Planning Council to review the Clinical Operating Permit Request.

97 Planning Council recommendations to Licensing Board

- (1) The Planning Council will review the Commissioning report and on the basis of its review will provide the following information to the Licensing Board for its consideration:
 - (a) recommendation for Approval of Clinical Operating Permit Request;
 - (b) recommendation for Approval of Clinical Operating Permit Request subject to specified terms, conditions, and/or temporary or permanent restrictions that should be attached to a Clinical Operating Permit;
 - (c) recommendation to decline the Clinical Operating Permit Request.

98 The Licensing Board will consider Clinical Operating Permit Request at next meeting

- (1) The Clinical Operating Permit Request will be considered at the Licensing Board's next scheduled meeting providing the next schedule meeting is more than seven (7) days after receipt of the Clinical Operating Permit Request.
- (2) If the next meeting is less than seven (7) days after receipt of the Clinical Operating Permit Request, the Request will be considered at the meeting following the next meeting.

99 Review of Clinical Operating Permit Request by Licensing Board

- (1) The Licensing Board will consider the Clinical Operating Permit Request together with the:
 - (a) report on the Commissioning process;
 - (b) recommendation from the Planning Council.
- (2) In considering the information provided under subsection (1), the Licensing Board will take into account any applicable Regulations, Rules, Policies and Standards.

100 Expedited review by Licensing Board chairman

- (1) The chairman of the Licensing Board has the power to review and approve the granting of a Clinical Operating Permit Request where the information

provided under section 99 supports the issuing of the Clinical Operating Permit.

- (2) If the chairman of the Licensing Board reviews the information and is not satisfied that the Clinical Operating Permit should be granted, the Clinical Operating Permit Request will be referred to the Licensing Board and the matter considered under sections 98 and 99.
- (3) The chairman must report to the next meeting of the Licensing Board the details of any Clinical Operating Permit Requests granted under the expedited review process.

101 Deliberations of Licensing Board

The Licensing Board in reviewing Clinical Operating Permit Request must base its deliberations on the information provided to under section 99.

102 Licensing Board not bound by Planning Council's recommendation

- (1) The Licensing Board is not required to accept all or any part of the Planning Council's recommendation.
- (2) Where the Licensing Board proposes not to accept a recommendation of the Planning Council to decline the Application or to attach conditions, limitations or restrictions to the License, the chairman of the Licensing Board will, within ten (10) days of receipt of the recommendation on the Application from the Planning Council, discuss the recommendation with the chairman of the Planning Council in accordance with the Governing Regulation.
- (3) No decision will be made by the Licensing Board on the Application until such discussion has occurred.

103 Notification of Licensing Board decision to approve Clinical Operating Permit Request

- (1) Where the Licensing Board approves the Clinical Operating Permit Request, the Licensing Board will notify the Manager of the Provisional Clinical Operating Permit Holder of the Licensing Board's decision in writing, and the Provisional Clinical Operating Permit Holder will be entitled to:
 - (a) refer to itself as a Licensed Healthcare Operator; and
 - (b) provide the Clinical Activities within DHCC in accordance with its Clinical Operating Permit.

104 Notification of Licensing Board decision to deny Clinical Operating Permit Request or impose conditions

- (1) Where the Licensing Board denies the Clinical Operating Permit Request or imposes conditions that the Provisional Clinical Operating Holder has not agreed to, it must:
 - (a) give notice in writing to the Provisional Clinical Operating Permit Holder of its decision;
 - (b) provide the Applicant with a written statement of reasons for its decision;
 - (c) advise the Provisional Clinical Operating Permit Holder of its right to seek a review of the decision under section 105.

105 Right of review of decision of Licensing Board

- (1) The Provisional Clinical Operating Permit Holder has the right to seek a review to the Licensing Board decision to deny a Clinical Operating Permit Request or place conditions or restrictions on the License to which the Applicant has not agreed in writing.
- (2) Where the Provisional Clinical Operating Permit Holder requests a review the Licensing Board must follow the process set out in Part Thirteen of this Healthcare Operators Regulation.

106 Term of Clinical Operating Permit

- (1) The term of the Clinical Operating Permit will be specified in accordance with this Healthcare Operators Regulation and applicable Rules, Standards and Policies except to the extent limited by a limitation, condition or restriction imposed on the Clinical Operating Permit by the Licensing Board.
- (2) Unless otherwise provided in specific Rule, Standard or Policy or required by the Licensing Board:
 - (a) the term of the initial Clinical Operating Permit issued to a Licensed Healthcare Operator will be two (2) years, expiring on the anniversary date of its issue;
 - (b) each Licensed Healthcare Operator must renew its Clinical Operating Permit in accordance with the provisions of Part Ten of this Regulation on the expiration of the initial term and then every two (2) years, effective in each case as of the anniversary date of the initial issue of the Clinical Operating Permit;
 - (c) each second anniversary date will be the renewal date.

107 Details of Clinical Operating Permit to be recorded on register

At the time the Clinical Operating Permit is issued, the details of the Clinical Operating Permit including any conditions, limitations or restrictions being attached to the Clinical Operating Permit will be added to the Licensing Board's register in accordance with the Governing Regulation.

108 Unsuccessful Provisional Clinical Operating Permit Holder may submit new Application

Where a Provisional Clinical Operating Permit Holder is not issued a Clinical Operating Permit, there is no restriction on the Provisional Clinical Operating Permit Holder submitting a new Clinical Operating Permit Request providing the Provisional Clinical Operating Permit has not expired.

109 Change in Clinical Activities by a Licensed Healthcare Operator

Where a Licensed Healthcare Operator intends to change the Clinical Activities that have been approved within its Clinical Operating Permit, the Licensed Healthcare Operator must submit a new Clinical Operating Permit Request before it is able to provide such Clinical Activities.

110 Change of name, address and other details

- (1) A Licensed Healthcare Operator is required to ensure that the information contained in the register is up to date and must notify the Licensing Board of any changes as soon as practicable after the date of change.
- (2) The Licensing Board may require the Licensed Healthcare Operator to provide evidence to support any such change.

Part Nine : Obligations of Licensed Healthcare Operators

111 Compliance with Regulations

Each Licensed Healthcare Operator shall comply with all applicable requirements of this Healthcare Operators Regulation, the Governing Regulations and all other applicable Regulations and of the applicable Rules, Standards and Policies.

112 Licensed Healthcare Operators required to obtain accreditation

All Licensed Healthcare Operators are required to obtain accreditation by an accreditation organization approved by the Licensing Board within two (2) years of becoming a Licensed Healthcare Operator and thereafter every three (3) years.

113 Restrictions on Licensed Healthcare Operators

- (1) No Licensed Healthcare Operator may, without first obtaining the Planning Council's approval:
 - (a) change a Clinical Activity within its Business Category;
 - (b) substantially expand the Clinical Activity or Activities authorized by its Clinical Operating Permit;
 - (c) substantially modify the physical facilities at its Location; or
 - (d) acquire major capital equipment.

114 Cooperation with regard to onsite inspections

- (1) The Licensed Healthcare Operator is required to comply with any reasonable requirements identified by CPQ in the notice under subsection (2) related to an onsite inspection.
- (2) CPQ may at any time after the issuance of a Clinical Operating Permit to a Licensed Healthcare Operator and while such Operator holds such Clinical Operating Permit, by notice in writing served on the Licensed Healthcare Operator undertake or arrange to be undertaken:
 - (a) an onsite inspection of the Location that is subject to the Clinical Operating Permit and the manner in which the Licensed Healthcare Operator is providing the Clinical Activity or Activities for which it has received its Clinical Operating Permit;
 - (b) a review of all of the Licensed Healthcare Operator's policies and procedures then in effect, to ensure that they remain in compliance with the requirements of this Healthcare Operators Regulation and all other applicable Regulations as well as all applicable Rules and Standards and Policies.

115 Provision of information

- (1) Each Licensed Healthcare Operator that is a Branch, or its Parent, must:
 - (a) provide the Licensing Board, on each anniversary of the issuance of the Branch's Clinical Operating Permit, a certificate issued by the Home Jurisdiction of the Parent that proves the continuation of the legal existence in such Jurisdiction of the Parent and the validity of its licensure, registration or equivalent authorization with such authority; and
 - (b) notify the Licensing Board in writing of any modification or change to the licensure, registration or equivalent authorization that it reported in its Application or Clinical Operating Permit Request,

together with the date of the occurrence of such modification or change, by no later than (20) days following any such modification or change.

116 Notification of changes to Clinical Activities

- (1) A Licensed Healthcare Operator must promptly notify the Planning Council if it decides:
 - (a) not to proceed with implementation of any of the Clinical Activities for which its Clinical Operating Permit has been issued; or
 - (b) if it decides to terminate a Clinical Activity that it has commenced under its Clinical Operating Permit.
- (2) Immediately upon the submission of a notification required by subsection (1), the Clinical Operating Permit issued to such Licensed Healthcare Operator will become null and void as it relates to any such Clinical Activity and the Licensing Board will issue a revised Clinical Operating Permit.

117 Notification of changes to business

- (1) In addition to the information that a Licensed Healthcare Operator is otherwise required to provide under this Healthcare Operators Regulation or any other applicable Regulations and Rules, Standards or Policies, each Licensed Healthcare Operator must provide notice to the Licensing Board of the occurrence of any of the following:
 - (a) changes in the nature of any other business it carries on in conjunction with any of its Clinical Activities;
 - (b) any proposal of the Licensed Healthcare Operator to alter the nature or extent of any business that it carries on; and
 - (c) changes to its Manager, Controllers, Directors and Associated Persons.

Part Ten : Renewal of License

118 Renewal of License

Each Licensed Healthcare Operator must renew its Clinical Operating Permit every two (2) years, effective as of the anniversary of the issuance of its Clinical Operating Permit (each date on which a Licensed Healthcare Operator's Clinical Operating Permit is to be renewed is a "Renewal Date").

119 Submission of Renewal Application

- (1) A Licensed Healthcare Operator must submit to the Licensing Board a completed Renewal Application and the required fee no later than sixty (60) days prior to each Renewal Date.
- (2) The Licensing Board may, at its discretion, allow a Renewal Application to be filed later than the date provided for in subsection (1), but any such extension shall be for no greater than sixty (60) days.

120 Information to be provided with the Renewal Application

- (1) The Renewal Application must include such information as the Licensing Board determines is reasonable and appropriate relating to the Licensed Healthcare Operator, including, but not limited to, the details of the following:
 - (a) disciplinary action taken or proposed to be taken by another licensing body or governmental agency against the Licensed Healthcare Operator;
 - (b) criminal charges or civil proceedings instituted against the Licensed Healthcare Operator;
 - (c) evidence that the Licensed Healthcare Operator's Approved Professional Indemnity Insurance remains in effect and may reasonably be expected to be in effect for the renewal period of the Clinical Operating Permit; and
 - (d) evidence that the Licensed Healthcare Operator is duly accredited as required by this Healthcare Operators Regulation and the Rules, Standards and Policies applicable to the Business Category associated with such Licensed Healthcare Operator's Clinical Operating Permit, or has otherwise satisfied a quality survey periodically undertaken by the CPQ.

121 Licensing Board to review the Renewal Application

- (1) The Licensing Board will review the Renewal Application at its next scheduled meeting providing the next scheduled meeting is more than seven (7) days after receipt of the Renewal Application.
- (2) If the next meeting is less than seven (7) days after receipt of the Renewal Application, the Renewal Application will be considered at the meeting following the next meeting.
- (3) The Licensing Board must seek the advice of the Planning Council for all Renewal Applications.

122 Notification of Licensing Board decision to approve Renewal Request

Where the Licensing Board approves the Renewal Request the Licensing Board will notify the Manager of the Provisional Clinical Operating Permit Holder in writing of

the Licensing Board's decision to renew the Clinical Operating License and the term of that renewal.

123 Decision to deny Renewal Request or impose conditions

- (1) The Licensing Board must act in accordance with Part Twelve of this Healthcare Operators Regulation where it:
 - (a) imposes conditions or restrictions on a Clinical Operating Permit;
 - (b) denies the Renewal Request.

124 Failure to file a Renewal Application

- (1) If a Licensed Healthcare Operator fails to file a Renewal Application for its Clinical Operating Permit, its Clinical Operating Permit will remain in effect until the Licensing Board notifies the Licensed Healthcare Operator in writing that it is to cease providing any or all Clinical Activities to which the Clinical Operating Permit relates.
- (2) A notice provided by the Licensing Board under subsection (1) must specify the period of time during which the Licensed Healthcare Operator is to complete an orderly winding down of the Clinical Activity or Activities that it provides under its Clinical Operating Permit, which time period the Licensing Board may, in its discretion, extend.
- (3) Upon the completion of the orderly winding down of the Licensed Healthcare Operator's Clinical Activity or Activities, the affected Licensed Healthcare Operator will immediately cease providing all Clinical Activities allowed under its Clinical Operating Permit.

Part Eleven : Urgent Suspension of a Clinical Operating Permit

125 Serious risk

- (1) The Agencies or CPQ may request the Licensing Board to impose an immediate interim restriction or suspension on the Clinical Operating Permit, or if applicable the relevant Clinical Activities under the Clinical Operating Permit, if they consider that there is reasonable cause to believe that it is necessary because:
 - (a) action or inaction by such Licensed Healthcare Operator poses a serious and imminent risk to the health or safety of its employees, patients or the public; or
 - (b) the on-site inspection undertaken by CPQ under section 114 indicates a serious and imminent risk to the health or safety of its employees, patients or the public;
 - (c) the Licensed Healthcare Operator no longer has Approved Professional Indemnity Insurance in effect.

126 Persons authorized to impose interim restriction or suspension

- (1) A request for the imposition of an interim restriction or suspension from an Agency or CPQ must be addressed to the persons identified below in the following order:
 - (a) first to the chairman of the Licensing Board;
 - (b) then, if the chairman of the Licensing Board is not immediately available, to the person then holding the highest management position at CPQ;
 - (c) then, if the person then holding the highest management position at CPQ is not immediately available, to the chief executive officer of DHCCA.
- (2) The first of the persons contacted in the order is authorized to impose an interim restriction or suspension.

127 Notification of Licensed Healthcare Operator

- (1) If a Licensed Healthcare Operator's Clinical Operating Permit is suspended or restricted under section 126, the Licensing Board, through CPQ, must:
 - (a) immediately notify the Licensed Healthcare Operator in writing of the interim restriction or suspension and the basis for it; and
 - (b) arrange for the Licensing Board to urgently consider the interim suspension or restrictions.

128 Suspension or restriction to remain in place pending review

- (1) In the event of an interim restriction or suspension being imposed:
 - (a) the Clinical Operating Permit, or the relevant Clinical Activities under the Clinical Operating Permit, will remain suspended or the restrictions remain in place until the review described in Part Twelve of this Healthcare Operators Regulation is complete; and
 - (b) the Licensing Board takes further action with respect to such Licensed Healthcare Operator; or

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- (c) the Licensing Board determines that the Licensed Healthcare Operator no longer poses a serious risk to the health and safety of its patients or the public.

Part Twelve : Imposing Conditions, Suspension, Revocation, or Refusal to Renew a Clinical Operating Permit

129 Non-compliance following onsite inspection

- (1) Following an onsite inspection under section 114, CPQ will notify the Licensed Healthcare Operator if it finds non-compliance with the requirements of the:
 - (a) Licensed Healthcare Operator's Clinical Operating Permit or
 - (b) any of the applicable requirements of this Healthcare Operators Regulation, or
 - (c) any other applicable Regulations or Rules.
- (2) Where a Licensed Healthcare Operator is found to be non-compliant under subsection (1), it must:
 - (a) file a plan of correction for any deficiencies with CPQ; and
 - (b) implement this plan within such reasonable period of time as CPQ may require.

130 Identification of serious risk

If following an onsite inspection under section 114 CPQ identifies a serious and imminent risk to the health or safety of its employees, patients or the public it must act in accordance with section 125.

131 Further onsite inspections

CPQ will undertake, or arrange to be undertaken, a further on-site inspection to monitor the implementation of the plan of correction.

132 CPQ to notify Licensing Board

- (1) On the basis of the onsite inspections conducted under section 114, CPQ may notify the Licensing Board and the relevant Agencies of the need to consider the:
 - (a) imposition of such terms, conditions or temporary or permanent restrictions as appear necessary or desirable;
 - (b) suspension of the Clinical Operating Permit; or
 - (c) revocation of the Clinical Operating Permit.
- (2) On the basis of the onsite inspections conducted under section 114, CPQ may notify the Licensing Board and the relevant Agencies that any term, condition or restriction previously imposed be modified or revoked.

133 Licensing Board decision regarding Clinical Operating Permit

- (1) On the basis of the information provided to the Licensing Board under section 132, the Licensing Board may decide to:
 - (a) impose terms, conditions or temporary or permanent restrictions on a Licensed Healthcare Operator's Clinical Operating Permit;
 - (b) revoke the Clinical Operating Permit;
 - (c) refuse to renew a Clinical Operating Permit;
 - (d) remove or modify terms, conditions or temporary or permanent restrictions previously included on a Licensed Healthcare Operator's Clinical Operating Permit;

- (e) take no further action.
- (2) Before making its decision under subsection (1), the Licensing Board must seek further advice from the relevant Agencies.

134 Requirement for onsite inspection

The Licensing Board may not make a decision under section 132 unless there has been an onsite inspection undertaken under section 114.

135 Grounds for revoking or refusing to renew a Clinical Operating Permit

- (1) Grounds for the Licensing Board revoking or refusing to renew a Clinical Operating Permit in full or in part include, but are not limited to, where the Licensed Healthcare Operator:
 - (a) has substantially contravened a provision of this Healthcare Operators Regulation, any other applicable Regulations, Rules, Standards or Policies or the terms, conditions or restrictions placed on its Clinical Operating Permit;
 - (b) has failed to obtain or maintain accreditation;
 - (c) has failed to satisfy a material obligation to which it is subject by virtue of this Healthcare Operators Regulation, any other applicable Regulations, Rules, Standards or Policies or the terms, conditions or restrictions placed on its Clinical Operating Permit or no longer meets the relevant applicable criteria under which its Clinical Operating Permit was granted;
 - (d) has repeatedly failed to correct deficiencies identified to it by the Agencies or CPQ, upon the Agency's or CPQ's periodic review, even if individually any one such deficiency would not by itself constitute grounds for revocation of a Clinical Operating Permit;
 - (e) no longer holds a License to carry on business in DHCC under the Company Regulations;
 - (f) in the case of a Licensed Healthcare Operator that is a Branch, its Parent no longer has the right to carry on a business in its Home Jurisdiction;
 - (g) fails to maintain required Approved Professional Indemnity Insurance;
 - (h) provides Healthcare Services through the use of any Healthcare Professional or Complementary and Alternative Medicine Provider who is required to hold a License from the Licensing Board to engage in his Professional Practice in DHCC and who does not possess the required License;
 - (i) has furnished fraudulent, misleading, deceptive or inaccurate information to CPQ under or for the purposes of any provision of this Healthcare Operators Regulation, any other applicable Regulations and Rules, Standards or Policies;
 - (j) has not commenced at least one of the Clinical Activities for which its Clinical Operating Permit was granted within ninety (90) days of such grant, or within such other period as may reasonably have been specified by the Licensing Board;
 - (k) has not completed implementing all of the Clinical Activities for which its Clinical Operating Permit was granted within six (6) months following the issuance of the Clinical Operating Permit, unless otherwise agreed by the Planning Council;

- (l) failed to implement all of the Clinical Activities for which the Clinical Operating Permit was granted within the time period specified;
- (m) has not paid any renewal or other fee, including any penalty fee or fee for late renewal, due and payable in respect of a Clinical Operating Permit, or has not paid any other amounts due to the Licensing Board;
- (n) has either not commenced or for a period of three (3) months, ceased to provide any Clinical Activity without written notice for which its Clinical Operating Permit was granted;
- (o) is carrying on, purportedly under its Clinical Operating Permit, a Clinical Activity or Activities in a Business Category different from that for which its Clinical Operating Permit was granted;
- (p) has assigned the benefit and control of the Clinical Activity or Activities of the Licensed Healthcare Operator to a third party.

136 Other grounds for revoking or refusing to renew a Clinical Operating Permit

- (1) The Licensing Board may also refuse to renew or revoke a License:
 - (a) on the order of a court or tribunal having jurisdiction in DHCC; or
 - (b) on any other ground that the applicable Rules may specify as a proper and reasonable ground for the revocation of a Clinical Operating Permit.

137 Recommendations from Agencies

Before making a decision to revoke, refuse to renew a Clinical Operating Permit, or impose terms, conditions or temporary or permanent restrictions on a Clinical Operating Permit, the Licensing Board may seek the advice of the Agencies.

138 Licensing Board not bound by recommendations from Agencies

- (1) The Licensing Board is not required to accept all or any part of the Agencies' recommendations.
- (2) Where the Licensing Board proposes not to accept the Agencies' recommendations the chairman of the Licensing Board will, within ten (10) days of receipt of the recommendation provided under section 137, discuss the recommendation with the chairman of the relevant Agency.
- (3) No decision will be made by the Licensing Board until such discussion has occurred.

139 Licensed Healthcare Operator to be notified of Licensing Board's decision

- (1) The Licensing Board must notify the Licensed Healthcare Operator in writing of its decision to:
 - (a) impose terms, conditions or temporary or permanent restrictions on a Licensed Healthcare Operator's Clinical Operating Permit;
 - (b) suspend the Licensed Healthcare Operator's Clinical Operating Permit in part or full under Part Eleven;
 - (c) revoke the Clinical Operating Permit;
 - (d) refuse to renew a Clinical Operating Permit;
 - (e) remove or modify terms, conditions or temporary or permanent restrictions previously included on a Licensed Healthcare Operator's Clinical Operating Permit; or
 - (f) take no further action.

- (2) The Licensing Board must also provide the Licensed Healthcare Operator with:
 - (a) a written statement of reasons for its decision; and
 - (b) details of its right to seek a review of the decision.

140 Right of review of decision of Licensing Board

- (1) The Licensed Healthcare Operator has the right to seek a review of the Licensing Board decision to:
 - (a) impose terms, conditions or temporary or permanent restrictions on a Licensed Healthcare Operator's Clinical Operating Permit;
 - (b) suspend the Licensed Healthcare Operator's Clinical Operating Permit in part or full under Part Eleven of this Healthcare Operators Regulation;
 - (c) revoke the Clinical Operating Permit;
 - (d) refuse to renew a Clinical Operating Permit.
- (2) Where the Licensed Healthcare Operator requests a review the Licensing Board must follow the process set out in Part Thirteen of this Healthcare Operators Regulation.

141 Actions following refusal to renew or revocation of License

- (1) If the Licensing Board's final decision is to refuse to renew or revoke the Licensed Healthcare Operator's Clinical Operating Permit, the Licensing Board will determine the duration of an orderly wind down period for the Clinical Activity or Activities provided by the Licensed Healthcare Operator under the Clinical Operating Permit.
- (2) The Licensing Board in determining the duration of the orderly wind down may seek the views of the other Agencies and CPQ.
- (3) The Licensed Healthcare Operator in determining the duration of an orderly wind down period, must give due consideration to, among other relevant factors, the need for proper notice to clients and patients, especially those clients and patients already scheduled at the time to receive Healthcare Services from the Licensed Healthcare Operator, and the time required to assure that inpatients are properly discharged or transferred to the care of other qualified Licensed Healthcare Operators and Licensed Healthcare Professionals and/or Licensed Complementary and Alternative Medicine Healthcare Professionals.
- (4) Where the Licensed Healthcare Operator has obtained a license to operate outside of DHCC in compliance with section 35, it must notify the relevant authority of its change in License status
- (5) In the situation described in subsection (4), the Licensing Board may also disclose the change of License status to the relevant authority.

142 Ceasing activities

Upon the completion of the orderly winding down of the Licensed Healthcare Operator's Clinical Activity or Activities, the affected Licensed Healthcare Operator shall immediately cease providing all Clinical Activities that have been included in its Clinical Operating Permit.

143 Request for review of conditions and restrictions

- (1) The Licensed Healthcare Operator may request CPQ undertake an onsite inspection under section 114 where the Licensing Board has under section 133:
 - (a) imposed terms, conditions or temporary or permanent restrictions on a Licensed Healthcare Operator's Clinical Operating Permit;
 - (b) suspended the Licensed Healthcare Operator's Clinical Operating Permit in part or full under Part Eleven.
- (2) Following such an inspection under subsection (1), the Licensed Healthcare Operator may request that the Licensing Board review its decision to:
 - (a) impose terms, conditions or temporary or permanent restrictions on a Licensed Healthcare Operator's Clinical Operating Permit;
 - (b) suspend the Licensed Healthcare Operator's Clinical Operating Permit in part or full under Part Eleven of this Healthcare Operators Regulation.

Part Thirteen : Review Process

144 Decision to change terms, conditions or impose restrictions, suspend, revoke or deny Permit

- (1) The Planning Council or the Licensing Board must provide the Applicant, Provisional Clinical Operating Permit Holder or Licensed Healthcare Operator with the notices set out in subsection (2) where the Planning Council or the Licensing Board:
 - (a) imposes terms, conditions or restrictions on a Permit to which the Applicant, Provisional Clinical Operating Permit Holder or Licensed Healthcare Operator has not agreed in writing;
 - (b) denies an Application for a Provisional Clinical Operating Permit;
 - (c) denies a Clinical Operating Permit Request;
 - (d) suspends a Permit for a specified period of time;
 - (e) revokes a Permit;
 - (f) refuses to renew a Permit;
- (2) In the circumstances listed in subsection (1), the following notices must be provided by the Planning Council or the Licensing Board to the Applicant, Provisional Clinical Operating Permit Holder or Licensed Healthcare Operator:
 - (a) notice of its decision; and
 - (b) notice of its right to provide further information; and
 - (c) a written statement of reasons for its decision.

145 Right to provide further information

- (1) Where the Applicant, Provisional Clinical Operating Permit Holder or Licensed Healthcare Operator is notified by the Planning Council or the Licensing Board of decision under section 144 the Applicant, Provisional Clinical Operating Permit Holder or Licensed Healthcare Operator has the right to provide:
 - (a) a written response to the statement of reasons set out in the notification; and
 - (b) such additional and supplemental information as it deems appropriate.

146 Information to be provided within specified time

Any such information provided under section 145 must be provided by the Applicant, Provisional Clinical Operating Permit Holder or Clinical Operating Permit Holder to the Planning Council or Licensing Board within twenty (20) working days following the its receipt of notice from the Agency under section 144 unless a longer period is specified by the Planning Council or Licensing Board.

147 Consideration of additional information by Planning Council or Licensing Board

- (1) Where the Applicant, Provisional Clinical Operating Permit Holder or Licensed Healthcare Operator has provided further information under section 145, the Planning Council or Licensing Board must complete its consideration of the matter within thirty (30) working days following receipt of the information.

- (2) The Licensing Board must refer the additional information to and seek guidance and recommendations from the:
- (a) Academic Council on education issues;
 - (b) Complementary and Alternative Medicine Council on Healthcare Services issues related to Complementary and Alternative Medicine Healthcare Professionals;
 - (c) Healthcare Professional Council on Healthcare Services issues related to Healthcare Professionals;
 - (d) Quality Council on quality issues;
 - (e) Research Council on research issues.

148 No right to be heard

- (1) The Applicant, Provisional Clinical Operating Permit Holder or Licensed Healthcare Operator has no right to be heard by the Planning Council or the Licensing Board.
- (2) The Planning Council or Licensing Board may invite the Applicant, Provisional Clinical Operating Permit Holder or Clinical Operating Permit Holder to attend the meeting of the Agency where the matter is to be considered.

149 Decision of Planning Council or Licensing Board

- (1) Following consideration of the matter under section 147 together with the further information provided under section 145, the Planning Council or Licensing Board will either:
- (a) approve the Permit; or
 - (b) approve the Permit subject to conditions or restrictions; or
 - (c) deny an Application for a Provisional Clinical Operating Permit; or
 - (d) deny the Clinical Operating Permit Request; or
 - (e) suspend a Permit or part of a Permit for a specified period of time; or
 - (f) revoke a Permit or part of a Permit.

150 Decision of Planning Council or Licensing Board

The Planning Council or Licensing Board will make its decision by a majority vote.

151 No right of appeal

- (1) The Applicant has no further right to seek to an appeal of the:
- (a) Planning Council's decision to deny an Application or place terms, conditions or restrictions on a Provisional Clinical Operating Permit; or
 - (b) Licensing Board's decision to suspend, deny or place terms, conditions or restrictions on a Clinical Operating Permit.

Part Fourteen : Voluntary Termination of Activities

152 Written notice to be provided

A Licensed Healthcare Operator may, at any time, provide written notice to the Licensing Board that it intends to cease providing one or more Clinical Activities under its Clinical Operating Permit as of a date or dates specified in the notice.

153 Information to be provided

The Licensed Healthcare Operator must include with the written notice a plan for the orderly winding down of the Clinical Activity or Activities that it proposes to cease providing.

154 Advice from Planning Council, other Agencies and CPQ

The Licensing Board may seek the advice of the Planning Council, the other Agencies and/or CPQ with regard to the voluntary termination of Clinical Activities on a permanent and temporary basis and in particular the adequacy of the plan submitted under section 153.

155 Sufficient time required to wind down Clinical Activities

- (1) The date or dates specified in a notice provided under section 152 must be sufficient to provide such time as is reasonable for the Licensed Healthcare Operator to provide for the orderly winding down of each Clinical Activity identified in such notice.
- (2) The determination of the duration of such time period shall be made in a consistent manner.

156 Licensing Board may require extension of time

To ensure that the affected Clinical Activities are terminated in an orderly fashion, the Licensing Board may require that any date specified in a notice under section 152 be extended if it determines following a review of the plan submitted as required by section 153.

157 CPQ may direct winding down

If the Licensing Board considers a plan submitted under section 153 insufficient, or otherwise determines that the affected Licensed Healthcare Operator is not itself able adequately to arrange for the orderly closure of any of the affected Clinical Activities, it may direct CPQ or an organization appointed by CPQ to enter the Location at which the Licensed Healthcare Operator has been conducting such Clinical Activities solely to provide for an orderly winding down of all such Clinical Activities.

158 Notice to temporarily cease in provision of Healthcare Services

- (1) A Licensed Healthcare Operator may temporarily cease the provision of one or more Clinical Activities upon providing written notice to the Licensing Board.
- (2) Each notice must:
 - (a) be given to the Licensing Board at least thirty (30) days prior to the cessation of each Clinical Activity to which it refers, unless such cessation must occur urgently, in which case such notice shall be provided as close as possible prior to the cessation of the Activity;

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- (b) specify the period of time during which the Licensed Healthcare Operator will cease providing the Clinical Activity, which period shall be no longer than six (6) months without the approval of the Licensing Board; and
 - (c) specify the steps to be taken by the Licensed Healthcare Operator to assure alternative care for persons scheduled to receive care in conjunction with such Clinical Activity as of the time such notice is given.

Part Fifteen : Approved Professional Indemnity Insurance

159 Requirement to have Approved Professional Indemnity Insurance

- (1) A Licensed Healthcare Operator must not conduct any Clinical Activity unless it is covered by Approved Professional Indemnity Insurance.
- (2) Such insurance is to be obtained and maintained in such amounts and with such terms and conditions as the Clinical Governance Board may reasonably determine from time to time.

160 Approval of CPQ of insurers

Such insurance is to be obtained from carriers that have been approved by CPQ based on CPQ's assessment of their financial solvency and other characteristics that CPQ deems reasonable and relevant to assuring the ability of such carriers to meet their obligations under policies issued for Licensed Healthcare Operators in DHCC.

161 Professional Indemnity Insurance required in addition to other insurance

The Approved Professional Indemnity Insurance will be in addition to any other insurance that the Licensed Healthcare Operator is required to obtain and maintain under other applicable laws, Regulations, Rules or Standards in effect from time to time in DHCC.

162 Restriction on granting Clinical Operating Permit

- (1) The Licensing Board:
 - (a) will not issue a Clinical Operating Permit to a Provisional Clinical Operating Permit Holder unless the Board is satisfied that the Holder will, while conducting a Clinical Activity, be covered by Approved Professional Indemnity Insurance; and
 - (b) may revoke, suspend or refuse to renew the Clinical Operating Permit of a Licensed Healthcare Operator if it is satisfied that the Licensed Healthcare Operator is not covered by Approved Professional Indemnity Insurance while conducting a Clinical Activity.

Schedule 1 : Business Categories

1 Business Categories

- (1) General hospitals;
- (2) Specialty hospitals;
- (3) Pharmacies;
- (4) Outpatient surgery centers;
- (5) Private medical practices;
- (6) Outpatient multi-specialty clinics;
- (7) Diagnostic centers;
- (8) Laboratories;
- (9) Nursing homes;
- (10) Outpatient physical therapy centers;
- (11) Home care agencies;
- (12) Geriatric care centers;
- (13) Long-term care centers; and
- (14) Dental clinics.
- (15) any other category of Healthcare Operator as determined from time to time by DHCCA and set out in the applicable Standards, Polices and Rules