HEALTHCARE PROFESSIONALS REGULATION

REGULATION NUMBER (2) OF 2008

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

Part One : Preliminary and Key Provisions 7

1 Title 7

2 Issue of Regulation 7

3 Repeal of Regulations 7

4 Hierarchy 7

5 Commencement 7

6 Background 7

7 Purpose 7

8 Application of this Healthcare Professionals Regulation 7

9 Requirement to comply with Regulations 8

10 Amendment of Regulations 8

11 Provision of services in accordance with Regulations 8

12 Healthcare Professionals Regulation to be read in conjunction with other Regulations 8

13 Responsibility for administration of Regulations 9

Part Two : Interpretation 10

14 Definitions 10

15 Regulations include amendments 11

16 Headings 12

17 Time periods 12

18 Gender 12

19 Documents in languages other than English 12

20 Documents in writing 12

21 Meaning of Person 12

22 Reference to sections 12

Part Three : Licensing 13

23 Eligibility to apply for License 13

24 Categories of License 13

25 Certain Applications will not be considered 13

26 Fee to be paid at time Application is submitted 14

27 Withdrawal of Application 14

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28 Information to be provided with Application 14
29 Provision of evidence of indemnification 14
30 Form of Application 15
31 CPQ review of Application 15
32 Provision of incomplete Application 15
33 Referral of Application to Healthcare Professions Council 15
34 Healthcare Professions Council recommendations 15
35 Licensing Board to consider Application at its next meeting 16
36 Review of Application by Licensing Board 16
37 Deliberations of Licensing Board 16
38 Licensing Board not bound by Healthcare Professions Council recommendation 16
39 Decision of Licensing Board 16
40 Applicant to be notified of Licensing Board's decision 17
41 Right to be referred to as a Licensed Healthcare Professional 17
42 Right of appeal of Licensing Board's decision 17
43 Applicant's right to provide further information 17
44 Consideration of additional information by Licensing Board 17
45 Notification of decision following appeal 18
46 No right of further appeal 18
47 Term of License 18
48 Details of License to be recorded on register 18
49 Unsuccessful Applicant may submit new Application 18
50 Change in practice by Licensed Healthcare Professional 19
51 Change of name, address and other details 19
52 Request for Inactive Status 19
53 Inactive Status arising from a change in employment status or engagement by Licensed Healthcare Operator 19
54 Retirement from Professional Practice 20
55 Retired Healthcare Professional and Licensed Healthcare Professional with Inactive Status remain subject to DHCC jurisdiction 21

Part Four : Letter of Acceptance 22
56 Issuing Letter of Acceptance pending issue of License 22
57 Letter of Acceptance does not permit Healthcare Professional to provide Healthcare Services 22

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58 Request for Letter of Acceptance processed in same manner as Application 22

59 Validity of Letter of Acceptance 22

60 Compliance with Continuing Education Requirements 22

61 Conversion of Letter of Acceptance to License 22

62 Request for conversion of Letter of Acceptance processed in same manner as Application 23

Part Five : Renewal of Licenses 24

63 Renewal Application 24

64 Renewal Application to be considered in same way as Application 24

65 Information to be provided with renewal Application 24

66 Licensing Board may require Licensed Healthcare Professional's Professional Practice to be audited 24

67 Expiry of License 24

68 Licensed Healthcare Professional's License status suspended on License expiry 24

69 Licensed Healthcare Professional's License status not suspended in certain circumstances 24

70 Requirement to provide additional information 25

71 Failure to provide additional information in accordance with section 70 25

Part Six : Fitness to Practice 26

72 Notification to Licensing Board regarding practice below Required Standard of Competence 26

73 Notification that Professional Practice is below Required Standard of Competence by another Licensee 26

74 Licensing Board must notify Employing Entity 26

75 Review of Licensed Healthcare Professional's Professional Practice 26

76 Interim suspension of License or inclusion of conditions pending review or assessment 27

77 Actions following review by Fitness to Practice Panel 28

78 Licensed Healthcare Professional to be notified of Licensing Board's decision 28

79 Right of appeal of Licensing Board decision 29

80 Applicant's right to provide further information 29

81 Implementation of action suspended 29

82 Consideration of additional information by Licensing Board 29

83 Notification of decision following appeal 29

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84 No right of further appeal ... 29
85 Competence programs ... 30
86 Unsatisfactory results of competence program ... 30
87 Licensed Healthcare Professional to be notified of Licensing Board's decision ... 31
88 Right of appeal of competence decision ... 31
89 No right of further appeal ... 31
90 Notification of inability to perform required functions due to mental or physical condition ... 31
91 Power to seek medical advice ... 31
92 Duty of Licensing Board chairman ... 31
93 Interim suspension of license or conditions on scope of practice ... 31
94 Power to order medical examination ... 32
95 Medical examination and reporting ... 32
96 Order made by Licensing Board ... 33
97 Considerations when making an order ... 33
98 Conditions or restrictions of continuing License ... 33
99 Form of Licensing Board order ... 34
100 Licensed Healthcare Professional to be notified of Licensing Board's decision ... 34
101 Right of appeal of notification of inability to perform due to mental or physical condition ... 34
102 No right of further appeal ... 34
103 Revocation of suspension or conditions ... 34

Part Seven : Fitness to Practice Panel ... 36
104 No disciplinary action by Licensing Board until review by Fitness to Practice Panel 36
105 Establishment and membership of Fitness to Practice Panel ... 36
106 Obtaining advice ... 36
107 Preparation for Fitness to Practice review ... 36
108 Notification of Fitness to Practice review ... 36
109 Involvement of notifying Licensee or complainant ... 37
110 Requirements of notice of Fitness to Practice review ... 37
111 Procedures for review ... 37
112 Information to be considered by Fitness to Practice Panel ... 38
113 Recommendations of the Fitness to Practice Panel ... 38

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114 Further recommendations of the Fitness to Practice Panel 38
115 Restriction on publication 39
116 Penalty for publication 39

Part Eight : Quality Improvement 40
117 Purpose of quality improvement activities 40
118 Meaning of quality improvement activities 40
119 Information obtained as the result of a quality improvement activity 40
Part Nine : Notifications 41
120 Notification of certain diseases 41
121 Notification of death 41

Schedule 1 : Categories of Healthcare Professionals 42
1 Categories of Healthcare Professionals 42

Schedule 2 : Minimum Information Requirements for Application and Renewal Applications 43
1 Definitions 43
2 Information required for Applications 43
3 Information required for Renewal Applications 44

Schedule 3 : Code of Conduct 46
1 Licensed Healthcare Professional not to discriminate against any person 46
2 Licensed Healthcare Professional obligations 46
3 Preventing spread of disease 48
4 Conduct in relation to advertising 48

Schedule 4 : Examples of Professional Misconduct 50

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Part One : Preliminary and Key Provisions

1 Title

This regulation is to be referred to as the DHCC Healthcare Professionals Regulation No. (2) of 2008 (the Healthcare Professionals Regulation).

2 Issue of Regulation

This Healthcare Professionals 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 Regulations

This Healthcare Professionals Regulation replaces the Schedules to the DHCC Enabling Regulations 4/2005, repealed by the Governing Regulation, in accordance with Article 3 of Order No. (1) 2005.

4 Hierarchy

(1) If there is any conflict between the provisions of this Healthcare Professionals 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 Professionals Regulation comes into force on the date of its issuance by the Chairman.

6 Background

The vision of the 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 Professionals. No natural person may operate as a Licensed Healthcare Professional within the DHCC without the appropriate Healthcare Professional License issued in accordance with this Healthcare Professionals Regulation.

7 Purpose

The purpose of this Healthcare Professionals Regulation is to protect the health and welfare of the public as set out the framework under which Licensed Healthcare Professionals operate within the DHCC, including the general criteria and procedures under which Healthcare Professionals may obtain and maintain Licenses to provide Healthcare Services within the DHCC.

8 Application of this Healthcare Professionals Regulation

(1) This Healthcare Professionals Regulation applies to the Licensing of Healthcare Professionals and the provision of Healthcare Services by Licensed Healthcare Professionals within the DHCC.

(2) The Regulation provides a framework to ensure that there are safeguards in place to ensure:

(a) the provision of safe Healthcare Services; and

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(b) that the provision of the particular Healthcare Services is regulated under this Regulation;

and that there are:

(c) generally agreed qualifications for the Healthcare Professionals providing particular Healthcare Services; and

(d) Standards that Healthcare Professionals are expected to meet.

(3) This Healthcare Professionals Regulation applies to the categories of Healthcare Professionals set out in Schedule One of this Regulation, as it may be amended from time to time.

9 Requirement to comply with Regulations

It is a requirement that any Healthcare Professional Licensed to provide Healthcare Services within DHCC 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 may, from time to time, amend this Healthcare Professionals Regulation in accordance with the provisions of the Governing Regulation.

11 Provision of services in accordance with Regulations

(1) A Healthcare Professional may only operate within DHCC in accordance with the Healthcare Professionals Regulation and any other applicable Regulation, including any Rules, made under the Regulations and any Standards and Policies relating to the provision of Healthcare Services by Healthcare Professionals 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 Professional's License within DHCC as provided by the applicable Regulations.

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

(1) This Healthcare Professionals 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;

(e) Governing Regulation;

(f) Health Data Protection Regulation;

(g) Healthcare Operators Regulation;

(h) Medical Liability Regulation;

(i) Research Regulation; and

(j) Any other Regulation adopted by the Chairman under the Decree.

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13 Responsibility for administration of Regulations

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

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Part Two : Interpretation

14 Definitions

Capitalized terms not defined in this Healthcare Professionals Regulations 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:

Active Status means the status granted to a Licensed Healthcare Professional and the status granted under sections 52 and 53 following a period of Inactive Status, and Active Status entitles a Licensed Healthcare Professional to engage in Professional Practice in DHCC;

Applicant means a Healthcare Professional who has submitted an Application for a License to provide Healthcare Services in DHCC;

Application means an application for a License to provide Healthcare Services in DHCC submitted by a Healthcare Professional not currently licensed in DHCC;

Approved Professional Indemnity Insurance means professional indemnity insurance that is required to be obtained and maintained by a Licensed Healthcare Professional in accordance with the applicable Rules, Standards and Policies;

Continuing Education Requirements means those requirements set out in the applicable Standards and Policies that must be satisfied by a Licensed Healthcare Professional as a condition for maintaining and renewing his License;

Employing Entity means, with respect to a Licensed Healthcare Professional or a Licensed Complementary and Alternative Medicine Healthcare Professional, the Licensed Healthcare Operator or other Entity that employs or engages that Licensed Healthcare Professional or Licensed Complementary and Alternative Medicine Healthcare Professional;

Fitness to Practice means the Licensed Healthcare Professional has met and continues to meet the Required Standard of Competence for that Licensed Healthcare Professional's particular Professional Practice and has not engaged or is not engaging in Professional Misconduct;

Good Moral Character with respect to an Applicant means that the Applicant is in possession of those attributes essential for safe and competent Professional Practice in DHCC and will be assessed by evaluating the Applicant's demonstrated honesty, trustworthiness, integrity, accountability, reliability, ability to distinguish between right and wrong and to observe the difference between the two, avoidance of aggression to self and others, and avoidance of injustice and deceit, among other relevant attributes;

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Inactive Status means the status granted to a Licensed Healthcare Professional under sections 52 and 53 during which time the Licensed Healthcare Professional may not engage in Professional Practice in DHCC;

Inactive Status Period means the period of time during which a Licensed Healthcare Professional holds Inactive Status;

Inappropriate Professional Practice means the provision of Healthcare Services by a Licensed Healthcare Professional that is below the Required Standard of Competence and may amount to malpractice or negligence in relation to the scope of Professional Practice in respect of which the Healthcare Professional was Licensed at the time that the conduct occurred;

Letter of Acceptance means the letter of acceptance issued by the Licensing Board to a Healthcare Professional, on the request of the Healthcare Professional, where that Healthcare Professional has not met the section 28 requirements;

Professional Misconduct means conduct by a Licensed Healthcare Professional that constitutes improper or inappropriate conduct affecting his provision of Healthcare Services or his compliance with applicable Regulations, Rules, standards and ethical requirements, but that does not by itself constitute Inappropriate Professional Practice, and that may include, but is not limited to, those examples contained in Schedule Four.

Renewal Application means an Application to renew the Licensed Healthcare Professional's Licensing status;

Required Standard of Competence means the standard of competence reasonably to be expected of a Healthcare Professional practicing within that Healthcare Professional's scope of Professional Practice, measured, to the greatest extent feasible, in an objective fashion against accepted norms of professional practice, as reasonably determined by the person or entity authorized under this Regulation to make judgments concerning standards of competence;

Rules means those Rules, as defined in the Governing Regulation, implementing this Healthcare Professionals Regulation that set out the provisions relating to the qualifications and requirements for obtaining, maintaining and renewing a License for a specific category of Healthcare Professional for which a License is needed to provide Healthcare Services in the DHCC, as they may be amended from time to time.

15 Regulations include amendments

References in this Healthcare Professionals 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.

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16 Headings

The headings used in this Healthcare Professionals Regulation are included for convenience of reference only and will be ignored in the construction or interpretation of this Healthcare Professionals 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 Regulations to any requirement for a signature on any document or notice are to be construed as being satisfied by an Electronic Signature that may be proved in a manner satisfactory to the officer, employee or agent providing the DHCCA Services who is the recipient of such document.

21 Meaning of Person

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

22 Reference to sections

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

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Part Three : Licensing

23 Eligibility to apply for License

A Healthcare Professional in a category set out in Schedule One of this Healthcare Professionals Regulation may submit an Application to the Licensing Board for a License to practice in DHCC.

24 Categories of License

(1) The Licensing Board may issue the following categories of Licenses in accordance with this Regulation and the applicable Rules, Standards and Policies:

(a) General License, which entitles a Licensed Healthcare Professional to engage in the Professional Practice without specific conditions or limitations other than those established by the Licensing Board or provided under this Regulation and the relevant Rules, Standards;

(b) Specialty License, which entitles a Healthcare Professional to engage in the unrestricted Professional Practice as related to the Licensed Healthcare Professional's specialty training without specific limitations on other than those established by the Licensing Board or provided under this Regulation and the relevant Rules, Standards and Policies;

(c) Training License, which allows a Healthcare Professional to engage in Professional Practice under the guidance and/or supervision of a Licensed Healthcare Professional with a General or Specialty License in accordance with the relevant Rules, Standards and Policies;

(d) Faculty Education License, which the Licensing Board may issue for a period not to exceed one (1) year, to a Healthcare Professional who has demonstrated expertise in a specialty and has a temporary appointment in the DHCC for the purposes of education. For the avoidance of doubt a Healthcare Professional who is to provide education services that also involves the provision of Healthcare Services will be required to hold a general or specialty License.

25 Certain Applications will not be considered

(1) Applications from the following Healthcare Professionals will not be considered as suitable for holding a License to provide Healthcare Services in DHCC and will not be reviewed under the provisions of this Healthcare Professional Regulation. A Healthcare Professional who:

(a) holds a professional license, certification or registration that

(i) is currently restricted in any jurisdiction; or

(ii) has been suspended, revoked or not renewed in any jurisdiction by action of the relevant professional or governmental body;

(b) has been denied a license or certification for cause; or

(c) is subject to a pending prosecution against him in any duly constituted court of any country for any offence that under the laws of Dubai or the UAE is a criminal offence.

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(2) In the case of a Healthcare Professional who is the subject of an investigation in any jurisdiction that could result in restricting, suspending, revoking or not renewing his professional license or certification in any other jurisdiction, his Application will not be considered during the course of the investigation but will be considered on its conclusion if such Healthcare Professional does not fall into any of the categories set out in subsection (1).

26 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 Licensing Board.

(2) That fee will be set from time to time by DHCCA.

(3) The fee will be non-refundable.

27 Withdrawal of Application

(1) An Applicant may withdraw his Application at any time. The Licensing Board 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.

(2) Any fee submitted will not be refunded.

28 Information to be provided with Application

(1) A Healthcare Professional who applies to be Licensed to provide Healthcare Services in the DHCC must:

(a) complete the Application form, and

(b) provide the information that is determined by the Licensing Board from time to time, with the minimum requirements being those set out in Schedule Two of this Healthcare Professionals Regulation; and

(c) be accompanied by:

(i) a statement of the scope of Professional Practice within which the Applicant proposes to practice; and

(ii) any evidence in support of the Application that is required by the Licensing Board; and

(d) provide any additional information and supporting documentation that the Licensing Board reasonably requests.

29 Provision of evidence of indemnification

(1) Except with respect to issuance of a Letter of Acceptance as provided in Part Four of this Regulation, the Healthcare Professional will:

(a) identify the Employing Entity by which such Applicant is or is to be engaged upon receipt of his License;

(b) provide evidence that he and/or his Employing Entity has in effect Approved Professional Indemnity Insurance as required by this Regulation, the Healthcare Operators Regulation or by the applicable Rules, Standards and Policies under the Regulations.

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30 Form of Application

(1) An Application for a License will only be considered if it meets the following requirements:

(a) it is typewritten or written in English in a legible manner;

(b) all data, information, and signatures required under this Regulation and the applicable Rules regarding the particular category of License are supplied, including but not limited to those specified in Schedule Two;

(c) the proper fee is submitted; and

(d) the Applicant has submitted any additional requested material.

31 CPQ review of Application

On receipt of the Application, CPQ will review the information within ten (10) working days to determine if the Application, including all of the information and supporting material provided as part of the Application, provides sufficient evidence to show that the Applicant's education, training and other qualifications are consistent with the specifications and requirements for obtaining a License set out in these Regulations and the applicable Rules, Standards and Policies.

32 Provision of incomplete Application

(1) It is the responsibility of the Healthcare Professional making the Application to submit a completed Application form and provide the required information.

(2) In the case of incomplete Applications, CPQ will notify the Healthcare Professional identifying the information that has not been provided and the timeframe within which the Application may be resubmitted.

(3) The Healthcare Professional may resubmit the Application within the timeframe specified by CPQ.

(4) The Healthcare Professional will not be required to pay an additional fee for resubmitting the Application within the timeframe specified by CPQ.

(5) If the Application is not submitted within the time specified, the Application will be considered to be withdrawn in accordance with section 27 and the Applicant will need to submit a new Application together with the required fee.

33 Referral of Application to Healthcare Professions Council

Where the Application provides sufficient evidence to show that the Applicant's education, training and other qualifications are consistent with the specifications and requirements for obtaining a License set out in these Regulations and the applicable Rules, Standards and Policies, CPQ will refer the Application to the Healthcare Professions Council.

34 Healthcare Professions Council recommendations

(1) Following referral under section 33, the Healthcare Professions 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 Licensing Board either to:

(a) approve the Application; or

(b) approve the Application subject to conditions, limitations or restrictions to be attached to the License; or

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(c) decline the Application.

(2) In considering its recommendations to the Licensing Board the Healthcare Professions Council must consider whether the Applicant meets the Required Standard of Competence for the particular area of Professional Practice.

35 Licensing Board to consider Application at its next meeting

(1) Providing the next scheduled meeting is more than seven (7) days after receipt of the Application by the Licensing Board, the Licensing Board will consider an Application at its next scheduled meeting following the:

(a) referral of the completed Application from CPQ under section 33; or

(b) receipt of the recommendation from the Healthcare Professions Council under section 34.

(2) If the next meeting is less than seven (7) days after receipt of the Application, the Application will be considered at the subsequent meeting thereto.

36 Review of Application by Licensing Board

(1) The Licensing Board will consider the Application and review all of the information relating to the Application, including the recommendation and all information provided by the Healthcare Professions Council supporting the recommendation relating to any conditions, limitations, or restrictions being attached to the License to be issued to the Applicant.

(2) In considering the Application the Licensing Board will take into account any applicable Regulations, Rules, Standards and Policies as amended from time to time.

37 Deliberations of Licensing Board

The Licensing Board in reviewing an Application must base its deliberations on the information provided to it by the Applicant and any recommendations made by the Healthcare Professions Council.

38 Licensing Board not bound by Healthcare Professions Council recommendation

(1) The Licensing Board is not required to accept all or any part of the recommendation of the Healthcare Professions Council.

(2) Where the Licensing Board proposes not to accept a recommendation of the Healthcare Professions 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 Healthcare Professions Council, discuss the recommendation with the chairman of the Healthcare Professions 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.

39 Decision of Licensing Board

(1) The decision of the Licensing Board will be final.

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(2) The Licensing Board will act on an Application by a majority vote. The vote of the Licensing Board on an Application will reference any conditions, limitations or restrictions to be imposed on the License.

40 Applicant to be notified of Licensing Board's decision

(1) The Licensing Board will notify the Applicant in writing of the Licensing Board's decision to:

(a) approve the Application and issue the License; or

(b) impose terms, conditions or restrictions to which the Applicant has not agreed in writing;

(c) deny an Application for a License.

(2) Where the Licensing Board imposes terms, conditions or restrictions to which the Applicant has not agreed in writing or denies an Application for a License it must:

(a) give notice to the Applicant of its decision;

(b) advise the Applicant of its right to seek a review under section 42; and

(c) provide the Applicant with a written statement of reasons for its decision.

41 Right to be referred to as a Licensed Healthcare Professional

Where the Application is approved by the Licensing Board the Healthcare Professional will be entitled to refer to himself as a Licensed Healthcare Professional and entitled to provide Healthcare Services within DHCC in accordance with the applicable Regulations, Rules, Policies and Standards including any Continuing Education Requirements.

42 Right of appeal of Licensing Board's decision

The Applicant has the right to appeal the Licensing Board's decision to deny an Application or to place conditions or restrictions on the License to which the Applicant has not agreed in writing.

43 Applicant's right to provide further information

(1) Where the Applicant appeals a Licensing Board decision under section 42 it must provide the Licensing Board with:

(a) written notification of its intention to appeal the decision;

(b) a written response to the statement of reasons set out in the notification; and

(c) any such additional and supplemental information as is deemed appropriate.

(2) Any such information must be provided to CPQ within thirty (30) days following the Applicant's receipt of notice from the Licensing Board under section 40.

44 Consideration of additional information by Licensing Board

(1) Where the Applicant has lodged an appeal of a decision and provided further information under section 43, the Licensing Board must complete the review of its decision within forty five (45) days following receipt of the information.

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(2) In undertaking the review of the decision, the Licensing Board may request the Applicant attend the meeting of the Licensing Board as it reviews the Board's decision to impose terms, conditions or restrictions to which the Applicant has not agreed in writing, or deny an Application for a License.

(3) In undertaking the review of the decision, the Licensing Board must seek advice from the Healthcare Professions Council.

(4) The Applicant does not have the right to be heard by the Licensing Board during its review of the decision.

45 Notification of decision following appeal

(1) Following the hearing of the appeal to review the Licensing Board's decision together with the further information provided under section 43, the Licensing Board will notify the Applicant of its decision to:

(a) approve the Application for a License; or

(b) approve the Application for a License subject to terms, conditions or restrictions; or

(c) deny the Application for a License.

46 No right of further appeal

(1) The Applicant has no right to lodge a further appeal of the Licensing Board's decision to:

(a) approve the Application for a License subject to terms, conditions or restrictions; or

(b) deny the Application for a License.

47 Term of License

(1) The term of the License will be specified in accordance to the Licensing Board's decision and any applicable Rules, Standards and Policies.

(2) Unless otherwise provided in a specific Rule, Standard or Policy or unless specified otherwise by the Licensing Board as a condition of the License:

(a) the term of the initial License issued to an Applicant will be two (2) years, expiring on the second anniversary date of its issue;

(b) each Licensed Healthcare Professional must renew his License in accordance with sections 63 to 71 on the expiration of the initial term and then every two (2) years thereafter, effective in each case as of the anniversary date of the initial issue of the License;

(c) Each second (2nd) anniversary date will be the renewal date.

48 Details of License to be recorded on register

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

49 Unsuccessful Applicant may submit new Application

If the Licensing Board denies an Application, unless otherwise agreed by the Licensing Board, the Applicant may not file a new Application for a period of six (6) months following its receipt of notice from the Licensing Board under section 40.

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50 Change in practice by Licensed Healthcare Professional

Where a Licensed Healthcare Professional intends to change his area of Professional Practice, the Licensed Healthcare Professional must submit an amended Application before he is able to provide such Healthcare Services under the new area of Professional Practice.

51 Change of name, address and other details

(1) A Licensed Healthcare Professional 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 Professional to provide evidence to support any such change.

52 Request for Inactive Status

(1) A Licensed Healthcare Professional may request to change his License to Inactive Status at any time during the term of the License.

(2) The grounds for requesting Inactive Status are:

(a) on the request of the Licensed Healthcare Professional; or

(b) where the Licensed Healthcare Professional suffers injury or ill health so that he is no longer able to provide Healthcare Services;

(c) where the Licensed Healthcare Professional has resigned or is no longer employed by a Licensed Healthcare Operator subject to the provisions set out in section 53.

(3) A Licensed Healthcare Professional must make such request in writing to the Licensing Board and certify that he will:

(a) not undertake his Professional Practice in the DHCC during the Inactive Status Period; and

(b) pay the required fee as determined by the DHCCA from time to time.

(4) A Licensed Healthcare Professional who has been granted Inactive Status by the Licensing Board may be exempted from the Continuing Education Requirements set out in the applicable Rules, Standards and Policies during the Inactive Status Period, but shall remain subject to all other provisions of the applicable Regulations, Rules, Standards and Policies.

(5) The Licensing Board will determine any Continuing Education Requirements required during the Inactive Status Period and must seek the advice of the Healthcare Professions Council in determining any such Requirements.

(6) A Licensed Healthcare Professional may request at any time that the Licensing Board permit him to return to Active Status.

(7) The then current term of said Licensed Healthcare Professional's License will continue to run during the Licensed Healthcare Professional's Inactive Status Period.

53 Inactive Status arising from a change in employment status or engagement by Licensed Healthcare Operator

(1) Where a Licensed Healthcare Professional resigns or is no longer employed or engaged by the Licensed Healthcare Operator specified in

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the Application the Licensed Healthcare Professional must notify the Licensing Board of the date on which he will no longer be employed or engaged by that Licensed Healthcare Operator.

(2) The Licensed Healthcare Professional will have Inactive Status from the sixtieth (60th) day following the date the Licensed Healthcare Professional is no longer employed or engaged by the Licensed Healthcare Operator and will not be able to undertake Professional Practice within the DHCC from that date unless during the sixty (60) day period the Licensed Healthcare Professional is employed or engaged by an Employing Entity.

(3) The Licensed Healthcare Professional is required to continue to pay any required fee as determined by the DHCCA from time to time during the period of Inactive Status.

(4) The then current term of the Licensed Healthcare Professional's License will continue to run during the Licensed Healthcare Professional's Inactive Status Period.

(5) The Licensing Board may exempt the Licensed Healthcare Professional with Inactive Status from the Continuing Education Requirements set out in the applicable Rules, Standards and Policies during the Inactive Status Period, but the Licensed Healthcare Professional will remain subject to all other provisions of the applicable Regulations, Rules, Standards and Policies. The Licensing Board must seek the advice of the Healthcare Professions Council with regard to the exempting of any Continuing Education Requirements.

(6) The Licensing Board will determine any Continuing Education Requirements required during the Inactive Status Period. The Licensing Board may seek the advice of the Complementary and Alternative Medicine Council with regard to determining any Continuing Education Requirements.

(7) A Licensed Healthcare Professional may request at any time that the Licensing Board permit him to return to Active Status on the provision of details of employment or engagement with another Licensed Healthcare Operator and any other information the Licensing Board requests to enable the consideration of the request to return to Active Status.

54 Retirement from Professional Practice

(1) Where a Licensed Healthcare Professional intends to retire from the provision of Healthcare Services within DHCC the Licensed Healthcare Professional must provide the following information to the Licensing Board at least sixty (60) days prior to his designated retirement:

(a) the intended retirement date;

(b) details of any present or potential future complaints against the Licensed Healthcare Professional;

(c) details of the arrangements that will be made with regard to the Patient Health Information held by the Licensed Healthcare Professional. Any such arrangements must be in accordance with applicable Regulations, in particular the Health Data Protection Regulation;

(d) If applicable, the arrangements made by the Licensed Healthcare Professional for transitioning the care of his patients to other Licensed Healthcare Professionals.

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(2) From the retirement date the Healthcare Professional will no longer refer to himself as a Licensed Healthcare Professional and must not engage in Professional Practice in DHCC following the date identified as his retirement date.

55 Retired Healthcare Professional and Licensed Healthcare Professional with Inactive Status remain subject to DHCC jurisdiction

Both a retired Healthcare Professional and a Licensed Healthcare Professional with Inactive Status remain subject to the jurisdiction of DHCC with regard to the Professional Practice in which he engaged prior to the retirement date or the date of Inactive Status.

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Part Four : Letter of Acceptance

56 Issuing Letter of Acceptance pending issue of License

(1) An Applicant may submit an Application satisfying the requirements of section 28 where:

(a) the Healthcare Operator's facility at which the Applicant intends to be employed or be engaged is not yet completed; or

(b) the Employing Entity intending to engage the Applicant's services is not yet licensed as a Licensed Healthcare Operator.

(2) In the circumstances described in subsection (1), the Applicant will be issued with a Letter of Acceptance pending issue of a License.

57 Letter of Acceptance does not permit Healthcare Professional to provide Healthcare Services

The Applicant must acknowledge at the time the Application and request for Letter of Acceptance is submitted that he will not be permitted to engage in Professional Practice in DHCC until he has obtained a License.

58 Request for Letter of Acceptance processed in same manner as Application

The provisions of sections 23 to 46 and 49 and 51 apply with respect to the request for and consideration of the issuing of a Letter of Acceptance.

59 Validity of Letter of Acceptance

(1) A Letter of Acceptance will be valid for two (2) years from the date it is issued by the Licensing Board.

(2) At the end of two (2) years the Letter of Acceptance will expire and the Healthcare Professional will need to make a new Application.

60 Compliance with Continuing Education Requirements

During the period a Healthcare Professional holds a Letter of Acceptance, he must comply with all Continuing Education Requirements established under the applicable Rules, Standards and Policies as if he were Licensed.

61 Conversion of Letter of Acceptance to License

(1) At the time the Healthcare Professional has met all the requirements to be Licensed and intends to obtain a License, he must submit the following information for consideration by the Licensing Board:

(a) A request for conversion of a Letter of Acceptance to a License;

(b) Proof of employment by a Licensed Healthcare Operator within DHCC that is to be the Employing Entity;

(c) An updated Curriculum Vitae, providing information regarding additional qualifications obtained, and current letter(s) of good standing from regulatory bodies in jurisdictions in which the holder of the Letter of Acceptance maintains active license(s);

(d) proof that the holder of the Letter of Acceptance has satisfied all applicable Continuing Education Requirements since issuance of such Letter;

(e) evidence satisfactory to the Licensing Board that he has obtained himself, or that he has had provided by his Employing Entity,

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Approved Professional Indemnity Insurance to the extent required by the Healthcare Operators Regulation and by the applicable Rules, Standards and Policies under that Regulation or under this Healthcare Professionals Regulation; and

(f) Any other information determined by the Licensing Board to be required.

62 Request for conversion of Letter of Acceptance processed in same manner as Application

The provisions of sections 23 through 46 apply with respect to the request for the conversion of the Letter of Acceptance to a License.

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Part Five : Renewal of Licenses

63 Renewal Application

(1) A Licensed Healthcare Professional must submit a completed Renewal Application and the required fee sixty (60) days prior to the Renewal Date.

(2) Unless otherwise provided in a specific Rule, Standard or Policy or as specified otherwise by the Licensing Board as a condition of the License, the Renewal Date is every alternative anniversary date after the License is first issued.

64 Renewal Application to be considered in same way as Application

The provisions of sections 32 2348 apply to the consideration of a Renewal Application.

65 Information to be provided with renewal Application

The Renewal Application must include such information as the Licensing Board determines is reasonable and appropriate relating to the Licensed Healthcare Professional, including, but not limited to, the details set out in Schedule Two.

66 Licensing Board may require Licensed Healthcare Professional's Professional Practice to be audited

(1) In preparation for consideration of a Renewal Application the Licensing Board may require the Professional Practice of the Licensed Healthcare Professional seeking the renewal to be audited in accordance with the relevant Standards and Policies.

(2) In considering whether the Licensed Healthcare Professional seeking the renewal should be audited, the Licensing Board may seek the advice of the Healthcare Professions Council.

67 Expiry of License

Where a Licensed Healthcare Professional does not submit a Renewal Application in accordance with section 63 the License will automatically expire on the Renewal Date.

68 Licensed Healthcare Professional's License status suspended on License expiry

On expiry of the License, the Licensed Healthcare Professional is prohibited from undertaking Professional Practice in the DHCC until the renewal requirements have been met and the Licensing Board has approved the continuation of the License.

69 Licensed Healthcare Professional's License status not suspended in certain circumstances

(1) Where a Licensed Healthcare Professional has submitted a Renewal Application, accompanied by the required information and the proper fee in accordance with sections 63 and 64 but is not advised of:

(a) the fact that information required has not been provided; or

(b) the decision of the Licensing Board prior to the Renewal Date;

the License will continue until such time as the Renewal Application is considered by the Licensing Board.

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70 Requirement to provide additional information

(1) Where it is identified that additional information is required, CPQ will notify the Licensed Healthcare Professional that:

(a) additional information is required before the Renewal Application will be considered by the Licensing Board;

(b) if the information is not provided within the timeframe specified in subsection (2) the Licensed Healthcare Professional's License will be suspended.

(2) The Licensed Healthcare Professional will have thirty (30) days to respond to the request for the additional information from the date of the notification under subsection (1).

71 Failure to provide additional information in accordance with section 70

If, after thirty (30) days the Licensed Healthcare Professional has not provided CPQ with the additional information as requested under section 70 to CPQ, the Licensed Healthcare Professional's License will be suspended and the Healthcare Professional will no longer be able to provide Healthcare Services within DHCC.

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Part Six : Fitness to Practice

72 Notification to Licensing Board regarding practice below Required Standard of Competence

(1) The Licensing Board will be notified that a Licensed Healthcare Professional's Professional Practice is alleged to be below the Required Standard of Competence either:

(a) following receipt of a complaint under Part Eight of the Governing Regulation; or

(b) under section 73 of this Healthcare Professionals Regulation; or

(c) following the review of a Renewal Application under Part Five of this Healthcare Professionals Regulation.

73 Notification that Professional Practice is below Required Standard of Competence by another Licensee

(1) If a Licensee has reason to believe that a Licensed Healthcare Professional may pose a risk of harm to the public by practicing below the Required Standard of Competence, the Licensee may give written notice to the Licensing Board of the reasons on which that belief is based.

(2) Whenever a Licensed Healthcare Professional employed within DHCC resigns or is dismissed from his employment for reasons relating to practicing below the Required Standard of Competence, the Employing Entity immediately before that resignation or dismissal must promptly notify in writing the Licensing Board of the reasons for that resignation or dismissal.

74 Licensing Board must notify Employing Entity

(1) When the Licensing Board has reason to believe that the practice of a Licensed Healthcare Professional may pose a risk of harm to the public, the Licensing Board must notify the Licensed Healthcare Professional's Employing Entity of the circumstances that give rise to that belief.

(2) In determining whether the practice of a Healthcare Professional may pose a risk of harm to the public, the Licensing Board may seek the advice of the Healthcare Professions Council.

(3) If after giving notice under subsection (1), the Licensing Board forms the view that the practice of the Licensed Healthcare Professional never posed, or no longer poses, a risk of harm to the public, the Licensing Board must promptly notify the Licensed Healthcare Professional's Employing Entity of the then current view of the Licensing Board.

(4) Promptly after giving any notice under this section, the Licensing Board must give a copy of any notice to the Licensed Healthcare Professional.

75 Review of Licensed Healthcare Professional's Professional Practice

(1) Promptly after receiving a notice of the kind described in section 73 the Licensing Board must arrange for the making of inquiries into, and may seek a review of the Professional Practice of the Licensed Healthcare Professional.

(2) In determining whether to seek a review the Licensing Board must seek the advice of the Healthcare Professions Council.

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(3) Subsection (1) does not apply if the Licensing Board has reason to believe that a notice given under section 73 is frivolous or vexatious.

(4) The Licensing Board will seek a review of a Licensed Healthcare Professional's Professional Practice by the Fitness to Practice Panel under Part Seven of this Healthcare Professionals Regulation where the:

(a) Licensed Healthcare Professional's conduct may constitute Inappropriate Professional Practice; or

(b) Licensed Healthcare Professional's conduct may constitute Professional Misconduct.

(5) Where the Licensing Board seeks a review by the Fitness to Practice Panel it must notify the Licensed Healthcare Professional in writing of its decision to seek the review.

(6) Following the review by the Fitness to Practice Panel, the Licensing Board must consider whether, in the Licensing Board's opinion, the Licensed Healthcare Professional's Professional Practice meets the Required Standard of Competence or whether the Licensed Healthcare Professional has engaged in Professional Misconduct.

76 Interim suspension of License or inclusion of conditions pending review or assessment

(1) This section applies to a Licensed Healthcare Professional if:

(a) the Licensed Healthcare Professional has been, or is to be, reviewed under section 75; and

(b) there are reasonable grounds for believing that Licensed Healthcare Professional poses an imminent risk of serious harm to the public by practicing below the Required Standard of Competence.

(2) The Licensing Board may order that

(a) the License of the Licensed Healthcare Professional is suspended; or

(b) the Licensed Healthcare Professional scope of Professional Practice be altered:

(i) by limiting any Healthcare Services that the Licensed Healthcare Professional is permitted to perform; or

(ii) by attaching to the Licensed healthcare Professional's License any condition or conditions that the Licensing Board considers appropriate.

(3) Where the Licensing Board makes an order under subsection (2) it must inform the Licensed Healthcare Professional:

(a) why it has made the order; and

(b) of his right to make written submissions to the Licensing Board.

(4) An order made under subsection (2) takes effect from the day on which the Licensed Healthcare Professional receives a copy of the order.

(5) An order under subsection (2) will remain in place until directed otherwise by the Licensing Board following the completion of the review by the Fitness to Practice Panel.

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77 Actions following review by Fitness to Practice Panel

(1) If, after the Fitness to Practice Panel has conducted a review under Part Seven of this Healthcare Professionals Regulation, the Licensing Board has reason to believe that a Licensed Healthcare Professional fails to meet the Required Standard of Competence or has engaged in Inappropriate Professional Practice or Professional Misconduct, the Licensing Board must make one (1) or more of the following orders:

(a) With regard to Inappropriate Professional Practice that the Licensed Healthcare Professional:

(i) undertake a competence program such as further training or participate in an education program;

(ii) sit for an examination or undertake an assessment specified in the order; or

(iii) be supervised, counseled or assisted by one (1) or more persons nominated by the Licensing Board; or

(iv) that one (1) or more conditions and/or restrictions be attached to the Licensed Healthcare Professional's License;

(v) has his License suspended for a specified period of time;

(vi) has his License revoked;

(vii) is disqualified from re-applying for a License within a specified period if the Licensed Healthcare Professional's License is revoked.

(b) With regard to Professional Misconduct that the Licensed Healthcare Professional:

(i) is cautioned;

(ii) has conditions, and/or restrictions placed on his License;

(iii) has his License suspended for a specified period of time;

(iv) has his License revoked;

(v) is disqualified from re-applying for a License within a specified period if the Licensed Healthcare Professional's License is revoked;

(vi) is required to pay a financial penalty as set by the Licensing Board from time to time in accordance with the Governing Regulation and any applicable Policy.

(2) In making any order under subsection (1) the Licensing Board may seek the advice of the Healthcare Professions Council.

(3) Any action required by the Licensing Board will come into effect ten (10) working days after the Licensed Healthcare Professional has received notification under section 78.

78 Licensed Healthcare Professional to be notified of Licensing Board's decision

(1) The Licensing Board will notify the Licensed Healthcare Professional in writing of the Licensing Board's decision to:

(a) take no further action;

(b) take action as set out under section 77.

(2) Where the Licensing Board decides to take action it must:

(a) advise the Licensed Healthcare Professional of his right to appeal the decision under section 79; and

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(b) provide the Licensed Healthcare Professional with a written statement of reasons for its decision.

79 Right of appeal of Licensing Board decision

The Licensed Healthcare Professional has the right to lodge an appeal of the Licensing Board decision to take further action.

80 Applicant's right to provide further information

(1) Where the Applicant appeals a decision of the Licensing Board under section 79 it must provide the Licensing Board with:

(a) written notification of its intention to appeal the decision;

(b) a written response to the statement of reasons set out in the notification; and

(c) any such additional and supplemental information as is deemed appropriate.

(2) Any such information must be provided to CPQ within ten (10) working days following the Licensed Healthcare Professional's receipt of notice from the Licensing Board under section 78.

81 Implementation of action suspended

(1) Where the Licensing Board decides to take action and the Licensed Healthcare Professional lodges an appeal of the Licensing Board's decision, the actions required by the Licensing Board will be suspended until the review of its decision is completed.

(2) Subsection (1) does not remove any earlier interim suspension of License or inclusion of conditions made under section 76.

82 Consideration of additional information by Licensing Board

(1) Where the Licensed Healthcare Professional has lodged an appeal of a decision and provided further information under section 80, the Licensing Board must complete its review of its decision within twenty (20) days following receipt of the information.

(2) In undertaking the appeal of the decision, the Licensing Board may request the Licensed Healthcare Professional to attend the meeting of the Licensing Board as it reviews the Board's decision.

(3) The Applicant does not have the right to be heard by the Licensing Board during the appeal of the decision.

83 Notification of decision following appeal

(1) Following the hearing of the appeal to review the Licensing Board's decision together with the further information provided under section 80, the Licensing Board will notify the Licensed Healthcare Professional of its decision to take:

(a) no further action;

(b) action under section 77.

84 No right of further appeal

The Licensed Healthcare Professional has no right to lodge a further appeal of the Licensing Board's decision to take action under section 77.

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85 Competence programs

(1) In conjunction with the other Agencies and for the purpose of maintaining, examining, or improving the competence of Licensed Healthcare Professionals, the Licensing Board and the Academic Council, may recognize competence programs in respect of Licensed Healthcare Professionals.

(2) A competence program may be a program that is already in existence or a program that is specific to the Licensed Healthcare Professional.

(3) Any competence program may require a Licensed Healthcare Professional to do any one (1) or more of the following, within a period, or at intervals, prescribed in the program:

(a) pass any examinations or assessments, or both;

(b) complete a period of practical training;

(c) complete a period of practical experience;

(d) undertake a course of instruction;

(e) permit another Licensed Healthcare Professional specified by the Licensing Board to examine the Patient Health Information held by the Licensed Healthcare Professional in relation to his clients;

(f) undertake a period of supervised practice.

(4) The Licensing Board may specify a period within which the Licensed Healthcare Professional to which a competence program applies must comply with the requirements of the program.

(5) Within twenty (20) working days after a competence program is recognized by the Licensing Board, the chairman of the Licensing Board must notify every Licensed Healthcare Professional who is required to undertake the program of that fact and of the details and timeframe to undertake program.

86 Unsatisfactory results of competence program

(1) If a Licensed Healthcare Professional who is required to complete a competence program does not satisfy the requirements of the program, the Licensing Board may make either of the following orders that the Licensed Healthcare Professional's:

(a) scope of Professional Practice be altered:

(i) by changing any Healthcare Services that the Licensed Healthcare Professional is permitted to perform; or

(ii) by including any condition or conditions that the Licensing Board considers appropriate;

(b) License be suspended;

(c) License be revoked.

(2) Any order made under subsection (1) remains in effect until the Licensed Healthcare Professional concerned has satisfied all the requirements of the competence program and for that purpose the Licensing Board may, on the application of the Licensed Healthcare Professional, extend the period within which the Licensed Healthcare Professional is required to satisfy those requirements.

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87 Licensed Healthcare Professional to be notified of Licensing Board's decision

(1) The Licensing Board must notify the Licensed Healthcare Professional in writing of the Licensing Board's orders under section 86(1).

(2) The notice under this section must contain sufficient detail to inform the Licensed Healthcare Professional clearly of the particular grounds for the proposal to make the order.

88 Right of appeal of competence decision

The Licensed Healthcare Professional identified under section 86 has the right to lodge an appeal of the Licensing Board's decision made under section 86 in accordance with sections 79, 80 and 82 to 84.

89 No right of further appeal

The Licensed Healthcare Professional has no right to lodge a further appeal of the Licensing Board's decision under section 7785.

90 Notification of inability to perform required functions due to mental or physical condition

(1) If a person has reason to believe that a Licensed Healthcare Professional is unable to perform the functions required for the Professional Practice because of some mental or physical condition, the person must promptly give the chairman of the Licensing Board written notice of all the circumstances.

(2) For the purposes of this section, a person is defined as:

(a) a Manager of a Licensed Healthcare Operator; or

(b) a Licensed Healthcare Professional; or

(c) the Employing Entity of a Licensed Healthcare Professional.

91 Power to seek medical advice

(1) When a person specified under section 90 contemplates giving the chairman of the Licensing Board notice under section 90, he may seek whatever information, whether psychiatric or otherwise, he considers appropriate to assist him in forming his opinion.

(2) Any notice given under section 90 must state any medical advice obtained under this section in respect of that notice.

92 Duty of Licensing Board chairman

On receiving a notice given under section 90 the chairman of the Licensing Board must take all reasonable steps to have the notice considered by the Fitness to Practice Panel under sections 104 to 115 as soon as reasonably practicable.

93 Interim suspension of license or conditions on scope of practice

(1) Where the Licensing Board considers that the Licensed Healthcare Professional may be unable to meet the Required Standard of Competence for Professional Practice because of some mental or physical condition, the Licensing Board may order that for a period of not more than twenty (20) working days:

(a) the License of the Licensed Healthcare Professional be suspended; or

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(b) that the Licensed Healthcare Professional's scope of Professional Practice is

(i) changed with regard to the Healthcare Services the Licensed Healthcare Profession may perform; or

(ii) subject to condition(s) considered appropriate by the Licensing Board are applied.

(2) For the purposes of subsection (1), the period commences from the date that a copy of the order is given to the Licensed Healthcare Professional.

(3) The Licensing Board may order that the period of an order made under subsection (1) be extended by a further period of not more than twenty (20) working days if that extension is necessary for any examination or testing ordered under section 94.

(4) Every order made under this section must:

(a) be in writing; and

(b) contain a statement of the reasons on which it is based; and

(c) be signed by the chairman of the Licensing Board.

(5) The chairman of the Licensing Board must ensure that a copy of an order made under this section is promptly given to the Licensed Healthcare Professional concerned.

94 Power to order medical examination

(1) Where the Licensing Board considers that a Licensed Healthcare Professional may be unable to meet the Required Standard of Competence for the Professional Practice because of some mental or physical condition, the Licensing Board may, by notice given to the Licensed Healthcare Professional, require him to submit himself for examination or testing by a Healthcare Professional within the UAE.

(2) Every notice given under this section must be signed by the chairman of the Licensing Board and specify:

(a) the mental or physical condition that may make the Licensed Healthcare Professional unable to perform the functions required for the Professional Practice; and

(b) the name and address of the Healthcare Professional who is to conduct the examination or test; and

(c) a date by which the examination or test is to be conducted, being a date that is not less than five (5) working days after the date on which the notice is given to the Licensed Healthcare Professional to submit himself for examination or testing.

(3) Before giving a notice under this section, the Licensing Board must endeavor to consult with the Licensed Healthcare Professional about the Healthcare Professional who is to conduct the examination or test.

(4) A Licensed Healthcare Professional who is required by a notice given under this section to submit himself for examination or testing by a Healthcare Professional may have another person chosen by him attend the examination or testing as an observer.

95 Medical examination and reporting

(1) A Healthcare Professional who conducts an examination or test under this section may consult any other Healthcare Professional who the Healthcare

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Professional considers is able to assist in the completion of the examination or test.

(2) When a Healthcare Professional has examined or tested a Licensed Healthcare Professional under this section, he must, as soon as reasonably practicable after the examination or test, make a written report to the chairman of the Licensing Board on whether or not the Licensed Healthcare Professional has the mental or physical condition stated under section 94(2) and, if that is the case, the extent, if any, to which that condition affects the Licensed Healthcare Professional 's ability to perform the functions required for the Professional Practice.

(3) The chairman of the Licensing Board must, promptly after receiving a report under subsection (2), send a copy to the Licensed Healthcare Professional to whom the report relates.

96 Order made by Licensing Board

(1) Subject to the provisions of sections 97 and 98, the Licensing Board may order that a Licensed Healthcare Professional's License be suspended or conditions or restrictions imposed where the Licensed Healthcare Professional has been given a notice under section 94 and:

(a) Either:

(i) the Licensed Healthcare Professional has not by the time specified in the notice, submitted himself for examination or testing by the Healthcare Professional named in the notice; or

(ii) the chairman of the Licensing Board has received a written report in respect of the Licensed Healthcare Professional from the Healthcare Professional named in the notice; and

(b) the Licensing Board has given the Licensed Healthcare Professional a reasonable opportunity to make written submissions with regard to:

(i) not submitting himself for examination or testing; or

(ii) the written report provided under section 95(2).

97 Considerations when making an order

(1) Before making an order under section 96, the Licensing Board must consider:

(a) all of the relevant information relating to the Licensed Healthcare Professional who is identified under section 90;

(b) the written report from the Healthcare Professional named in the notice under section 94;

(c) the Licensed Healthcare Professional’s written submission (if any);

(d) the recommendations of the Fitness to Practice Panel.

(2) In addition to the requirements of subsection (1) the Licensing Board may seek the advice of the Healthcare Professions Council.

98 Conditions or restrictions of continuing License

(1) Before the Licensing Board may make an order under section 96, the Licensing Board must be satisfied based on the information considered under section 97 that:

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(a) the Licensed Healthcare Professional is unable to perform the functions required for the Professional Practice because of some mental or physical condition; or

(b) the Licensed Healthcare Professional has not submitted himself for examination or testing in accordance with a notice under section 94, nor provided any reason acceptable to the Licensing Board for not submitting himself for the examination, or

(c) the Licensed Healthcare Professional is able to perform the functions required for the Professional Practice, but only if those conditions or restrictions are observed.

99 Form of Licensing Board order

(1) Every order made under section 96 must

(a) be in writing; and

(b) contain a statement of the reasons on which it is based; and

(c) be signed by the chairman of the Licensing Board or by a person authorized by the chairman.

(2) The chairman of the Licensing Board must ensure that, after an order under section 96 is made:

(a) a copy of the order is given to the Licensed Healthcare Professional concerned within five (5) working days after the making of the order; and

(b) all administrative steps are taken to give effect to the order.

(3) An order made under section 96 takes effect from the day on which a copy of the order is given under this section to the Licensed Healthcare Professional concerned, or a later date specified in the order.

100 Licensed Healthcare Professional to be notified of Licensing Board's decision

The Licensing Board must notify the Licensed Healthcare Professional in writing of the Licensing Board's orders under section 96.

101 Right of appeal of notification of inability to perform due to mental or physical condition

The Licensed Healthcare Professional identified under section 90 has the right to lodge an appeal to review the Licensing Board's decision made under section 96 in accordance with sections 79, 80 and 82 to 84.

102 No right of further appeal

The Licensed Healthcare Professional has no right to lodge a further appeal of the Licensing Board's decision under section 96.

103 Revocation of suspension or conditions

(1) The Licensing Board may at any time make an order revoking any suspension that it has imposed under sections 77, 86 or 96 if it is satisfied that the Licensed Healthcare Professional concerned is again able to practice the Licensed Healthcare Professional's Professional Practice satisfactorily.

(2) The Licensing Board may at any time make an order revoking any conditions or restrictions imposed under sections 77, 86 or 96 if it is

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satisfied that those conditions or changes are no longer necessary on its own initiative or on the request of the Licensed Healthcare Professional.

(3) The Licensing Board may make an order varying a condition imposed under section 77 or section 96 if it is satisfied that the variation should have been part of the original order or is required by a change in circumstances on its own initiative or on the request of the Licensed Healthcare Professional.

(4) The Licensing Board may not make an order under subsections (2) and (3) unless it has first:

(a) informed the Licensed Healthcare Professional why it may vary the condition; and

(b) given the Licensed Healthcare Professional a reasonable opportunity to make written submissions on the proposed variation.

(5) An order under this section may be made on the application of the Licensed Healthcare Professional or on the Licensing Board's own initiative.

(6) The chairman of the Licensing Board must ensure that, after an order under this section is made:

(a) a copy of the order is given to the Licensed Healthcare Professional concerned within five (5) working days after the making of the order; and

(b) all administrative steps are taken to give effect to the order.

(7) An order under this section takes effect immediately.

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Part Seven : Fitness to Practice Panel

104 No disciplinary action by Licensing Board until review by Fitness to Practice Panel

The Licensing Board may not make an order suspending or imposing restrictions under section 77 or section 96 on a Licensed Healthcare Professional until it has received the recommendations of the Fitness to Practice Panel.

105 Establishment and membership of Fitness to Practice Panel

(1) The Licensing Board will establish a pool of panelists who may be asked to participate in a Fitness to Practice Panel to review a Licensed Healthcare Professional's Fitness to Practice.

(2) A Fitness to Practice Panel will comprise of at least three (3) and no more than five (5) panelists. There must be at least one Healthcare Professional and one non-Healthcare Professional on each panel.

(3) A person may not be a member of the Fitness to Practice Panel if the person has:

(a) been involved in any earlier investigation of the matter;

(b) been appointed to assess the Licensed Healthcare Professional's professional performance; or

(c) been a member of a performance review panel to review the Licensed Healthcare Professional's performance.

(4) A member of a Fitness to Practice Panel is appointed on the terms and conditions determined by the Licensing Board for that member.

(5) A member of a Fitness to Practice Panel is entitled to receive the fees that are fixed from time to time by DHCCA in accordance with the applicable Policy and such fees may vary for different classes of cases.

106 Obtaining advice

The Fitness to Practice Panel may obtain advice from any source it considers appropriate.

107 Preparation for Fitness to Practice review

(1) The Fitness to Practice Panel may, at any time before its review commences, require the Licensed Healthcare Professional to:

(a) provide any additional information; or

(b) meet with representatives from CPQ to identify and clarify the nature of the issues that will be considered or determined during the review.

(2) The Fitness to Practice Panel must provide the Licensed Healthcare Professional with guidance concerning the conduct of the review prior to the commencement of the review.

108 Notification of Fitness to Practice review

(1) When Fitness to Practice review is to be held, the Licensing Board will:

(a) within three (3) days following the decision to seek a review, serve notice on the Licensed Healthcare Professional that complies with section 110, and, at the same time,

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(b) serve notice on any Licensee who made the notification under section 73;

(c) form the Fitness to Practice Panel, constituted in accordance with section 105, to hold the review; and

(d) fix a time and place for the review to be held, which time shall be no later than forty-five (45) days following notification to the Licensed Healthcare Professional in accordance with subsection (1).

109 Involvement of notifying Licensee or complainant

(1) If the Licensing Board's referral to the Fitness to Practice Panel was initiated by notification under section 73 or a complaint under Part Eight of the Governing Regulation:

(a) the identity of that notifying Licensee or the complainant is not to be published or broadcast;

(b) the Licensing Board must advise the notifying Licensee or the complainant of whether or not, subject to the applicable Standards and Policies:

(i) a review by the Fitness to Practice Panel is to be conducted into the matter and, if so, of the time and place of the review and, of the fact that the notifying Licensee or the complainant's identity is not to be published or broadcast;

(ii) the notifying Licensee or the complainant has a right to make submissions at the review;

(iii) the notifying Licensee or complainant has the right to be present at the review.

(2) The Licensing Board must notify the notifying Licensee or the complainant of the final decision of the Licensing Board regarding the Licensed Healthcare Professional's Fitness to Practice review within twenty (20) working days of the final decision being made by the Licensing Board.

110 Requirements of notice of Fitness to Practice review

(1) A notice of a Fitness to Practice review under section 108 must:

(a) state the nature of the review and of any allegations made against the Licensed Healthcare Professional or the issues that have been identified;

(b) give the time and place of the review; and

(c) state that the Licensed Healthcare Professional has the right to make submissions and to be represented by counsel, and that the review will be held in private unless required otherwise by the Licensing Board.

111 Procedures for review

(1) At the Fitness to Practice review the:

(a) Fitness to Practice Panel must hear and determine the matter before it;

(b) affected Licensed Healthcare Professional is entitled to be present, to make submissions, to be represented by counsel, to call witnesses and to undertake cross-examination;

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(c) proceedings are to be closed to the public unless the Fitness to Practice Panel determines that the proceedings should be open.

(2) Subject to the other provisions of this section and any relevant Standards and Policies, the Fitness to Practice Panel:

(a) procedure is within the Panel's discretion;

(b) will conduct the proceedings with as little formality and technicality as the requirements of this Regulation and the proper consideration of the matter reasonably permit;

(c) is not bound by rules of evidence but may inform itself in any way that is reasonable; and

(d) is bound by the rules of natural justice.

112 Information to be considered by Fitness to Practice Panel

(1) Notwithstanding section 111, a Fitness to Practice Panel may, when conducting a hearing into a Licensed Healthcare Professional's ability to meet the Required Standard of Competence, or a Licensed Healthcare Professional's Inappropriate Professional Practice or Professional Misconduct, consider any report about such Licensed Healthcare Professional's Professional Practice made for the purposes of a performance assessment or performance review.

(2) The Fitness to Practice Panel may determine that any information that might enable the affected Licensed Healthcare Professional to be identified must not be published or broadcast prior to its making its recommendations to the Licensing Board.

113 Recommendations of the Fitness to Practice Panel

(1) After considering all the submissions made at the review the Fitness to Practice Panel may recommend to the Licensing Board that the Licensed Healthcare Professional:

(a) has, whether by act or omission, engaged in action or inaction that it considers is Inappropriate Professional Practice;

(b) has, whether by act or omission, engaged in action or inaction that it considers is Professional Misconduct; or

(c) act or omission met the Required Standard of Competence.

114 Further recommendations of the Fitness to Practice Panel

(1) If the Fitness to Practice Panel makes a finding under section 113(1)(a) or 113(1)(b), the Fitness to Practice Panel may make one or more of the following recommendations to the Licensing Board for final action:

(a) require the Licensed Healthcare Professional to undergo counseling;

(b) caution the Licensed Healthcare Professional;

(c) require the Licensed Healthcare Professional to undertake and complete a specified competence program as provided in section 85 for a specified period;

(d) impose any terms, conditions, or restrictions on the License of the Licensed Healthcare Professional;

(e) impose a fine on the Licensed Healthcare Professional;

(f) suspend the License of the Licensed Healthcare Professional for the period specified in the determination;

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(g) revoke the License of the Licensed Healthcare Professional; or

(h) disqualify the Licensed Healthcare Professional from re-applying for a License within a specified period if the Licensed Healthcare Professional's License is revoked by the Licensing Board.

(2) If a term, condition, or restriction has been imposed on the License of a Licensed Healthcare Professional and, at the completion of a review the Fitness to Practice Panel determines that the condition, limitation or restriction should be removed, the Licensing Board must remove that condition, limitation or restriction.

115 Restriction on publication

(1) Unless the affected notifying Licensee, complainant, witness or Licensed Healthcare Professional has, before publication or broadcast, specifically consented in writing, no person shall publish or broadcast or cause to be published or broadcast any report of a Fitness to Practice review that contains information that would enable a notifying Licensee or a complainant to be the identified.

(2) The identity of the Licensed Healthcare Professional who is the subject of the review may only be made public with the approval of the Licensing Board.

116 Penalty for publication

Any person who publishes or causes to be published any report in contravention of section 115 will be subject to a fine to be determined by the Licensing Board.

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Part Eight : Quality Improvement

117 Purpose of quality improvement activities

The purpose of quality improvement activities is to encourage effective quality improvement activities in relation to Healthcare Services provided by Licensed Healthcare Professionals.

118 Meaning of quality improvement activities

(1) A quality improvement activity means an activity that is undertaken to improve the practices or competence of one or more Licensed Healthcare Professionals by assessing the Healthcare Services performed by those Licensed Healthcare Professionals.

(2) A quality improvement activity includes the following acts that are done in the course of, or as a result of, that activity:

(a) the whole or part of any assessment or evaluation;

(b) the whole or part of a study of the incidence or causes of conditions or circumstances that may affect the quality of Healthcare Services performed by one or more Licensed Healthcare Professionals;

(c) any preparation for that assessment, evaluation, or study;

(d) making recommendations about the performance of those Healthcare Services;

(e) monitoring the implementation of those recommendations.

119 Information obtained as the result of a quality improvement activity

(1) To promote the free and frank discussion of specific patient care, including morbidity and mortality reviews, any information that comes into being as a consequence of that review may only be used for the purposes of quality improvement activities.

(2) For the avoidance of doubt, the information obtained as the result of a quality improvement activity may not be used or relied upon by the Licensing Board for the purposes of renewal or review of a Licensed Healthcare Professional's Professional Practice.

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Part Nine : Notifications

120 Notification of certain diseases

The Licensed Healthcare Professional in charge of a particular patient's care is responsible for complying with the Infectious Diseases Notification Federal Law 27 (1981) and reporting to the Ministry of Health in accordance with the Federal Law.

121 Notification of death

(1) A Licensed Healthcare Professional in charge of a particular patient's care is responsible for complying with the requirements of the Federal law with regard to the notification of deaths.

(2) A death certificate may only be issued by the Ministry of Health.

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Schedule 1 : Categories of Healthcare Professionals

Reference: section 8(3) and section 23

1 Categories of Healthcare Professionals

(1) Chiropractors

(2) Dentists, dental technicians, clinical dental technicians, dental therapists and dental hygienists

(3) Dietitians

(4) Dispensing opticians

(5) Medical laboratory scientists and technicians

(6) Medical practitioners (such as doctors, psychiatrists, surgeons and other specialists)

(7) Medical radiation technologists

(8) Midwives

(9) Nurses

(10) Occupational therapists

(11) Optometrists

(12) Osteopaths

(13) Pharmacists

(14) Physical therapists

(15) Podiatrists

(16) Psychologists.

(17) any other category of Healthcare Professionals as determined from time to time by DHCCA and set out in the applicable Standards, Polices and Rules.

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Schedule 2 : Minimum Information Requirements for Application and Renewal Applications

1 Definitions

IELTS or **International English Language Testing System** means the organization that is jointly managed by the University of Cambridge ESOL Examinations (Cambridge ESOL), the British Council and IDP Education Australia: IELTS Australia to provide testing for proficiency in the English language;

Test of English as a Foreign Language or **TOEFL** means the examination administered by the Educational Testing Service, Princeton, New Jersey, USA;

Test of Spoken English or **TSE** means the examination administered by the Educational Testing Service, Princeton, New Jersey, USA;

Test of Written English or **TWE** means the examination administered by the Educational Testing Service, Princeton, New Jersey, USA.

2 Information required for Applications

Reference: section 28

(1) Each Healthcare Professional submitting an Application for a License, subject to the relevant Rules, must provide satisfactory proof that he:

- (a) is twenty-one (21) years of age or over;
- (b) is of Good Moral Character;
- (c) if a graduate of a program offered in a language other than English, has achieved:
  - (i) a minimum score of 550 on TOEFL; or
  - (ii) a minimum score of 4.0 on TWE; or
  - (iii) a minimum score of 50 on the TSE; or
  - (iv) a minimum score of 9.0 for spoken language and a minimum score of 9.5 for the academic components of the IELTS; or
  - (v) such other proficiency exam as may have been recognized by the Licensing Board;
- (d) has completed the educational and training prerequisites for a License as set out in the applicable Rules;

(2) Each Healthcare Professional submitting an Application for a License, subject to the relevant Rules, must also provide:

- (a) name, date of birth, and home and principal business addresses;
- (b) Curriculum Vitae;
- (c) documentation that the education and training requirements specified in the applicable Rules, have been satisfied, such documentation to be in a format suitable for primary source verification;

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(d) certificates of good standing from all jurisdictions in which the Applicant holds current licenses, registrations or certificates, as appropriate, authorizing him to engage in the Professional Practice for which he is seeking a License in DHCC;

(e) a photograph of the Applicant, which must be a likeness adequate for positive identification;

(f) two (2) written references, written no earlier than six (6) months prior to the filing date of the Application, attesting to the current clinical skills of the Applicant where each of the authors of the references must be a Healthcare Professional holding a current, valid license to engage in Professional Practice in any jurisdiction that is the same Professional Practice in which the Applicant proposes to engage in DHCC;

(g) one (1) written statement attesting that the Applicant is of Good Moral Character;

(h) the statement is to be executed by someone other than a relative who knows the Applicant well and for a substantial period of time;

(i) the author of the statement must be a Healthcare Professional holding a current, valid license to engage in his Professional Practice in any jurisdiction;

(j) if applicable, a written statement explaining the Applicant's involvement in any civil litigation related to his Professional Practice and any criminal charges pending against him;

(k) a description of the Applicant's clinical training and experience, particularly hospital internship and residency, if applicable;

(l) identification of each country or jurisdiction in which the Applicant is or has been licensed to engage in his Professional Practice, including years of Practice in each location;

(m) a written statement listing the Applicant's other qualifications, including certificates, diplomas, or equivalent documentation;

(n) a written statement of any professional Disciplinary Action to which the Applicant has been subjected, which must describe the grounds for and action taken against the Applicant by government agencies, professional societies, Healthcare Operators and any payors for Healthcare Services;

(o) a written statement concerning the Applicant's resignation or relinquishment of any clinical position, including as a member of the clinical staff of a Healthcare Operator, in lieu of Disciplinary Action;

(p) a written statement of the results of any licensure examination the Applicant has taken, if applicable; and

(q) a written statement concerning the Applicant's present physical and mental health, including an explanation of any limitations.

3 Information required for Renewal Applications

Reference: section 65

(1) Summary of peer review process including the date of the review, the identification of the person or persons carrying out the review and any recommendations relating to the Licensed Healthcare Professional not meeting the Professional Practice standards expected;

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(2) Disciplinary Action taken against the Licensed Healthcare Professional by any governmental agency, professional society or Healthcare Operator relating to his provision of Healthcare Services;

(3) the Licensed Healthcare Professional's resignation or relinquishment of any clinical position, including as a member of the clinical staff of a Healthcare Operator, in lieu of Disciplinary Action;

(4) criminal charges filed against the Licensed Healthcare Professional;

(5) civil charges brought against the Licensed Healthcare Professional;

(6) any medical condition that limits or impairs or has limited or impaired the Licensed Healthcare Professional's ability to engage in his Professional Practice;

(7) medical treatment or monitoring of the Licensed Healthcare Professional for use of chemical substances;

(8) evidence of satisfactory completion by the Licensed Healthcare Professional of the applicable Continuing Education Requirements, with the added requirement that:

(a) the Licensed Healthcare Professional is responsible to maintain an authenticated record of all continuing education activity he has completed; and

(b) the Licensed Healthcare Professional shall retain such records for a period of at least three (3) years or until the Licensed Healthcare Professional's License has been renewed for an ensuing period;

(9) evidence of the Licensed Healthcare Professional's continued employment by an Employing Entity; and

(10) evidence that the Licensed Healthcare Professional remains covered by Approved Professional Indemnity Insurance, either directly or through his Employing Entity, as required by the this Regulation, the Healthcare Operators Regulation or the applicable Rules, Standards and Policies.

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Schedule 3 : Code of Conduct

1 Licensed Healthcare Professional not to discriminate against any person

(1) In providing Healthcare Services in DHCC or in accepting patients for whom Healthcare Services are required, no Licensed Healthcare Professional shall discriminate against any person on the basis of such person's:

(a) race;

(b) creed;

(c) color;

(d) national origin;

(e) ancestry;

(f) religion;

(g) sex;

(h) sexual orientation;

(i) marital status;

(j) age (including newborn status);

(k) handicap; or

(l) source of payment.

2 Licensed Healthcare Professional obligations

(1) In addition to specific provisions contained in the Regulations and applicable Rules, each Licensed Healthcare Professional will:

(a) have knowledge and understanding of the Governing Regulation, this Healthcare Professionals Regulation and any other Regulation, and Rules, Standards and Policies relating to his Professional Practice and amendments thereto;

(b) comply with the Governing Regulation, this Healthcare Professionals Regulation and any other Regulation, and Rules, Standards and Policies relating to his Professional Practice and amendments thereto;

(c) comply with all requirements that the Agencies may from time to time establish regarding data requirements and disease reporting;

(d) assure that he understands the legal obligations involved in his Professional Practice;

(e) engage in Professional Practice in accordance with the Required Standard of Competence and all applicable established codes of ethics and amendments;

(f) safely manage Patient Health Information and information, consistent with the Health Data Protection Regulation, any other Regulation and the applicable Rules, including safeguarding patient information from any person or entity, or both, not entitled to such information, and sharing appropriate information only as required by the Regulations and Rules, Standards and Policies for the protection of the patient;

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(g) ensure that all data and records for which such Licensed Healthcare Professional has responsibility are correct and organized in a legible, secure, accessible, permanent and unambiguous manner;

(h) be responsible and accountable for his own Professional Practice, judgments, actions and competency;

(i) neither agree to practice under conditions that compromise his professional independence, judgment, or integrity, nor impose such conditions on others;

(j) only perform acts within the scope of his Professional Practice, as defined by the Licensing Board, and the conditions, limitations or restrictions attached to his License or in the applicable Rules, Standards and Policies;

(k) perform clinical techniques and procedures only after appropriate education and demonstrated clinical competency;

(l) assume only those duties and responsibilities within the scope of his Professional Practice and for which he has acquired and maintained necessary knowledge, skills, and abilities;

(m) as applicable, adhere to standard precautions and to principles of asepsis and infection control, and not place a patient, himself, or others at risk for transmission of infectious diseases;

(n) safeguard a patient's dignity and right to privacy;

(o) establish and observe professional boundaries with respect to any patient with whom he has a professional relationship;

(p) a Licensed Healthcare Professional shall continue to observe professional boundaries with his former patients who may be vulnerable by virtue of emotional status, age, illness, impairment or cognitive ability;

(q) if he directly observes another Licensed Healthcare Professional engage in any of the following, immediately report on such matter regarding that Licensed Healthcare Professional to CPQ:

  (i) abuse of a patient;

  (ii) engaging in Professional Practice while impaired by substance abuse;

  (iii) engaging in Professional Practice while impaired by a medical or mental health condition; or

  (iv) diversion of controlled substances;

(r) engage in Professional Practice only under the name in which his License has been issued, as it may be modified in accordance with section 51;

(s) if applicable, maintain the security of controlled substances that are under his responsibility and control;

(t) if applicable, document the handling, administration, and destruction of controlled substances in accordance with all Licensing Board requirements, all law, regulations, rules and policies in effect from, time to time in the DHCC, and in a manner consistent with accepted standards of Professional Practice;

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(u) comply with any order relating to Disciplinary Action issued by the Licensing Board against his License or the renewal of such License;

(v) comply with all provisions contained in any agreement he has entered into related to his Professional Practice;

(w) make complete, accurate, and legible entries in all records required by the Regulations and applicable Rules and accepted standards of Professional Practice;

(x) on all documentation requiring a Licensed Healthcare Professional's signature, sign his name as it appears on his License;

(y) if employed in a management role, adhere to accepted standards of practice for that role and comply with all applicable provisions of the Healthcare Operators Regulations and Rules, Standards and Policies issued thereunder;

(z) demonstrate effective and appropriate skills in communicating information, advice, or instruction to colleagues and patients; and

(aa) interact with patients and others to promote the health and well-being of people and their communities.

3 Preventing spread of disease

(1) Each Licensed Healthcare Professional attending any infectious disease shall:

(a) make certain that isolation precautions are taken to prevent spread of disease to others;

(b) report the incident to the Ministry of Health if required under section 120.

4 Conduct in relation to advertising

(1) No Licensed Healthcare Professional will engage in the following types of advertising:

(a) advertising that is false, deceptive, or misleading;

(b) advertising that has the effect of intimidating or exerting undue pressure;

(c) advertising that guarantees a cure; or

(d) advertising that makes claims of professional superiority that a Licensed Healthcare Professional cannot substantiate.

(2) A Licensed Healthcare Professional may advertise fixed prices, or a stated range of prices, for specified routine Healthcare Services, provided any such advertisement clearly states whether additional charges may be incurred for related services that may be required in individual cases.

(3) A Licensed Healthcare Professional may advertise in electronic media, including television and radio, provided that:

(a) he maintains a complete, accurate, and reproducible version of the audio and visual contents of the advertising at his expense for a period of three (3) years; and

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(b) he furnishes the complete copy of this advertising, at his expense, to CPQ upon request.

(4) A Licensed Healthcare Professional shall include in an advertisement or professional notice his name, business address and degree or other qualifications held.

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Schedule 4 : Examples of Professional Misconduct

The following are examples, but not an exclusive list, of Professional Misconduct:

(1) Providing a person with Healthcare Services that is excessive, unnecessary or not reasonably required for that person's well-being.

(2) Influencing or attempting to influence the conduct of a Healthcare Professional, Complementary and Alternative Medicine Healthcare Professional or Healthcare Operator in such a way that patient care may be compromised.

(3) Failing to act as in a manner consistent with the applicable standards of conduct when required under a law, regulation, rule or standard to do so.

(4) Referring a patient for Healthcare Services in exchange for direct or indirect remuneration for such referral.

(5) Failing to maintain recognized professional boundaries, including but not limited to, engaging in sexual misconduct with patients, staff of the Licensed Healthcare Operator with which the Licensee is associated, or others in the course of engaging in his Professional Practice.

(6) Administering, dispensing with, or prescribing any habit-forming drug or any controlled substance, other than in the course of legitimate Professional Practice.

(7) Failing to comply with requirements imposed by this Regulation or any other applicable Regulation or Rule.

(8) Failing to comply with obligations regarding patient confidentiality.

(9) Engaging in conduct that is likely to deceive or defraud.

(10) Violating the terms of any order or determination made by the Licensing Board or any agreement that the Licensee has entered into with the Licensing Board.

(11) Contravening any conditions, limitations or restrictions placed by the Licensing Board upon the Licensee under the Governing Regulation, this Regulation or any applicable Rules.

(12) Fraudulently procuring a License or its renewal.

(13) Knowingly furnishing false information on an Application, a Renewal Application or any submission to an Agency.

(14) Misrepresenting credentials pertaining to the Licensee's Professional Practice.

(15) Cheating on or attempting to compromise the integrity of any professional licensing or certification examination.

(16) Aiding or abetting any person not licensed or certified to engage in professional Healthcare Services practice in the DHCC when a License is required, or any person whose License to undertake his Professional Practice has lapsed or been suspended or revoked.

(17) Engaging in conduct that exhibits a disregard for the health and safety of others.

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(18) Maintaining Patient Health Information in contravention of the Health Data Protection Regulation and any other applicable Regulation and Rule, including falsifying or repeatedly making incorrect or false essential entries or repeatedly failing to make essential entries on Patient Health Information.

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