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appointed in the desired department and the right position and granted privileges to operate or perform procedures based on their qualifications, training and experience.

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**MS.6 The hospital has clearly defined and documented processes used to credential, appoint, and grant clinical privileges to medical staff.**

MS.6.1 All members of the medical staff must be registered with the Saudi Commission for Health Specialties before allowed to work independently.

MS.6.2 The hospital has a documented process for appointment, reappointment and granting of clinical privileges to all categories of medical staff.

MS.6.3 Medical staff appointment, reappointment and granting of privileges are in accordance with relevant laws and regulations.

MS.6.4 Medical staff appointment, reappointment and granting of privileges are based on:

    MS.6.4.1 Evaluation of the verified credentials (license, education, training, and experience).

    MS.6.4.2 Evaluation of the mental and physical health and capabilities.

    MS.6.4.3 Competency, actual performance and outcomes of care.

    MS.6.4.4 Category of the medical staff as stated in the professional registration with the Saudi Commission for Health Specialties (e.g., consultant, specialist).

MS.6.5 Appointment, reappointment and granting of privileges are recommended by the medical staff leaders (medical director, heads of clinical departments, credentialing and privileging committee, and senior medical staff members) and approved by the governing body, either directly or by appropriate delegation.

MS.6.6 The hospital has a process in place for appeals against credentialing or privileging decisions.

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**Standard Intent:**

The healthcare organizations shall clearly define and document the processes used to credential, appoint, and grant clinical privileges to medical staff. The appointment, reappointment and granting of clinical privileges to all categories of medical staff must be in accordance with relevant laws and regulations and are recommended by the medical staff leaders within the organization. The opponent, re-appointment and privilege assignment is based on the processes mentioned in the substandard MS.6.4.1 through MS. 6.4.4. The organization reserves the rights of staff to appeal against unexpected credentialing and or privileging decisions made by the organization.

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**MS.7 Medical staff members have current delineated clinical privileges.**

MS.7.1 Medical staff members are allowed to practice only within the privileges granted by the credentialing and privileging committee.

MS.7.2 Clinical privileges are reviewed and updated every two years and as needed.

MS.7.3 The hospital identifies the circumstances under which temporary or emergency privileges are granted.