



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

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.

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.

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.



MS.7.4 Temporary or emergency privileges are not granted for more than 90 days and are not renewable.

MS.7.5 When a new privilege is requested by a medical staff member, the relevant credentials are verified and evaluated prior to approval.

Standard Intent:

It mandatory that medical staff members are only allowed to practice within the privileges granted by the credentialing and privileging committee after verifying their relevant credentials. Medical staff clinical privileges are reviewed and updated every two years and as needed. The circumstances under which temporary or emergency privileges (not more than 90 days) are granted must be clearly defined. When a new privilege is requested by a medical staff member, the relevant credentials are verified and evaluated prior to approval

MS.8 The performance of the medical staff members is evaluated on an ongoing basis to ensure competency.

MS.8.1 The department head together with the medical director evaluate the performance and competency of medical staff members at least annually and when indicated by the findings of performance improvement activities.

MS.8.2 The hospital identifies the circumstances under which an unplanned review of the performance of a medical staff member may be initiated.

MS.8.3 The performance evaluation includes, but is not limited to, the following:

MS.8.3.1 Assessment of patients.

MS.8.3.2 Adverse events.

MS.8.3.3 Moderate and deep sedation.

MS.8.3.4 Quality of medical records.

MS.8.3.5 Medication errors.

MS.8.3.6 Sentinel events.

MS.8.3.7 Outcome of high-risk procedures and surgeries.

MS.8.3.8 Morbidities and mortalities.

MS.8.3.9 Blood and blood product usage.

MS.8.3.10 Discrepancies between pre and post-operative pathological diagnoses.

MS.8.3.11 Appropriateness of admissions from the emergency room and outpatient department.

Standard Intent:

The organization is responsible through the department head and the medical director to evaluate the performance and competency of medical staff members at least annually