

- MS.5.4 Applicants for initial appointment submit a complete set of documents required for the credentialing and privileging process , including:
- MS.5.4.1 Curriculum vitae, detailing the professional history of the applicant.
 - MS.5.4.2 Education, training, certificates, courses, experience, published research, and other relevant credentials.
 - MS.5.4.3 List of references.
 - MS.5.4.4 List of the privileges requested for approval.

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.

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

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- 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.

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.