

Standard Intent:

Clinical departments must be under the direction of individuals who are board certified in their field and qualified in healthcare management by education, training or experience. They must have a clear job description that clearly describes their role and responsibilities. The duties of the head of clinical departments include but not limited to:

- Developing a written scope of services for the department
- Defining medical staff qualifications required for the provision of effective and safe patient care.
- Recommending the need for further training/certification of a medical staff member.
- Monitoring admissions to ensure that the diagnostic and therapeutic intervention are within the staff capabilities and the available hospital resources.
- Ensuring that medical staff members work within the clinical privileges granted to them.
- Assessing the medical staff training and educational needs.
- Assessing appropriateness of admissions, appropriateness and effectiveness of care, length of stay, and appropriate utilization of resources.
- Defining criteria or indicators for selecting cases that must be referred for peer review.

MS.5 The credentialing and privileging of the medical staff is based on an informed group decision.

MS.5.1 The hospital has a credentialing and privileging committee chaired by the medical director or a designee.

MS.5.2 The credentialing and privileging committee provides oversight on the credentialing and privileging processes.

MS.5.3 The credentialing and privileging committee ensures that only qualified physicians and dentists are appointed and granted privileges.

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.

Standard Intent:

One of the important committees of any healthcare organizations is the credentialing and privileging committee that must be chaired by the medical director or a senior member of the medical staff. The committee provides oversight on the credentialing and privileging processes and ensures that only qualified physicians and dentists are



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.