



Policy Category:
Policy Name: Working under Supervision Policy for Allied Health Practitioners, Pharmacists, Nurses
Policy Code:
Version Number:
Developed by:
Reviewed by/Date:
Approved by/ Date:
Date Effective:
Date of Due Revision:
Validity: This policy is the main and valid policy until updated, replaced or canceled by the Department of Healthcare Professions Registration Section. Update, replacement, or cancellation of this policy may occur when needed. However, all healthcare practitioners and parties shall comply with this policy.
Copyright Statement: All rights reserved. No part of this publication may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, or other electronic or mechanical methods, without the prior written permission of the publisher. For permission requests, write to the publisher, addressed "Attention: Registration Coordinator," to the address below . Department of Healthcare Professions Registration Section P.O. Box 7744, Doha, Qatar Phone: (+974) 44092033 Jalai@moph.gov.qa seltorky@moph.gov.qa



1. Introduction:

Working under a supervision is the pathway of choice that healthcare practitioners within Qatar shall follow to qualify for a license to practice independently, whether those planning to alleviate a break in practice or others who have not completed the years of experience required for registration/licensing. This type of practice aims to provide the supervisee with knowledge, skills and attitude necessary for a competent and safe practice.

2. Purpose of this policy:

- This policy aims to provide healthcare practitioners and the DHP registration staff with guidelines with regards to the following:
 - Principles of supervision.
 - Procedures an HCP shall follow to obtain the work under supervision permission.
 - Procedures an HCP shall follow after completing a supervised practice to obtain the license to practice independently.
 - Requirements and responsibilities of the supervisor.
 - Responsibilities of HCPs being supervised.
 - Healthcare facilities where a supervised practice is carried out.
 - Ratio of supervisees to supervisor.

3. Policy statement:

Healthcare practitioners who are Qatari nationals, equivalent, or hold a family QID, and who have either a break in practice or have not completed the required years of experience for registration/licensing in Qatar shall undergo a training through a supervised practice for a specific period as per profession in order to qualify for a license to practice independently and fulfill the safety and quality standards.

4. Scope:

- **This policy applies to the following categories of AHP, Pharmacists and Nursing:**
 - HCPs with a break in practice.
 - HCPs who have not completed the years of experience required for registration/licensing.
 - HCPs who are approved as supervisors.
 - Healthcare facilities in which the work under supervision is carried out.



5. Definitions

- **Working under Supervision letter:** is a permission issued by the DHP and granted to enable HCPs to undertake a period of a supervised practice.
- **Supervision:** for the purposes of this policy, incorporates elements of direction and guidance. It is a formal process of professional support and learning which enables a HCP (supervisee) to develop knowledge and competence, assume responsibility for their own practice and enhance public protection and safety. Supervision may be direct, indirect or oversight (remote) according to the nature of context under which the practice is being supervised.
- **Supervisor** for the purpose of this policy is a licensed HCP who is responsible for the supervision of a trainee in the provision of clinical services during supervised practice that has been approved by the DHP.
- **Supervisee:** is a HCP with a permission to practice under supervision in order to qualify for independent registration/licensing
- **Supervision plan** means a plan that sets out the proposed arrangements for supervision of the practice of the trainee, as well as the purpose, anticipated duration, location, scope of practice, competencies, and structure of work under supervision.
- **Direct supervision** is when the supervisor is present on the premises when the supervisee is practicing; observes and **works with the supervisee**.
- **Indirect supervision** is when the supervisor is easily contactable and is available to observe and discuss clinical management with the supervisee.
- **Remote (Oversight) supervision** is when the supervisor is contactable to discuss clinical activities however is not on the premises or required to directly observe or participate in the clinical management.

6. Abbreviations

- DHP: The Department of Healthcare Professions
- HCPs: Healthcare Practitioners.
- AHP: Allied Healthcare Practitioners

7. Guidelines:

7.1. Principles of supervision:

- Prior approval from the DHP must be issued before working under supervision begins, a supervision letter will be sent to the supervisee indicating the details of working under supervision.



- Providing patients with safe and quality services is a shared responsibility of both the supervisor and the supervisee. Both are held accountable for their shared decisions during the supervision period.
- Level of supervision must be matched to individual needs, the level of risk associated with the position, the purpose of the supervision and supervisee capabilities.
- Supervision plans need to be agreed upon between all concerned parties (The supervisor, supervisee, and healthcare facility). Once the DHP receives a no-objection letter for training issued by the healthcare facility and signed by the supervisor, this indicates that the said plan has been developed and agreed upon.
- This policy should be read in conjunction with the policy: “Break in practice” and its updates published in circular 1/2020, as well as the “Work Experience” policy. All concerned HCPs shall comply with the guidelines stated in the mentioned policies.

7.2. Procedures an HCP shall follow to obtain the Work under supervision letter:

- The applicant shall apply for Evaluation to Work under Supervision request fulfilling all evaluation requirements as per profession, as well as they shall attach copy of valid QID (mandatory), undertaking letter -signed and stamped by the medical director and the supervisor showing the supervisor’s name, scope of practice and license number (Appendix 3), copy of the supervisor’s license, however, passing the qualifying exam is not a training requirement.
- Registration officer will review the application, and then decide with regards to the required period to work under supervision as per profession/scope of practice, accordingly the decision will be approved or rejected, and duration will be mentioned.
- The letter will be sent to the applicant indicating the required working under supervision period.
- In case a licensed HCP has a break in practice while applying for any type of application, the officer will send it back, requesting them to complete the required work under supervision. Once the required training has been completed, the HCP should resubmit the original application to be proceeded accordingly. Upon launching the electronic application for Evaluation to Work under Supervision, the applicant must submit this request electronically, complete the required supervised work period, and then resubmit the original application afterwards to obtain approval.
 - **Note:**
 - The validity of the Supervision letter would be 6 months and should start the training within 6 months from the date of issuance of the letter.
 - The supervision period should be continuous.
 - Scopes that require lifelong supervision can be evaluated and licensed directly.
 - Upon launching the electronic application for Evaluation to Work under Supervision, no new nurse trainee applications will be accepted. The existing licensed nurse trainee must apply for change scope of practice to Nurse upon completion of the required supervision period.



- Upon launching the electronic application for Evaluation to Work under Supervision, no fees will be refunded for any approved request if the applicant has not worked under supervision within the given period.
- Work under Supervision will be subject for verification through DHP inspection.

7.3. Procedures a HCP shall follow after completing a supervised practice to obtain the permanent license:

- Once the supervision period has been completed, the applicant shall apply for evaluation, and attach the supervision completion certificate along with other requirements including the qualifying examination certificate if applicable.
- In case the applicant had a break in practice while applying for licensing, renewal, or restoration, they must complete the supervision period required and then resubmit the original request once more and attach the completion certificate along with the other requirements.

7.4. Requirements and responsibilities of the supervisor:

- Hold a permanent license to practice independently in Qatar.
- Practiced in Qatar for a minimum of 12 months in practice where the supervised practice is to be conducted.
- Have no conditions placed on his/her license, not subject to a current disciplinary decision, being currently under investigation which would impact on the ability to conduct the supervised practice of the individual.
- There is no potential conflict of interest regarding the relationship between the supervisor and supervisee, the supervisor shall notify the DHP in such a situation.
- Make sure that supervisee never put in a situation where they are asked to work beyond their competence without appropriate support and supervision. Patient safety must be paramount at all times.
- Provide a level of supervision appropriately tailored for supervisee. This includes making sure that no supervisee is expected to take responsibility for, or perform, any training, surgical or other technique if they do not have the appropriate experience and expertise.
- There must be a proper system of assessment, monitoring and feedback regarding the performance of supervisee. He/she will be assessed and the assessment reports (Appendix.2) shall be signed and stamped by the medical director and the supervisor.
- The assessment report should be submitted at the end of training. In cases of multiple



supervision, the report should be submitted from each supervisor of each place of work.

- Make sure that the supervisee has the opportunity to discuss issues or problems, and to comment on the quality of the training and supervision provided.
- Notify the DHP immediately in case of:
 - non-professional practice or non-ethical/non-professional conduct
 - violating health laws & regulations.

7.5. Responsibilities of HCPs being supervised:

- Take a joint responsibility with the supervisor to implement the supervision plan in an effective and timely manner.
- Recognize the limits of their professional competence and seek guidance and assistance and follow directions and instructions from their supervisor as required.
- Advise the supervisor immediately of any issues or clinical incidents during the period of supervision which could adversely impact on patient care.
- Reflect on and respond to feedback.
- Notify the DHP if the approved supervisor is no longer able to provide supervision, and immediately cease practice.

7.6. Healthcare facilities where a supervised practice is carried out:

- **Nurse/midwife:** All healthcare facilities in which nursing professionals are authorized to practice whether public or private.
- **AHP:** All healthcare facilities in which AHP professionals are authorized to practice whether public or private.
- **Pharmacist:** Community pharmacy, internal pharmacy, and medicine store, whether public or private.
- **Complimentary Medicine:** All healthcare facilities in which CM professionals are authorized to practice whether public or private.

Note: Nursing, Nursing/Medical agencies are not approved places in which supervised training can be carried out.

7.7. For details on the scopes and details on the supervision framework, kindly refer to Appendix:1



8. Related Policies:

- Break in practice policy.
- Policy on registration/licensing of Qataris, offspring, and spouses of resident, and Qatari Universities graduates.



9. Appendix

• Appendix 1: Scopes and types of Supervision details

Sl.NO	Scope	Supervision Ratio	Supervisor's scope	Life-time Supervision
ALLIED HEALTH PROFESSIONALS				
1	Clinical Psychologist	1:4	Clinical Psychologist, Licensed Psychiatrist	No - 2 years post Masters
2	Clinical Social Worker	1:4	Clinical Social Worker, Clinical Psychologist, Psychological Counsellor	No - 3 years post bachelors; - 2 years post MSW
3	Child Life Specialist	1:4	Child Life Specialist, Licensed Physician: Child & adolescent psychiatry	No - 2 years experience as certified Child Life Specialist or registered Hospital/Health Care Play Specialist.
4	Speech Language Pathologist	1:4	Speech Language Pathologist	No - 2 year experience in the field of speech-language pathology
5	Psychological Counsellor	1:4	Psychological Counsellor, Clinical Psychologist	No Post degree supervised clinical experience required: - Master's degree: minimum of 3,000 hours (2 year equivalent) - Doctoral degree: minimum of 1500 hours (1 year equivalent)
6	Audiology Technologist	1:4	Audiology Technologist Audio vestibular Medicine Physician Speech Language Pathologist	No - 2 years clinical experience
7	Audiology Technician	1:4	Audiology Technologist Audio vestibular Medicine Physician	Yes - 1 year clinical experience as Audiology Technician
8	Assistant Psychologist	1:4	Clinical Psychologist (Doctoral-level), Psychological Counsellor (Doctoral-level), Licensed Psychiatrist	Yes - Minimum of 2 years post- graduation or certification of supervised experience
9	Laboratory Consultant Clinical Scientist	1 to 4	Laboratory Medicine Specialist, Laboratory Clinical Scientist	No
10	Laboratory Clinical Scientist	1 to 4	Laboratory Medicine Specialist, Laboratory Clinical Scientist	No



11	Laboratory Technician	1 to 4	Laboratory Medicine Specialist, Laboratory Technologist	Yes
12	Laboratory Technologist	1 to 4	Laboratory Medicine Specialist, Laboratory Technologist	No
13	Laboratory Technologist (Specific)	1 to 4	Laboratory Medicine Specialist, Laboratory Technologist, Laboratory Technologist Specific	No
14	Pathologists' Assistant	1 to 2	Laboratory Medicine/Clinical Pathology, Laboratory Technologist	Yes
15	Phlebotomist	1 to 2	Laboratory Medicine Specialist, Laboratory Technologist	Yes
16	Dispensing Optician	1 to 4	Optometrist	Yes
17	Optometrist	1 to 4	Ophthalmologist, Optometrist	No
18	Orthoptist	1 to 4	Ophthalmologist, Orthoptist	No
19	Basic Paramedic	1 to 1	Paramedic, Critical Care Paramedic	Yes
20	Paramedic	1 to 1	Paramedic, Critical Care Paramedic,	No
21	Critical Care Paramedic	1 to 1	Critical Care Paramedic,	No
22	Emergency Medical Dispatcher	1 to 2	Paramedic, Critical Care Paramedic,	No
23	Respiratory Technician	1 to 1	Respiratory Therapist	Yes
24	Respiratory Therapist	1 to 1	Respiratory Therapist	No
25	Sleep Technologist	1 to 1	Sleep Technologist	No
26	Pulmonary Technician	1 to 1	Pulmonary Technologist, Pulmonary Physician	Yes
27	*Pulmonary Technologist	1 to 1	Pulmonary Technologist, Pulmonary Physician	Yes (For some special procedures that require direct patient supervision by a Pulmonary Physician)
28	Radiology Technician	1 to 2	Radiology Technologist & Diagnostic Radiology	Yes
29	Radiology Technologist	1 to 1	Radiology Technologist	No
30	Sonographer	1 to 2	Radiology Technologist & Sonographer	No



31	Ultrasound Technician	1 to 1	Radiology Technologist & Ultrasound	Yes
32	Cardiovascular Technologist	1 to 1	Cardiovascular Technologist & Cardiovascular medicine	Yes
33	E.C.G. Technician	1 to 1	Cardiovascular Technologist & Cardiovascular medicine	Yes
34	Neurodiagnostic Technologist	1 to 1	Neurodiagnostic Technologist & Neurology	No
35	Oncology Radiation Technician	1 to 1	Oncology Radiation & medical oncology	No
36	Nuclear Medicine	1 to 1	Nuclear Medicine	No
37	Physiotherapist	1 to 1	Physiotherapist	No
38	Physiotherapy Technician	1 to 2	Physiotherapist	Yes
39	Prosthetist & Orthotist	1 to 1	Orthopedic Surgeon and Prosthetist & Orthotist	No
40	Occupational Therapist	1 to 1	Occupational Therapist	Yes
41	Clinical Exercise Physiologist	1 to 2	Clinical Exercise Physiologist	No
42	Orthopaedic Practitioner	1 to 1	Clinical Exercise Physiologist and Orthopaedic Practitioner	No
43	Plaster Technician	1 to 1	Clinical Exercise Physiologist, Orthopaedic Practitioner and Plaster Technician	No
44	Addiction Counselor	1 to 2	Addiction Counselor, psychological counselors, psychiatrists	No
45	Associate Addiction Counselor	1 to 2	Addiction Counselor, psychological counselors, psychiatrists	Yes
46	Ayurveda	1 to 1	Ayurveda	No
47	Acupuncture	1 to 1	Acupuncture	No
48	Hijama (Cupping)	1 to 1	Hijama (Cupping)	No
49	Homeopathy	1 to 1	Homeopathy	No
50	Chiropractor	1 to 1	Chiropractor	No
51	Anesthesia Technologist	1 to 2	Anesthesia Technologist or anesthesiologist	Yes
52	Dialysis Technician	1 to 1	Dialysis Technologist and nephrologist	Yes
53	Dialysis Technologist	1 to 1	Dialysis Technologist and nephrologist	No
54	Pharmacy Technician	1 to 2	Pharmacist	Yes
55	Endoscopy Technician	1 to 1	Endoscopy Technician, Endoscopist or	Yes



			Gastroenterologist	
56	Urology Technologist	1 to 1	Urology Technologist and urologists	No
57	Clinical Perfusionist	1 to 1	Clinical Perfusionist, Cardiologist, Cardiac Surgery, Cardiovascular Medicine or Cardiovascular Surgery	No
58	Dental Assistant	1 to 1	Dental Assistant or Dentist	Yes
59	Dental Hygienist	1 to 1	Dental Hygienist or Dentist	Yes
60	Dental Technician	1 to 1	Dental Technician	No
61	Dietician	1 to 2	Dietician	No
62	Dietician Technician	1 to 2	Dietician	Yes
63	Embryologist	1 to 1	Embryologist or OBGYN with privilege in IVF	Yes
64	Infection Control Technician	1 to 2	Infection Control Technician or Infectious Disease Physician	Yes
65	Laser Technician	1 to 1	Laser Technician, Dermatologist or Plastic Surgeon	Yes
66	Operating Theatre Technician	1 to 1	Operating Theatre Technician or Surgeon	Yes
67	Osteopathy Technician	1 to 1	Osteopathy Technician	No
68	Podiatrist	1 to 1	Podiatrist or General Surgery	No
69	Special Education Specialist	1 to 2	Special Education Specialist or Psychological Counselor	No
PHARMACIST				
70	Pharmacist	1 to 2	Pharmacist	No
NURSES				
71	Nurse practitioner	1 to 2	nurse practitioner - Physicians	No
72	Nurse specialist	1 to 2	nurse specialist - nurse practitioner	No
73	Registered General Nurse	1 to 2	nurse practitioner - nurse specialist - Registered General Nurse.	No
74	Midwife	1 to 2	registered midwife.	No
75	Nurse Educator	1 to 2	nurse educator	No
76	Assistant Nurse/Assistant Midwife	1 to 2	Registered General Nurse	Yes
77	Nurse Trainee	1 to 2	Registered General Nurse	No



Appendix 2 – Assessment Report

Assessment Report

Applicant Name: _____

Facility Name: _____

Medical Director of Facility: _____
any): _____

License Number (if

Name of Supervisor: _____

Supervision Duration (Start date to end date): _____

Criteria	Feedback
Knowledge in the scope	
Job Related Skills	
Communication/ Attitude of the supervisee	

Additional Comments:

Assessment done by: _____
(Name and Signature)

Date:

Stamp of the Medical Facility



Appendix 3: Facility Undertaking for Practice under Supervision

FACILITY UNDERTAKING FOR PRACTICE UNDER SUPERVISION

Date:

To Department of Healthcare Professions
Registration and Licensing section,

Subject:

We the undersigned, confirm to appoint (supervisor's name and license number) to supervise - (supervisee's name) as (supervisee's position), holding QID (QID number). The supervision will be in effect after DHP issues an approval letter informing the practitioner that they can start the period required.

During this period, we will take full responsibility of the supervisee's practice under supervision, ensuring the that it adheres to the correct ratio of supervisees as stipulated by DHP's supervision policy and professions' guidelines.

Sincerely,

(Medical Director's Stamp and Signature)

Date: _____

(Supervisor's Stamp and Signature)

Date: _____

(Facility Stamp)



Date:

Training Completion Letter

This is to certify that the healthcare practitioner/.....
has been completed his/her training period from date.....to

- Profession:
- Scope of practice:
- Reference no. (request no. on the electronic system / manual training)

...../.....

We certify that all the above-mentioned information is correct, and we are fully responsible for these details.

Supervisor Signature:

Healthcare facility Manager Signature:

Facility Stamp:



التاريخ:

خطاب استكمال التدريب

تشهد المنشأة الصحية/.....
أن الممارس الصحي/.....
قد استكمل فترة التدريب المطلوبة بنجاح من تاريخ.....إلى.....

- التخصص:.....
- مجال العمل:.....
- الرقم المرجعي: (رقم الطلب على النظام الالكتروني / خطاب تدريب يدوي):
...../.....

كما أننا نقر بأن جميع المعلومات المذكورة أعلاه صحيحة وأنها نتحمل المسؤولية كاملة فيما يتعلق بهذه التفاصيل.

توقيع المشرف المباشر:.....

توقيع مدير المنشأة الصحية:.....

ختم المنشأة الصحية:.....



Assessment Form for Pharmacist under-supervision

Professional competence in pharmacy refers to the knowledge, skills, behaviors, and attitudes which are required to enable you to carry out your duties and responsibilities in accordance with the professional standards expected by the DHP.

Domain	Competency	Excellent	Satisfactory	Non-satisfactory	Comment
Professional Practice	Practices 'patient-centred care'				
	Practices Professionally				
	Practices ethically				
	Engages in appropriate continuing professional development				
Personal Skills	Leadership skills				
	Decision-making skills				
	Team working skills				
	Communication skills				
Dispense of Medicines	Manages the medicines supply chain				
	Reviews and dispenses medicines accurately				
Safe and rational use of Medicines	Patient consultation skills				
	Patient counselling skills				
	Reviews and manages patient medicines				
	Identifies and Manages medication safety issues				
	Provides medicines information and education				
Organization and management skills	Self-management skills				
	Workplace management skills				
	Human resources management skills				
	Financial management skills				
	Quality assurance				
Circulars & memos issued by pharmacy and drug control department	Knowing and understanding the dispensing regulations for medicines				

Trainee's name:

Supervisor's Name:

Facility stamp:

Date:

For inquiries contact: dhpregistration@moph.gov.qa