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<b>Document Type:</b> Policy	<b>Ref No:</b> HRS/HPSD/RRMD/1/27-05-2021	<b>Version Number:</b> 1
<b>Document Title:</b> Role and Responsibilities of Medical Director	<b>Effective Date:</b> 17-06-2021	<b>Revision Date:</b> 17-06-2026

**Ownership:** Health Policy and Standards Department

**Applicability:** All Health Facilities and Professionals Licensed by Dubai Health Authority

### 1. Purpose:

- 1.1. To align with Dubai Health Authority (DHA) strategic objective to position Dubai as a global medical destination by introducing a value-based, comprehensive, integrated and high-quality service delivery system.
- 1.2. To ensure safe and high-quality care is upheld within DHA licensed facilities.
- 1.3. To set out the role and responsibilities for Medical Director.

### 2. Scope:

- 2.1. All DHA Licensed Health Facilities.

### 3. Definitions/Abbreviations:

**DHA:** Dubai Health Authority

**HF:** Health Facility

**HP:** Healthcare Professional

**HRS:** Health Regulation Sector

**MD:** Medical Director

**Health Facility:** Any place prepared to examine medically the patients or to help them in the diagnosis of their diseases or to treat or nurse or host them for convalescence or to do any action related to treatment or rehabilitation after treatment whether its owner or Manager is an individual or an Organization.

**Medical Director:** is a DHA licensed healthcare professional who holds responsibility and oversight of medical services within a DHA licensed health facility.

**Medical Practice Committee (MPC):** refers to committee formed by virtue of Executive Council Resolution No. (32) Of 2012 to regulate the practice of medical professions in the Emirate of Dubai.

#### 4. Policy Statement:

4.1. All DHA licensed Health Facility (HF) shall have in place a Medical Director as per DHA Policy for Licensing Health Facility and Cabinet Decision no. (29) of 2020 concerning Federal Decree no. (4) of 2015 concerning Private Health Facilities.

4.2. The MD is responsible for the following:

##### 4.2.1. Medical Ethics

- a. Ensure the ethical medical practice is always maintained and where necessary take action when compromised.
- b. Ensure the Code of Professional Conduct is upheld as per DHA Regulation at all times by all staff.
- c. Ensure all staff have declared any conflicts of interest in writing.
- d. Ensure all staff sign a non-disclosure and confidentiality of patient information.

- e. Ensure training on medical ethics is delivered to all staff annually and documented.
- f. Assure patient decision making is supported in an ethical manner.

#### 4.2.2. Leadership

- a. Take on a leadership role within the organisation and ensure patient safety and quality of care is upheld to the highest standards.
- b. Provide professional leadership and bridge the gap between healthcare professionals, senior management or the Board.
- c. Support in-house and external health and wellness and prevention initiatives.
- d. Build a culture of respect, trust and professionalism among medical staff providers which is represented by fairness, integrity and non-discrimination.
- e. Assure policy and procedures are in place to optimise clinical efficiency and effectiveness.
- f. Be available to staff to discuss clinical cases or internal matters for service improvement.
- g. Define, approve and monitor achievement of the organization's clinical strategic objectives.
- h. Encourage collaboration and engagement among internal staff and external clinical networks and stakeholders.
- i. Support governance committees including but not be limited to morbidity and mortality, medical complaints, sentinel and adverse events reporting, infection control, accreditation, clinical privileging and pharmacovigilance.

4.2.3. Governance

a. Medical directorships shall be appointed by:

- i. The health facility governing body and may include members of the medical team.
- ii. The appointment shall meet the definition(s), qualification(s) and DHA licensure requirements specific to the services provided.

b. The Medical Director is responsible to set the clinical governance arrangements as per DHA Policy for Clinical governance and ensure the following:

- i. Clinical privileges are signed and agreed with all clinical staff (as necessary) as per DHA Policy for Clinical Privileging.
- ii. Ensure all clinical services have written and defined scope of service.
- iii. Report to HRS if any of the staff are found to be working without an approval from DHA.
- iv. Regularly report to the Chief Executive Officer/Management Board on clinical practice and clinical performance.
  - The MD should document clinical practice and performance where a Chief Executive Officer/Management Board is not available.
- v. Ensure all announcements by DHA are disseminated to all staff.

4.2.4. Quality and Safety

- a. Assure written consent before treatment is upheld as per DHA Guidelines.
- b. Health record information is met as per DHA Guidelines.
- c. Act as the lead representative for DHA within the organisation.

- d. Ensure all clinically related patient and staff complaints are reviewed and where necessary corrective action is taken as soon as possible.
- e. Lead on transformation of clinical services.
- f. Act on poor performance and ensure patient safety and high-quality care is always a priority within the organisation.
- g. Embed and encourage an internal system of quality improvement that engages the concerned staff in clinical audits.
- h. Periodically conduct peer reviews in each speciality to evaluate professional conduct and practice.
- i. Embed preventative measures to reduce medical complaints.
- j. Ensure they are patient engagement groups to improve healthcare services.
- k. Champion DHA initiatives for strengthening professionals practice.
- l. Report to the competent authority for any issues that are a threat to patient safety or the public.
- m. Ensure the management and timely reporting of sentinel and adverse events to the Health Regulation Sector.
- n. Analyse audit results and direct improvement plans to ensure standards for patient care are met.
- o. Ensure all policies and standards to operate a healthcare facilities are in place, updated and signed as per DHA requirements.

#### 4.2.5. Medical Education

- a. Support medical education and training, scientific and research activities.

- b. Put in place a mechanism to track staff performance and take decisions on staff training needs.
- c. Ensuring random internal audits are done to maintain professional CME.
- d. Encourage staff to engage in Continuous Professional Development initiatives.
- e. Encourage staff to participate in clinical research.

#### 4.2.6. Compliance

- a. Compliance with Federal and local laws and regulations.
- b. Ensure all staff maintain a valid medical malpractice insurance during their practice, and be ready to be presented to DHA inspection officer once required.
- c. All clinical staff are licensed before the provision of health services.
- d. All clinical staff are fit for practice at all times as per DHA Policy for fitness to practice.
- e. All health advertisement is met as per DHA Guidelines.
  - i. Medical Director will be responsible for any health advertisement posted by the health facility.
- f. Take on an active role with organisational accreditations and certifications.
- g. Maintain up to date contact details on the DHA licensing system (Sheryan) are kept up to date.
- h. Notify HRS when taking a leave exceeding 30 days or emergency leave through the online system.
  - i. The MD should report to the facility owner or CEO, to appoint a qualified MD for the duration of the leave.

- i. Act as the main contact person for DHA for clinical issues.
- j. Ensure all data and statistics reporting is submitted on a timely manner as per DHA requirements and other competent authorities.

4.3. All Medical Directors will be required to sign an undertaking to this policy upon licensure on the online licensing system (**Appendix 1**).

- a. The medical director may nominate or deputize certain requirements set out in the DHA policy with key staff but will remain the responsible person for compliance of the policy.

4.4. Medical Directors who fail to comply with the requirements set out in the DHA Policy on the Role and Responsibilities for Medical Directors will be subject to violations and disciplinary action by DHA HRS and the Medical Practice Committees (MPC).

## 5. References

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**6. Appendix 1 - Undertaking Letter for Role and Responsibilities of Medical Directors**

I hereby declare:

1. I have reviewed the Policy on the Role and Responsibilities for Medical Directors and agree to comply with all the requirements and Federal and Local Laws and Regulations.
2. I acknowledge that Dubai Health Authority has the right to issue appropriate disciplinary actions where there are shortfalls and/or if any information I provide is inaccurate or falsified.
3. I will apply online to notify when vacating my position as a Medical Director.
4. I will ensure Clinical Practice is upheld to highest standards and take immediate action when they are short falls.
5. I will fully cooperate with DHA for any information or documentation required, and attend any investigation and hearing session as required.

**Full Name:**

**Facility Name:**