

Credentialing and Privileging in the Kingdom of Saudi Arabia

A Whitepaper by the Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI)

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In association with



DATAFLOW

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Foreword

The Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI) is responsible for setting quality and patient safety standards against which all healthcare facilities are evaluated for evidence of compliance within the Kingdom of Saudi Arabia (KSA).

This whitepaper - a proud collaboration developed by CBAHI and CBAHI stakeholders in association with the DataFlow Group - aims at providing a relevant overview of credentialing and privileging in KSA, ultimately serving as a key resource for protecting healthcare organizations, staff and patients from the serious consequences of credential fraud, while highlighting industry best practices.

Dr. Salem Al Wahabi



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Director General

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Introduction

As the national accreditation body for the Kingdom of Saudi Arabia (KSA) since 2005, the Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI) launched an Essential Safety Requirements (ESR) Program; a one-day survey for all 448 hospitals in KSA between March-October 2016. The ESR Program is closely aligned with the country's 2030 vision following the initiation of a major health reform.

The ESRs are 20 priority standards out of more than 600 national hospital standards from CBAHI's third edition. Conducted by a CBAHI official, the survey covered and comprised of visits to various KSA health sectors. These included the Ministry of Health; Saudi Arabian National Guard - Health Affairs; Royal Commissions for Jubail and Yanbu; King Faisal Specialist Hospital and Research Centre; John Hopkins Aramco; military and security sectors; as well as university and private hospitals.

For example, ESR 1 addresses credentialing - "HR 5: The hospital has a process for proper credentialing of staff members licensed to provide patient care" (CBAHI 2015)¹, followed by ESR 2 which tackles privileging - "MS 7: Medical staff members have current delineated clinical privileges" (CBAHI 2015)².

Upon surveying all hospitals in the country, the overall non-compliance to credentialing 'ESR1-HR5' was 45.3% and the overall non-compliance to privileging 'ESR2-MS7' was 50.9%. The mentioned percentages of non-compliance refer to the total number of hospitals that were listed as 'Not Met' under each standard.

These results raised valid concerns with regards to credentialing and privileging, both of which are considered basic fundamental standards of practice in a high income country such as KSA - with a direct impact on healthcare quality and patient safety.

Consequently, CBAHI immediately arranged a policy dialogue with key stakeholders, followed by focused field visits, phone calls and correspondences to multiple hospitals and authorities in Riyadh.

Problem Statement

Out of the 448 hospitals within different sectors, the overall non-compliance to credentialing 'ESR1-HR5' was 45.3% and the overall non-compliance to privileging 'ESR2-MS7' was 50.9%.

Furthermore, reliance on expatriates - 70.3% of physicians in Ministry of Health hospitals and 97% in private hospitals as estimated by General Authority of Statistics in 2015³ - in addition to the many Saudi physicians with external medical fellowships that require verification; are all factors that make a strict credentialing procedure and a subsequent privileging process of critical importance.

Two sides of the same coin:

Credentialing and privileging processes are both interdependent. In KSA, issues in credentialing directly lead to flaws in the privileging process. To this end, this whitepaper will be discussing these two main processes.

1. Credentialing

The credentialing of healthcare practitioners in KSA is centralized in the Saudi Commission for Health Specialties (SCHS).

Two main courses for credentialing

- Credentialing of Saudi healthcare practitioners with local qualifications.
- Credentialing of expatriates and Saudi healthcare practitioners with overseas qualifications.



Fig. 1 - SCCHS credentialing process for Saudi medical staff with local qualifications

Important Notes - Fig. 1:

- **Item 2** - No DataFlow Group Primary Source Verification (PSV) is required for KSA credentials issued from the country. DataFlow Group verification applies only for foreign credentials even for Saudi clinicians. Others who are exempt from PSV include Saudis who have undertaken an equivalency from the Ministry of Higher Education (unless required by their facility), as well as non-Saudis who were born in KSA or graduated from KSA high schools who do not need to submit/verify their experience when registering with the SCCHS. To Note - the SCCHS applies PSV for the following components only:
 - ◇ One education qualification
 - ◇ Last one year of experience
- The SCCHS is currently addressing overseas applicants through the Mumaris system, which allows applicants to begin their registration and PSV processes from their home countries before arriving to KSA. However, the system is facing some issues and is not comprehensively working for all applicants. Also, it is not currently mandatory for applicants to process their applications while they are overseas.
- The exemption of certain groups from undergoing the PSV process opens the door for applicants to manipulate and misuse the system. Currently, universities under the Ministry of Higher Education do not mandate SCCHS registration for promotions, therefore the rule is faculty staff do not acquire the SCCHS license unless required by the private hospital they practice within. Implementing PSV globally across the board for all applicants - irrespective of where they obtained their credentials - through a unified process of verification for all types of healthcare professionals will result in a healthier and more competent workforce. The addition of components to the verification process such as increasing the number of years' experience, health license, logbook and Certificates of Good Standing will ensure the standard of expertise.

Marketplace Trends of Note:

- Over the past 10 years of operation, the DataFlow Group has witnessed a rising trend of forged documents. Especially in instances when one additional component for verification has been added - cases of forged documents within the region increased by 600%⁴.
- In the past five years, the DataFlow Group has witnessed strengthened patient trust in local Gulf Cooperation Council markets, which can be attributed to both the comprehensive component verification of skilled talent recruited globally to work in this region and the confidence in DataFlow Group processes meeting global best practice standards - demonstrated by the American healthcare facility, Cleveland Clinic, which now has a facility in the United Arab Emirates.

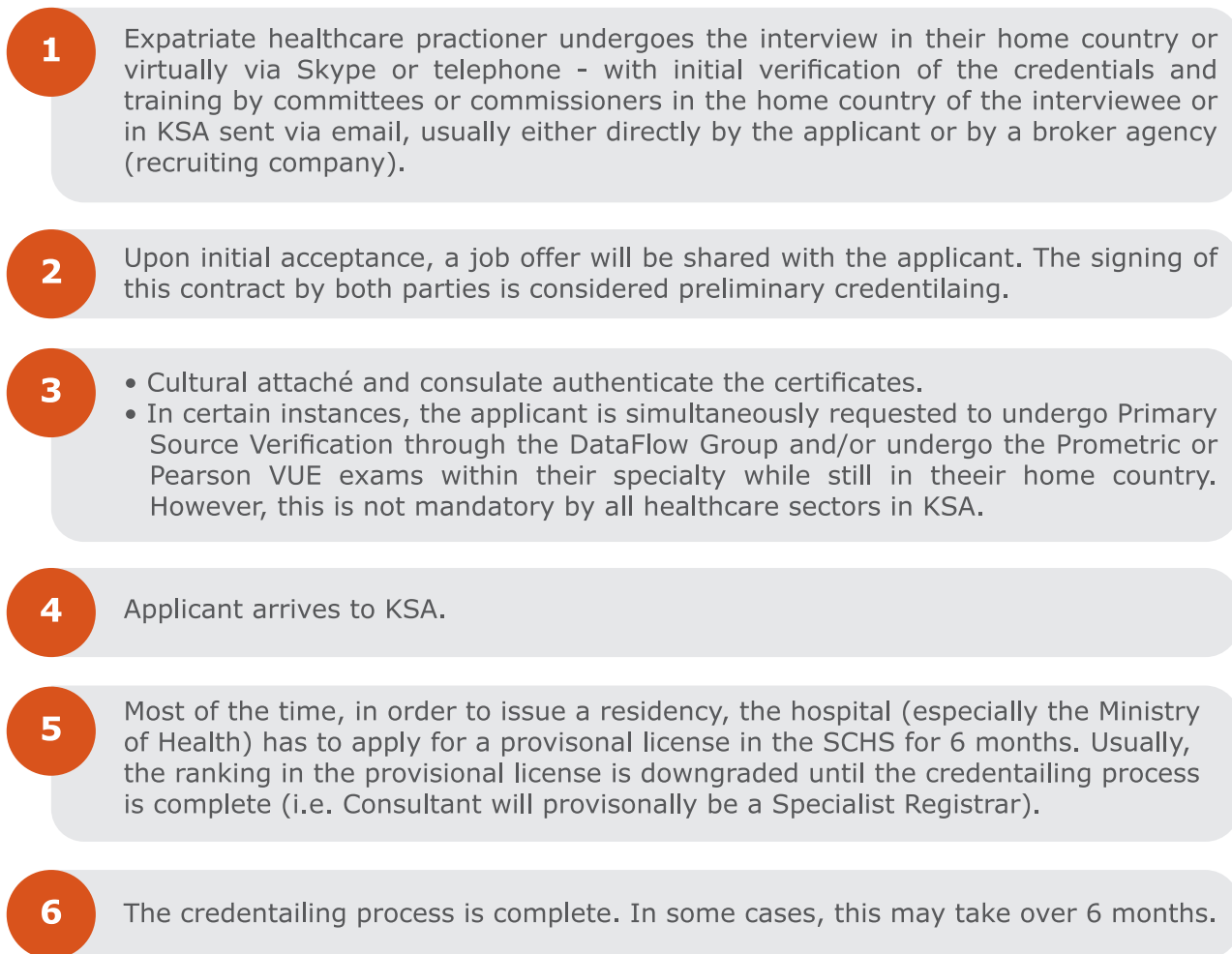


Fig. 2 - SCHS credentialing process for expatriate healthcare workforce in KSA

Important Notes - Fig. 2

- **Item 3:** This is a major process gap and cause for concern with applicants arriving to KSA and practicing in advance of completing the entire PSV process. This poses a substantial risk, not only to patients, but also to the facility in terms of financial repercussions (i.e. legal, hiring and replacement costs).
 - ◇ Based on the DataFlow Group's experience to date, the current process for compliance, PSV and privileging is not fit for CBAHI's strategic direction. Suggestion would be to complete - per global best practices - PSV in its entirety before the applicant arrives to KSA, which would necessitate the SCHS modifying its responsibility to register health professionals to practice in the country.
 - ◇ The DataFlow Group is currently working with the Ministry of Foreign Affairs to screen all overseas applicants before they arrive to KSA for work and to also ensure that all professionals going through the Shamel program are verified.

2. Privileging

Privileging is an internal process implemented within a healthcare facility for the purpose of verifying and integrating the training and experience of the healthcare practitioner with the scope of services offered by the facility.

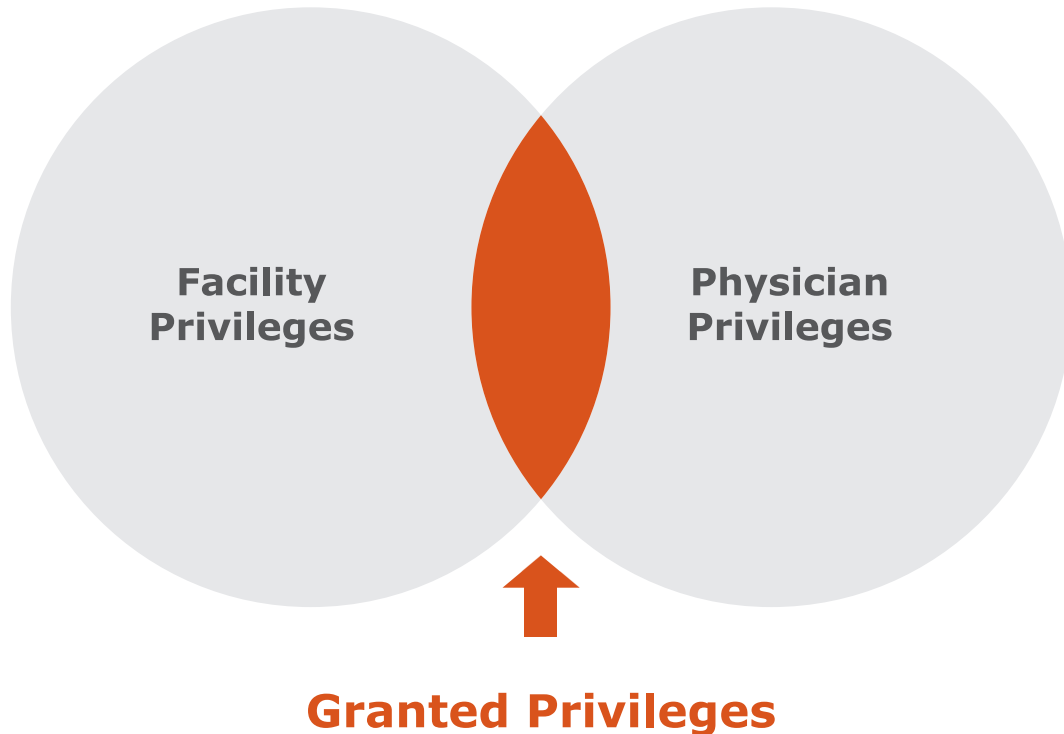


Fig. 3 - Integration of privileges between the healthcare practitioner and the facility

As credentialing practices vary despite a centralized body - namely the SCHS - privileging, which is an internal or institutional issue, varies largely from sector to sector and from provider to provider.

Under the Ministry of Health, the General Directorate for Health Affairs - Riyadh has a centralized privileging practice covering its hospitals while in Jeddah; for instance, the privileging is left to the hospital itself. This is an example of one variation within the Ministry of Health sector.

Another example is that most hospitals use some form of 'laundry list' for privileging, whereby the healthcare worker is offered a checklist of privileges to choose from that can be initially verified by the Department Head followed by the Credentialing and Privileging Committee (CPC) within this hospital, or in the case of the General Directorate for Health Affairs - Riyadh, a final decision is taken based on the simple verification of training and experience. Usually, the basic privileges for a given specialty are expected, while practices that are based on intuition are excluded.

Alternatively, other hospitals and sectors may conduct competence-based privileging. In this process, the training and experience per each privilege - especially for carrying out advanced or high-risk medical procedures - is thoroughly evaluated in terms of training quality, actual experience and mentoring.

Continuous monitoring of privileges also varies. Some hospitals conduct periodical performance evaluations, others do it routinely only to fulfill paperwork, while others do not do it at all. Based on this evaluation, the privileges and at times the credentials may be revisited to make sure they are rightfully granted and aligned with the professional practice. When deemed necessary, some privileges or credentials may be updated, temporarily suspended, conditionally granted or fully revoked.

Methodology

Different methodologies have been used by CBAHI to identify the problem, collect needed information and propose effective solutions. This includes the ESR survey report; the analysis of sentinel events reported to the Ministry of Health portal 2012 - 2015 (Alwahabi, Farahat, Bahloul, 2017)⁵; field visits to select hospitals and institutions; assigned personal and telephone interviews with stakeholders; review of local, regional and international literature and practices; as well as policy dialogues hosted by CBAHI involving different stakeholders.

Stakeholders for Credentialing and Privileging in KSA

Stakeholder	Role(s)
Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI)	Accreditation of healthcare institutions
Saudi Commission for Health Specialties (SCHS)	Licensure of healthcare workforce
Ministry of Health (MoH)	Regulator and key provider of healthcare services
Hospitals and Medical Services	
MoH	Healthcare Providers
Medical Cities, MoH	
University Hospital	Healthcare Workforce
Military Medical Affairs	
Saudi Arabian National Guard - Health Affairs	Recruiters
Royal Commission Medical Affairs	
Security Forces Medical Affairs	
University Hospitals	
King Faisal Hospital & Research Center	
Private Sector	
Johns Hopkins - Aramco	
KSA Airlines Medical Services	
Ministry of Foreign Affairs (MoFA) - in coordination with the Ministry of Education (MoE) and Ministry of Labor (MoL).	Development of the 'Shamel' platform to verify the healthcare workforce and other regulated professions online
MoFA headquarter	Verification of expatriate and Saudi healthcare workforces with overseas qualifications
Saudi consulates abroad - MoFA	
Cultural attaches abroad - Ministry of Higher Education (MoHE)	
Ministry of Labor (MoL)	Workforce regulator
Saudi Medical Societies / Associations	Privileging guidelines and job descriptions
Council of Cooperative Health Insurance (CCHI)	Payment regulator

Policy Options (Proposed Solutions)

1. Pilot and deploy Shamel:

The Ministry of Foreign Affairs has developed the Shamel online gateway to ensure that expatriate professionals are registered with the system and to verify regulated professions for overseas professionals before they arrive to KSA. The platform is scheduled to launch in 2017. After meeting with the Ministry of Foreign Affairs, it was highly recommended to expand the launch phase to include healthcare professionals before Shamel is officially deployed.

2. Increase Primary Source Verification components when needed: *

Based on the lack of standardization (i.e. exemptions for non-Saudis who were born or graduated from KSA high schools) from providing any experience information, leverage third party expertise for Primary Source Verification (PSV) in KSA (the DataFlow Group to increase verification components). Documents that need to be verified can be flexibly customized according to the specialty or nature of the license and in accordance with best practices in order to confirm the safe licensure and subsequent privileging processes.

*Useful reference: [The DataFlow Group Service Manual](#)⁶

3. Empower and expand the role of the SCHS:

As the centralized regulatory body in KSA for healthcare workforce licensure since 1982, the SCHS must become more empowered to involve all practicing healthcare workers without exceptions or delays.

Given the mixed levels of screening, which in some cases mean complete exemption or process manipulation - i.e. the non-screening of Saudi graduates and nationals, as well as the exclusion of specific entities (Saudi Arabian National Guard - Health Affairs) - the best practice that obtained a stakeholder consensus is to start the credentialing process while the healthcare practitioner is still in their home country and before arriving to KSA. This comprises of Primary Source Verification (PSV) through the DataFlow Group, including an end-to-end process integration that eliminates the risk of fraud (i.e. receipt manipulation); in addition to finalizing the required tests and interviews overseas rather than conducting this process after the healthcare practitioner arrives and begins practicing.

This also requires communication among various SCHS stakeholders such as recruitment committees and processes of different healthcare sectors, as well as involvement of cultural attaches' efforts and consulates for credential authentication.

Consequently, the provisional 6-month licensure granted for newly arrived healthcare practitioners shall be minimized as it can lead to serious repercussions, especially with certain procedures that require advanced skills and training. In addition, credentialing practitioners in their home countries significantly mitigates adverse effects on patient safety throughout KSA.

Regionally, the Health Authority - Abu Dhabi (HAAD) does not permit healthcare professionals to practice within the emirate of Abu Dhabi unless they are licensed to do so through its evaluation processes. Based on experience to date with the HAAD, implementing the DataFlow Group verification process would provide a thorough catch-all, including the retrospective screening of healthcare practitioners who are already working in KSA - taking into account Saudi nationals, graduates and the Saudi Arabian National Guard - Health Affairs.

- Learning from an international experience in terms of credentialing, the Educational Commission for Foreign Medical Graduates (ECFMG) is the Primary Source Verification (PSV) agent for medical graduate qualifications from outside the United States and Canada. The Electronic Portfolio of International Credentials (EPIC) is the electronic facility used by the ECFMG to assess medical education, training programs and credentials (ECFMG, 2016).

- In September 2015, the Medical Council of Ireland (MCI) started to use EPIC, followed by the Australian Medical Council (AMC) in October of the same year (ECFMG, 2016).
- In Canada, the Medical Council of Canada (MCC) recognizes 'Physicians Apply' as a unified online portal to conduct the necessary Primary Source Verification (PSV) and training assessment of overseas medical graduates (MCC 2016, Physicians Apply 2016).

In terms of privileging - while it is an internal process carried out primarily by the hospital, health directorate or equivalent - the SCHS establishes and oversees many scientific societies that can outline the privileges for relevant specialties and subspecialties.

With regards to the monitoring of privileging, the U.S. Department of Health & Human Services has initiated the National Practitioner Data Bank (NPDB) - which is created by Congress. NPDB is an online repository containing malpractice payments; specific adverse events conducted through a healthcare practitioner, provider, supplier or entity. This information is not available for the public and there is a federal law that controls the types of information to be submitted, who to submit and who can access or query (NPDB 2016).

A similar concept may be implemented under the umbrella of one or more of these collaborators - the Ministry of Health, CBAHI, SCHS or Saudi Health Council. Furthermore, it can be incorporated with the Ministry of Health and CBAHI adverse and sentinel events reporting portals (Ministry of Health 2016, CBAHI 2016). This takes place when healthcare facilities are encouraged to become more transparent.

4. Ministry of Health to integrate different healthcare sectors under the Saudi Health Council:

The KSA Minister of Health is also head of the Saudi Health Council. The Saudi Health Council plays an integral role in involving and unifying national health policies among various healthcare sectors and institutions. Currently, healthcare practitioners arrive in KSA to then process their PSV, or are Saudi graduates/nationals and therefore exempt - which leads to temporary licenses being granted, or at its simplest, a lack of comprehensive verification. The desired actions concerning credentialing and privileging in the country may be broken down into four main points:

1. Outlining the recruitment process of expatriate healthcare practitioners in terms of coordination, thus making it more effective and better communicated to relevant stakeholders such as KSA embassies, recruitment committees and agencies.
2. Enforcing the credentialing process both inside and outside KSA across all healthcare sectors by highlighting the SCHS and Primary Source Verification (PSV).

For seasonal healthcare workforce recruitment - especially for Hajj and Omra pilgrimages - increasing capacity and incentivizing credentialing and privileging committees is needed for more precise and faster processing.

3. Delineating and disseminating privileging best practices in collaboration with both healthcare facilities and scientific medical societies that operate under the supervision of the SCHS.

In this case, centralizing and communicating the privileges of practitioners via a software is fundamental to allocation and reallocation, especially with advanced privileges according to the needs of different regions in the country (The General Directorate for Health Affairs - Riyadh is processing a similar project).

4. Setting and implementing effective ongoing monitoring and periodical performance evaluation methodologies in coordination with different central and regional directorates within the Ministry of Health and other healthcare sectors' medical affairs - in addition to CBAHI as an accrediting body, as well as the Council of Cooperative Health Insurance as a health payment regulator and auditor that can withhold payment in case of credentialing or privileging process breaches by a practitioner, healthcare facility or other different auditing bodies.

5. Increase resources dedicated to CBAHI for more oversight role:

As the Minister of Health is urging CBAHI to cover healthcare facilities nationwide in the accreditation program - as opposed to hospitals and primary healthcare centers (PHC) only - this creates a demand for greater resources to be dedicated to CBAHI in order to advance the healthcare system standards of KSA.

For the first time, CBAHI successfully managed to extract the most accurate database about hospitals within each healthcare sector in the country. Moreover, CBAHI has assessed all mentioned hospitals against ESR standards and has garnered relevant data about the current standing of each in that regard. To this end, CBAHI is in the process of releasing standards that encompass ambulatory care, as well as blood banks and transfusion services, in order to cover all healthcare facilities within the boundaries of KSA. CBAHI is fit to monitor the credentialing and privileging processes in any given hospital through ESR surveys or regular accreditation activities.

As such, all accredited facilities must report any sentinel event that occurs in their amenities via the CBAHI portal. In such occurrences, the credentials and/or privileges may be involved in the root-cause analysis and CBAHI shall monitor the corrective and preventive actions including reporting to relevant authorities by the healthcare facility involved in these types of incidents, thus notably improving these processes.

6. The significant role of healthcare facilities in the credentialing and privileging processes:

The healthcare facility is required to ensure that all practitioners are credentialed and carry valid licenses. With regards to privileging, it is the ultimate responsibility of the facility to privilege healthcare practitioners according to relevant credentials - while considering the organization's scope of service - in order to confirm that all granted privileges may be practiced within the amenities of the facility.

The process must start with a list of competencies - better when associated with evidence - checked by the practitioner, approved or modified by the department head and finally discussed for approval by the credentialing and privileging committee of the facility. Sometimes, a health directorate within the Ministry of Health will further another centralized approval by the credentialing and privileging committee of the directorate. On other occasions - especially when advanced skills must be assessed - credentialing and privileging may be conducted in a referral hospital or center approved by the authority that rules the facility the practitioner is looking to practice in.

Granted privileges should be based primarily on competencies shown through training, workshops, logbooks and demonstrations during the overseen probationary period. Once privileges are granted, they should be disseminated into the different areas of the healthcare facility where the practitioner will practice. Also, granted privileges are to be monitored through performance evaluation, morbidity and mortality committees, infection rates, adverse events related to the practitioner, etc. In some cases, privileges may be revisited, temporarily suspended or entirely revoked.

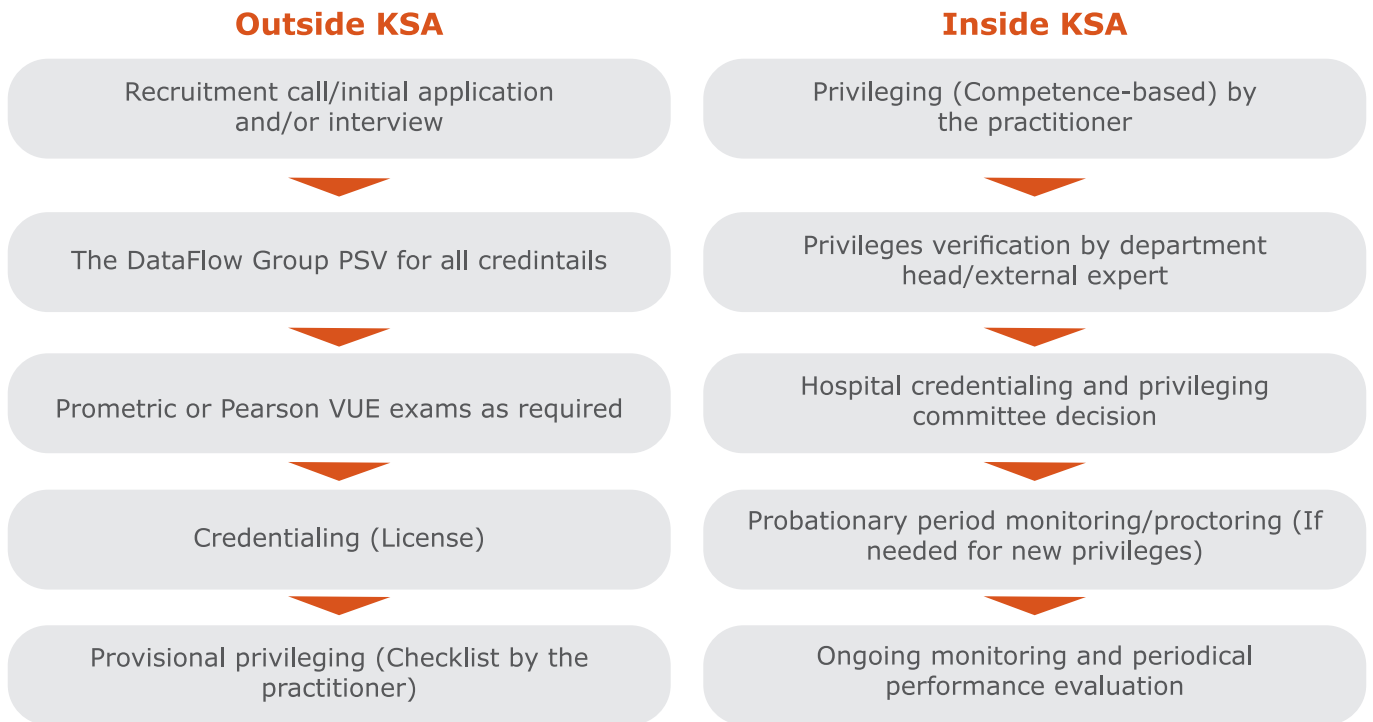


Fig. 4 - Process of safe and integrated credentialing and privileging

Important notes - Fig 4

Mixed levels of screening and in some cases complete exemption from Primary Source Verification (PSV) means there is a lack of standardization and thorough verification. To address the process of safe and integrated credentialing - implementation of DataFlow Group standard of PSV for all diplomas and training outside KSA is recommended.

Conclusion

Given the rising trend of document fraud and considering the associated issues discussed throughout this whitepaper, it is only through the implementation of a robust verification process and the involvement of trusted partners that critical professions such as healthcare may remain protected against the numerous risks resulting from credential forgery.

Acknowledgements

Stakeholders Team:

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