



## GOVERNING REGULATION

### REGULATION NUMBER (1) OF 2013

#### STATEMENT

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## Part One Preliminary and Key Provisions

### 1 Title

This regulation is to be referred to as the DHCC Governing Regulation No. (1) of 2013 (the "Governing Regulation").

### 2 Issue of Regulation

This Governing Regulation is issued in accordance with the Law.

### 3 Repeal of Regulation

This Governing Regulation repeals and replaces the DHCC Governing Regulation No. (1) of 2008.

### 4 Hierarchy

- (1) If there is any conflict between the provisions of this Governing Regulation and any other Regulation approved by the Chairperson, the provisions of this Governing Regulation shall prevail.
- (2) In the event of any inconsistency between an earlier version of a Regulation and an amended version of the same Regulation, the most recently amended version of the Regulation shall prevail.

### 5 Commencement

This Governing Regulation comes into force on the date of its issuance by the Chairperson.

### 6 Background

The vision of DHCC is to be the internationally recognized location of choice for quality Healthcare Services and an integrated center of excellence for clinical and wellness services, medical education and research. To assist in achieving this vision, there needs to be a strong and transparent governance framework. No Entity or natural person may operate within DHCC without an appropriate License or Miscellaneous Permit.

### 7 Purpose

The purpose of this Governing Regulation is to set out the governance framework under which Licensees and Miscellaneous Permit Holders may operate within DHCC.

### 8 Requirement to comply with Regulations

It is a requirement that any Licensee and/or Miscellaneous Permit Holder carrying on business within DHCC shall comply with, submit to and be bound by the relevant Regulations, the applicable Rules or Standards, and all applicable Policies.



**9 Prohibition on bringing a claim against the DHCA or any Agency in any other jurisdiction**

- (1) Subject to any provision stating otherwise in the Regulations, no person may bring proceedings independently of this Governing Regulation or any of the other Regulations in any court in the UAE against the DHCA or any Agency or any committee appointed by the Chairperson, DHCC Board of Directors, Executive Body or Agency under section 17 of this Governing Regulation.
- (2) This Governing Regulation and the other Regulations set out the exclusive remedy for any claim against the DHCA or any Agency or any committee appointed by the Chairperson, DHCC Board of Directors, Executive Body or Agency under section 17 of this Governing Regulation, including Healthcare Claims, arising in the course of the provision of DHCA Services, Commercial Services or Healthcare Services.

**10 Scope and application**

This Governing Regulation sets out the overarching governance framework within DHCC.

**11 Definitions apply to all Regulations**

Each definition within this Governing Regulation applies to all Regulations unless it is specifically stated otherwise in the other Regulations.

**12 Amendment of Regulations**

The Chairperson may, from time to time, approve amendments to this Governing Regulation, or any of the other Regulations, taking into account the recommendations of the DHCC Board of Directors, the Executive Body and the Agencies, as appropriate.

**13 No discrimination**

- (1) The DHCA and any Agency, in exercising its powers and carrying out its responsibilities under this Governing Regulation or any other applicable Regulations shall not discriminate against any person on the basis of such person's:
  - (a) race;
  - (b) creed;
  - (c) color;
  - (d) national origin;
  - (e) ancestry;
  - (f) religion;
  - (g) sex;
  - (h) sexual orientation;
  - (i) marital status;
  - (j) age (including newborn status);
  - (k) handicap; or
  - (l) source of payment.
- (2) Any Licensee and/or Miscellaneous Permit Holder, in conducting any activity or providing any services in DHCC, shall not discriminate against any person on the basis of any ground stated in subsection (1).



#### 14 Provision of services in accordance with Regulations

- (1) No person or Entity may operate within DHCC except in accordance with the applicable Regulations, including any Rules, Standards and Policies.
- (2) Failure to comply with the applicable Regulations, Rules, Standards or Policies may result in:
  - (a) a Penalty being imposed;
  - (b) the imposing of conditions, suspension, revocation, refusal to renew, or termination of the Licensee and/or Miscellaneous Permit Holder's License and/or Miscellaneous Permit within DHCC; or
  - (c) eviction of any Entity or natural person operating within DHCC without a License and/or Miscellaneous Permit.

#### 15 Governing Regulation to be read in conjunction with other Regulations

This Governing Regulation should be read in conjunction with the following Regulations and any amendments to such Regulations:

- (1) Commercial Services Licensing Regulation;
- (2) Company Regulation;
- (3) Complementary and Alternative Medicine Professionals Regulation;
- (4) Education Regulation;
- (5) Health Data Protection Regulation;
- (6) Healthcare Operators Regulation;
- (7) Healthcare Professionals Regulation;
- (8) Medical Liability Regulation;
- (9) Research Regulation; and
- (10) Any other Regulation approved by the Chairperson under the Law.

#### 16 Responsibility for administration of Regulations

The DHCC Board of Directors and the Executive Body of the DHCA are responsible for ensuring proper administration of the Regulations and any Rules, Standards and Policies made under the Regulations in conjunction with the Agencies established in this Governing Regulation.

#### 17 Appointment of committees and delegation of powers

- (1) The Chairperson, the DHCC Board of Directors, the Executive Body, and any Agency may:
  - (a) appoint one or more committees for any general or special purpose which in their opinion may be better dealt with or managed by a committee; and
  - (b) delegate to any committee so appointed, with or without conditions or restrictions as they think fit, on any of the powers or functions which may be exercised or performed by them.
- (2) The number and term of office of the members of a committee appointed under this section and the number of members necessary to form a quorum shall be fixed by the Chairperson, the DHCC Board of Directors, the Executive Body, or

the Agency, as the case may be, save as expressly provided for in the applicable Regulations.

- (3) The Chairperson, the DHCC Board of Directors, the Executive Body, and the Agency may continue to exercise any power or perform any function notwithstanding the delegation of such power or function under this section.

## 18 Savings and Transitional Provisions

- (1) This Governing Regulation shall not apply to any investigation, inquiry, review, appeal or other similar proceedings commenced before the date upon which this present Regulation comes into force and the repealed DHCC Governing Regulation No. (1) of 2008 shall continue to apply to that investigation, inquiry, review, appeal or proceedings as if this Governing Regulation has not been enacted.
- (2) Where on the date upon which this present Governing Regulation comes into force, any investigation, inquiry, review, appeal or other similar proceedings is in process, the relevant committee or panel carrying out that investigation, inquiry, review, appeal or proceedings shall continue to exist to complete the investigation, inquiry, review, appeal or other similar proceedings and may make such order, ruling or direction as it could have made under the powers of the repealed DHCC Governing Regulation No. (1) of 2008.
- (3) A person who was appointed as a member of any Agency, committee or panel before the date upon which this present Governing Regulation comes into force and whose term has not expired by that date, shall continue to be a member of such Agency, committee or panel until the expiry of his term.

## Part Two Interpretation

### 19 Definitions

Words in the singular include the plural and words in the plural include the singular.

Unless it is specifically stated otherwise in another Regulation, or unless the context otherwise requires, the following definitions apply to all the Regulations within DHCC.

**Academic and Research Council** means the Academic and Research Council established by Part Five of this Governing Regulation;

**AED** means the lawful currency of the UAE;

**Affected Person** means, with regard to the disclosure of information under Part Eleven of this Governing Regulation, a person about whom the information to be disclosed relates;

**Agency** means each or any of the boards, councils, registries and similar Entities established under this Governing Regulation and includes the Appeals Board, Central Governance Board, Licensing Board, Planning Council, Quality Council, Academic and Research Council, Professionals Council, Registry of Companies and CPQ;

**Animal Research** means any systematic investigation, including research development, testing and evaluation that involves the use of animals in research, with the objective of developing or contributing to generalizable knowledge;

**Appeals Board** means the Appeals Board as established by Part Six of the Governing Regulation;

**Applicant** means the applicant as defined in the specific Regulations that submits an Application;

**Application** means an application for a License, a Provisional Approval Letter, or a Miscellaneous Permit made under the specific Regulations;

**Approved Continuing Healthcare Education Program**, means a Continuing Healthcare Education Program that has been approved by the Registry of Companies;

**Approved Continuing Medical Education Program**, means a Continuing Medical Education Program that has been approved by the Registry of Companies;

**Approved Education Operator** means an Entity licensed by the Registry of Companies to conduct Education Programs in accordance with the Education Regulation and the applicable Rules, Standards and Policies;

**Approved Education Operator** means an Entity holding an Education Permit duly issued by the Registry of Companies in accordance with the Education Regulation and the applicable Rules, Standards and Policies;

**Approved Non-Degree Granting Healthcare Program** means a Non-Degree Granting Healthcare Program that has been approved by the Registry of Companies;

**Approved Research Operator** means an Entity holding a Research Permit duly issued by the Registry of Companies in accordance with the Research Regulation and the applicable Rules, Standards and Policies;

**Associated Person** means with regard to an Applicant, any other person, including an Entity, that is Closely Linked with such Applicant;

**Branch** means the branch of a company or any other Entity or body formed outside DHCC under the laws and regulations applicable in its place of incorporation and authorized to conduct business through this branch inside DHCC;

**Business Category** means a line of clinical business, as determined in accordance with Schedule One of the Healthcare Operators Regulation in at least one of which a Licensed Healthcare Operator engages in DHCC;

**Central Governance Board** means the Central Governance Board established under Part Five of this Governing Regulation;

**Chairperson** means the Chairperson of the DHCA appointed under Article (8) of the Law;

**Clinical Activity** means a Healthcare Service that falls within a Business Category;

**Clinical Affairs Department** means the department set up within CPQ to monitor and improve the quality of healthcare services within DHCC, and to oversee the accreditation processes of healthcare institutions within DHCC.

**Clinical Operating Permit** means the authorization issued by the Registry of Companies to a healthcare operator allowing it to conduct one or more Clinical Activities;

**Closely Linked** with reference to the relationship between a person and an Applicant, means that such person:

- (1) directly or indirectly, is a Controller of such an Applicant;
- (2) directly or indirectly, is controlled by such an Applicant;
- (3) directly or indirectly, is under common control with such an Applicant; or
- (4) is a person in accordance with whose directions or instructions the directors of the Applicant are accustomed to act;

**Commercial Services** means services provided by a Licensed Commercial Company;

**Commercial Services Licensing Regulation** means the DHCC Commercial Services Licensing Regulation No. (9) of 2013, as in force from time to time;

**Company Regulation** means the DHCC Company Regulation No. (8) of 2013, as in force from time to time;

**Competence Program** means a program that is recognized by the Licensing Board and/or the Central Governance Board, and which requires a Licensed Healthcare Professional or Licensed Complementary and Alternative Medicine Professional to do any one or more of the following, within a period, or at intervals, prescribed in the program:

- (1) pass any examinations or assessments, or both;
- (2) complete a period of practical training;
- (3) complete a period of practical experience;
- (4) undertake a course of instruction; and
- (5) undertake a period of supervised practice;

and may include a program that is already in existence or a program that is specific to the Licensed Healthcare Professional or Licensed Complementary and Alternative Medicine Professional;

**Complaints Panel** means the Complaints Panel established by Part Eight of this Governing Regulation;

**Complementary and Alternative Medicine** means a diverse group of medical and healthcare therapies and systems that may be separate from or integrated with conventional medical therapies. A common factor shared with all complementary and alternative therapies is a holistic and individualistic approach to health and healing, an

appreciation of the whole human being, comprising of physical, emotional, mental and spiritual dimensions. Complementary and Alternative Medicine may include ayurveda, homeopathy, naturopathy, osteopathy, traditional Chinese medicine, and others;

**Complementary and Alternative Medicine Professionals Regulation** means the DHCC Complementary and Alternative Medicine Professionals Regulation No. (3) of 2013, as in force from time to time;

**Compliance and Enforcement Department** means the department set up within CPQ to oversee the compliance and enforcement of Policies, Standards, Rules and Regulations within DHCC;

**Continuing Healthcare Education Program**, means a program of continuing education for Licensed Healthcare Professionals but does not include a Continuing Medical Education Program;

**Continuing Medical Education Program** means a program of continuing education for Licensed Healthcare Professionals;

**Controller** with reference to the relationship between a person and an Applicant, means a person who, either alone or with any of its Associated Persons:

- (1) holds more than 50 percent (%) of the economic interests in the Applicant or of another person of which the Applicant is a subsidiary company;
- (2) is entitled to exercise, or control the exercise of, more than 50 percent (%) of the voting power of the Applicant or of another person of which the Applicant is a subsidiary company; or
- (3) is able to exercise a significant influence over the management of the Applicant or of another person of which the Applicant is a subsidiary company, with such influence being manifested by such indicia as the Controller being a person in accordance with whose directions or instructions the directors of the Applicant are accustomed to act;

**CPQ** means the Center for Healthcare Planning and Quality established by Part Four of this Governing Regulation;

**CPU** means the Customer Protection Unit, a department set up within CPQ to manage and investigate complaints against Licensees as set out in Part Eight of this Governing Regulation and other applicable Regulations;

**Credentialing** means the process undertaken by the Licensing Department to ensure that a healthcare professional or a Complementary and Alternative Medicine professional meets the required Standards to enable that person to be licensed within DHCC;

**Degree Granting Healthcare Program** means an Education Program that refers to the period of didactic and if appropriate clinical experience in a healthcare setting culminating in certification, certificate, diploma or degree;

**DHCA** means the Dubai Healthcare City Authority established under Article (4) of the Law, and comprises the Chairperson, the DHCC Board of Directors and the Executive Body;

**DHCA Services** means the services provided by the DHCA in carrying out the objectives and functions of the DHCA and include the services provided by the Agencies, and any Entity established by the DHCA for the purposes of providing such services;

**DHCC** means the Dubai Healthcare City established in the Emirate of Dubai under Resolution No. (9) of 2003;

**DHCC Board of Directors** means the board established under Article (10) of the Law;

**Disciplinary Action** means any of the actions specified in the Regulations, and includes, but is not limited to, summary restriction or suspension or the refusal to renew a License

of a Licensed Healthcare Professional or a Licensed Complementary and Alternative Medicine Professional;

**Document and Documentation** means information stored in any form of writing, code or visual depiction and the manner in which such information is stored is irrelevant for the purpose of deeming the information to constitute a “document” for the purpose of this definition. A “document” includes summons, notice, order or other legal process and registers;

**Education Permit** means the authorization issued by the Registry of Companies to an Entity under the Education Regulation and the applicable Rules, Standards and Policies allowing it to conduct one or more Education Programs in DHCC;

**Education Program** means a program to educate or train persons in one or more areas, including a:

- (1) Post Graduate Medical Education Program;
- (2) Post Graduate Healthcare Education Program;
- (3) Continuing Medical Education Program;
- (4) Continuing Healthcare Education Program;
- (5) Degree Granting Healthcare Program;
- (6) Non-Degree Granting Healthcare Program;
- (7) High School Education Program; and
- (8) Pre-School Education Program;

**Education Regulation** means the DHCC Education Regulation No. (5) of 2013, as in force from time to time;

**Electronic Record** means a record generated, communicated, received or stored by electronic, magnetic, optical or other means in an information system or for transmission from one information system to another;

**Electronic Signature** means any letters, characters, numbers or other symbols in digital form attached to or logically associated with an Electronic Record, and executed or adopted with the intention of authenticating or approving the Electronic Record;

**Entity** means an organization, institution, or corporation other than a natural person;

**Executive Body** means the Executive Body of the DHCA established under Article (12) of the Law;

**Executive Director** means the Executive Director of the Executive Body of the DHCA, established under Article (12) of the Law.

**Fit and Proper Person** is a determination made under this Governing Regulation or any other applicable Regulation with respect to a natural person who is to serve as a Controller, director, Associated Person or Manager with regard to an Entity, with such determination being made by consideration of such person’s probity, competence and soundness of judgment for fulfilling the responsibilities of the particular position, the diligence with which he is fulfilling or likely to fulfil those responsibilities and whether the interests of patients, vendors, investors, or the Agencies are, or are likely to be, in any way negatively impacted by his holding such position;

**Fitness to Practice Panel** means the Fitness to Practice Panel established by Part Eight of this Governing Regulation.

**Guidance** means information developed by the DHCA or an Agency to assist the reader in understanding the Regulations, Rules, Policies or Standards for which such Agency has responsibility, but which is not binding;

**Health Data Protection Regulation** means the DHCC Health Data Protection Regulation No. (7) of 2013, as in force from time to time;

**Healthcare Claim** means any and all claims or disputes relating to:

- (1) an injury incurred by a person in conjunction with the receipt of Healthcare Services from a Licensee; and/or;
- (2) the provision of DHCA Services;

**Healthcare Claims Committee** means the committee referred to in Part Nine of this Governing Regulation;

**Healthcare Informatics Department** means the department set up within CPQ to collect, analyse, store and report healthcare data within DHCC;

**Healthcare Operators Regulation** means the DHCC Healthcare Operators Regulation No. (4) of 2013, as in force from time to time;

**Healthcare Professionals Regulation** means the DHCC Healthcare Professionals Regulation No. (2) of 2013, as in force from time to time;

**Healthcare Services** means the healthcare and medical services provided by Licensed Healthcare Professionals, Licensed Complementary and Alternative Medicine Professionals and Licensed Healthcare Operators, and includes, but is not limited to, diagnosis, treatment, advice, service or goods provided in respect of the physical or mental health of a person;

**Human Biomedical Research** means any systematic investigation, including research development, testing and evaluation that involves the use of either an investigational product in human subjects, the use of identifiable human tissue or Patient Health Information, with the objective of developing or contributing to generalizable knowledge;

**Human Embryonic Stem Cell Research** means any systematic investigation, including research development, testing and evaluation that involve the derivation and use of human embryonic stem cells;

**Law** means Dubai Healthcare City Law No. (9) of 2011, issued by the Ruler of Dubai, establishing Dubai Healthcare City Authority, and any amendments or variations to that Law;

**License** means a license issued by the Licensing Board with regard to healthcare professionals and Complementary and Alternative Medicine professionals or a license or permit issued by the Registry of Companies with regard to companies, including Clinical Operating Permits, Non-Clinical Operating Permits, Research Permits and Education Permits;

**Licensed Complementary and Alternative Medicine Professional** means a natural person engaged in the provision of Complementary and Alternative Medicine holding a License duly issued by the Licensing Board in accordance with the Complementary and Alternative Medicine Professionals Regulation and the applicable Rules, Standards and Policies;

**Licensed Commercial Company** means a company registered under the Company Regulation and licensed under the Commercial Services Licensing Regulation to provide Commercial Services within DHCC;

**Licensed Healthcare Operator** means a hospital, clinic, laboratory, pharmacy or other Entity providing Healthcare Services in DHCC, holding a Clinical Operating Permit duly issued by the Registry of Companies in accordance with the Healthcare Operators Regulation and the applicable Rules, Standards and Policies;

**Licensed Healthcare Professional** means a natural person engaged in a Healthcare Profession holding a License duly issued by the Licensing Board in accordance with the Healthcare Professionals Regulation and the applicable Rules, Standards and Policies;

**Licensee** means a Licensed Healthcare Professional, Licensed Complementary and Alternative Medicine Professional, a Licensed Healthcare Operator, an Approved Education Operator, an Approved Research Operator, a Licensed Commercial Company, or a Non-Clinical Operating Permit Holder;

**Licensing Board** means the Licensing Board as established by Part Six of this Governing Regulation;

**Licensing Department** means the department set up under the purview of the Licensing Board, to carry out the day-to-day administrative functions of the Licensing Board, to assist the Academic and Research Council in carrying out their functions, and to undertake the review and approval of advertising and promotional materials by clinical and non-clinical facilities within DHCC.

**Manager** means the person who is appointed by a Licensee or Miscellaneous Permit Holder to be its principal representative in all dealings with external parties and authorities;

**Medical Liability Regulation** means the DHCC Medical Liability Regulation, Regulation No. (5) of 2005, as in force from time to time;

**Miscellaneous Permit** means the authorization issued by the Registry of Companies to an Entity or a person allowing it to conduct one or more activities that is not a Healthcare Service, research activity, or education activity on a short-term basis;

**Miscellaneous Permit Holder** means a person or Entity holding a Miscellaneous Permit;

**Non-Clinical Operating Permit** means the authorization issued by the Registry of Companies to a Licensed Commercial Company allowing it to conduct one or more activities that are not Healthcare Services, research activities, or education activities, and includes a public health permit;

**Non-Clinical Operating Permit Holder** means an Entity holding a Non-Clinical Operating Permit;

**Non-Degree Granting Healthcare Program** means an Education Program that refers to the period of didactic and if appropriate clinical experience in a healthcare setting which does not culminate in certification, certificate, diploma or degree, and includes a residency training program and a house-officer training program;

**Patient Health Information** means information about a patient, whether spoken, written, or in the form of an Electronic Record, that is created or received by any Licensee, that relates to the physical or mental health or condition of the patient, including the reports from any diagnostic procedures and information related to the payment for services;

**Patient Identification Information** means personal details relating to the patient, including his full name, age, address and other contact details;

**Penalty** means the penalty imposed on a Licensee and/or a Miscellaneous Permit Holder in accordance with the applicable Regulations;

**Planning Council** means the Planning Council as established by Part Five of this Governing Regulation;

**Planning Department** means the department set up within CPQ to plan clinical services to ensure integrated and balanced healthcare delivery within DHCC;

**Policy** means a defined course of action determined by the DHCA and adopted in accordance with the provisions of this Governing Regulation, on the position, strategy or standing on a subject that shall be followed by those identified within the policy;

**Post-Graduate Healthcare Education Program** means the period of didactic and clinical training in a healthcare specialty that follows the completion of a recognized undergraduate healthcare education program and which prepares the Trainee for the

independent practice of a healthcare specialty, but does not include a Post-Graduate Medical Education Program;

**Pre-School Education Program** means any non-compulsory pre-school education for children provided by qualified teachers and professionals with the primary objective of promoting structured educational experiences based on learning through play and social interaction;

**Post-Graduate Medical Education Program** means the period of didactic and clinical training in a medical specialty that follows the completion of a recognized undergraduate medical education program and which prepares the Trainee for the independent practice of a medical specialty;

**Professional Practice** means, with respect to any Licensed Healthcare Professional or Licensed Complementary and Alternative Medicine Professional, the provision of Healthcare Services and the performance of functions within the scope of his License, as provided in the Healthcare Professionals Regulation, the Complementary and Alternative Medicine Professionals Regulation and the applicable Regulations, Rules, Standards and Policies;

**Professionals Council** means the Professionals Council as established by Part Five of this Governing Regulation;

**Provisional Approval Letter** means the approval issued to an Entity by the Registry of Companies to enable that Entity to:

- (1) commence the activities required to meet the requirements of the Commissioning; and
- (2) obtain a License in accordance with the specific Regulations;

**Provisional Approval Letter Holder** means an Entity holding a Provisional Approval Letter;

**Public Records Request** has the meaning set out in section 158;

**Quality Council** means the Quality Council as established by Part Five of this Governing Regulation;

**Records** means all papers, records, recorded tapes, photographs, statistical tabulations or other documentary materials or data, regardless of physical form or characteristics, including in written or electronic form;

**Register** means the register of Licensees maintained by the Registry of Companies under the Commercial Services Licensing Regulation or the register of companies maintained by the Registry of Companies under the Company Regulation, including the register of shareholders;

**Registrar** means the Registrar appointed under this Governing Regulation with the responsibilities specified in this Governing Regulation and other applicable Regulations;

**Registry of Companies** means the Registry of Companies established by Part Seven of this Governing Regulation;

**Regulation** means any regulation approved by the Chairperson under the Law, including any amendments to any such regulation;

**Renewal Application** means an application to renew a License under the specific Regulation;

**Research Ethics Review Committee** means the Research Ethics Review Committee, a Committee established under Part Three of the Research Regulation;

**Research Permit** means the authorization issued by the Registry of Companies to an Entity under the Research Regulation and the applicable Rules, Standards and Policies allowing it to conduct one or more research activities in DHCC;

**Research Regulation** means the DHCC Research Regulation No. (6) of 2013, as in force from time to time;

**Rules** means the rules approved by the Chairperson or DHCC Board of Directors as provided for under this Governing Regulation and any other Regulation, and include the rules as in force from time to time;

**Standard** means a specification that defines materials, methods, processes or practices and that is used to provide a basis for determining consistent and acceptable minimum levels of quality, performance, safety and reliability;

**Trainee** means a person who is participating in an Approved Post-Graduate Medical Education Program, an Approved Post-Graduate Healthcare Education Program or an Approved Non-Degree Granting Healthcare Program;

**UAE** means the United Arab Emirates.

## 20 Regulations include amendments

References in this Governing Regulation, or any other Regulations, to the Regulations are to be read as references to any of such Regulations as in force from time to time.

## 21 Headings

The headings used in this Governing Regulation are included for convenience of reference only and shall be ignored in the construction or interpretation of this Governing Regulation.

## 22 Time periods

References in Regulations to time periods are to be construed in accordance with the Gregorian calendar. Whenever Regulations reference a period of time, such period shall include every calendar day, except that:

- (1) when the last day of the period falls on a Friday or a Saturday, the period shall end instead on the next Sunday; and
- (2) subject to subsection (1), when the last day of the period falls on a UAE or Dubai public holiday, the period shall end instead on the next day that is not a UAE or Dubai public holiday.

## 23 Gender

Pronouns indicating male gender are used to refer to persons of both genders.

## 24 Documents in languages other than English

A person who wishes to submit an original document, a photocopy or an electronic version of a document written in a language other than English shall also submit a notarized translation into English of such Document prepared by a legal translation service acceptable to the officer, employee or agent providing the DHCA Services to whom the document is submitted.

## 25 Documents in writing

- (1) Unless otherwise specifically stated, references in the Regulations to any requirement for a document or notice to be submitted to the Registry of

Companies, the Licensing Board or any other Agency in writing shall be satisfied if such document or notice is submitted in the form of an Electronic Record.

- (2) Unless otherwise specifically stated, references in the Regulations to any requirement for a signature on any document or notice to be submitted to the Registry of Companies, the Licensing Board, or any other Agency is to be construed as being satisfied by an Electronic Signature that may be proved in a manner satisfactory to the Registry of Companies.

## **26 Meaning of Person**

Unless the context otherwise requires, any reference in the Regulations to a “person” includes a reference to a natural person, and to a body corporate, limited liability company, association or partnership and to the legal or personal representatives, legal successors and lawful assigns of any such person.

## **27 Reference to sections**

Unless otherwise specifically stated, references in a Regulation to a section and subsection mean the section and subsection of that Regulation.

### Part Three Objectives and Functions of the DHCA

#### 28 Objectives of DHCC

The objectives of DHCC are defined in Article (5) of the Law.

#### 29 Functions of the DHCA

The DHCA has the functions set out in Article (6) of the Law.

#### 30 Chairperson

- (1) The Chairperson is the Chairperson of the DHCA and has the responsibility of undertaking the general supervision of DHCC and shall in particular, have the authority set out in Article (9) of the Law.
- (2) The Chairperson may delegate any of her prerogatives stipulated in Article (9) of the Law to any member of the DHCC Board of Directors or to the Executive Director.

#### 31 DHCC Board of Directors

The DHCC Board of Directors reports to the Chairperson of the DHCA and has the functions and responsibilities set out in Article (11) of the Law.

#### 32 Executive Body

- (1) The Executive Body is established under Article (12) of the Law and is chaired by an Executive Director. The Executive Body shall license and regulate all activities in DHCC.
- (2) The Executive Director reports to the Chairperson of the DHCA and has the responsibilities and duties set out in Article (13) of the Law.
- (3) The Executive Director may delegate any of his prerogatives stipulated in Article (13) of the Law to any of the DHCA's employees.
- (4) Until the Executive Body is duly constituted all deemed reporting lines into the said Executive Body shall be directly to the DHCA Board.



## Part Four Center for Healthcare Planning and Quality (CPQ)

### 33 Establishment of CPQ

This Governing Regulation establishes the Centre for Healthcare Planning and Quality ("CPQ").

### 34 Objective of CPQ

- (1) CPQ is an Agency which has been established to ensure the compliance and enforcement of the clinical governance framework within DHCC.
- (2) CPQ shall support clinical excellence and continuous quality improvement within DHCC by serving as a center of excellence for:
  - (a) healthcare planning;
  - (b) healthcare policy and standard development;
  - (c) quality improvement; and
  - (d) regulatory services.
- (3) To achieve its objective, CPQ is supported by the Agencies in accordance with the terms of this Governing Regulation.

### 35 Accountability of CPQ

CPQ shall report on its activities to the Executive Body.

### 36 Purpose of CPQ

The purpose of CPQ is to:

- (1) ensure compliance and enforcement of the clinical governance framework within DHCC;
- (2) provide the critical elements of the soft infrastructure that impact the Healthcare Services provided by the Licensee registered in DHCC;
- (3) provide or arrange for the provision of advice regarding strategy development and clinical planning;
- (4) provide or arrange for the provision of quality benchmarking and development of Standards;
- (5) provide or arrange for the provision of quality oversight systems;
- (6) provide or arrange for the provision of advice for the development of Regulations and Rules for the provision of Healthcare Services within DHCC by Licensees;
- (7) collect Patient Health Information from Licensees in accordance with the Health Data Protection Regulation to be used for quality oversight and future planning purposes.

**37 Powers and responsibilities of CPQ**

The powers and functions of CPQ shall be determined from time to time by the Executive Body and shall include the powers set out in Part Eight of this Governing Regulation and in the applicable Regulations.

**38 Relationship with the Agencies**

CPQ shall work alongside each Agency to attain their respective purposes and overall, to achieve the purpose of ensuring compliance and enforcement of the clinical governance framework within DHCC.



## Part Five Central Governance Board

### Central Governance Board

#### 39 Establishment of Central Governance Board

This Governing Regulation establishes the Central Governance Board.

#### 40 Accountability of Central Governance Board

The Central Governance Board through its chairperson is accountable to the Executive Body for its actions.

#### 41 Purpose of Central Governance Board

The purpose of the Central Governance Board is to provide leadership in the overall clinical governance within DHCC as well as providing general guidance to, and having oversight of, the Quality Council, Planning Council, Academic and Research Council, and the Professionals Council.

#### 42 Central Governance Board's powers and responsibilities

The Central Governance Board's powers and responsibilities are to:

- (1) ensure coordination and consistency between the Central Governance Board and the other Agencies;
- (2) oversee the actions of the Quality Council, Planning Council, Academic and Research Council and the Professionals Council;
- (3) delegate as appropriate to the Quality Council, Planning Council, Academic and Research Council and the Professionals Council, powers and responsibilities associated with ensuring the provision of quality Healthcare Services and other services within DHCC;
- (4) identify and set criteria and requirements for clinical competence and cultural competence with respect to the provision of Healthcare Services, and ethical standards of conduct to be observed by Licensed Healthcare Professionals and Licensed Complementary and Alternative Medicine Professionals;
- (5) identify and set criteria and requirements with respect to the provision of education programs;
- (6) identify and set criteria and requirements with respect to the provision of research activities;
- (7) oversee the development of Regulations, Rules, Policies and Standards relating to Healthcare Services across all of DHCC and to ensure that such Regulations, Rules, Policies and Standards are appropriate and consistent with best clinical practice;
- (8) provide recommendations to the Executive Body regarding membership and chairs of the other Agencies;
- (9) approve the creation, modification or deletion of committees as proposed by the respective chairs of the Quality Council, Planning Council, Academic and Research Council and Professionals Council;

- (10) ensure the Executive Body is fully informed of Central Governance Board activities;
- (11) make recommendations to the Executive Body relating to the provision of Healthcare Services within DHCC, with respect to the content of:
  - (a) amendments to the Regulations;
  - (b) Rules implementing any such Regulations;
  - (c) other Regulations the Chairperson may issue; and
- (12) approve and issue Standards and Guidance relating to the provision of Healthcare Services and other services provided by Licensees in line with the applicable Policies and/or as may be requested by the Executive Body.

#### 43 Establishment of councils

To assist the Central Governance Board in carrying out its functions related to the provision of Healthcare Services within DHCC, the following councils are established under this Governing Regulation:

- (1) Quality Council;
- (2) Planning Council;
- (3) Academic and Research Council; and
- (4) Professionals Council.

#### 44 Delegations

- (1) The Central Governance Board may delegate its authority to approve and issue Standards and Guidance to any council subject to any conditions it considers appropriate in the circumstances.
- (2) Where the Central Governance Board delegates its authority under this section, the council to which such delegation is made shall ensure that the Central Governance Board is fully informed before the approval and issue of any such Standards and Guidance.
- (3) Where such approval and issue has been delegated to a council, the Central Governance Board may on review of such Standards and Guidance direct the relevant council to adopt amendments to any such Standards and Guidance the Central Governance Board requires.

#### 45 Ongoing review and update

- (1) The Central Governance Board shall regularly review and update those matters on which it has provided recommendations to the Executive Body.
- (2) Such reviews shall be conducted regularly by the Central Governance Board as deemed fit by the said Central Governance Board.
- (3) On the basis of such review, the Central Governance Board may recommend to the Executive Body the adoption of new Regulations, new Rules or amendments to this Governing Regulation, any other Regulations, or adopted Rules.

#### 46 Obtaining advice

In fulfilling its responsibilities under this Governing Regulation, the Central Governance Board may seek advice from any source it considers appropriate.



#### 47 Relationship with other Agencies

- (1) In carrying out its powers and responsibilities, approving Standards or Guidance and/or before making any recommendations to the Executive Body regarding the approval of any Policies, or Rules, the Central Governance Board shall seek the views of the other Agencies as appropriate and take those views into account before finalizing any such Standards or Guidance or making any such recommendations.
- (2) In the event that the Central Governance Board and the Appeals Board are not in agreement on a Standard or Guidance, both views shall be presented to the Executive Body whose decision shall be final.

#### 48 Membership of Central Governance Board

- (1) The Central Governance Board shall consist of up to 12 members comprising voting and non-voting members.
- (2) The following shall be voting members of the Central Governance Board:
  - (a) 1 representative from each of the:
    - (i) Quality Council;
    - (ii) Planning Council;
    - (iii) Academic and Research Council;
    - (iv) Professionals Council; and
    - (v) Licensing Board;
  - (b) executive director of CPQ;
  - (c) A healthcare professional to act in the role of chairperson of the Central Governance Board and who does not fall into the category of any of the other members of the Central Governance Board.
- (3) The following may be non-voting members of the Central Governance Board:
  - (a) A representative from Compliance and Enforcement Department, CPQ;
  - (b) A representative from Healthcare Informatics Department, CPQ;
  - (c) A representative from Clinical Affairs Department, CPQ;
  - (d) A representative from Planning Department, CPQ;
  - (e) A legal representative from the DHCA;
- (4) A quorum shall be 5 members who have voting rights.

#### 49 Interested persons may be invited to attend Central Governance Board meetings

The chairperson of the Central Governance Board may from time to time invite persons representing specific interests to attend a Central Governance Board meeting. Such a person may contribute to the deliberations of the Central Governance Board but shall not have voting rights.

#### 50 Expertise of members

The Central Governance Board shall be composed of members who, collectively, have expertise in the areas of:

- (1) quality of Healthcare Services;
- (2) Standards of practices of Healthcare Services;

- (3) models of delivery of Healthcare Services;
- (4) codes of conduct for healthcare professionals and Complementary and Alternative Medicine professionals;
- (5) operating procedures of healthcare operators;
- (6) healthcare facility design, construction and equipment;
- (7) clinical governance;
- (8) education;
- (9) research; and
- (10) development and review of Policies and Standards.

## Quality Council

### 51 Establishment of Quality Council

This Governing Regulation establishes the Quality Council.

### 52 Accountability of Quality Council

The Quality Council is accountable to the Central Governance Board for its actions.

### 53 Purpose of Quality Council

The purpose of the Quality Council is to:

- (1) set criteria and requirements to ensure best quality Healthcare Services are provided by Licensed Healthcare Operators;
- (2) oversee all healthcare quality and patient safety matters in DHCC;
- (3) advise the Appeals Board, Central Governance Board and Licensing Board, as requested, on matters relating to the quality and safety of Healthcare Services provided by Licensed Healthcare Operators;
- (4) oversee the development of and monitor the overall performance of DHCC quality oversight process based on defined performance indicators including the quality survey process to assess the quality improvement and safety programs of Licensed Healthcare Operators;
- (5) oversee the development of Policies, Standards and Guidance with regard to quality improvement and safety programs to be implemented and maintained by Licensed Healthcare Operators;
- (6) review recommendations from its committees and make recommendations based on such review to the Appeals Board, Central Governance Board and the Licensing Board;
- (7) engage in dialogues with CPU, Clinical Affairs Department and/or the Professionals Council and/or the Academic and Research Council from time to time, to survey the relevant decisions and orders made by the Fitness to Practice Panel, discuss issues of quality improvement and enhancement of safety of patients and/or research subjects in relation to Licensed Healthcare Professionals and Licensed Complementary and Alternative Medicine Professionals, and to issue specific Guidance, if necessary;

- (8) engage in dialogues with CPU, Clinical Affairs Department and/or the Academic and Research Council and/or the Professionals Council from time to time and to survey the relevant decisions and orders made by the Fitness to Practice Panel, discuss issues of quality improvement and enhancement of safety in relation to Approved Education Operators, Approved Research Operators and/or Licensed Healthcare Operators, and to issue specific Guidance, if necessary;
- (9) define the criteria for approving, and to approve, independent accreditation agencies for purposes of accrediting Licensed Healthcare Operators as required under the applicable Regulations;
- (10) periodically review reports of the quality improvement and safety programs of Licensed Healthcare Operators and, as needed and if appropriate, provide recommendations to Licensed Healthcare Operators for improvements in their quality improvement and safety programs.

**54 Relationship with CPQ**

The Quality Council shall carry out its functions with the support of CPQ.

**55 Quality Council's powers and responsibilities**

The Quality Council shall have the powers and responsibilities delegated to it by the Central Governance Board and as prescribed in the applicable Regulations and, in particular, the Healthcare Operators Regulation.

**56 Guidance**

The Quality Council may issue Guidance for Licensees subject to the approval of the Central Governance Board.

**57 Ongoing review and update**

The Quality Council shall regularly review and update those matters for which it has powers and responsibilities.

**58 Obtaining advice**

In fulfilling its responsibilities under this Governing Regulation and any other Regulations, the Quality Council may seek advice from any source it considers appropriate.

**59 Relationship with other Agencies**

In carrying out its powers and responsibilities, the Quality Council shall seek the views of the other Agencies where appropriate.

**60 Membership of Quality Council**

The Quality Council shall consist of 5 members.

**61 Quality Council to have representation on Central Governance Board**

The Quality Council shall appoint 1 of its members to be its representative on the Central Governance Board.

**62 Expertise of membership**

The Quality Council shall be composed of members who collectively have experience in the following areas:

- (1) quality of Healthcare Services;
- (2) Standards of practices of Healthcare Services;
- (3) models of delivery of Healthcare Services;
- (4) development of Policies and Standards; and
- (5) quality improvement processes.

**Planning Council**

**63 Establishment of Planning Council**

This Governing Regulation establishes the Planning Council.

**64 Accountability of Planning Council**

The Planning Council is accountable to the Central Governance Board for its actions.

**65 Purpose of Planning Council**

The purpose of the Planning Council is to:

- (1) formulate strategic plans to guide the development of DHCC into a global medical hub;
- (2) achieve a balance between providing world-class Healthcare Services and commercial and economic growth;
- (3) organize the land use in DHCC to allow for the building of infrastructure for sustainable long-term growth;
- (4) engage in dialogues with the Academic and Research Council and/or the Quality Council from time to time to discuss issues of quality improvement and enhancement of safety in relation to Licensees, and to issue specific Guidance, if necessary;
- (5) oversee a clinical planning process for the provision of Healthcare Services, including all clinical services and facilities, and associated health information technology in DHCC;
- (6) oversee the implementation of the provision of Healthcare Services to ensure that an appropriate balance is maintained between the clinical service supply and inpatient and outpatient demand in DHCC;
- (7) foster a continuum of services and facilities that are capable of meeting minimum Healthcare Services needs in DHCC;
- (8) cause to be developed, and from time to time review and revise, a comprehensive health plan relating to the need for and proper distribution of Healthcare Services and facilities in DHCC; and
- (9) oversee the development of Policies, Standards and Guidance relating to the clinical planning process and the plan referred to in section 65(8) above.

**66 Relationship with CPQ**

The Planning Council shall carry out its functions with the support of CPQ.

**67 Planning Council's powers and responsibilities**

The Planning Council shall have the powers and responsibilities delegated to it by the Central Governance Board and as prescribed in the Regulations.

**68 Guidance**

The Planning Council may issue Guidance for Licensed Healthcare Operators subject to the approval of the Central Governance Board.

**69 Ongoing review and update**

The Planning Council shall regularly review and update those matters for which it has powers and responsibilities, including any Policies it has recommended for approval to the Central Governance Board.

**70 Obtaining advice**

In fulfilling its responsibilities under this Governing Regulation and any other Regulations the Planning Council may seek advice from any source it considers appropriate.

**71 Relationship with other Agencies**

In carrying out its powers and responsibilities, the Planning Council shall seek the views of the other Agencies where appropriate.

**72 Membership of Planning Council**

The Planning Council shall consist of 5 members.

**73 Planning Council to have representation on Central Governance Board**

The Planning Council shall appoint 1 of its members to be its representative on the Central Governance Board.

**74 Expertise of members**

The Planning Council shall be composed of:

- (1) healthcare professionals and Complementary and Alternative Medicine professionals from different areas of Professional Practice with significant clinical experience;
- (2) Persons with significant administrative experience with healthcare operators;
- (3) Persons with significant experience in Healthcare Services planning; and
- (4) Persons with significant experience in the design, construction and equipping of healthcare operators.

## Academic and Research Council

### 75 Establishment of Academic and Research Council

This Governing Regulation establishes the Academic and Research Council.

### 76 Accountability of Academic and Research Council

The Academic and Research Council is accountable to the Central Governance Board for its actions.

### 77 Purpose of Academic and Research Council

The purpose of the Academic and Research Council is to:

- (1) in relation to education:
  - (a) provide leadership in the area of education;
  - (b) undertake overall planning for education activities within DHCC;
  - (c) oversee the development of Policies, Standards and Guidance for Education Programs in DHCC, including Continuing Medical Education Programs, Continuing Healthcare Education Programs and Post-Graduate Healthcare Education Programs as defined in the Education Regulation;
  - (d) approve Education Programs;
  - (e) oversee the provision of Education Programs by Approved Education Operators;
  - (f) review in conjunction with the Agencies, if appropriate, the content of education activities provided within DHCC for the purpose of assuring and measuring the quality of Healthcare Services; and
  - (g) engage in dialogues with CPU and/or the Quality Council from time to time, to survey the relevant decisions and orders made by the Fitness to Practice Panel, discuss issues of quality improvement in relation to Licensed Healthcare Professionals and Approved Education Operators, and to issue specific Guidance, if necessary;
- (2) in relation to research:
  - (a) provide leadership in the area of medical research;
  - (b) undertake overall planning for research activities, as defined within the Research Regulation, within DHCC;
  - (c) oversee the development of Policies, Standards and Guidance for research activities in DHCC, including Human Biomedical Research, Animal Research and Human Embryonic Stem Cell Research;
  - (d) approve research activities;
  - (e) oversee the provision of research activities by Approved Research Operators; and
  - (f) engage in dialogues with CPU and Clinical Affairs Department, the Professionals Council and/or the Quality Council from time to time, to survey the relevant decisions and orders made by the Fitness to Practice Panel, discuss issues of quality improvement and enhancement of safety of research subjects in relation to Licensed Healthcare

Professionals and Approved Research Operators, and to issue specific guidance, if necessary; and

- (3) to review and provide recommendations to the Licensing Board, Appeals Board, Central Governance Board and the Clinical Affairs Department on the procedures, treatments or therapies proposed to be carried out within DHCC by healthcare professionals and Complementary and Alternative Medicine professionals.

## **78 Relationship with Registry of Companies**

The Academic and Research Council shall carry out its functions with the support of the Registry of Companies.

## **79 Academic and Research Council's powers and responsibilities**

The Academic and Research Council shall have the powers and responsibilities delegated to it by the Central Governance Board and as prescribed in the Education Regulation and Research Regulation.

## **80 Register of Approved Education Operators**

- (1) The Academic and Research Council shall maintain a Register or Registers identifying all Approved Education Operators. Any such Register may be held in electronic form or in any other permanent manner as appropriate.
- (2) Each such Register shall include the names and business addresses of Approved Education Operators and such other particulars, including the Education Programs that have been approved for such Approved Education Operators and any conditions or restrictions imposed upon an Education Permit as the Academic and Research Council may decide from time to time.

## **81 Register of Approved Research Operators**

- (1) The Academic and Research Council shall maintain a Register or Registers identifying all Approved Research Operators. Any such Register may be held in electronic form or in any other permanent manner as appropriate.
- (2) Each such Register shall include the names and business addresses of Approved Research Operators and such other particulars, including the research activities that have been approved for such Approved Research Operators, and any conditions or restrictions imposed upon a Research Permit as the Academic and Research Council may decide from time to time.

## **82 Availability of information contained in Register of Academic and Research Council**

The information contained in any Register of the Academic and Research Council shall be made available on request to any person who asks for it on payment of a fee fixed from time to time by the DHCA.

## **83 Ongoing review and update**

The Academic and Research Council shall regularly review and update those matters for which it has powers and responsibilities.

**84 Guidance**

The Academic and Research Council may issue Guidance to Approved Education Operators and/or Approved Research Operators subject to the approval of the Central Governance Board.

**85 Obtaining advice**

In fulfilling its responsibilities under this Governing Regulation, the Education Regulation and the Research Regulation, the Academic and Research Council may seek advice from any source it considers appropriate.

**86 Relationship with other Agencies**

In carrying out its powers and responsibilities, the Academic and Research Council shall seek the views of the other Agencies where appropriate.

**87 Membership of Academic and Research Council**

The Academic and Research Council shall consist of at least 7 members.

**88 Academic and Research Council to have representation on Central Governance Board**

The Academic and Research Council shall appoint 1 of its members to be its representative on the Central Governance Board.

**89 Expertise of members**

The Academic and Research Council shall be composed of:

- (1) 1 member with expertise in the educational requirements of a teaching hospital, who shall be nominated by the teaching hospital within DHCC;
- (2) 1 member with expertise in educational services provided within the region, who shall be nominated by the Ministry of Higher Education of the UAE;
- (3) at least 2 current members of the Research Ethics Review Committee;
- (4) a person knowledgeable about research activities;
- (5) members who have experience in the following areas:
  - (a) the provision of education activities within DHCC;
  - (b) the provision of services to meet regional educational needs;
  - (c) the research requirements of a teaching hospital from the perspective of a healthcare professional;
  - (d) research undertaken by Licensed Healthcare Professionals;
  - (e) the undertaking of research activities within the region; and/or
  - (f) understanding applicable laws, regulations and rules governing medical research.

## Professionals Council

### 90 Establishment of Professionals Council

This Governing Regulation establishes the Professionals Council.

### 91 Accountability of Professionals Council

The Professionals Council is accountable to the Central Governance Board for its actions.

### 92 Purpose of Professionals Council

The purpose of the Professionals Council is to:

- (1) set criteria and requirements to ensure high levels of competence and fitness to practice for Licensed Healthcare Professionals;
- (2) provide recommendations to the Appeals Board, Licensing Board and the Central Governance Board regarding the provision of Healthcare Services within DHCC by healthcare professionals and Complementary and Alternative Medicine professionals;
- (3) provide recommendations to the Appeals Board and Licensing Board relating to Licensed Healthcare Professionals and Licensed Complementary and Alternative Medicine Professionals, regarding matters relating to the review of:
  - (a) Applications;
  - (b) Renewal Applications and Credentialing; and
  - (c) Disciplinary Action;
- (4) oversee the development of Policies, Standards and Guidance with regard to the provision of Healthcare Services by Licensed Healthcare Professionals and Licensed Complementary and Alternative Medicine Professionals;
- (5) engage in dialogues with CPU, Clinical Affairs Department and/or the Quality Council and/or the Academic and Research Council from time to time, to survey the relevant decisions and orders made by the Fitness to Practice Panel, discuss issues of quality improvement and enhancement of safety of patients and/or research subjects in relation to Licensed Healthcare Professionals or Licensed Complementary and Alternative Medicine Professionals and to issue specific Guidance, if necessary;
- (6) make recommendations to any of the Agencies with regard to providing a dispensation for a healthcare professional, Licensed Healthcare Professional, Complementary and Alternative Medicine professional, or Licensed Complementary and Alternative Medicine Professional from any specific requirement under the applicable Regulations, Rules, Policies or Standards as the result of reviewing an Application or Renewal Application;
- (7) make recommendations in conjunction with the Academic and Research Council to the Licensing Board with regard to the provision of a License to visiting healthcare professionals who as part of the teaching community within DHCC, shall provide Healthcare Services; and

- (8) provide recommendations to the Registry of Companies regarding Applications by healthcare operators for the provision of Clinical Activities which include Complementary and Alternative Medicine.

**93 Relationship with CPQ**

The Professionals Council shall carry out its functions with the support of CPQ.

**94 Professionals Council's powers and responsibilities**

The Professionals Council shall have the powers and responsibilities delegated to it by the Central Governance Board and as prescribed in the Healthcare Professionals Regulations and Complementary and Alternative Medicine Professionals Regulation.

**95 Guidance**

The Professionals Council may issue Guidance to Healthcare Professionals and/or Complementary and Alternative Medicine Professionals, subject to the approval of the Central Governance Board.

**96 Ongoing review and update**

The Professionals Council shall regularly review and update those matters for which it has powers and responsibilities.

**97 Obtaining advice**

In fulfilling its responsibilities under this Governing Regulation and any other Regulations, the Professionals Council may seek advice from any source it considers appropriate.

**98 Relationship with Agencies**

In carrying out its powers and responsibilities, the Professionals Council shall seek the views of the other Agencies where appropriate.

**99 Membership**

The Professionals Council shall consist of at least 3 members.

**100 Professionals Council to have representation on Central Governance Board**

The Professionals Council shall appoint 1 of its members to be its representative on the Central Governance Board.

**101 Expertise of membership**

The Professionals Council shall be composed of:

- (1) at least 1 member with experience in matters relating to the quality of care and licensure of healthcare professionals;
- (2) at least 1 member with experience in matters relating to the quality of care and licensure of Complementary and Alternative Medicine professionals; and

- (3) members who collectively have experience in matters relating to the quality of care and licensure of healthcare professionals or Complementary and Alternative Medicine professionals.

## Part Six Clinical Regulation

### 102 Establishment of Appeals Board

This Governing Regulation establishes the Appeals Board.

### 103 Independence of Appeals Board

- (1) The Appeals Board is the final appellate authority of healthcare professionals, Complementary and Alternative Medicine professionals, healthcare operators, research operators and education providers, and has ultimate authority with regard to exercising its powers and responsibilities.
- (2) The Appeals Board acts independently in accordance with the provisions of this Governing Regulation and the applicable Regulations.
- (3) The Appeals Board shall report on its activities to the Executive Body.

### 104 Purpose of Appeals Board

The purpose of the Appeals Board is to act as the final appellate authority in any appeal against decisions relating to:

- (1) licensing of healthcare professionals, Complementary and Alternative Medicine professionals and healthcare operators to operate within DHCC; and
- (2) complaints against healthcare professionals, Complementary and Alternative Medicine professionals, healthcare operators, research operators and education providers in relation to activities carried out in DHCC.

### 105 Appeals Board's powers and responsibilities

- (1) The responsibilities and the scope of authority of the Appeals Board are set out in the relevant Regulations, Rules, Standards and Policies.
- (2) The powers and responsibilities of the Appeals Board are to:
  - (a) consider appeals on licensing decisions relating to healthcare professionals, Complementary and Alternative Medicine professionals and healthcare operators; and
  - (b) consider appeals on decisions made by the Fitness to Practice Panel on complaints against healthcare professionals, Complementary and Alternative Medicine professionals, healthcare operators, research operators and education providers in relation to activities carried out in DHCC.

### 106 Establishment of Licensing Board

This Governing Regulation establishes the Licensing Board.

### 107 Independence of Licensing Board

- (1) The Licensing Board is the regulator of healthcare professionals, and Complementary and Alternative Medicine professionals, and has ultimate authority with regard to exercising its powers and responsibilities.
- (2) The Licensing Board acts independently in accordance with the provisions of this Governing Regulation and the applicable Regulations.
- (3) The Licensing Board shall report on its activities to the Executive Body.

### 108 Purpose of Licensing Board

The purpose of the Licensing Board is to consider and grant Licenses in accordance with the Healthcare Professionals Regulation and the Complementary and Alternative Medicine Professionals Regulation.

### 109 Licensing Board's powers and responsibilities

- (1) The responsibilities and the scope of authority of the Licensing Board are set out in the relevant Regulations, Rules, Standards and Policies.
- (2) The powers and responsibilities of the Licensing Board are to:
  - (a) review and act on Applications for Licenses to function within DHCC from healthcare professionals and Complementary and Alternative Medicine professionals;
  - (b) consider renewals of Licenses for Licensed Healthcare Professionals and Licensed Complementary and Alternative Medicine Professionals;
  - (c) refuse to renew Licenses of Licensed Healthcare Professionals and Licensed Complementary and Alternative Medicine Professionals and refer matters for further action as provided by the applicable Regulations and Rules;
  - (d) maintain a Register of Licensed Healthcare Professionals and Licensed Complementary and Alternative Medicine Professionals, including the current status of such Professionals and the applicable terms and conditions associated with their Licenses;
  - (e) consider the prescribed qualifications developed by the Central Governance Board required for scopes of Professional Practice to enable healthcare professionals and Complementary and Alternative Medicine professionals to obtain Licenses;
  - (f) review and promote the competence of healthcare professionals and Complementary and Alternative Medicine professionals;
  - (g) receive and act on information from Licensed Healthcare Professionals, Licensed Complementary and Alternative Medicine Professionals, and Licensed Healthcare Operators about the competence of any Licensed Healthcare Professionals, Licensed Complementary and Alternative Medicine Professionals;
  - (h) notify Licensed Healthcare Operators and any other responsible authority that the practice of a Licensed Healthcare Professional or a Licensed Complementary and Alternative Medicine Professional may pose a risk of harm to the public;
  - (i) consider the cases of Licensed Healthcare Professionals or Licensed Complementary and Alternative Medicine Professionals who may be unable to perform the functions required for their Professional Practice;

- (j) issue in-principle approvals confirming that the relevant criteria in respect of Licensed Healthcare Professionals or Licensed Complementary and Alternative Medicine Professionals as may be required for the issue of a License under the Healthcare Operators Regulation, Research Regulation or Education Regulation has been met;
- (k) seek the views of the relevant Agencies in carrying out its Licensing responsibilities;
- (l) liaise with other Agencies about matters of common interest, either directly or through participation in the Central Governance Board;
- (m) promote education and training of Licensed Healthcare Professionals and Licensed Complementary and Alternative Medicine Professionals in conjunction with the Academic and Research Council.

#### **110 Relationship with CPQ**

The Licensing Board shall carry out its functions with the support of CPQ.

#### **111 Actions of Licensing Board**

In carrying out its powers and functions, the Licensing Board shall assess any Application or Renewal Application for a License against the Standards approved by the Central Governance Board.

#### **112 Register**

- (1) The Licensing Board shall maintain a Register or Registers identifying Licensed Healthcare Professionals and Licensed Complementary and Alternative Medicine Professionals. Any such Register may be held in electronic form or in any other permanent manner, as appropriate.
- (2) Each such Register shall include the names and business addresses of Licensed Healthcare Professionals and Licensed Complementary and Alternative Medicine Professionals, and such other particulars, including the scope of the License, any conditions or restrictions imposed upon a License by the Licensing Board from time to time.

#### **113 Availability of information contained**

The information contained in any Register of the Licensing Board shall be made available on request to any person who asks for it on payment of a fee fixed from time to time by the DHCA.

#### **114 Appeal of Appeals Board's decisions**

- (1) The decision of the Appeals Board regarding Licenses is final and may not be appealed further.
- (2) The applicant is entitled to request and be provided with the reasons behind the decision of the Appeals Board.

#### **115 Publication of outcome of decisions**

The Appeals Board shall publish an annual report setting out its decisions on the appeals from the Fitness to Practice Panel with the names of the patients anonymised.

**116 Obtaining advice**

In fulfilling its responsibilities under this Governing Regulation, the Healthcare Professionals Regulation, the Complementary and Alternative Medicine Professionals Regulation, the Healthcare Operators Regulation, the Research Regulation and the Education Regulation, the Licensing Board and the Appeals Board may seek advice from any source it considers appropriate.

**117 Relationship with other Agencies**

- (1) In carrying out its powers and responsibilities, the Licensing Board and the Appeals Board may seek the views of the other Agencies where appropriate.
- (2) In the event that the Central Governance Board and the Appeals Board are not in agreement on a Policy, Standard or Guidance, both views shall be presented to the Executive Body whose decision shall be final.

**118 Composition and membership of Appeals Board**

- (1) The Appeals Board shall consist of:
  - (a) up to 5 voting members as set out in section 119; and
  - (b) a legal advisor.
- (2) The Appeals Board may also co-opt subject matter experts as appropriate to assist the Appeals Board. Such subject matter experts shall not have voting rights on the Appeals Board.
- (3) The Appeals Board shall not include any members of the Licensing Board or the Registrar of Companies.

**119 Appeals Board's voting members**

The Appeals Board shall be composed of the following voting members:

- (1) at least one medical practitioner; and
- (2) at least one healthcare professional who has the expertise in one or more of the following areas where relevant:
  - (a) the quality of Healthcare Services;
  - (b) licensing and regulation of healthcare professionals, Complementary and Alternative Medicine professionals and healthcare operators;
  - (c) research and education.

**120 Composition and membership of Licensing Board**

- (1) The Licensing Board shall consist of:
  - (a) up to 5 voting members as set out in section 121; and
  - (b) 2 non-voting members who are representatives from the Quality Council and Professionals Council; and
  - (c) a legal advisor.
- (2) The Licensing Board may also co-opt subject matter experts as appropriate to assist the Licensing Board. Such subject matter experts shall not have voting rights on the Licensing Board.

**121 Licensing Board's voting members**

- (1) The Licensing Board shall be composed of the following voting members:
  - (a) at least 2 healthcare professionals of whom 1 shall be a medical practitioner; and
  - (b) 1 consumer representative who is a resident of the UAE and who is not engaged or employed as a healthcare professional or by a healthcare operator.
- (2) These members should have collectively the expertise in following areas:
  - (a) the quality of Healthcare Services,
  - (b) licensing and regulation of healthcare professionals, Complementary and Alternative Medicine professionals and healthcare operators.

**122 Licensing Board to have representation on Central Governance Board**

The Licensing Board shall appoint 1 of its members to be its representative on the Central Governance Board.

## Part Seven Commercial Regulation

### 123 Establishment of Registry of Companies

This Governing Regulation establishes the Registry of Companies.

### 124 Appointment of Registrar

- (1) The Executive Body shall appoint a person to serve as Registrar of the Registry of Companies and may dismiss that person from the office of Registrar without cause.
- (2) The Executive Body shall consult with the Chairperson prior to appointing, renewing or dismissing the Registrar.
- (3) The Registrar shall have overall supervision over the Registry of Companies.

### 125 Independence of Registry of Companies

- (1) The Registry of Companies is the regulator of licensed companies, Non-Clinical Operating Permit Holders and Miscellaneous Permit Holders, and has ultimate authority with regard to exercising its licensing powers and responsibilities.
- (2) In exercising its powers and performing its functions, the Registry of Companies acts independently in accordance with the provisions of this Governing Regulation and the applicable Regulations.
- (3) The Registry of Companies shall report on its activities to the Executive Body.

### 126 Purpose of Office of Registry of Companies

The purpose of the Registry of Companies is to:

- (1) register companies to operate within DHCC in accordance with the Company Regulation;
- (2) consider and grant Licenses in accordance with the Commercial Services Licensing Regulation, Healthcare Operators Regulation, Research Regulation and Education Regulation; and
- (3) consider and grant Miscellaneous Permits in accordance with the Commercial Services Licensing Regulation.

### 127 Establishment of register of companies

The DHCA shall maintain a register of companies and/or permit holders in such form as it may determine.

### 128 Powers and functions of Registry of Companies

- (1) The Registry of Companies shall have the powers and discharge the duties conferred or imposed upon him under this Governing Regulation, the Company Regulation, Commercial Services Licensing Regulation, Healthcare Operators Regulation, Research Regulation and Education Regulation, and any other

applicable Regulation. The Registry of Companies shall exercise such powers and perform such function only in pursuit of his objectives under such Regulations.

- (2) Those powers and functions include, but are not limited to:
- (a) administering the register of companies and/or permit holders within DHCC;
  - (b) registration and re-registration of companies or a Branch of a company within DHCC;
  - (c) removing a company, a Branch of a company, a Non-Clinical Operating Permit Holder or Miscellaneous Permit Holder off the register;
  - (d) the granting, suspension, revocation and/or renewal of Licenses, Non-Clinical Operating Permits and Miscellaneous Permits issued by the Registry of Companies.

### 129 Appointment of officers

Officers may be appointed as may be necessary by the Executive Body to carry out the functions of the Registry of Companies under this Governing Regulation and under the applicable Regulations.



## Part Eight Complaint Management, Investigations, Inspections and Assessments

### 130 Complaint management and investigation principles

When investigating a complaint arising from any source, the following principles shall be taken into account:

- (1) the complaint shall be dealt with promptly;
- (2) the investigation shall be handled in a manner that is both fair and polite;
- (3) the investigation should be carried out as close to the source of the complaint as possible;
- (4) the investigation should be carried out by the most appropriate body taking into account the particular circumstances;
- (5) subject to the provisions of the Health Data Protection Regulation, the Healthcare Professionals Regulation and the Complementary and Alternative Medicine Professionals Regulation relating to quality improvement activities, or where the matter has been referred for Disciplinary Action, there shall be transparency throughout the investigation process;
- (6) the complaint shall be thoroughly investigated taking into account the nature of the complaint;
- (7) the investigation process shall seek to measure the actions or lack of actions complained about against the relevant Regulation, Rule, Policy, or Standard, including Schedule Two of this Governing Regulation setting out Patients' Rights and Responsibilities;
- (8) principles of natural justice are duly observed;
- (9) all relevant information is gathered in an objective manner; and
- (10) examination of the facts is carried out in an objective manner to reach a reasonable conclusion.

### 131 Making a complaint

- (1) Any person may make a complaint in writing regarding the provision of DHCA Services, or Healthcare Services provided within DHCC, including any outreach service or Commercial Services provided within DHCC on the basis that those DHCA Services, Healthcare Services or Commercial Services appear to be provided in a manner that is in contravention of the Regulations, Rules, Policies or Standards including Schedule Two of this Governing Regulation.
- (2) The complaint shall be made in a form as required by CPU from time to time, and shall be accompanied by such documents as may be required by CPU from time to time, including documents necessary for identification of the complainant.

### 132 Receipt of complaints to be centralized

All complaints shall be directed to the CPU in the first instance.

### 133 Register of complaints

The CPU is responsible for establishing a central register to record all complaints received, track the process of investigation and resolution, and the outcome of the Fitness to Practice Panel reviews.

### 134 Management of complaints

The Executive Body is responsible for establishing processes for the management and investigation of complaints received about Licensees operating within DHCC and for establishing processes for the management and investigation of complaints received about DHCA Services.

### 135 Establishment and membership of Complaints Panel and Fitness to Practice Panel

- (1) The executive director of CPQ shall establish a Complaints Panel comprising a pool of panelists who collectively have experience in matters relating to the quality of care and licensure of healthcare professionals or Complementary and Alternative Medicine professionals, healthcare operators, education providers or research operators.
- (2) The executive director of CPQ shall appoint a chairperson of the Complaints Panel to be chosen from the panelists in the Complaints Panel.
- (3) The chairperson of the Complaints Panel shall, from time to time, appoint a Fitness to Practice Panel to review complaints against a Licensed Healthcare Professional, a Licensed Complementary and Alternative Medicine Professional, a Licensed Healthcare Operator, an Approved Research Operator or an Approved Education Operator.
- (4) A Fitness to Practice Panel shall comprise of at least 3 and no more than 5 panelists. There shall be at least 1 healthcare professional who is a member of the Professionals Council and 1 non-healthcare professional on each panel.
- (5) A person may not be a member of the Fitness to Practice Panel if the person has:
  - (a) been involved in any earlier investigation of the matter;
  - (b) been involved in undertaking or supervising any Competence Program in respect of the Licensed Healthcare Professional concerned; or
  - (c) an interest in the outcome of the matter or is in a position of conflict in respect of the Licensed Healthcare Professional or Licensed Complementary and Alternative Medicine Professional concerned.
- (6) A member of a Fitness to Practice Panel is appointed on the terms and conditions determined by the chairperson of the Complaints Panel for that member.
- (7) A member of a Fitness to Practice Panel is entitled to receive the fees that are fixed from time to time by the Executive Body in accordance with the applicable Policy and such fees may vary for different classes of cases.

### 136 Power to seek expert opinion

In carrying out its investigation under this Governing Regulation or any applicable Regulations, the CPU may seek expert opinions.

**137 Power to seek information**

- (1) Any authorized employee of CPQ may obtain such information from the Licensee as it reasonably requires to perform its functions under this Governing Regulation and/or other applicable Regulations.
- (2) Each Licensee shall provide such information, subject to the provisions of this Governing Regulation and/or other applicable Regulations.

**138 Power to obtain, seize and use information**

- (1) Any authorized employee of CPQ may serve a written notice on a Licensee, or its representative, requiring the Licensee to produce, within such reasonable time period as may be specified in the notice, such information and documentation as it reasonably requires to perform its functions under this Governing Regulation and/or other applicable Regulations.
- (2) Any authorized employee of CPQ may:
  - (a) make copies of, or extracts from, any documents in the possession of the Licensee as it reasonably requires to perform its functions under this Governing Regulation and/or other applicable Regulations;
  - (b) seize and remove any documents (including originals) in the possession of the Licensee as it reasonably requires to perform its functions under this Governing Regulation and/or other applicable Regulations. In the event that any document containing Patient Health Information is seized, a copy of the document shall be provided to the Licensee as soon as practicable after seizure in order to ensure continuity of patient care;
  - (c) extract any information or data from any computer or electronic equipment in the possession of the Licensee as it reasonably requires to perform its functions under this Governing Regulation and/or other applicable Regulations;
  - (d) seize and remove any equipment or products in the possession of the Licensee as it reasonably requires to perform its functions under this Governing Regulation and/or other applicable Regulations;
  - (e) make any electronic, photographic or video recording of any form of any document, equipment or product found on the premises, or any part of the premises, or any activity being carried out on the premises as may be reasonably required to carry out its functions under this Governing Regulation or other applicable Regulations;
  - (f) require the Licensee, or its representative, to respond in writing, within a reasonable period of time but no later than 30 days, to its questions or concerns; and
  - (g) if requested documents are not produced, require the Licensee, or its representative, to state, to the best of its or his knowledge and belief, where they are located.
- (3) Any authorized employee of CPQ may serve a written notice on any person who is or is to be a Controller, director or Manager of a Licensed Commercial Company or a Licensed Healthcare Operator, that requires him to furnish, within such reasonable time as may be specified in the notice, such information or documents as may reasonably be required for determining whether he is a Fit and Proper Person to hold the particular position that he holds or is to hold.



**139 Power to inspect premises for purposes of obtaining information**

- (1) Upon reasonable advance written notice, any authorized employee of CPQ may visit and inspect the premises within DHCC occupied by a person on whom a notice has been served under section 138(1) for the purposes of obtaining the information or documents required by the notice and for exercising the authority conferred by this section.
- (2) Such notice shall not be required if the authorized employee of CPQ has reasonable cause to believe that, if such notice were given, the information or documents being sought would be removed, tampered with or destroyed.
- (3) An authorized employee of CPQ may make unscheduled visits and inspections of any premises within DHCC for the purposes of enforcing compliance with the applicable Regulations and/or ensuring quality assurance and patient safety.
- (4) An inspection under subsection (1) or (3) shall not be conducted unless an authorization letter signed by the executive director of CPQ or any person authorized by him has been obtained.

**140 Non-compliance following on-site inspection and/or assessment or information from Licensee**

- (1) Following an on-site inspection and/or assessment under section 139 or information obtained from the Licensee under sections 137 or 138, CPQ shall notify the Licensee if it finds non-compliance with the requirements of the:
  - (a) Licensee's License; or
  - (b) any other applicable Regulations, Rules or Standards and Policies.
- (2) Where a Licensee is found to be non-compliant under subsection (1), it shall:
  - (a) if required by the CPQ, file a plan of correction to rectify the breaches and implement this plan within such period of time as the CPQ may require; and
  - (b) in any case, comply with any requirements as directed by the CPQ to rectify the breaches within such period of time as the CPQ may require.
- (3) CPQ shall undertake, or arrange to be undertaken, a further on-site inspection and/or assessment to monitor the rectification of the breaches.
- (4) If the Licensee fails to comply with section 140(2) or if the CPQ is not satisfied that the breaches have been rectified, the CPQ may notify CPU.

**141 Cooperation of Licensee Required**

A Licensee shall cooperate with any authorized employee of CPQ in responding to all requests for information or documents that any authorized employee of CPQ may make and respond promptly to inquiries of the CPQ.

**142 Requirement for Licensee to comply with CPQ requests**

Failure to comply with any valid request by any authorized employee of CPQ may be grounds for:

- (1) reviewing the Licensee's right to hold its License or a Licensed Commercial Company's right to be registered, which reviewing might lead to the suspension, revocation of the License and/or deregistration; and/or
- (2) imposing a Penalty on the Licensee and/or Disciplinary Action.

**143 Powers of CPQ when conducting on-site assessments**

For purposes of conducting on-site assessments in compliance with the Healthcare Operators Regulation, Research Regulation and Education Regulation, sections 137 to 142 of this Governing Regulation shall apply.

**144 Referral of complaint to Fitness to Practice Panel**

At any time during the investigation, the complaint may be referred to the Fitness to Practice Panel on a matter that is not within the scope of the complaint:

- (1) if it appears from the complaint that the competence of the Licensed Healthcare Professional or the Licensed Complementary and Alternative Medicine Professional or his fitness to engage in his Professional Practice or the appropriateness of his conduct may be in doubt;
- (2) if it appears that the Licensed Healthcare Operator, Approved Research Operator or Approved Education Operator has acted in a manner that is inconsistent with the requirements of applicable Regulations, Rules, Standards or Policies, or failed to act in a manner required by such Regulations, Rules, Standards or Policies; and/or
- (3) if it appears from the complaint that the actions of the Licensed Commercial Company may be inconsistent with the applicable Regulations, Rules, Standards or Policies and warrant the reconsideration of the Licensed Commercial Company's right to be registered within DHCC.

**145 CPU to share information on Fitness to Practice Panel reviews**

- (1) The CPU shall inform the Licensing Department and the Registry of Companies of the outcome of each Fitness to Practice Panel review.
- (2) The CPU shall, on a quarterly basis, circulate the decision and orders of the Fitness to Practice Panel, provided that the name of the patient has been anonymised, to the Clinical Affairs Department, Licensing Department, Central Governance Board, and/or any relevant Agency.
- (3) The CPU shall, from time to time, together with the Clinical Affairs Department, consult with the Quality Council to survey the Fitness to Practice Panel reviews and discuss issues of quality improvement and enhancement of patient safety.
- (4) The CPQ may publish the outcome of Fitness to Practice Panel reviews in an anonymised form for statistical, audit, reporting or similar purposes.

## Part Nine Establishment of Healthcare Claims Committee

### 146 Establishment of Healthcare Claims Committee

The Chairperson may appoint or arrange for the establishment of an independent Healthcare Claims Committee to function as a competent authority to determine Healthcare Claims under the Medical Liability Regulation.

### 147 Purpose of Healthcare Claims Committee

The purpose of the Healthcare Claims Committee is to act as a mechanism to determine or resolve Healthcare Claims where these have not been resolved through the complaint investigation process referred to in Part Eight of this Governing Regulation.

### 148 Rules governing Healthcare Claims Committee

The Chairperson may issue Rules governing the powers and responsibilities of the Healthcare Claims Committee, its processes and any proceedings before the Healthcare Claims Committee.

### 149 Submission to jurisdiction of Healthcare Claims Committee

- (1) It shall be a condition of the relationship between a Licensee and a patient in respect of the provision of Healthcare Services in DHCC that they shall submit any Healthcare Claim to the jurisdiction of such Healthcare Claims Committee as may be established, for determination and resolution of the Healthcare Claim.
- (2) Any provisions of an agreement between a Licensee and a patient that is inconsistent with the provisions of this section shall be null and void and unenforceable by either party to the agreement.

## Part Ten Penalties for Breach of Regulations

### 150 Penalties

- (1) A Licensee and/or Miscellaneous Permit Holder shall be subject to Penalties where the Licensee and/or Miscellaneous Permit Holder has:
  - (a) not complied with a requirement set out in this Governing Regulation;
  - (b) not complied with a requirement of any of the other Regulations; or
  - (c) not complied with a requirement of a Rule, Standard or Policy.
- (2) Penalties may only be imposed by the Licensing Board and Appeals Board or the Registry of Companies in accordance with the applicable Regulations, Rules, Standards and Policies.

### 151 Licensee and/or Miscellaneous Permit Holder to be notified in writing

The Licensing Board or the Registry of Companies, as the case may be, shall notify the Licensee and/or Miscellaneous Permit Holder in writing of the Penalty including the reasons why the Penalty has been imposed and the actions the Licensee and/or Miscellaneous Permit Holder needs to take and the timeframe for such actions.

### 152 Failure to pay Penalty due

The Licensing Board or the Registry of Companies may remove the Licensee and/or Miscellaneous Permit Holder's right to operate within DHCC if the Licensing Board or the Registry of Companies, as the case may be, is satisfied that the:

- (1) Penalty is due; and
- (2) such Penalty has not been paid within the stipulated timeframe.

### 153 Continuation of Penalty

Where a Licensee and/or Miscellaneous Permit Holder has lost the right to operate in DHCC under section 152, the Penalty shall remain due and payable by the Licensee and/or Miscellaneous Permit Holder.

### 154 Enforcement of Penalty

- (1) Any Penalty incurred under the Regulations, Rules, Standards and Policies and levied by the Licensing Board or Registry of Companies in accordance with the applicable Regulations, Rules, Standards and Policies shall be paid to the DHCA.
- (2) Where any Penalty payable remains unpaid for 30 days immediately following the date on which demand for payment is made by the DHCA, the Licensing Board or Registry of Companies, the Penalty is recoverable at the request of the DHCA before the Dubai Court in civil proceedings as a debt due to the DHCA notwithstanding the amount sought to be recovered.
- (3) The penal responsibility for the violations committed by a Licensee and/or a Miscellaneous Permit Holder shall be directed to its Manager.

- (4) The DHCA may issue Rules and Policies for carrying out the enforcement of Penalties.
- (5) The DHCA, the Licensing Board and the Registry of Companies also reserve the right to relax or waive a Penalty, either in whole or in part and either unconditionally or subject to such conditions as it deems appropriate, if it considers it appropriate to do so.

## **Part Eleven Management and Disclosure of Information**

### **155 Disclosure of information**

Subject to the Health Data Protection Regulation, all Records made or received by any officer, employee or agent in the course of providing DHCA Services shall be subject to public disclosure, unless an exemption is provided under section 156.

### **156 Exemptions to disclosure of information**

Except as provided otherwise in the Health Data Protection Regulation and any other applicable Regulations, or where any Affected Person has waived his or its right to non-disclosure of any such Record, the Records are not subject to public disclosure where:

- (1) they are specifically or by implication exempt from disclosure by this Governing Regulation, or any other Regulation in effect in DHCC;
- (2) they are related solely to internal personnel rules and practices of the Agency, provided however, that such Records shall be withheld only to the extent that proper performance of necessary functions of the Agency requires it;
- (3) they pertain to a person's financial statements, unless such financial statements are otherwise in the public domain, for example, through obligatory filing with a national regulatory agency with jurisdiction over such records;
- (4) they consist of Patient Identification Information;
- (5) they constitute:
  - (a) information on personnel,
  - (b) Patient Health Information, and
  - (c) any other Records relating to a specifically named individual the disclosure of which may constitute an unwarranted invasion of personal privacy;
- (6) they consist of inter-agency or intra-agency memoranda or letters, including between or among any of the officers, employees or agents developed in the course of providing DHCA Services, relating to policy positions being developed but this section shall not apply to reasonably completed factual studies or reports on which the development of such policy positions has been or may be based;
- (7) they consist of notebooks and other materials prepared by an employee of the DHCA that are personal to him and not maintained as part of the files of the DHCA;
- (8) they consist of materials necessarily compiled out of the public view during the course of a complaint investigation, inquiry, review, appeal or similar proceeding, or any notes or minutes of discussions or meetings of such investigation, inquiry, review, appeal or similar proceeding, the disclosure of which materials, notes or

minutes may prejudice the possibility of effective enforcement of this Governing Regulation or any other Regulation such that disclosure would not be in the public interest;

- (9) they consist of notes or minutes of discussions or meetings which relate to the review of an Application, a Renewal Application, or any action to be taken which affects a License and/or Miscellaneous Permit;
- (10) they contain trade secrets or commercial or financial information voluntarily provided to the DHCA for use in developing Policies and upon a promise of confidentiality, but this subsection shall not apply to information submitted as required by law, this Governing Regulation or any other Regulation; or
- (11) they consist of the age, marital status, religion or race of a Licensed Healthcare Professional or a Licensed Complementary and Alternative Medicine Professional.

#### **157 Exclusion of part of Record**

In disclosing Records not exempted from public disclosure, the DHCA may exclude from these otherwise disclosable Records, portions that contain material that falls within one or more of the exemptions from disclosure set out in section 156.

#### **158 Process for requesting Records**

Any person may obtain Records, or portions thereof, that are disclosable under this section by filing a written request to the DHCA and providing specific information as to the Record or Records being sought (a "Public Records Request").

#### **159 Notification to Affected Person prior to releasing Records**

Within 30 days following receipt by the DHCA of any Public Records Request, it shall advise the Affected Person whose Records are the subject of such Request that such Public Records Request has been submitted, and provide the Affected Person with a copy of the Record or Records (or any portion thereof remaining from exclusion under section 157), that it proposes to disclose.

#### **160 Affected Person may object to disclosure of Record**

An Affected Person shall have 30 days following receipt of a notice provided for in section 159, to file with the DHCA, in writing, a statement of objection to the disclosure of any such Record or portion thereof that had indicated that it intends to disclose. This statement shall include the grounds for the objection.

#### **161 Release of Records**

Following the end of the 30 day period provided for in section 160, the DHCA shall, within 30 days, provide the person or persons who have filed a Public Records Request with the requested Records that the DHCA has determined as being subject to public disclosure.

#### **162 Notification of Records released to Affected Person**

If the DHCA discloses a Record or portion thereof and such disclosure has been the subject of an objection filed by an Affected Person under section 160, the DHCA shall

provide the Affected Person concurrently with a written statement recording the reasons why the objection has not been accepted.

## Part Twelve Exclusion of Liability

### 163 Exclusion of liability

- (1) Members and employees of the DHCA, and the Agencies are exempt from any liability for any act or omission of the DHCA.
- (2) Members and employees of the DHCA, and the Agencies are not liable to the DHCA for any act or omission made or omitted in their capacity as a member or employee, if they acted in good faith and with reasonable care, in pursuance of the functions of the DHCA.

### 164 Indemnification of members and employees

Every member and employee of the DHCA and the Agencies is indemnified by the DHCA:

- (1) for costs and damages for any civil liability arising from any action brought by a third party in respect of any act or omission done or omitted in his capacity as a member, if he acted in good faith, and with reasonable care, in pursuance of the functions of the DHCA; and
- (2) for costs arising from any successfully defended criminal proceedings in relation to any such act or omission.

## Schedule One Provisions relating to Agencies

### 1 Method of appointment of members

- (1) Save where expressly provided for in this Governing Regulation, a member of an Agency is appointed by the Executive Body.
- (2) The appointment shall be made in writing and shall state:
  - (a) the date on which the appointment takes effect, which shall not be earlier than the date on which the notice is received; and
  - (b) the term of the appointment.

### 2 Qualifications of members

The following persons are disqualified from being members of an Agency:

- (1) a person who is an undischarged bankrupt;
- (2) a person who has been convicted of an offence punishable by imprisonment for a term of 2 years or more, or who has been sentenced to imprisonment for any other offences unless that person has obtained a pardon, served the sentence or otherwise suffered the Penalty imposed on the person.

### 3 Appointment of chairperson of Agency

The Executive Body shall appoint the chairperson of an Agency.

### 4 Term of appointment

- (1) Of the initial appointees to Agencies, the Executive Body shall appoint:
  - (a) half the members to a term of 2 years each; and
  - (b) half the members to a term of 3 years, including the chairperson.
- (2) In the case that there are an uneven number of members to be appointed, the majority of members shall be appointed for the term of 2 years.

### 5 Reappointment of members

A member is eligible to be reappointed to the Agency unless he has held office for 6 consecutive years. In such an event, the member shall not be reappointed immediately unless the Executive Body consents in writing to his reappointment and holding office for more than 6 consecutive years, provided that such reappointment shall only be for 1 further term.

### 6 Resignation of members

A member of an Agency may resign from office by tendering a signed written notice to the chairperson of the Agency.

### 7 Vacation of office

A member of an Agency ceases to be a member of an Agency if that Agency is disestablished by amendment to this Governing Regulation.

## **8 Removal from office**

- (1) The Executive Body may remove a member of an Agency with just cause by giving written notice to the member. Such written notice shall include the date on which the removal takes effect, which shall not be an earlier date than the date on the notice which is received.
- (2) The notice shall state also the reasons for removal.
- (3) Just cause includes misconduct, inability to perform the functions required of the member, neglect of duty, and breach of any of the collective duties of the Agency or the individual duties of the member.

## **9 No compensation for loss of membership**

A member of an Agency is not entitled to any compensation or any other payment or benefit relating to his ceasing for any reason to hold office as a member of the Agency.

## **10 Appointment of vice chairperson**

- (1) Each Agency may elect from among its members a vice chairperson, who shall be eligible for reappointment for as long as he is a member of that Agency.
- (2) The term of office for the vice chairperson shall be 1 year and until his successor is elected.
- (3) The functions of the vice chairperson shall be determined by the Agency.

## **11 Appointment of secretary to the Agency**

The chairperson of the Agency shall appoint a person who is not a member of that Agency to serve as secretary to the Agency. The secretary shall serve such term as the chairperson shall determine and may be removed by the chairperson at any time.

## **12 Role of secretary**

The secretary shall have the following responsibilities:

- (1) to keep a written record of all Agency meetings and of all actions taken by it, and any decisions and any recommendations made;
- (2) at the direction of the chairperson, distribute the agenda for each meeting no less than 3 business days prior to such meeting;
- (3) responsibility for ensuring that the minutes of each meeting are distributed to the members of the Agency within 3 business days following each meeting;
- (4) responsibility for maintaining a register of members' interests as disclosed under clause 16 in this Schedule; and
- (5) any such additional duties as the chairperson may from time to time prescribe.

## **13 Retention of information**

All the Agency's records including but not limited to:

- (1) written procedures;
- (2) membership lists;
- (3) lists of occupations/affiliations of members;

- (4) submitted documents;
  - (5) minutes of meetings; and
  - (6) correspondence
- shall be retained for at least 5 years.

#### 14 Meeting procedures

Each Agency shall adopt procedural rules to govern conduct, which shall include at least the following:

- (1) It shall meet regularly upon the call of the chairperson of the Agency, at such times and places as the chairperson shall designate;
- (2) At least 1 meeting each year shall be a face to face meeting, where the majority of members shall be present at DHCC;
- (3) All meetings shall occur with the physical presence of all participating members. provided, however, that:
  - (a) meetings may take place via teleconference or such other means as determined by the Agency that allow all of the members to participate in the meeting at the same time; and
  - (b) votes of the Agency may be taken without a meeting, via e-mail, provided that all of the members of the Agency concur in the vote and that e-mail concurrence is received from all of the members within 72 hours following the delivery to them of the proposed votes via e-mail by the chairperson;
- (4) A majority of the members of the Agency then in office shall constitute a quorum for the transaction of all business; and
- (5) All meetings of the Agency shall be deemed to have been duly called and regularly held, and all decisions, resolutions and proceedings of the Agency shall be deemed to have been duly authorized, if attended by a majority of the members of that Agency then in office, unless a larger number is required with regard to any meeting or any action at a meeting under any applicable law, Regulation, Rule or Standard in effect from time to time in DHCC.

#### 15 Participation of other persons

- (1) The chairperson of the Agency may invite persons who are not members of the Agency to participate in the Agency's meetings when he reasonably determines that such participation may be relevant and useful to the Agency's deliberations at such meetings.
- (2) No such invited participant shall be entitled to vote as a member of the Agency.

#### 16 Disclosure of interests

- (1) A member of an Agency who is interested in a transaction shall, as soon as is reasonably practicable after the relevant facts have come to the member's knowledge, disclose the nature of the interest to the Agency.
- (2) Subject to clause 18 of this Schedule, a member of an Agency who makes a disclosure under this clause shall not:
  - (a) take part, after the disclosure in any deliberation or decision of the Agency relating to the transaction;
  - (b) be included in the quorum when a vote on the decision is to be taken; or

- (c) sign any document in relation to the entry into a transaction or the initiation of the transaction.

**17 Disclosure of interest shall be recorded**

The disclosure shall be recorded in the minutes of the next meeting of the Agency and entered into the register of interests maintained by the Secretary.

**18 Member may be permitted to participate in deliberations**

- (1) A member who makes a disclosure under clause 16 may take part in any deliberation (but not in any decision) of the Agency relating to the transaction concerned if a majority of the other members of the Agency permits the member to do so.
- (2) If the member is permitted to take part in the deliberation, the minutes of the deliberations shall record:
  - (a) the permission and the majority's reasons for giving it; and
  - (b) what the members say in any deliberation at the meeting relating to the transaction concerned.
- (3) Any relevant change to the member's circumstances affecting a matter disclosed is entered into the register of interests as soon as practicable after the change occurs.

**19 Meaning of transaction**

A transaction means:

- (1) the exercise or performance of a function, duty or power; or
- (2) an arrangement, agreement or contract to which the DHCA is a party; or
- (3) a proposal that the DHCA enter into an arrangement, agreement or contract.

**20 When a member has an interest in a transaction**

A member is considered to have an interest in a transaction if the member:

- (1) is a party to, or will derive financial benefit from, the transaction;
- (2) has a financial interest in another party to the transaction;
- (3) is a director, member, official, partner or trustee of another party to, or person who will or may derive a financial benefit from, the transaction;
- (4) is the parent, child or spouse of another party to, or a person who will or may derive a financial benefit from, the transaction; or
- (5) is otherwise directly, or indirectly, interested in the transaction.

**21 When a member does not have an interest in a transaction**

A member is not interested in a transaction:

- (1) if his interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence him in carrying out his responsibilities under this Governing Regulation or any other Regulations; or
- (2) because he receives remuneration or other benefits in recognition for carrying out his functions under this Governing Regulation or any other Regulations.

## Schedule Two Patients' Rights and Responsibilities

### 1 Patient rights

As a Patient you have the right to:

- (1) know by name the physician, nurse and other staff members responsible for your care;
- (2) talk openly with your physician about your diagnosis, the treatment prescribed for you, the prognosis of your illness, and any instruction required for follow up care;
- (3) request that your physician communicate in terminology you may reasonably expect to understand;
- (4) have your request courteously received and properly considered as quickly as circumstances permit;
- (5) be informed of the reason why you are given various tests and treatments, and who the persons performing such tests and treatments are;
- (6) be informed of the general nature and inherent risks of any intended procedure before you give your consent;
- (7) change your mind about any procedure for which you have given consent, to refuse treatment and to be informed of the medical consequences of this action;
- (8) expect your personal privacy to be respected to the fullest extent consistent with the care prescribed for you and applicable UAE laws;
- (9) expect all communications and other records pertaining to your care to be kept confidential to the extent required by law;
- (10) request through your attending physician a second opinion by another physician, to change physicians, or to change hospitals and/or facilities;
- (11) participate in ethical discussions that arise in the course of your care including issues of conflict resolution, and participation in investigational studies or clinical trials;
- (12) have impartial access to the medical resources of the healthcare facility indicated for your care without regard to race, color, creed, national origin, age, gender or handicap;
- (13) refuse to participate in medical training programs and research projects;
- (14) care and treatment in a safe environment;
- (15) have pain managed in a compassionate manner;
- (16) be informed about the outcomes of care, including unanticipated outcomes;
- (17) have unhindered access to your medical information, and to request for copies of the relevant medical records; and
- (18) expect that confidentiality in your medical information and records will be maintained by your physician, nurses and other staff members involved in your care, healthcare provider and healthcare facility.

## 2 Patient responsibilities

You in turn, have the responsibility to:

- (1) provide cooperation and follow the care prescribed or recommended for you by your physician, nurse or allied health personnel;
- (2) notify your physician or nurse if you do not understand your diagnosis, treatment or prognosis;
- (3) respect the privacy of other patients;
- (4) accept financial obligations associated with your care;
- (5) be considerate of the rights of other patients and to follow institutional policies as posted;
- (6) provide to the healthcare provider, to the best of your knowledge, accurate and complete information about present complaints, past illness, hospitalizations, medications and any other matters relating to your health;
- (7) keep appointments, and when you are unable to do so for any reason, notify the healthcare provider or healthcare facility; and
- (8) be responsible for your actions if you refuse treatment or do not follow the healthcare provider's instructions.