

## ADDRESSING AND SUSTAINING

#### **HUMAN CAPITAL DEVELOPMENT**

#### FOR HEALTH THROUGH

#### PROFESSIONAL DEVELOPMENT IN

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QCHP



#### **DECLARATION OF CONFLICT OF INTEREST**

I do not have any actual or potential conflict of Interest in relation to this presentation.



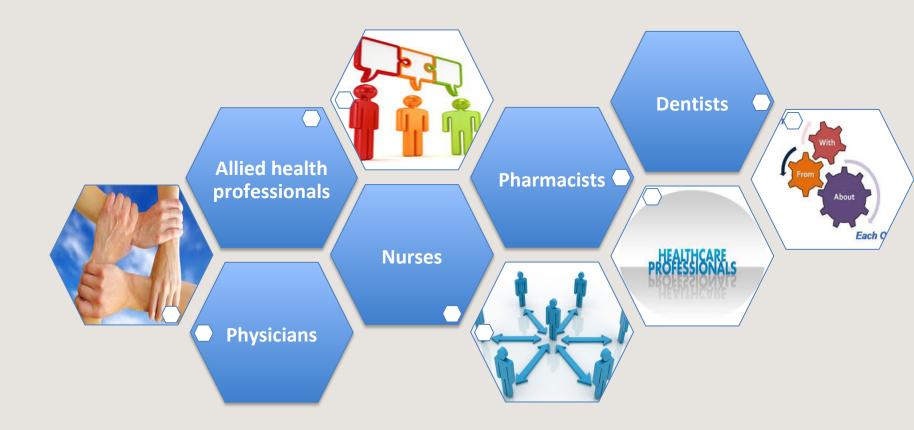
#### **Qatar Council for Healthcare Practitioners (QCHP)**

A NON-PROFIT GOVERNMENT BODY THAT REGULATES THE HEALTHCARE PRACTICE AND MEDICAL EDUCATION IN STATE OF QATAR.





#### WHO DO WE REGULATE?





#### **QATAR VISION 2030**



Figure 1 QNV 2030 Rests on 4 Pillars



#### **Human Development**

Development that expands the oppurtunities and capabilities of all the people of Qatar to enable them to sustain a prosperous society.



**Economic Development** 

Development of a competitive and diversified economy capable of meeting the needs of, and securing a high standard of living for all its people for the present and for the future.





#### **Social Development**

Development of a just and caring society based on high moral standards, and capable of playing a significant role in the global partnership for development.

#### **Environmental Development**

Management of the environment such that there is harmony between economic growth, social development and environmental protection.



- A comprehensive world-class healthcare system whose services are accessible to the whole population
- An integrated system of healthcare offering high-quality services
- Preventive healthcare, taking into account the differing needs of men, women, and children
- A skilled national workforce capable of providing high-quality health services
- A national health policy that sets and monitors standards
- Effective and affordable services in accordance with the principle of partnership in bearing the costs of healthcare
- High-caliber research directed at improving the effectiveness and quality of healthcare



## NATIONAL HEALTH STRATEGY-2 2018-2022



## **QATAR HEALTHCARE WORKFORCE**

- Expatriate healthcare workforce
- From a wide range of countries
- Different educational background
- Variable work experience





## **QATAR HEALTHCARE WORKFORCE**

**QATARIZATION** 

- •WORKFORCE PLANNING
  - ATTRACT
  - RETAIN
  - DEVELOP
  - •REVIEW/CHANGE





#### **OUR AIM: EFFECTIVE CPD CULTURE**

- ✓ UNDERSTANING THE NEEDS
- ✓ ADDRESSING THE GAPS
- ✓ RELEVANCE
- ✓ RESOURCES
- ✓ COORDINATION
- ✓ COMMUNICATION
- ✓ MEASUREMENT

#### WHO'S RESPONSIBLE?

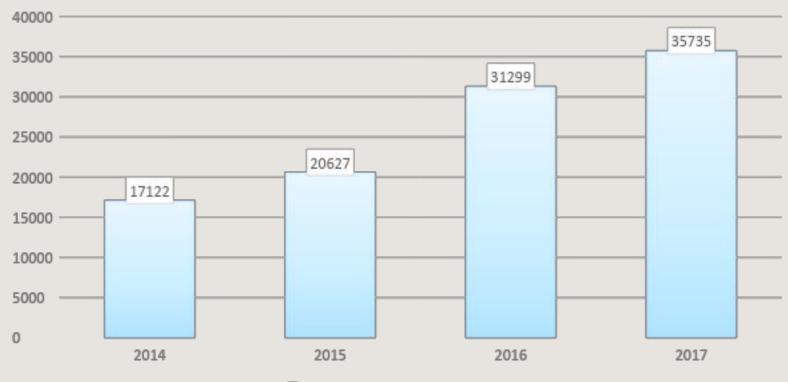
# everyone<sup>\*\*</sup>

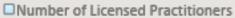
- EMPLOYERS
- PRACTITIONERS
- REGULATORS
- EDUCATORS
- INSTITUTIONS

## **National CME/CPD Program in Numbers**



#### **Number of Licensed Practitioners**







#### **HEALTHCARE PRACTITIONERS PERFORMANCE**

Profession	HCPs with Currently Active License	HCPs who activated E-Portfolio	HCPs who Submitted ≥1 CPD activity
Physician	5,729	5,597	5,305
Dentist	1,591	1,506	1,439
Pharmacist	2,288	2,203	2,111
Allied Health Practitioner	7,935	7,903	7,586
Nurse	18,650	18,401	17,767
Total	36,193	35,610	34,208



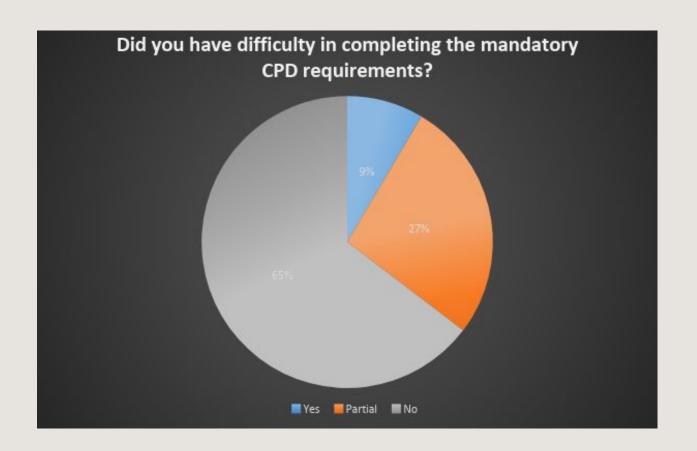
#### **HCP COMPLIANCE**

Profession	HCPs Due for License Renewal	HCPs Compliant with Credit Requirements	Compliance Rate*
Physician	3,710	3,339	90%
Dentist	1,259	1,112	88.3%
Pharmacist	1,789	1,626	90.8%
Allied Health Practitioner	3,880	3,466	89.3%
Nurse	5,849	5,072	86.7%
Total	16,487	14,615	88.6%

\*This is a rough rate as it does not take in consideration HCPs who stopped practicing or left the country without informing QCHP



#### HEALTHCARE PRACTITIONERS FEEDBACK





Symbyoz

# CFO TO CEO: "WHAT HAPPENS IF WE INVEST IN DEVELOPING OUR PEOPLE AND THEN THEY LEAVE US?"



CEO TO CFO: "WHAT HAPPENS IF WE DON'T, AND THEY STAY?"

### Wishing you all health and prosperity.

Thank you



