



مجلس الصحة
لدول مجلس التعاون
Gulf Health Council

Rules & Regulations for Medical Examination of Expatriates Coming to GCC States for Residence

Fifth Edition
1440 - 2019



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Mission of the Gulf Health Council for Gulf Cooperation Council States

In light of the Gulf Cooperation Council (GCC) regional alliance, founded on the merits of common language, homogeneous population and Islamic beliefs, as well as its geographical, historical and environmental proximity, including its economic, social and cultural conditions combined with similar customs and traditions, the GCC member states in their efforts to cope with the rapid transformations in the various aspects of life effecting its population, to appropriate the challenges of development; and in the spirit of joint collective action, the idea of the Council of Health Ministers of the GCC countries was born as a specialized body in 1396 AH/1976 AD. This collective join action initiative aimed at coordinating between the GCC States in the field of health in order to unite further joint Arab-regional efforts in peruse of achieving a professional health mission which includes:

- Developing cooperation and coordination among Member States in preventive, curative and rehabilitative fields of medical health areas.
- Raising health awareness among the citizens of the region, in consideration of environmental conditions, customs and social traditions, as well as teachings of Islam.
- Identifying the concepts of the various health and scientific issues and to work to unify prioritize and adopt them in implementation of joint programs in the GCC countries; such as: Family health, health care, quality, environmental sanitation, health planning, health system performance development, etc.
- Evaluating the current systems and strategies in the field of health care, while capitalizing on successful experiments of GCC countries and benefiting from them in the rest of the Member States.
- Coordinating and strengthening cooperation with Arab and international organizations working in the field of health.
- Access to safe, effective, high quality and affordable medicines through the unified procurement program for medicines and medical equipment and the GCC Central Drug Registration Program for pharmaceutical companies and products.
- Organizing conferences, seminars and training courses to raise the capacity of national medical staff.
- Other objectives of the Council deem necessary for the advancement of health in the GCC.



Introduction

In the light of the rapid development movement experienced by the GCC countries during the past decades, and the accompanying renaissance at all levels, with which development projects and infrastructure services in all parts of the GCC, -thank God and his preference-, and with the kind care of the Rulers; there was a need to bring in more foreign workforce to help contribute to economic growth for development and construction to improve infrastructure across the region.

Guided by the directives of their Majesties and Highnesses, Rulers of the GCC Member States in maintaining health security measures across the GCC societies, the latest of which was the resolution of the GCC Supreme Council at its 37th session of December 2016 in the Kingdom of Bahrain; the thirty-eighth conference of The Council of the GCC Health Ministers (Shaaban 1415H January 1995) has resolved that the Health Council (former Executive Office) should develop a program for the Health Check-up of expatriates coming to the GCC Member States; and the formation of a committee of specialists composed of a member from each country of the GCC to develop health requirements and conditions for Health Check-up of expatriates; to identify clinical, laboratory and radiation tests to ensure that they are physically and psychologically fit and that they are free and clear from diseases, especially contagious ones, which might cause potential threat to the security and safety of the Gulf society.

The Gulf Health Council, in cooperation with GCC Member States, prepared the proposed draft provisions to regulate the working program of the expatriate workforce, which included the duties and obligations of the relevant bodies of the program and the standards to be met by the health centers which are tasked of conducting Health Check-up. These regulations were adopted by the Ministers of Health of the GCC Member States under the Resolution No. (4) of 2001 at the 51st Conference held in May 2001. In response to developments in the medical field, these regulations have been amended and updated more than once to achieve the objectives of the GCC Member States. Since its establishment in 1995, the Health Council, in cooperation with Member States has expanded the umbrella of the program to include most labor-exporting countries.



Regulations on Pre-Departure Health Check-up for Expatriates moving to Work or Live in the GCC Countries

Chapter I Article 1 Definitions

Council:	The GCC Health Ministers' Council.
Executive Board:	The Executive Board of the GCC Health Ministers Council.
Gulf Health Council:	The GCC Health Council.
General Manager:	The General Manager of the Gulf Health Council.
Expatriates:	Expatriates seeking work or to live in the GCC Countries.
Central Committee:	The Gulf Central Committee for the Expatriates' Health Check-up Program.
Technical Committees:	The Gulf technical committees concerned with conducting field visits to inspect and evaluate the centers for Expatriates' Health Check-up.
Accredited Centers:	Medical centers approved by the Gulf Health Council to undertake the Expatriates' Health Check-up in the host country.
Electronic System:	An online electronic system linking the Gulf Health Council, Member States and relevant bodies to the accredited medical centers.

Article 2

The Expatriates' Health Check-up aims to establish appropriate health measures to ensure that expatriates are clear and free from communicable diseases that threaten security and safety of the and to ensure that they are healthy and fit to work and live in the GCC States.

Chapter II Gulf Health Council Article 3

The Gulf Health Council shall, upon the central committee's proposal, determine the health conditions to be met by Expatriates for the purpose of employment or residency in the GCC States.

Article 4

Functions of the Gulf Health Council:

1. To approve the Expatriates' Health Check-up Centers in their countries of origin and to add/or revoke Centers, in accordance with the provisions of these regulations and/or upon the recommendation of the Central Committee and the decisions executed by the Council.
2. To implement and propose amendment(s) on the rules, regulations and conditions of the Expatriates' Health Check-up stated hereof.
3. To form the Central Committee based on the nominations of the Ministries of Health of each GCC state.
4. To establish Technical Committees based on the nominations of the Ministries of Health of each GCC State.
5. To provide necessary information and guidance for technical field visits.
6. To notify the Centers about the approval decision and issue them the accreditation certificate after payment of the prescribed fees.
7. To notify the embassies and consulates of GCC states with the list of accredited Centers through official channels.
8. To follow-up the technical and administrative work of the accredited Centers.
9. To provide and analyze data and statistics to be submitted to the Central Committee for appropriate recommendations.
10. To collect all applicable charges and fees.
11. To apply penalties against accredited Centers for violations pursuant to the penalties by-law.
12. To de-activate the account of the Center in the Electronic System if the center fails to comply with notifications addressed to it.
13. To support and develop the Expatriates' Health Check-up Program.
14. To prepare the schedule of inspection visits upon the recommendation of the Central Committee;
15. To notify Member States and members of the Central Committee once the recommendations of the Technical Committees have been executed.
16. To periodically report unfit cases to medical Centers.
17. To continuously update and develop the Electronic System.



Article 5

Complaints submitted to the Gulf Health Council against the Technical Committees or against one of the members shall be referred to the concerned GCC State(s) for consideration by the competent department of the Ministry of Health pursuant to the Council Resolution No. (9) (50th conference - Kuwait) and Council Resolution No. (4) (51st conference - Geneva), provided that complaints are supported by evidence and submitted by the recognized bodies.

Article 6

The Gulf Health Council shall not intervene in any disputes, whether judicial or non-judicial, arising between the owners of the accredited Centers or between the Centers and the authorities of their countries, citizens, employees, supervisors or candidates referred for Health Check-up, unless the dispute relates to the execution of the conditions stated herein by virtue of Resolution No. (4).

Article 7

The Gulf Health Council may organize unannounced field visits to accredited Centers. These visits are conducted by a Technical Committee formed of members selected directly from the Ministries of Health.

Article 8

The Gulf Health Council, in coordination with the Central Committee, shall approve and periodically review the Expatriates' Health Check-up fee.

Chapter III Executive Board

Article 9

The Executive Board shall consider and adopt the recommendations of the Gulf Health Council and the Central Committee regarding the procedures related to the Expatriates' Health Check-up Program.

Chapter IV GCC Embassies and Consulates

Article 10

The embassies and consulates of the GCC States and the relevant authorities shall use the Electronic System to ensure that an expatriate worker is healthy and fit. Furthermore, they shall not deal with medical Centers that are not accredited by the Gulf Health Council pursuant to the Resolution of the Supreme Council of the Gulf Cooperation Council in its 37th session of 2016 on the medical check for expatriate workforce.

Article 11

Role of the GCC Embassies and Consulates:

- 1.To report violations or irregularities committed by accredited Centers.
- 2.To provide assistance to the Gulf Health Council and Technical Committees.
- 3.To verify, if necessary, the authenticity of the documents submitted to the Gulf Health Council by the Centers and to ratify the same.

Chapter V Ministries of Health

Article 12

The Ministries of Health in the GCC states shall be committed to:

Conduct a Health Check-up for Expatriates within two months from the date of their arrival to the GCC states.

1. Report unfit expatriate workers through the Electronic System immediately after assessment of their health conditions.
2. Nominate the members of the Central Committee and Technical Committees.
3. Nominees for the technical committees, shall be a doctor or a health practitioner (laboratory, radiologist).

Chapter VI Central Committee

Article 13

The Central Committee shall be committed to:

1. Identify and update clinical examinations, laboratory tests and x-rays tests necessary to ensure that expatriates are physically and psychologically fit.
2. Follow up reports and information provided by the Gulf Health Council on the Expatriates' Health Check-up Program.
3. Set and update the criteria and conditions for the accreditation and evaluation of the Expatriates' Health Check-up Centers.
4. Set and update the standards of health fitness for employment and residency.
5. Set and update preventive measures necessary to protect the society in the GCC States.
6. Study proposals for accrediting new Centers whether in the same country or elsewhere.
7. Any other tasks assigned by the Gulf Health Council.

Article 14

The Central Committee shall meet on a quarterly basis throughout the year, or as required, by invitation of the Gulf Health Council. Two third of the members of the Committee shall be required to constitute a quorum. The Committee shall pass its recommendations by an absolute majority of votes. The General Manager of the Gulf Health Council shall adopt the recommendations of the Central Committee and issue the executive decisions as well as to report its activities to the Council.

Chapter VII Technical Committees

Article 15

Role of the technical committees:

1. Evaluate the Accredited Centers according to Annex (5).
2. Follow up and audit operations of Centers.



3. Prepare reports on field visits and submit them to the Gulf Health Council.
4. Inspect new Centers according to Annex (6).
5. Investigate violations or complaints against Accredited Centers and recommend the application of appropriate penalties, according to the provisions hereof.
6. Adhere to the schedule of field visits prepared by the Gulf Health Council or amend it, if necessary.
7. Any other tasks assigned by the Gulf Health Council.

Article 16

Technical Committees shall not be permitted to visit or assess any Center that is not included on the list prepared by the Gulf Health Council.

Chapter VIII Accredited Medical Centers

Article 17

Duties and Functions of the Accredited Medical Centers:

1. To use and to register the personal details of the Expatriates in the Electronic System before conducting the Health Check-up.
2. To execute all terms and conditions herein and the directives issued by the Gulf Health Council.
3. To conduct the required tests according to the Expatriates' Health Check-up Form - Appendix (1) and the Expatriates' Health Check-up Components - Appendix (2).
4. To periodically maintain and update the equipment and machines.
5. To assume responsibility for any failure, negligence or error in the Expatriates' Health Check-up.
6. To comply with the criteria of the Accredited Medical Centers, as per Annex (4).
7. To pay the annual subscription fee on maturity date specified by the Gulf Health Council.
8. To update the Gulf Health Council on any changes to the Center.
9. To implement the penalties set out in Annex (7).
10. To adhere to the directives of the Technical Committees.
11. To communicate with the Gulf Health Council regarding complaints and suggestions.
12. To keep strictly confidential, the results of the Expatriates' Health Check-up.
13. To determine the health fitness status of the expatriates, according to Annex No. (3).
14. To issue a medical fitness certificate within a period not exceeding three (3) days from the date of the Expatriates' Health Check-up.
15. To adhere to Gulf Health Council guidelines and technical instructions regarding the Vaccination of Expatriates.
16. To adhere to the guidelines and technical instructions for Infection Control and Medical Waste Disposal.



Article 18

The Accredited Centers shall be committed to pay the fees determined by the Gulf Health Center.

Article 19

Complaints received from the Accredited Centers shall be only considered if submitted by the owner(s) or by a duly authorized person.

Article 20

In case, for whatever reason, a center is unable to provide the Expatriates' Health Check-up service for more than one month, the Center's accreditation shall be revoked.

Article 21

Accredited Centers shall communicate with the chairman of the Technical Committee before or during the field visits.

Article 22

Re-inspection requests by revoked Centers shall not be accepted.

Chapter IX New Medical Centers

Article 23

If necessary, new Centers will be added, by which, the number of centers corresponds to number of potential expatriates undergoing Health Check-up or according to the directions of the Member States or the Gulf Health Council.

Article 24

New Centers shall be accredited based on the assessment of the Technical Committees as per Annex 6, provided that centers shall meet the accreditation criteria set out in Annex 4.

Article 25

Centers applications for accreditation to the Gulf Health Council shall be through filling the E-application form on the Electronic System at least one month prior to the field visit of the Technical Committees. The center must be licensed by the local authorities and must pay the inspection fee.

Article 26

Applications for accreditations shall be accepted only if submitted by the owner(s) or a duly authorized person by virtue an official written authorization. So the owner(s) or authorized person shall be responsible before the Gulf Health Council.



Chapter X Final Provisions

Article 27

A Medical Certificate issued by an Accredited Center for the purpose of issuing or approving a visa by the competent authorities shall be valid for a period of two months from the date of issuance. With regard to positive cases, the grace period for applying the penalties shall start from the date of issuing the certificate, as follows:

Disease	Application period
Tuberculosis	6 months
AIDS	3 months
Hepatitis B and C	3 months
Leprosy	2 months
Pregnancy	2 months

Article 28

Any accredited medical Center found to be in breach of the provisions hereof shall be subject to one or more of the penalties stipulated in Annex No. 7 - Penalties by-law.

Article 29

Health Check-up shall be applied to all individuals from 16 years old and over with a vaccination card to be submitted.

Article 30

These regulations shall become effective following the Council's approval of the amendments hereto, by virtue of Resolution No. (...) passed at the (...) Conference of the Health Ministers' Council for GCC States. Previous provisions, rules or resolutions that contradict the provisions hereof shall be deemed null and void. These regulations shall come into force from the date the relevant resolution is issued.

Article 31

The Arabic text of this regulation shall prevail in arbitrations on disputes and cases related to applying provisions hereof.



Annex (1) Health Check-up Form

DETAILED CANDIDATE REPORT					مجلس الصحة لدول مجلس التعاون Gulf Health Council		
Medical Center Name:				G.H.C CODE NO:			
Address:				GCC Slip NO			
Phone:		Fax:		Date Examined:			
Email:				Report Expiry Date:			
CANDIDATE INFORMATION							
Name		Age		Nationality		PHOTO	
Gender		Marital Status		Profession			
Passport No		Place of issue		Travelling To			
MEDICAL EXAMINATION: General				INVESTIGATION			
Height	cm	Weight	Kgs	BMI		CHEST X-RAY	
B.P	/	Pulse	/min	RR	/min	LABORATORY INVESTIGATION	
Visual Acuity	Unaided		Aided		TYPE OF LAB INVESTIGATION		RESULTS
	Rt. Eye	Lt. Eye	Rt. Eye	Lt. Eye			
Distant	/6	/6	/6	/6	BLOOD GROUP		
Near	20 /	20 /	20 /	20 /	HAEMOGLOBIN		
Colour Vision	<input type="checkbox"/> Normal	<input type="checkbox"/> Doubtful	<input type="checkbox"/> Defective		THICK FILM FOR		
Hearing	Rt. Ear		Lt. Ear		1. MALARIA		
					2. MICRO FILARIA		
MEDICAL EXAMINATION: Systemic				FINDINGS			
GENERAL APPEARANCE				R.B.S			
CARDIOVASCULAR				L.F.T.			
RESPIRATORY				CREATININE			
ENT				SEROLOGY			
GASTRO INTESTINAL:				HIV I & II			
ABDOMEN (Mass, tenderness)				HBs Ag			
HERNIA				Anti HCV			
GENITOURINARY				VDRL			
HYDROCELE				TPHA (IF VDRL POSITIVE)			
MUSCULOSKELETAL				URINE			
EXTREMITIES				SUGAR			
BACK				ALBUMIN			
SKIN				STOOL			
C.N.S				ROUTINE			
DEFORMITIES				HELMINTHES			
MENTAL STATUS EXAMINATION				OVA			
A. Appearance				CYST			
Speech				OTHERS			
Behaviour							
B. Cognition:							
Orientation				VACCINATION STATUS			
Memory							
Concentration				TYPE	STATUS	DATE	
C. Mood				Polio	YES/NO		
D. Thoughts				MMR 1	YES/NO		
OTHERS:				MMR 2	YES/NO		
				Meningococcal	YES/NO		
REMARKS							
Dear Sir/Madam, Mentioned above is the medical report for Mr./Miss _____ who is FIT/UNFIT for the above mentioned job according to the GCC Criteria.							
BAR CODE							
P.O Box 7431 - 11462, Riyadh Phone : 966 1 4885270 Fax : 966 1 4885266 EmailID: info@gchmc.org							



Annex (2) Components of Expatriate Health Check-up

The purpose of the Health Check-up is to ensure physical and mental health for expatriates, and that they are free of non-communicable diseases and infectious diseases and fit to carry out their job functions.

Health Check-up includes medical history, clinical examination, laboratory analysis, and psychiatric tests.

First: Medical History

Expatriates should not have suffered from any of the following diseases:

1. Neurological or psychiatric diseases; and to be free of any symptoms or clinical signs of these diseases.
2. Heart disease
3. Lung diseases such as bronchial asthma.
4. Renal disease, Renal failure, or chronic Renal disease that leads to Renal failure.
5. Liver disease or failure.
6. Any type of hernia or intra-abdominal swelling or inflammation.
7. Congenital/pathological limb or vertebral anomalies
8. Chronic skin conditions or viral skin diseases.
9. Rheumatism or Lymphadenoma.
10. Anemia, leukemia, or other blood diseases.
11. All allergic diseases or clinical signs of allergies.

Second: Clinical Examination

Includes the General and the systemic medical examination.

1. General Examination

- a) Weight and height
- b) Blood pressure: Within normal limits
- c) Heart rate: Regular and within the normal limits.
- d) Visual acuity: Adequate for the duty. Taking in consideration the occupations that require an eyesight of not less than 6/6 or 6/9 in each eye (with or without glasses).
- e) Color vision: Normal

2. Systemic examination

- a) **Circulatory system:**
Normal heart function. Not suffering from any congenital heart defects or organic cardiovascular disease.
- b) **Respiratory system:**
Normal lung function tests.
- c) **Digestive system:**
Should be free from any type of hernias (whether umbilical or inguinal) or ascites. No intra-abdominal organs enlargement or inflammation and no tumor.



d)Motor system:

Extremities should be free from any congenital or pathological abnormalities and legs should be free from varices, and the vertebral column should also be free from any abnormality or disk prolapse.

e)Genitourinary system:

No symptoms or clinical signs of any venereal disease.

f)Skin:

Should be free from leprotic pathological manifestations and other chronic skin diseases such as (Eczema and psoriasis) or any other infectious skin diseases such as (chronic tinea, other fungal skin infections and scabies).

g)Sensory nervous system

-Normal pupil size and visual field and no apparent squint, with normal near visual acuity.

-No contagious eye diseases such as (granular conjunctivitis, purulent conjunctivitis, trachoma), and other eye diseases that require prolonged medical treatment or surgical operations such as (cataracts and glaucoma).

-Normal hearing levels

h)Mental Status Examination

1.General Observations

a.Appearance

- Physical: healthy, ill, distress
- Hygiene: clean, body odor, shaven, grooming
- Dress: clean, dirty, neat, ragged, climate appropriate — anything unusual?

b.Speech

- General: accent, clarity, stuttering, lisp
- Rate: fast (push of speech) or slow
- Latency (pauses between questions and answers): increased or decreased
- Volume: whispered, soft, normal, loud

c.Behavior

- General (Psychomotor activities): increased activity (restlessness, agitation, hyperactive, lethargic), decreased activity.
- Eye Contact: decreased, normal, excessive, intrusive
- Manners: motivated, negativistic

d.Cooperativeness

- Cooperative, friendly, reluctant, hostile

2.Thinking

a.Thought Process

- Tight, logical, goal directed, loosened, circumstantial, tangential, flight of ideas, word salad



b.Thought Content

- Future oriented, suicidal ideation, homicidal ideation, fears, ruminative ideas

c.Perceptions

- Hallucinations (auditory, visual, olfactory)
- Delusions (paranoid, grandiose, bizarre)

3.Emotion

a.Mood

- Candidate describes in own words

b.Affect

- Type: depressed/sad, anxious, euphoric, angry
- Range: full range, labile, restricted, blunted/flattened

4.Cognition

a.Orientation/Attention

- Time, place, person, situation

b.Memory

- Immediate, short and remote

c.Insight/Judgment

- Good, limited or poor (based on actions, awareness of illness, plans for the future)

i)Other

- 1.Swollen lymph nodes, goiter, and any apparent tumors.
- 2.Breast check for women
- 3.For females: Applicant shall not pregnant and shall not suffer from any type of vaginal bleeding, uterine prolapse and breast tumors.

Third: Laboratory Investigations:

1.Blood:

- a.Complete blood count (CBC) with normal results and hemoglobin level of not less than 7gm/100ml.
- b.Perform blood smears to determine the presence of malaria.
- c.Normal blood sugar levels
- d.Normal renal and liver function
- e.HBsAg and Anti-HCV results should be "Negative"
- f.HIV test should be "Negative"
- g.TPHA or VDRL test

2.Urine

Complete urinalysis testing that show normal results with no sugar or albumin traces and no Schistosomal infections (bilharzia) in endemic areas.

3.Stool

Stool analysis (ova and parasite exam) to check for parasites and intestinal worms in the stool and a stool culture to investigate the presence of salmonella, Shigella and Cholera in endemic areas.



Fourth: X-Rays:

-Chest X-ray to detect any lung diseases*

Pregnant women joining the family, the following conditions shall apply:

First trimester of pregnancy	Chest x-ray to be postponed until the second trimester of pregnancy
Second trimester of pregnancy	To explain to the pregnant woman that an X-ray during the second trimester of pregnancy does not cause any harm and to get her consent before performing the X-ray. If she refuses, the X-ray is to be delayed until after delivery.
Third trimester of pregnancy	To explain to the pregnant woman that an X-ray during the second trimester of pregnancy does not cause any harm and to get her consent before performing the X-ray. If she refuses, the X-ray is to be delayed until after delivery.

Annex (3) Medical Unfitness Cases

Infectious Diseases

- 1-HIV positive (AIDS)
- 2-Hepatitis (B) Surface Antigen Positive
- 3-Hepatitis C Antibody - positive
- 4-Microfilaria and Malaria
- 5-Leprosy
- 6-Any abnormal chest X-ray manifestations including, but not limited to:
 - a.Active or past evidence of T.B.
 - b.Pulmonary fibrosis and pulmonary calcification
 - c.Pleural effusion.
 - d.Lymphadenopathy.

Non-infectious diseases

- 1.Renal failure
- 2.Liver failure or hepatic insufficiency
- 3.Heart failure
- 4.Uncontrolled Hypertension
- 5.Uncontrolled diabetes.
- 6.Different types of cancer.
- 7.Psychiatric and neurological disorders.
- 8.Any distortion, amputation or physical disability impeding the applicant's performance.
- 9.Hemoglobin below 7g/100dl.

Other

- 1.Pregnancy when applying for work visa



Annex (4)

Criteria for the Accreditation of Expatriates' Health Check-up Centers

The criteria below represent the minimum requirements for the accreditation of the health facilities for the Expatriates' Health Check-up.

First: Mandatory Criteria

1. Local authorities license
2. Medical X-ray services license
3. Medical staff practice license
4. Active electronic verification personal identification system
5. Internal electronic registration system

Medical Screening Service

1. Two (2) physicians
2. Two (2) nurses
3. Two (2) medical examination rooms

Laboratory Service

1. One (1) Clinical pathologist
2. Two (2) Laboratory Technician
3. One (1) Nurse or Phlebotomist for samples collection
4. Fully automated ELISA analyzer
5. Chemistry equipment
6. Hematology Analyzer Device
7. Microscope

X-Ray Service

1. Full time or part time radiologist
2. Two (2) full time X-ray technicians
3. Digital X-Ray Machine

Second: Main Criteria

1. Center Building

- Convenient location and easy access
- General appearance of the building
- The entrance in front of the building and easily identified
- All sections of the center are in one building.

2. Reception and Waiting Room

- General appearance
- The space and capacity of waiting area
- Furniture
- Public services



3.Administration

- Director or administration office
- Report generation area

4.Medical Examination Service

- The Space and general appearance of examination rooms
- Active electronic personal identification system (Score 0 or 5)
- Clinical examination equipments
- Availability and Quality of visual acuity testing procedure

5.Sample Collection Service

- Independent place and general appearance
- Active electronic personal identification system (Score 0 or 5)
- Sample collection tube/containers
- Samples labeling method
- Medical waste disposal method
- Infection control procedure

6.Laboratory Service

- The area and general appearance
- Refrigerator temperature monitoring (thermometer/chart)
- Results recording system
- The quality assurance program
- The availability of purchase invoices for laboratory equipments
- Availability of laboratory equipments maintenance contract
- Medical waste disposal method

7.X-Ray Service

- The area and general appearance
- Active electronic personal identification system (Score 0 or 5)
- X-ray films recording system
- Adequacy of changing room
- Reporting area



Annex (5) Accredited Centers Evaluation Form

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Council**



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Evaluation of Accredited Health Centers Form			
City:		Date of Evaluation:	
Centre Name:		Code Number:	
The Centre		Rating	Action
1)	General appearance, Cleanliness, Reception (Space, seats, furniture)		
2)	Active electronic ID system & linked to all sections		
The Administration		Rating	Action
1)	Valid local authorities License		
2)	Medical staff practice license		
Consultation Room		Rating	Action
1)	Adequacy of the medical examination site (tools, area, cleanliness)		
2)	Adequacy of visual acuity testing procedure		
Sample Collection Room		Rating	Action
1)	Independent place, area & general appearance		
2)	Validity and quality of sample collection (tube/containers)		
Laboratory		Rating	Action
1)	The area and general appearance		
2)	Results recording system for one year		
3)	Failure to upgrade equipment and devices		
4)	Refrigerators are equipped with temperature monitoring device		
5)	Existence of rapid tests for Viral diseases screening		
6)	Validity of Reagents		
Radiology		Rating	Action
1)	The area and general appearance of changing room		
2)	X-ray films recording & data saving for 1 year		
3)	Use of Digital X-Ray Machine		
Infection Control and Medical waste Management		Rating	Action
1)	Availability of hand sanitation equipment in all clinical area		
2)	Availability of single use gloves, masks, needles & syringes		
3)	Availability of sharp containers & proper specimen containers		
4)	Availability of separate specimen's refrigerator		
5)	Medical waste disposal (contract/procedure)		
Vaccinations		Rating	Action
1)	Validity of Vaccines		
2)	Vaccine Storage and Handling		
3)	Record-keeping system		
Committee Decision			
Shift to New Location			
Committee Members			
1) _____	2) _____	3) _____	
4) _____	5) _____	6) _____	



Guide

Rating			Action		
5	4-3	2-1	NONE	Need Improvement	Shift to New Location
5	4-3	2-1	NONE	2500\$	5000\$

Rating			Action		
YES	NO		NONE	5000\$	
YES	NO		NONE	5000\$	

Rating			Action		
5	4-3	2-1	NONE	Need Improvement	2000\$
5	4-3	2-1	NONE	Need Improvement	Warning

Rating			Action		
5	4-3	2-1	NONE	Need Improvement	Shift
5	4-3	2-1	NONE	Need Improvement	2000\$

Rating			Action		
5	4-3	2-1	NONE	Need Improvement	Shift
5	4-3	2-1	NONE	2500\$	5000\$
New	Old		NONE	1000\$	
5	4-3	2-1	NONE	Need Improvement	2000\$
YES	NO		5000\$	NONE	
Expired	Not expired		5000\$	NONE	

Rating			Action		
5	4-3	2-1	NONE	Need Improvement	Shift
5	4-3	2-1	NONE	2500\$	5000\$
YES	NO		NONE	5000\$	

Rating			Action		
5	4-3	2-1	NONE	Warning	2000\$
5	4-3	2-1	NONE	Warning	2000\$
5	4-3	2-1	NONE	Warning	2000\$
5	4-3	2-1	NONE	Warning	2000\$
5	4-3	2-1	NONE	Warning	2000\$

Rating			Action		
Expired	Not expired		NONE	5000\$	
5	4-3	2-1	NONE	Warning	3000\$
5	4-3	2-1	NONE	Warning	2000\$



Annex (6) New Centers Evaluation Form

City				
Centre Name				
Date of Evaluation				
Section	No	Mandatory Standard	Yes/No	Remarks
Management	1)	Local authorities license		
	2)	Medical X-ray services license		
	3)	Medical staff practice license		
	4)	Active electronic verification personal identification system		
	5)	Internal electronic registration system		
Medical Examination	6)	Two (2) doctors		
	7)	Two (2) nurses		
	8)	Two (2) medical examination rooms		
Laboratory	9)	Clinical pathologist		
	10)	Two (2) Laboratory Technician		
	11)	Nurse or Phlebotomist for samples collection		
	12)	Fully automated ELISA analyzer		
	13)	Chemistry equipment		
	14)	Hematology Analyzer Device		
	15)	Microscope		
Radiology	16)	Full time or part time radiologist		
	17)	Two (2) full time X-ray technicians		
	18)	Digital X-Ray Machine		
No	Other Standards		Rating 1-5	Notes
The Center Building				
1)	Convenient location and easily accessible			
2)	The appearance of the building			
3)	The entrance in front of the building and easily identified			
	Total		15	
Reception and waiting area				
4)	The general appearance			
5)	The space and capacity of waiting area			
6)	The furniture			
7)	Public services			
	Total		20	
No	Other Standards		Rating 1-5	Notes
The Administration				
8)	Director or administration office			
9)	Report generation area			
	Total		10	
Clinical Examination Area				
10)	The Space and general appearance of examination rooms			
11)	Active electronic personal identification system (score 0 or 5)			
12)	Clinical examination equipments			
13)	Availability and Quality of visual acuity testing procedure			
	Total		20	



No	Other Standards	Rating 1-5	Notes
Sample Collection Room			
	Independent place and general appearance		
	Active electronic personal identification system (score 0 or 5)		
	Sample collection tube/containers		
	Samples labeling method		
	Medical waste disposal method		
	Infection control procedure		
	Total	30	
Laboratory			
	The area and general appearance		
	Refrigerator temperature monitoring (thermometer/chart)		
	Results recording system		
	The quality assurance program		
	The availability of purchase invoices for laboratory equipments		
	Availability of laboratory equipments maintenance contract		
	Medical waste disposal method		
	Total	35	
Radiology			
	The area and general appearance		
	Active electronic personal identification system (score 0 or 5)		
	X-ray films recording system		
	Adequacy of changing room		
	Reporting area		
	Total	25	
Final grade			
/155			
Committee's decision			
Remarks			
Committee's members			
1)	2)	3)	
4)	5)	5)	

Annex (7) Penalty List

First: Administrative and Financial Violations

Sr.	Violation Type	Penalty
1	Failure to use/enter examined applicants' data in the Electronic Connectivity System	Fine/Suspension/Revocation
2	Mismatch between medical fitness report registered in the Electronic Connectivity System and that registered with the relevant visa issuance authorities in the GCC countries.	Fine/Suspension/Revocation
3	Failure to pay the annual fee within one month from the date of being notified by the Gulf Health Council. If the fee remains unpaid for two months from the date of suspension.	3 months suspension Revocation
4	Failure to pay imposed fines and penalties within one month from the date of being notified by the Gulf Health Council. If the penalties remain unpaid for two months from the date of suspension.	3 months suspension Revocation
5	Moving to a new location without pre-approval by the Gulf Health Council	Revocation
6	Relocation to a new site that does not meet the required criteria	Grade <60% - Revocation Grade between 60-80% - 3-month suspension; To address unmet criteria for re-evaluation at the next field visit. If the criteria are not met upon completion of the reevaluation - Revocation
7	Operating a center or center branches without prior approval of the Gulf Health Council.	Revocation
8	Non availability of electronic ID system	Partial USD 2,500 fine Complete USD 5,000 fine



Sr.	Violation Type	Penalty
9	Non availability of Medical staff local practice license	USD 5,000 fine
10	Non availability of Valid local authorities License	USD 5,000 fine With a grace period of one month to provide the License, and if not achieved, the center shall be suspended until the License is provided
11	Non availability of any Medical staff	USD 2,000 fine
12	Failure of relocation to a new site as proposed by the Technical Committee	Revocation



Second: Technical Violations

Sr.	Violation Type	Penalty
1	Absence of x-rays / lab results for one year	USD 5,000 fine
2	Failure to upgrade equipment and devices	USD 1,000; and USD 5,000 if repeated
3	Failure to use digital radiography	USD 5,000 fine
4	Use of expired reagents and Vaccines	USD 5,000 fine
5	Use of Rapid tests to diagnose viral infections	USD 5,000 fine
6	Reagents Refrigerators are not equipped with temperature monitoring device	USD 2,000 fine
7	Use of expired or poor quality sample collection (tube/containers)	USD 2,000 fine
8	Improper storage of vaccines	USD 2,000 fine
9	Non availability of Vaccination Record	USD 2,000 fine
10	Inadequate visual acuity testing procedure	Warning
11	Non Compliance with Infection Control/ Medical Waste Disposal procedures	Partial: Warning Complete USD 2,000 fine
12	Violations that are not included herein	Penalty shall be determined by the technical committee upon assessment and approval by the Central Committee.

Third: Unfit Cases

Sr.	Case	Violation Type	Penalty
1	AIDS	1-3 4-6 7 & above	USD 2,500 per case 6 months suspension Revocation
2	Hepatitis (HBs Ag HCV)	1-3 4-7 8-11 12-15 16 -19 20-23 24&Above	USD 1,500 per case USD 2,000 per case USD 2,500 per case 3 months suspension 6 months suspension 9 months suspension Revocation
3	T.B. OR any pathology in chest X-ray	1-5 6-10 11-15 16-20 21-25 26-30 31&Above	USD 1,500 per case USD 2,000 per case USD 2,500 per case 3 months suspension 6 months suspension 9 months suspension Revocation
4	Leprosy	1-5 6-10 11-15 16-20 21-25 26-30 31&Above	USD 1,500 per case USD 2,000 per case USD 2,500 per case 3 months suspension 6 months suspension 9 months suspension Revocation
5	Microfilaria and Malaria	1-5 6-10 11-15 16-20 21-25 26-30 31&Above	USD 1,500 per total number USD 2,000 per total number USD 2,500 per total number 3 months suspension 6 months suspension 9 months suspension Revocation
6	Non Communicable Diseases	10-19 20-29 30-39 40-49 50-59 60&Above	USD 2,000 per total number USD 5,000 per total number 3 months suspension 6 months suspension 9 months suspension Revocation
7	Psychiatric Diseases	1-3 4-7 8-11 12&Above	USD 1,500 per total number USD 2,500 per total number 6 months suspension Revocation



Fourth: Repeated Violations

Sr.	Violation Type	Penalty
1	A total of 30 unfit cases (viral diseases and T.B.) for two consecutive years.	6 months suspension
2	Suspension due Unfit cases for two consecutive years.	Revocation

