

2. Approval Process for Health Facilities

2.1 Introduction

2.1.1 Purpose

The purpose of the Licensing Process for Health Facilities is to ensure all Health Facilities within the jurisdiction of Department of Health (DOH) are planned, designed and constructed to a minimum acceptable standard. This is required to maintain the public confidence in the quality of Health Facilities approved, inspected and licensed by The Department of Health. It is also necessary to promote and maintain Abu Dhabi's reputation as a trusted destination for Medical Tourism. These Guidelines aim to achieve these goals through a number of measures as follows:

- Licensing Process – a streamlined five-step approval process explained in detail below, from the initial approval of the clinical services to the final design, construction, workforce provision and licensing for the operation of the facility.
- Prequalification of **Health Facility Design Consultants (HFDC)** – a process of pre-qualification for design consultants who are authorised to design, submit or validate plans for approval and licensing by the DOH. This is to ensure the design of such critical facilities is in competent hands.
- Standards and Guidelines– a comprehensive set of Ready-to-Use Guidelines and templates for the Briefing, Design and Construction of Health Facilities licensed by the DOH for operation in Abu Dhabi. There are also some references to external Standards and Guidelines which are in common use in the healthcare industry. These Guidelines also serve to educate to assist in the above streamlined approval process by informing the applicants, reviewers and inspectors alike by giving acceptable examples which have a “Deemed to Satisfy” or DTS status.

2.1.2 Guiding Principles

The principles behind the DOH approval process, included in these Guidelines can be summarised as follows:

- Guidelines to be transparent and predictable with minimal need for interpretation
- Align Building issues with Service issues but keep them separate
- Align these Guidelines with the DOH and other Authorities application processing practices such as the introduction of the Certificate of Need (CoN)
- Align with the web-based application processing software employed by the DOH
- Form the basis of the functionality of the application processing software
- Minimise any past problems which have been observed and reported
- Both DOH and the applicants to be bound by the same Guidelines
- Limit areas of discretion on approvals and rejections outside these Guidelines
- Allow for rapid complaint reviews by applicants

2.1.3 References within Part A of the Guidelines

Where “underlined script” is used, the applicant should refer to the section “Appendices – Standard documents, Templates and Samples” at the rear of Part A.

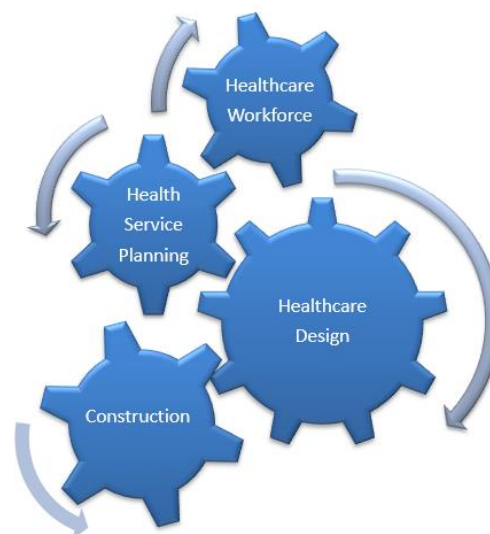
Where “italic script” is used, the applicant should refer to the applicable section within Part A.

2.2 Licensing Requirements

There are several conditions which must be satisfied before a License to operate a healthcare facility is granted by the DOH.

These conditions are all linked and cannot be considered in isolation. Each of these conditions are designed to represent the Aims and Objectives set by the DOH. will be tested by the processes established by the DOH.

In order to better inform the applicants, the key Subjects, the Aims and Objectives and the Actions intended to satisfy them are shown in brief form below. Each of these are further expanded through step-by-step processes through the balance of these Guidelines.



Subject	Aims and Objectives	Actions to satisfy the Objectives
Certificate of Need	The CoN system check and determine if: - There is an un-met demand (or Gap) for the services proposed. - The proposed services will not cause an unacceptable over-supply The proposed services are permitted according to the latest DOH policies and business rules based on Gap Analysis. All of the above will be done automatically, online by the CoN software	Review the Abu Dhabi Healthcare Capacity Master Plan (HCMP) online. https://doh.gov.ae/investor/capacity-master-plan Use the DOH Certificate of Need (CoN) online tool and follow instructions to test and verify the services proposed. Test different services if required until CoN is achieved. (This is not yet an application to provide the services. This is a way for potential applicants to verify what is capable of being approved)
Legal Entity	An applicant for Licensing needs to demonstrate that there is a legal entity registered by DED which is able, under the laws of Abu Dhabi, to operate a healthcare business. The licensing system does not accept applications from an entity which is not legal or not registered.	If the applicant is not registered in Abu Dhabi, then, contact the Department of Economic Development (DED) to register a legal entity capable of providing healthcare services. It is necessary for new entities to first check the CoN to ensure their intended services are permissible. Alternatively use an existing legal entity and provide evidence of such a legal entity at the time of making the DOH Licensing application. For example a currently registered healthcare provider is required to provide proof of an existing legal entity registered by the DED.
Health Service Planning Application	For the above clinical services as determined by the DOH, demonstrate that there is an unmet demand (or Gap) in the location proposed. Some clinical services require a minimum number of patients to ensure high levels of	Then enter the online licensing system on the DOH website. Provide the requested information regarding the legal entity making the application.

Subject	Aims and Objectives	Actions to satisfy the Objectives
	clinical skill can be maintained and all facilities can operate effectively and safely.	Provide a valid, printed Certificate of Need (CoN). The CoN is the pre-requisite to the commencement of the online Licensing application before going any further. Obtain the DOH Preliminary Service Approval.
Healthcare Design Application	It should be demonstrated that the proposed design complies with the above CoN and DOH Preliminary Service Approval as well as the Briefing and Design requirements of the DOH. It should be demonstrated that the facility design has been approved by all other Authorities with jurisdiction over the facility design and construction.	Engage a Prequalified Healthcare Design Consultants as per the provisions of Part A of these Guidelines. Design in accordance with Parts B, C, D, E, F, G & H in these Guidelines. Submit the required design deliverables to the DOH online. For simple building types, only a single design submission is sufficient. For complex building types such as Hospitals, Day Care Surgery Centers, Dialysis Centers and IVF Centres, a two-part design submission is required. Obtain the DOH Design Approval(s). Then obtain the other Authorities approvals.
Construction	It should be demonstrated that the facility as constructed is in accordance with the above Design Approvals, any conditions of Approval and any other construction requirements included in these Guidelines.	Engage a competent Contractor to build strictly in accordance with the approved design. Organise for one or 2 DOH inspections. For simple building types, only a single final inspection is required. For complex building types such as Hospitals and Day Surgery Centres, two inspections are required.
Healthcare Workforce	Based on the above CoN and Preliminary Service Approval, the Role Delineation Level (RDL) of the Facility and the design showing the size of the facility, show that the appropriate clinical workforce with the required credentials is available.	Submit a clinical workforce plan, nominating the required Healthcare Workforce. Provide or obtain certification from the DOH for the proposed workforce. For simple building types submit the Healthcare Workforce Plan at any time before final Licensing. For complex building types such as Hospitals and Day Surgery centres, submit Workforce Plan at any time before the final inspection.
Licensing	Satisfy any remaining legal information and other documents requested in the conditions of approval by the DOH and pay the necessary fees to obtain a final License to immediately operate the facility or receive and treat patients.	Provide any remaining documents and satisfy any remaining conditions of approvals. Pay the final licensing fees. Obtain a license to operate. These guidelines set out the period of validity of all permits and licenses in the following chapters.

2.3 The Approval Process

2.3.1 When does the DOH require compliance with these Guidelines?

The DOH Approval Process consists of step by step applications approvals described in Section 3.3. Some requirements are relaxed for existing facilities or minor / cosmetic modifications. These are described below:

2.3.2 New Health Facilities

All new Health Facilities proposed which are subject to new applications to the DOH for the approval and licensing, after 1 June 2020 must fully comply with the requirements of these Guidelines to the extent indicated in the context of each subject

For any existing licensed facilities, if the Owner wishes to relocate a facility or clinical department to a different building or location, the approval process will be similar to a New Health Facility, requiring a new application and approval in full compliance with these Guidelines.

2.3.3 Existing Health Facilities Undergoing Changes and Refurbishment

Portions of existing Health Facilities undergoing substantial (non-cosmetic) changes and refurbishment, will always require full compliance with these Guidelines. In addition, sometimes changing a large portion of a Department will trigger the need for the whole Department to also fully comply. On the other hand minor and cosmetic upgrades such as re-decoration will not trigger retrospective compliance with these Guidelines. The scenarios for change and refurbishment can vary. Here we provide the most common scenarios with examples. Applicants can apply these scenarios to their own circumstances. These scenarios are also shown in a series of diagrams under 2.3.6 .

- **Changing of the use of space** – for example converting an Inpatient Unit to ICU or converting the Administration Department to Medical Imaging. In this scenario, the whole of the department being changed will have to fully comply with these Guidelines including CoN and the technical design requirements. In other words, a change of use will be regarded in the same manner as a new facility.
- **Changing the size of the facility and KPU's** – for example adding 15 more beds to the current, functioning Inpatient Unit or expanding the current Operating Unit by the addition of 3 new operating rooms. In this scenario, the entire extension must fully comply with these Guidelines including CoN and the technical design requirements. In other words all extensions will be regarded in the same manner as a new facility.
- **Changing more than 50% of an existing FPU-** for example proposing to substantially modify more than 50% of an existing, functioning Department (or FPU). In this scenario the modification of such a large portion of the Department will inevitably affect the balance of the space. So, it is considered necessary for the whole Department to fully comply with these Guidelines. In other words, the applicant needs to show that the balance of the Department (FPU) also fully complies.
- **Changing less than 50% of an existing FPU-** This is the opposite of the above scenario. For example, if less than 50% of an existing, functioning Department (or FPU) is being changed. Of course, it is expected that the area being changed must fully comply with these Guidelines. But the balance of the Department can remain unchanged. A typical case is when only 6 bedrooms in a 30 bed Inpatient Unit are being re-planned. The new bedrooms need to fully comply with these Guidelines but the rest of the unit can remain unchanged based on previously approved design and the current license.
- **Gradual uprating in small portions-** for example if an applicant progressively changes a small portion of a Department (FPU) over several years, eventually this will amount to more than 50% of the Department (FPU). As per the previous scenario, each small portion will require full compliance with these Guidelines. When the total change exceeds 50% of the Department (FPU), then the remainder of the area also needs to be

modified to comply. This is to prevent applicants from mis-using and never upgrading the whole Department.

- **Minor and Cosmetic Re-decoration of existing facilities-** for example re-decoration without any other changes to the plans or clinical services. Such re-decoration does not trigger the need for full compliance with these new Guidelines. In other words for such minor, cosmetic re-decoration, these Guidelines will not be retrospectively applied. The facility may continue to operate under the previous design approvals and DOH license.

2.3.4 Existing Licensed and Operating Healthcare Facilities not undergoing any changes

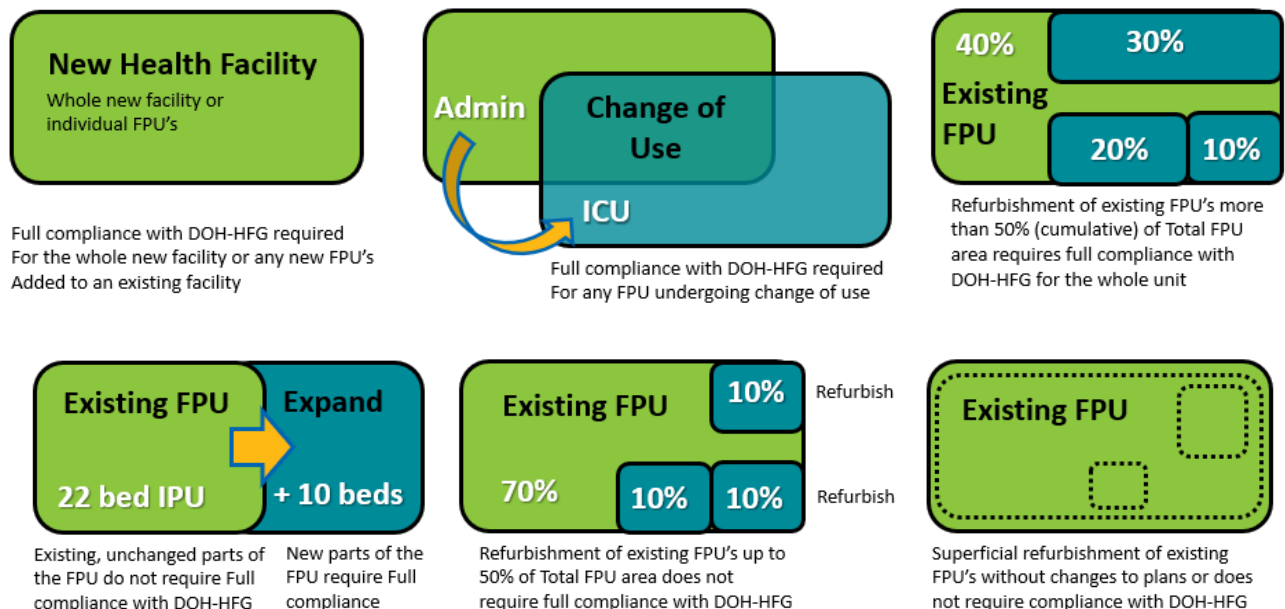
Generally these Guidelines are not applied retrospectively to existing, licensed and operating facilities unless the DOH identifies a safety concern. In other words, existing facilities which are not undergoing any physical changes or operational change of use may continue to operate under the previous DOH license. The DOH reserves the right to inspect any facility. If the facilities are found to be unsafe, regardless of any previous approvals, the DOH may issue an order to comply with these Guidelines.

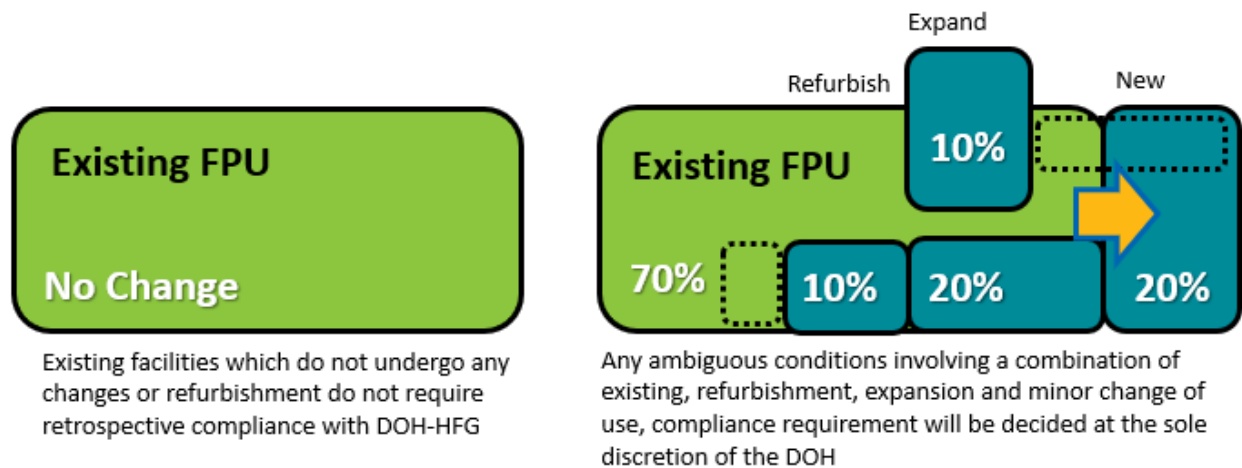
2.3.5 Exceptional or Ambiguous Situations

In exceptional situations, not anticipated in the above conditions and examples, the sole judge of the requirement for full or retrospective compliance with these Guidelines will be the DOH. The DOH decision will be final. The same applies to ambiguous situations where the applicant is of the view that the modifications comprise only minor re-decoration, however the DOH reviewers believe that the proposed work is more extensive, amounting to planning modifications or change of use. In such situations, also, the DOH will determine the need for full compliance and the DOH decision will be final.

2.3.6 Examples of Compliance Requirements

In support of the above sections on compliance scenarios. The diagrams below graphically illustrate several examples indicating the extent of full compliance, partial compliance or no compliance.





2.3.7 Facilities Undergoing Design Changes during DOH Approval Process

If an applicant wishes to implement design changes whilst proceeding through the Approval Process, the portion that remains unchanged may proceed with the current Approval process (which may have been under previous approval processes or under these Guidelines). If the facility is already under construction according to a previous DOH approval, the construction may also continue according to that DOH approval.

For the new changes, the Applicant should clearly document the proposed changes and re-lodge for the DOH approval. These changes will be processed in a similar manner to proposed changes to an existing Health Facility as per the examples given above. Any new approvals given by the DOH for such changes proposed during the Approval Process (which may be at any of the 5 Steps of the process) will over-ride any earlier approval, unless it is a rejection, in which case the original approval will continue to apply.

Under no circumstances should the Applicant proceed to build the proposed changes without first receiving a new approval from the DOH under these Guidelines.

The Applicant should not expect to gain an approval from the DOH inspectors during the construction. The DOH inspectors are not authorised to approve any design changes applied on site and therefore any deviations from approved plans, discovered during subsequent DOH inspections will not be accepted. The Applicant will be required to lodge an application for the approval of the proposed changes before such changes are implemented on the construction site, not after.

2.3.8 Integration of the DOH Approval Process and the Building Approval Process

The DOH Health Facility Approval Process is part of the General Building Approval Process in Abu Dhabi. This refers to approvals given by other Abu Dhabi Authorities for new construction or modifications and expansion of existing facilities. The exact timing of the different submissions to the DOH should be adhered to ascertain pre-requisites for the submissions are in place.

The General Building Approval Process is governed and managed by the 3 Abu Dhabi Municipalities in coordination with other Authorities having jurisdiction in the Emirate of Abu Dhabi. Abu Dhabi Municipalities acts as a single point of application submission for all other Authorities other than the DOH, MOH and FANR.

Refer to Section 3.7 and 3.8 of Part A for the typical General Building Approval Process diagram and how the Approval Process for Health Facilities is integrated and sequenced within the overall process.

2.3.9 Design Changes Requested by the Municipality or Other Authorities

It should not be assumed that an approval by one Authority in Abu Dhabi will necessarily match or anticipate the requirements of other Authorities such as the DOH. The applicants need to familiarise themselves with the requirements of all responsible authorities and prepare their proposal for compliance with all such requirements.

For maximum clarity, should one Authority (such as the Municipality or Civil Defence) require certain changes to the applicant's proposal after an approval by the DOH, it is the responsibility of the Applicant to modify the DOH application and re-submit the changes for a revised approval by the DOH. The Applicant should be aware that significant changes requested by the Municipality or other authorities but not reported to The Department of Health will risk future penalties such as denial of 'Licence to Operate' certificate post construction completion.

The DOH should not expect the DOH reviewers or inspectors to check the plans or the actual construction against the approvals by other Authorities. The DOH will only check against its own previous approvals as well as the provisions of these Guidelines. It is the responsibility of the Applicant to ensure that he design complies with the requirements of all Authorities.

2.3.10 Re-aligning the Authority Requirements

Applicants should have some comfort that the DOH has made a serious attempt to coordinate the requirements of these Guidelines with those of other Authorities to reduce the possible conflict of Authority requirements over the same proposal or facility. Major progress has been made by using some or all of the following initiatives:

- Authorities to remove un-necessary requirements which are no longer regarded as necessary or appropriate
- Authorities to remove un-necessary restrictions to operations, where such requirements do not contribute to better facilities or health care in general
- Authorities to attempt not to cover exactly the same subject, but refer to common requirements instead, including these Guidelines or Abu Dhabi Building Code

All Authorities consulted are committed to making the overall approval process as smooth and efficient as possible, to eliminate un-necessary barriers to investment in Health Care in Abu Dhabi.

The above attempt at the alignment of the Guidelines and requirements of all Authorities will continue to be supported by the DOH and future editions of these Guidelines will inform the applicants accordingly.

Meanwhile the applicants are advised to re-check the requirements of the other Authorities (rather than go by the past memory) as certain requirements may have been removed or changed due to this health facility design guideline alignment initiative.