

Document Title: Laboratory Accreditation Policy	Ref No: HRD/HRS /FRU/015
Ownership: Health Regulation Section	Effective Date: 23rd September 2012
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1. Purpose:

- 1.1. To align with the Quality Strategic Goal and Strategic Objective 3.1: *to maintain and improve quality standards at health care facilities*, (DHA strategy, 2013).
- 1.2. Ensure safety and quality of clinical laboratory services provided to the Dubai community
- 1.3. Ensure all clinical laboratories in Dubai obtain laboratory accreditation and maintain quality assurance programs.
- 1.4. Ensure compliance to the DHA Clinical Laboratory Regulations through the process of accreditation.
- 1.5. Accreditation results may be used to identify opportunities to improve Dubai health care system.

2. Scope:

- 2.1. Clinical laboratories subject to licensure under the Dubai Health Authority (DHA) establishment law within the following setups:
 - 2.1.1. Free standing clinical laboratories
 - 2.1.2. Clinical laboratories within outpatient clinics
 - 2.1.3. Clinical laboratories within Diagnostic Centers
- 2.2. Clinical laboratories within hospital setups are out of the scope of this policy.

3. Policy Statement:

- 3.1. All clinical laboratories licensed by DHA are required to be accredited by any accreditation agency recognized by The International Society for Quality in Health Care (ISQUA) such as :
 - 3.1.1. International Organization for Standardization, ISO: 15189:2007 Medical Laboratory Standards adopted by Dubai Accreditation Center (DAC).
 - 3.1.2. The College of American Pathologists, (CAP)
 - 3.1.3. Clinical Pathology Accreditation, (CPA) United Kingdom
 - 3.1.4. Joint Commission International (JCI)-Clinical Laboratory
 - 3.1.5. Accreditation Canada International – Clinical Laboratory
- 3.2. Clinical Laboratories failing to achieve accreditation status by June 1st 2012 shall cease to provide clinical laboratory services immediately in order to avoid violation.
- 3.3. Clinical Laboratories who have not achieved accreditation by June 1st 2012, however, they are in process of accreditation must provide written evidence to the HRD validating the accreditation process. The evidence should include a contract agreement AND an up to date official report from their accrediting body stating the stage that they have reached.
- 3.4. New clinical laboratories commencing services after June 1st 2012, shall be given a grace period of 18 months from the date of operation to achieve accreditation.
- 3.5. The clinical laboratory accreditation certificate has a certain validity depending on the accrediting body. Upon the expiry of the accreditation validity, the clinical laboratories are required to undergo a reaccreditation process and the HRD must be informed of the commencement of the reaccreditation process in writing.

- 3.6. A clinical laboratory whose accreditation is revoked by the accrediting body shall cease clinical laboratory service provision immediately.
- 3.7. Should the clinical laboratory wish to voluntarily withdraw from the accreditation process, the HRD must be informed in writing and the clinical laboratory must cease service provision immediately.
- 3.8. If the clinical laboratory accreditation status is suspended by the accrediting body, the HRD may conduct an investigation into the reasons for the suspension in collaboration with the accrediting body.
- 3.9. The HRD staff or any other authorized personnel may conduct onsite visits to the clinical laboratories to check their accreditation status. They may request and document to support the validity of the accreditation certificate.
- 3.10. It is strictly prohibited for any clinical laboratory to mislead the public by advertising accreditation status if the accreditation was not obtained from an international accrediting agency authorized by DHA mentioned in this policy.

4. Procedure and Responsibility:

No.	Procedure	Responsibility
	N/A	

5. Definition/Acronyms:

- 5.1. DHA-Dubai Health Authority
- 5.2. HRD- The Health Regulation Department
- 5.3. ISQUA- The International Society for Quality in Health Care

6. Tools / Attachments:

- 6.1. N/A

7. References:

- 7.1. Dubai Health Sector Strategy 2011-2013

8. Performance Indicators:

- 8.1. Number of accredited clinical laboratories within the scope of policy.

9. Revision History :

Date	Revision number	Policy and procedure Status	Change	Reference section
	0	New	New Policy	Health Regulation Section

10. Approval

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