



**Auditing Process for Private Alternative and Complementary  
Medicine Establishments  
(Polyclinics, Centers, Clinics)**

**Standard Operation Procedures  
(SOP)**

**1st Edition**

June /2026



|                                |                                                                                                                                                                                                                                                                                                 |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Document Title</b>          | <b>AUDITING PROCESS FOR<br/>ALTERNATIVE AND COMPLEMENTARY MEDICINE<br/>ESTABLISHMENTS (POLYCLINICS, CENTERS, CLINICS)<br/>Standard Operation Procedures</b>                                                                                                                                     |
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| <b>Date</b>         | <b>August 2026</b>                                                               | <b>Date</b>        | <b>August 2026</b>                                                                   |

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## Acronyms

|              |                                                                                  |
|--------------|----------------------------------------------------------------------------------|
| <b>MoH</b>   | Ministry of Health, Oman                                                         |
| <b>DGPHE</b> | Directorate General of Private Health Establishments                             |
| <b>DG</b>    | Director General                                                                 |
| <b>DoD</b>   | Director of Department, of Regulating Alternative & complementary Medicine       |
| <b>HoS</b>   | Head of section, Auditing<br>Alternative & Complementary Medicine Establishments |
| <b>CAM</b>   | Complementary & Alternative Medicine Establishments                              |
| <b>PHE</b>   | Private Health Establishment                                                     |
| <b>SOP</b>   | Standard Operating Procedure                                                     |
| <b>CTAT</b>  | Central Technical Audit Team                                                     |
| <b>RTAT</b>  | Regional Technical Audit Team                                                    |

## **1. Introduction**

The section of auditing Alternative & Complementary Medicine Establishments provides this procedure as a functional guidance to standardize the format and the procedure for managing activities related to auditing all types of alternative and complementary medicine establishments that are licensed by the DGPHE, MoH.

## **2. Scope**

This procedure (SOP) applies to:

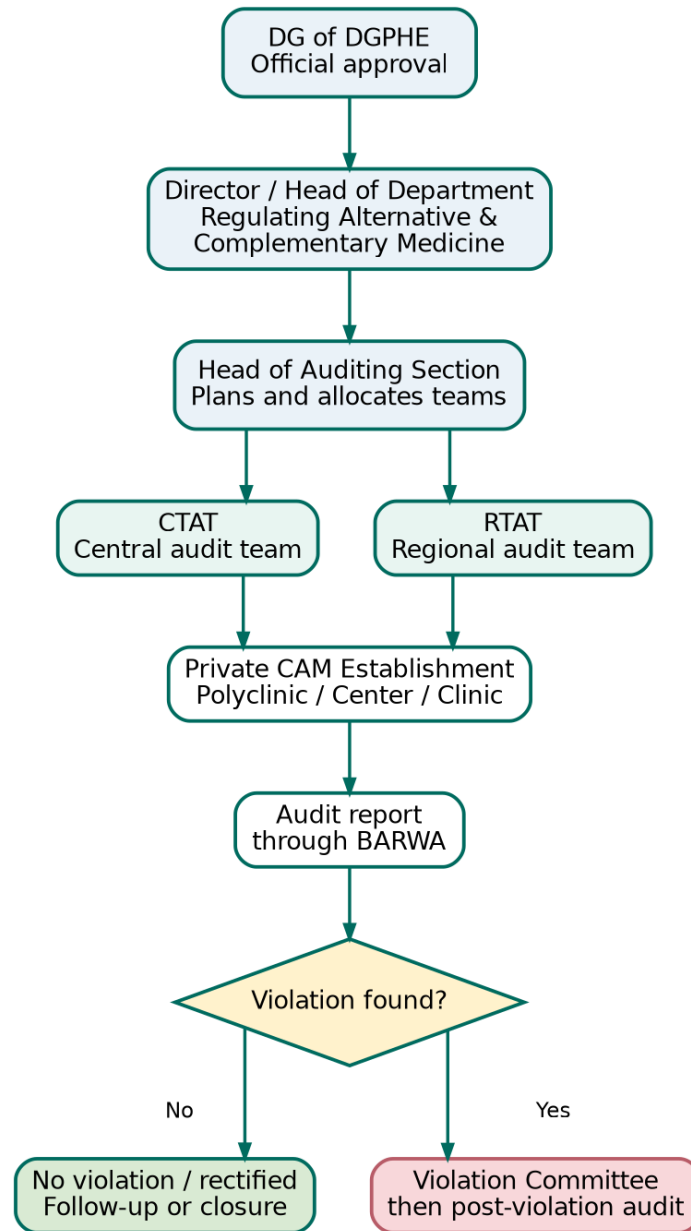
- All private Alternative & Complementary Medicine Establishments operating under supervision of the MoH, including polyclinics, centers, and clinics.
- All staff within the DGPHE involved in the auditing and assessment process, as well as applicants and representatives of private Alternative & Complementary Medicine Establishments under supervision of the MoH.

## **3. Purpose**

The purpose of this SOP is to:

- Provide guidance for carrying out the activities related to the Auditing process of private Alternative & Complementary Medicine Establishments (Polyclinics, Centers, and Clinics) section and Private Health Section at the Regions.
- Establish a standardized process for auditing and assessing private Alternative & Complementary Medicine establishments.
- Ensure that all in MoH follow a recognized standardized framework and process.

## Flowchart 1. Overall Auditing Governance Structure



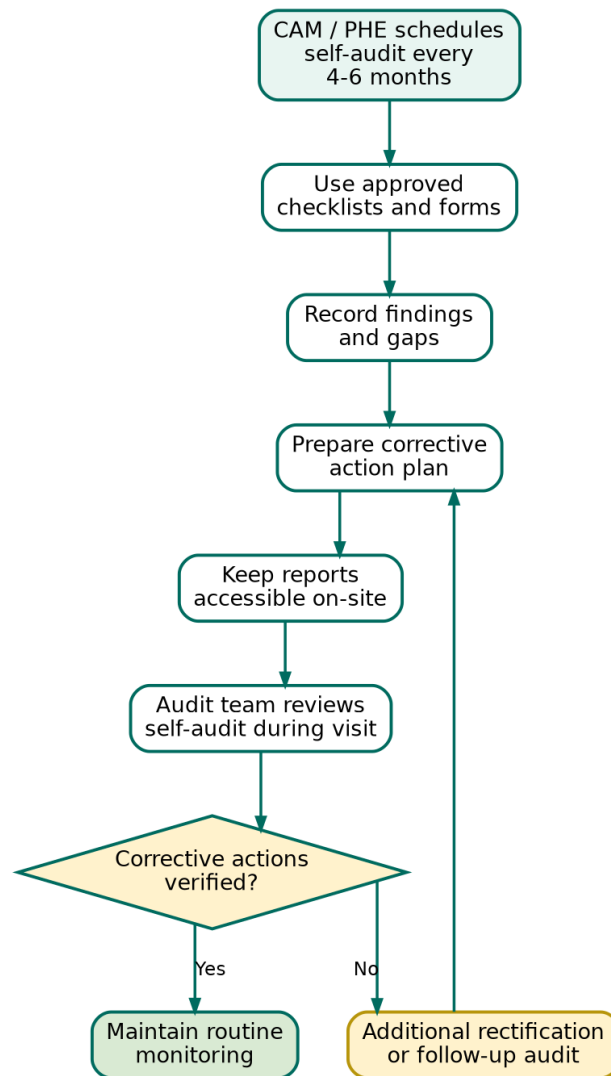
*Illustrates the reporting and escalation relationships between DGPHE leadership, audit teams, CAM establishments, and the Violation Committee.*

#### 4. Definition

- a. **Private Health Establishment:** Every privately-owned health institution/establishment is licensed by the Ministry of Health and equipped to provide diagnostic, therapeutic, and rehabilitative healthcare.
- b. **Auditing Process:** A process involving the inspection and assessing of private health establishments through site visits, covering, but not limited to, the facility's infrastructure, administrative and clinical facilities, health workforce, and services provided."
- c. **Initial Inspection/Audit:** Scheduled Inspection of the Real Estate/Premises to be Licensed as a Private Health Establishment/Facility, aiming to Evaluate the Site Suitability, External Surroundings, and Internal Layout to Suit the Healthcare Services Intended for Licensing. It is under the authority of the Alternative & Complementary Medicine Establishments Licensing Section.
- d. **Final Inspection/Audit:** Scheduled Inspection of the Real Estate/Premises to be Licensed as a Private Health Establishment/Facility, to ensure compliance with the regulatory standards required for licensing in order to grant final approval to commence operations once the license is issued, this inspection is required for the health facility to activate or amend its facility license. It is under the authority of the Alternative & Complementary Medicine Establishments Licensing Section.
- e. **Regular Audit:** A routine announced inspection designed to monitor health facility infrastructure and staff, conducted by authorized technical auditing teams (Central or Regional).
- f. **Violations:** any action or omission contrary to the regulations and legislations governing the operation of private health institutions and their staff, which are divided into two categories: administrative and technical violations, and medical violations.
- g. **Administrative and Technical Violations:** these include infractions committed by private health establishments, their medical staff, or employees, in accordance with the regulations of the Law on the Practice of Medicine and Allied Health Professions, specifically regarding the licensing of facilities or the licensure of health personnel
- h. **Medical Violations:** Include transgressions committed by licensed healthcare personnel working in private health institutions, which contravene the regulations of the Law on Practicing Medicine and Allied Health Professions related to the quality and safety of healthcare.

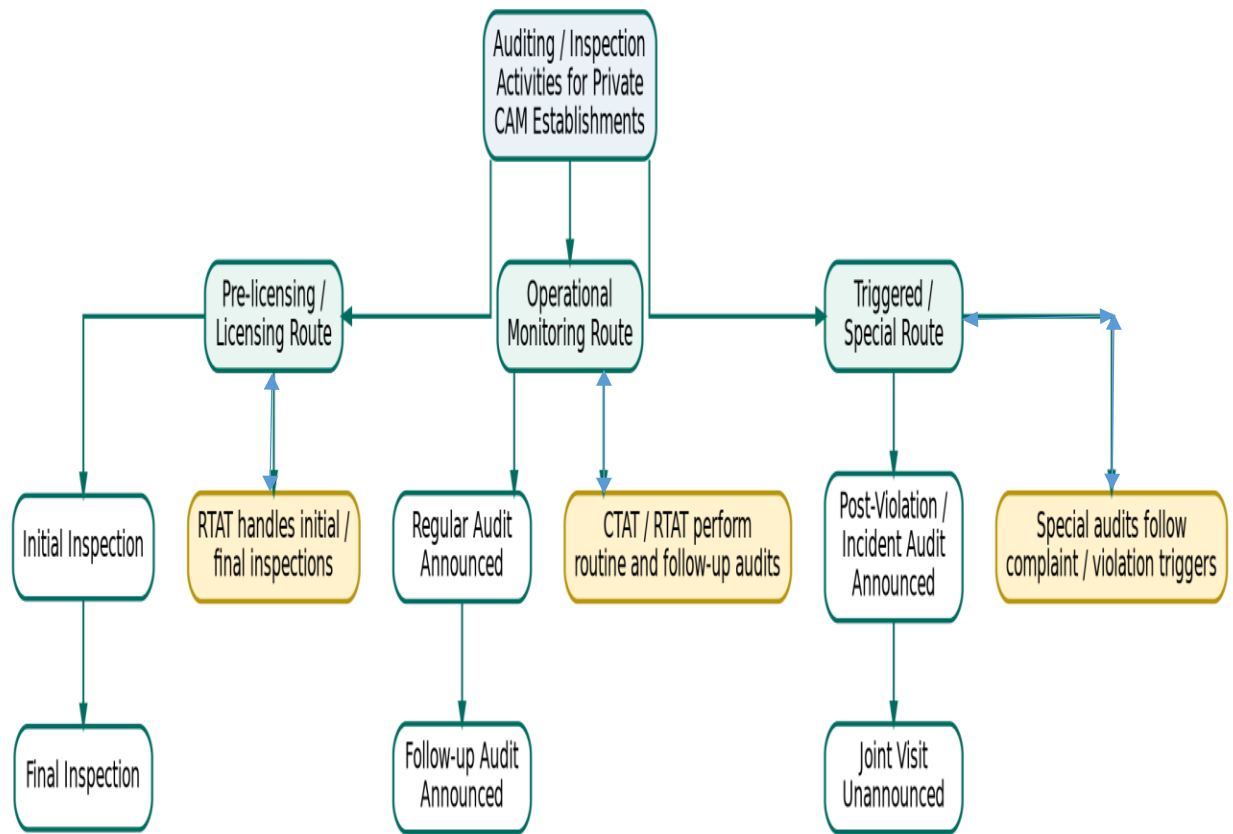
- i. **Post-Violation Audit:** it is a Complaint/Incident Verification Visit; A field visit conducted by an auditing team to verify a formal complaint regarding the services or practices of a health establishment. It's also performed as a recommendation of the Administrative & Technical Violation Committee.
- j. **Follow-up Audit:** Scheduled announced inspection of the Private Health Establishments, to ensure compliance with the regulatory standards required for continuity of operation or as a recommendation from the regular visit report.
- k. **Central Technical Audit Team (CTAT):** Official employees at the DGPHE tasked with conducting supervision and inspection operations of private health establishments and their staff to ensure compliance with approved regulations and standards.
- l. **Regional Technical Audit Team (RTAT):** Evaluation Teams; Official employees at the regional level tasked with conducting supervision and inspection operations of private health establishments and their staff to ensure compliance with approved regulations and standards.
- m. **Procedure (SOP):** is the established steps to be followed routinely in order to ensure that the outcome and values expressed in the regulatory standards are achieved. SOPs are structured, step-by-step documents that guide employees to perform tasks consistently, ensuring efficiency, safety, and compliance.
- n. **Process:** It is a set of mandatory step by step, detailed action required to successfully accomplish a task.
- o. **Self-Audit/Assessment Mechanism:** A self-assessment procedure conducted by the healthcare establishment every four/six month, using approved checklists and forms, and making them accessible to the assessment team members during their visit to the healthcare establishment.
- p. **Announced audit:** an audit or inspection that is scheduled in advance, where the facility/establishment is informed before the visit takes place.
- q. **Unannounced audit:** an audit or inspection conducted without prior notice to the establishment/facility.

## Flowchart 2. Self-Audit / Assessment Mechanism Workflow



*Shows how the establishment self-assessment mechanism feeds into audit readiness, rectification, and follow-up verification.*

### Flowchart 3. Audit Classification Tree



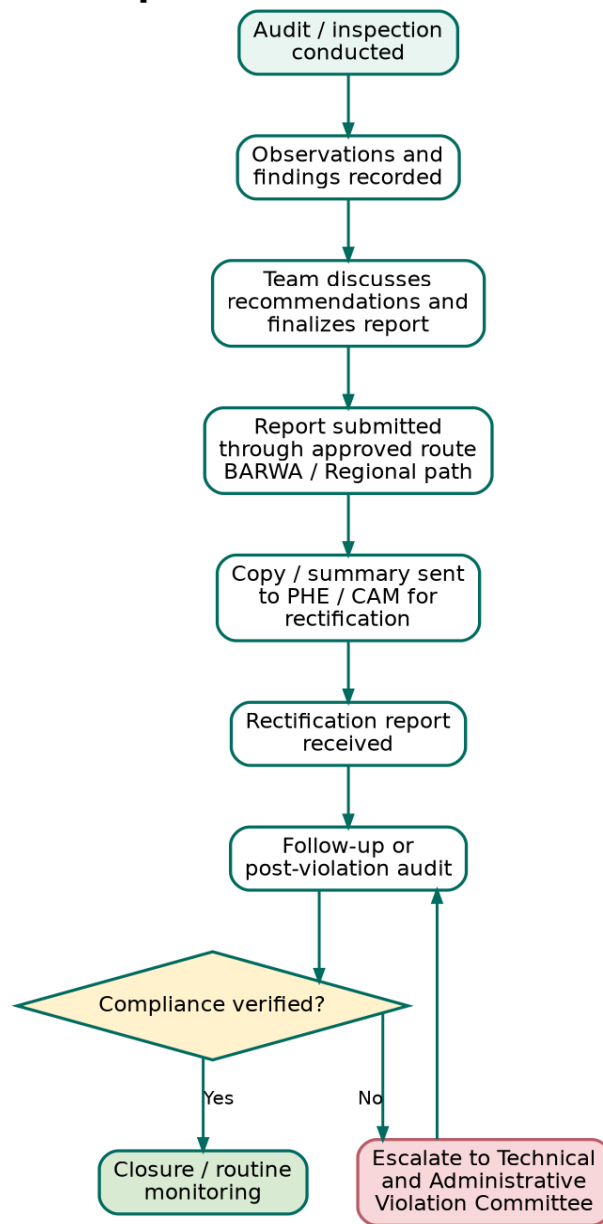
*Classifies the audit and inspection types covered by this SOP, including announced and unannounced routes.*

## 5. Procedures (SOP):

### 5.1 Clarification:

- a) **CTAT** shall evaluate and inspect all Establishments of the Alternative & Complementary Medicine **as requested and needed**.
- b) **RTAT** shall evaluate and run all types of inspection to clinics, centers and polyclinics of the Alternative & Complementary Medicine at the Region/Governorate perimeter.
- c) After the inspection/auditing process (regular, follow-up or post-violation), the auditing report will be finally submitted to DoD at the DGPHE through BARWA system.
- d) A copy of the inspection report will be submitted as a short summary report to the PHE/CAM representative; medical director, owner, etc. for rectification of required issues, if any.
- e) If the recommendations in the auditing report showed any major violation, especially if it's related to patient safety, then the report will be sent to the DG office for submission to the Administrative and Technical Violation Committee for private health sector. If no major violations, the report is sent to the CAM owner for rectification and follow-up.
- f) If the PHE/CAM is showing commitment to the MoH regulations and guidelines, appreciation letters will be given.
- g) Initial and Final Inspection is under the authority of the Alternative & Complementary Medicine Establishments Licensing Section. Occasionally, CTAT might participate in this type of audit.
- h) **RTAT** is responsible to do the initial and final Inspection/Audit at their regions; in addition to types of auditing process run by the section of auditing at the DGPHE.

## Flowchart 4. Audit Report Submission and Rectification Cycle



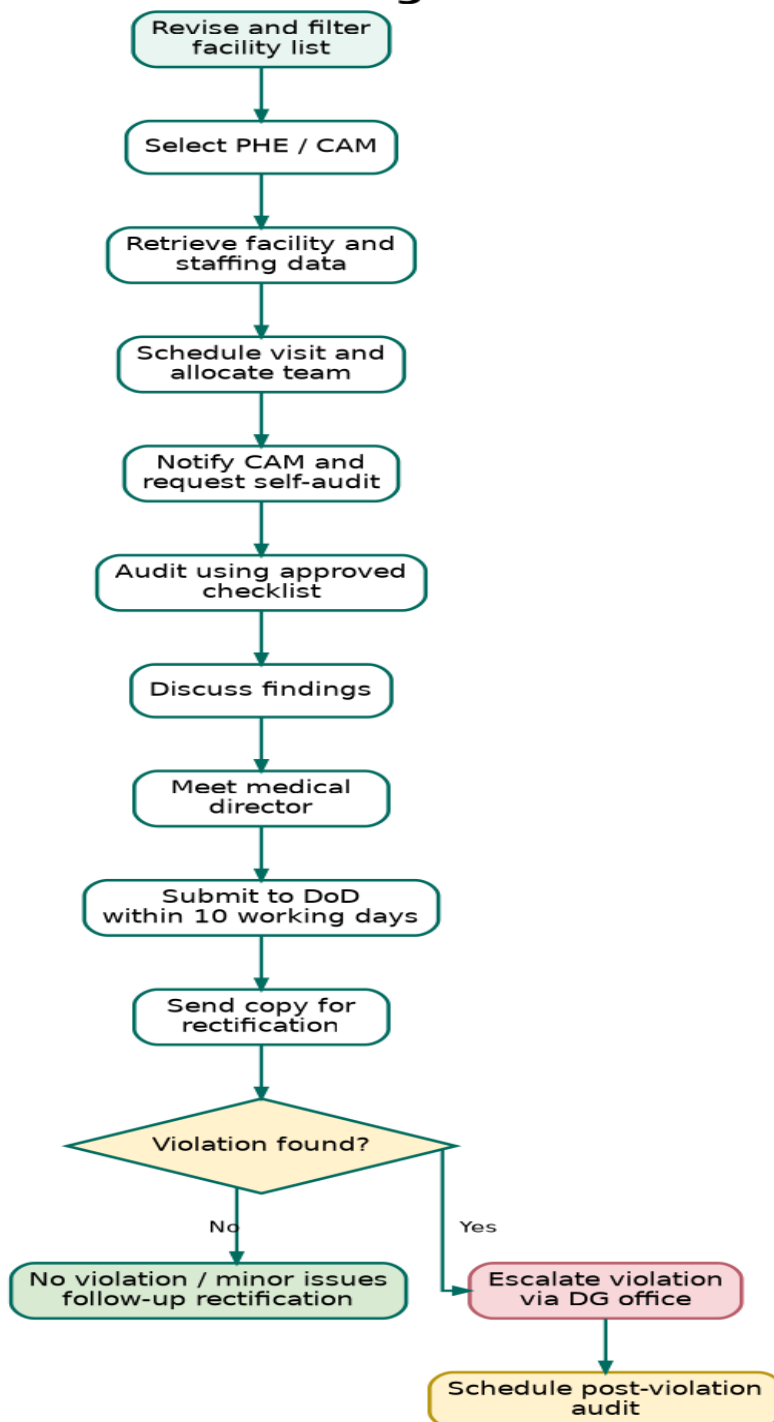
*Summarizes the common report, rectification, verification, and escalation cycle used across audit types.*

## 5.2 Central Technical Audit Team (CTAT) tasks:

### A. Regular Audits (as requested and needed) (Announced):

- 1) Revise and filter the facilities/establishments list by the team
- 2) Select the PHE/CAM for audit
- 3) Retrieve all data about the PHE/CAM and the staffing list from the DGPHE system
- 4) Schedule the visit of the CAM in the calendar including allocating team leader & team members
- 5) Notify the establishment's administrative or owner about the visit date (announced audit) and request for the self-audit report.
- 6) Introduce the team members to the CAM administrative and reason of visit, then conduct the audit of the CAM/PHE by the team using the approved audit checklist and gather found observation and any additional findings that may arise beyond the items listed in the checklist. (Scope of work, electronic system, different contracts available, price list, staffing licenses and certificates, documentation process, MoH policies & guidelines (refer to audit checklist)
- 7) The team discusses the recommendation and finalizes the report
- 8) Conduct a meeting with the CAM medical director to discuss the observation and to suggest improvement steps.
- 9) Final report submitted to DoD at the DGPHE within 10 working days.
- 10) A copy of the report is sent to the PHE via email to rectify found observations and to be followed up (re-visit) as per the time frame given on the report.
- 11) If any major violations are found it will be sent to the Technical and Administrative Violation Committee via the DG office through the DoD.
- 12) After issuing of the committee recommendation, a post violation audit is scheduled.
- 13) If there is no violation, but few issues to be rectified, the CAM is informed for a follow-up visit for declaration of the rectification process/report by the CAM representative.

### Flowchart 5. CTAT Regular Audit Workflow

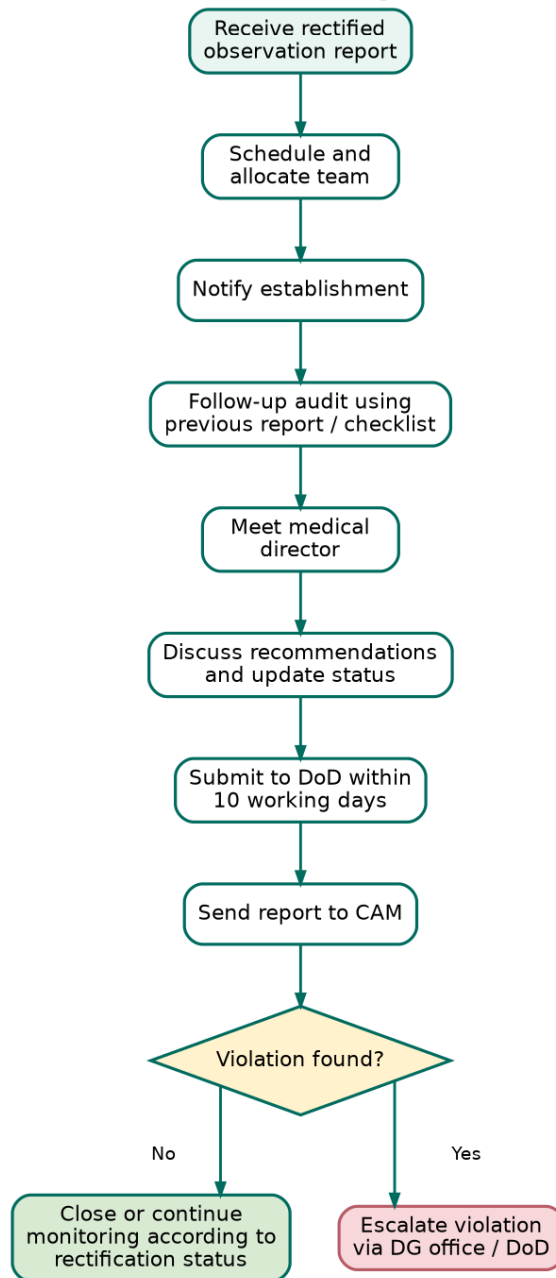


*Summarizes the Central Technical Audit Team regular announced audit sequence, from facility selection to reporting and escalation.*

**B. Follow-up Audits (as requested and needed) (Announced):**

1. Receive the rectified observation report from the PHE /CAM
2. Schedule the visit in the calendar including the allocation of team leader & members
3. Notify the establishment's administrative or owner about the visit date
4. Introduce the team members to the CAM administrative and reason of visit, then conduct the audit of the CAM by the team using last visit's audit report/checklist and gather found observations, after introducing the team
5. Conduct a meeting with the CAM medical director to discuss the observation and to suggest improvement steps.
6. The team discusses the recommendations. The audit report and checklist from the previous visit, along with the updated rectification status, shall be finalized within 10 working days and submitted to the DoD at the DGPHE
7. The report is sent to the CAM via email.
8. If any violations are found, it will be sent to the Technical and Administrative Violation Committee via the DG office through the DoD

## Flowchart 6. CTAT Follow-up Audit Workflow

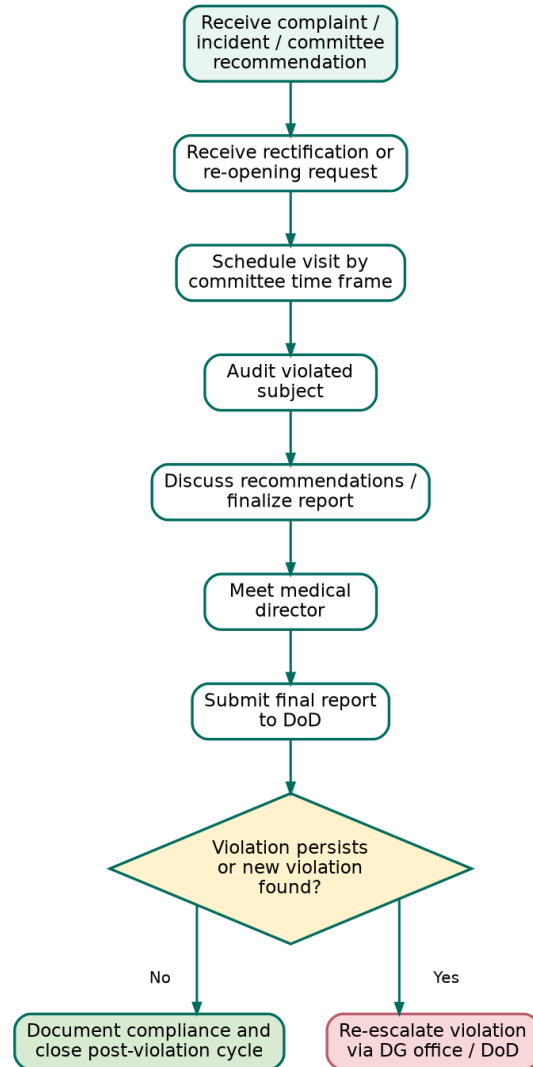


*Summarizes how CTAT rectification reports are received, verified, reported, and escalated when needed.*

**C. Post-Violations / Complaint / Incident Audit (Announced):**

1. Receive the complain/incident report/recommendation from the Technical & Administrative Violation Committee' decision through the DOD via the BARWA system
2. Receive the rectification report or the establishment's re-opening application from the CAM after the specified time frame.
3. Schedule the visit in the calendar in accordance with the time frame stated in the decision, including the allocation of team leader & members
4. Introduce the team members to the CAM administrative and reason of visit, then audit the establishment by the team and gather found observations on violated subject
5. The team discusses the recommendations and finalizes the report
6. Conduct a meeting with the CAM medical director to discuss the observation and to suggest improvement steps.
7. Final report submitted to DoD at the DGPHE
8. If any violations are found it will be sent again to the Technical and Administrative Violation Committee through the DG office via the DoD.

## Flowchart 7. CTAT Post-Violation / Complaint / Incident Audit Workflow

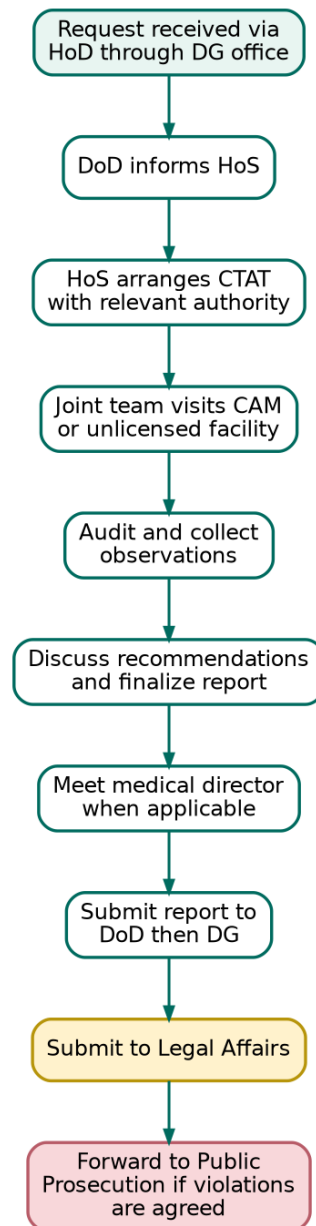


*Summarizes the CTAT post-violation verification route after committee decisions, complaints, incidents, or re-opening req*

D. Joint Visits with Relevant Authorities/Entities (Unannounced):

- Receive requests via the DoD through the DG office to visit a CAM or other unlicensed facilities but practicing Alternative & Complementary Medicine with other relevant authorities, e.g., Ministry of Labor, The Public Authority for Consumer Protection (PACP), ROP, etc.
- DoD inform HoS, to arrange/schedule the visit with them by the CTAT
- Introduce the team members to the CAM administrative and reason of visit, then audit the facility by the joint teams and gather found observations, after introducing the team.
- The team discusses recommendations and finalizes the report
- Conduct a meeting with the CAM medical director to discuss the observation and to suggest improvement steps.
- Final report is submitted to DoD at DGPHE, then to DG
- The report is submitted to the General Directorate of Legal Affairs to be forwarded to the Public Prosecution if violations are agreed to, through the DG office.

### Flowchart 8. CTAT Joint Visit / Unannounced Audit Workflow



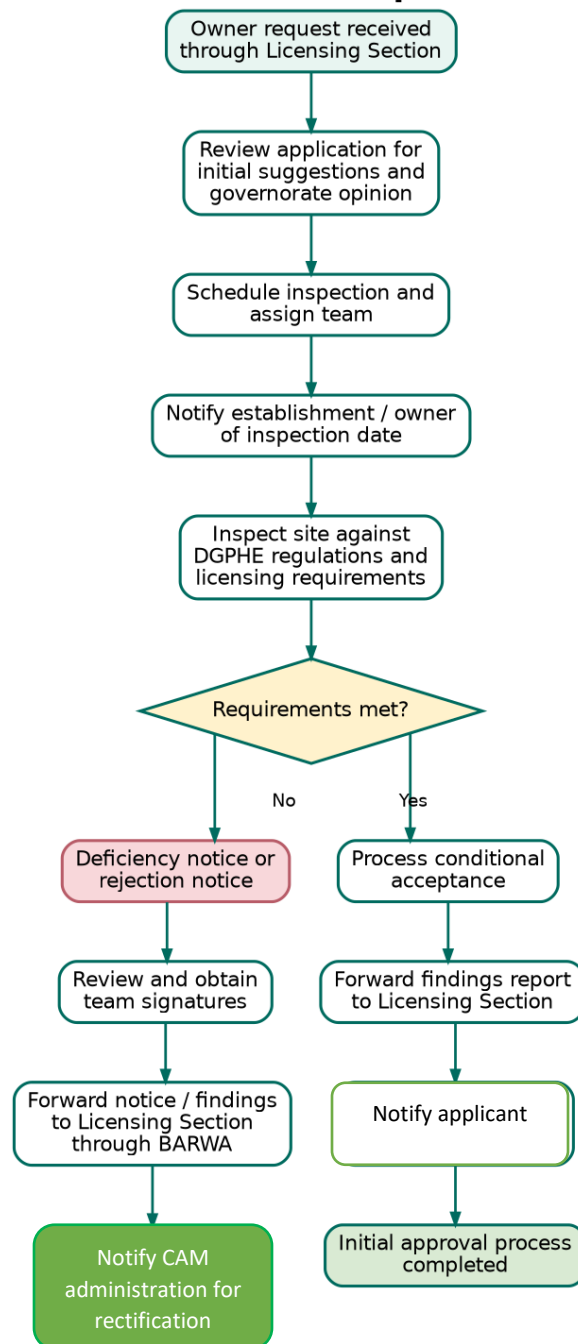
*Shows the unannounced CTAT joint-visit route with external authorities, including legal escalation when violations are confirmed.*

### 5.3 Regional Technical Audit team (RTAT) tasks:

#### A. Initial Inspection (Pre-Initial Approval):

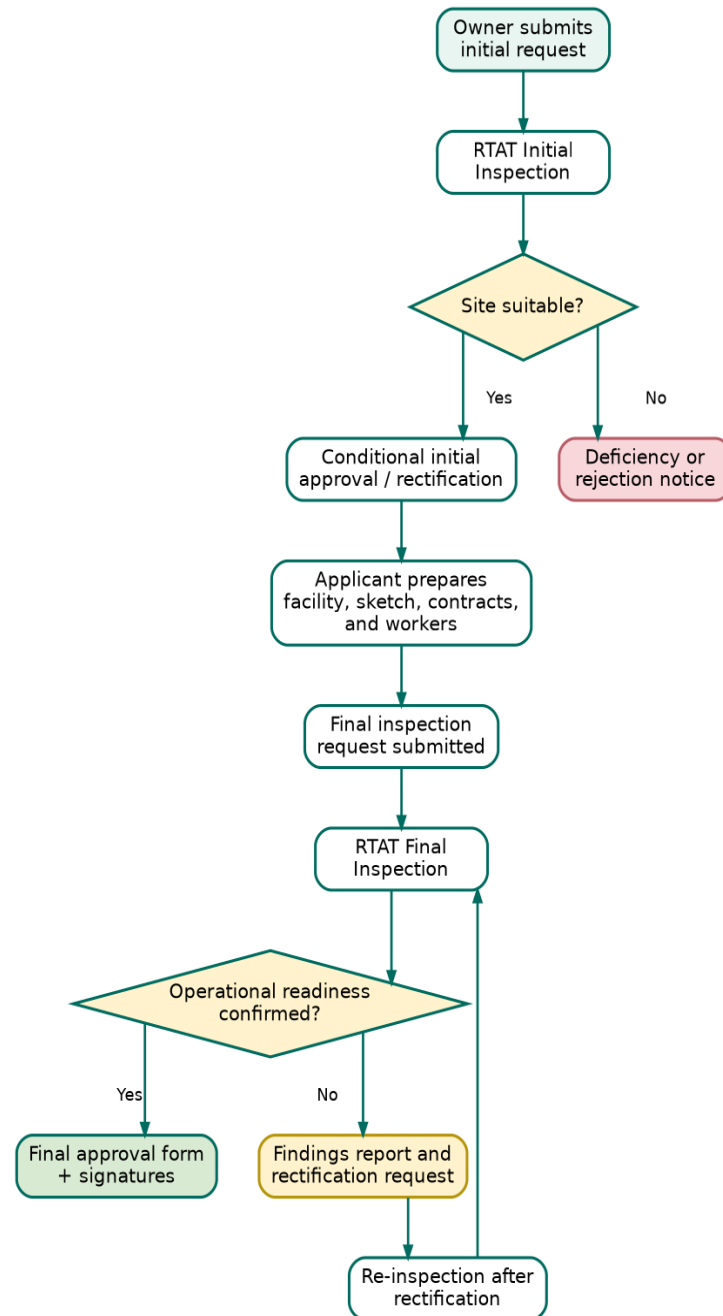
1. Receive the owner's request through the Section of Licensing the Alternative and Complementary Establishments and review the application for initial suggestions and opinion by the section of private health establishments in the concerned governorate
2. Schedule the inspection and assign the team leader and team members.
3. Notify the establishment (administration or owner) of the inspection date
4. Introduce the team members to the CAM administrative and reason of visit, then inspect the establishment to verify the site in accordance with DGPHE regulations and licensing requirements.
5. If requirements are not met: Deficiency Notice: Applicants are notified of missing or inadequate information. OR the applicant will be notified with the rejection notice, after reviewing and obtain signatures from the inspection team, and forward it to the Section of Licensing the Alternative and Complementary Establishments through BARWA system
6. If requirements are met, Acceptance is processed: If the required documents and details are complete, the application will be conditionally approved and the applicant will be notified after forwarding findings report to the Section of Licensing the Alternative and Complementary Establishments and to the establishment's administration for rectification.

## Flowchart 9. RTAT Initial Inspection Workflow



*Summarizes RTAT pre-initial approval inspection, including conditional acceptance, deficiency notice, rejection notice, and BARWA submission.*

### Flowchart 10. Licensing Pathway: Initial Inspection to Final Inspection

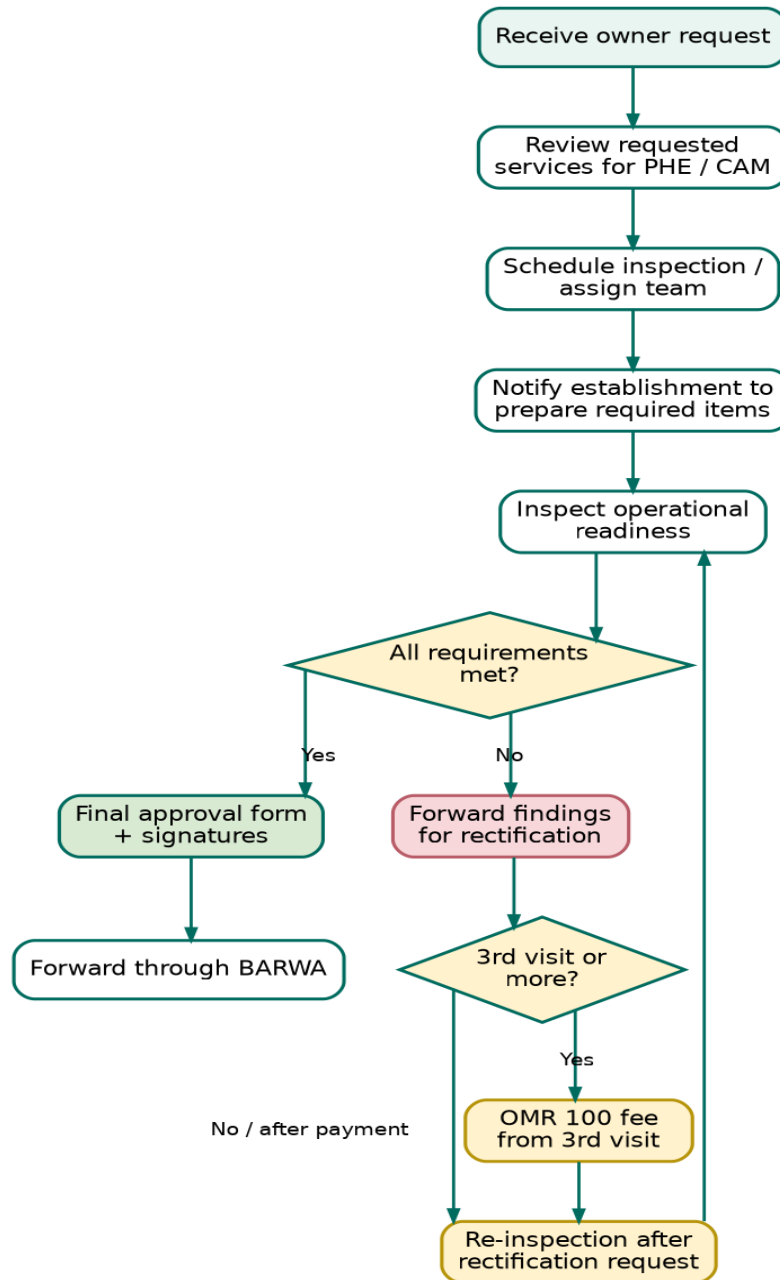


*Connects the licensing route from pre-initial approval through final pre-licensing inspection and re-inspection when required.*

## B. Final Inspection (Pre-licensing) (Announced):

- Receive the owner's request through the Establishments Licensing Department and review the services applied for by the Private Health Establishment (PHE/CAM).
- Schedule the inspection and assign the team leader and team members.
- Notify the establishment (administration or owner) of the inspection date, requesting them to prepare the approved facility sketch, relevant contracts, and ensure the availability of required healthcare workers during the inspection.
- Introduce the team members to the CAM administrative and reason of visit, then inspect the establishment to verify operational readiness in accordance with the MoH regulations and licensing requirements
- If all requirements are met, complete the final approval form, obtain signatures from the inspection team, and forward it to the DoD, to be forwarded to Establishments Licensing Department through Barwa system
- If requirements are not met, forward findings report to DoD and then to Establishments Licensing Department and to the establishment's administration for rectification. A re-inspection will be scheduled upon submission of a rectification request.
- N.B. From the 3<sup>rd</sup> visit onward, a fee of OMR/100 will be obligated.

## Flowchart 11. RTAT Final Inspection Workflow

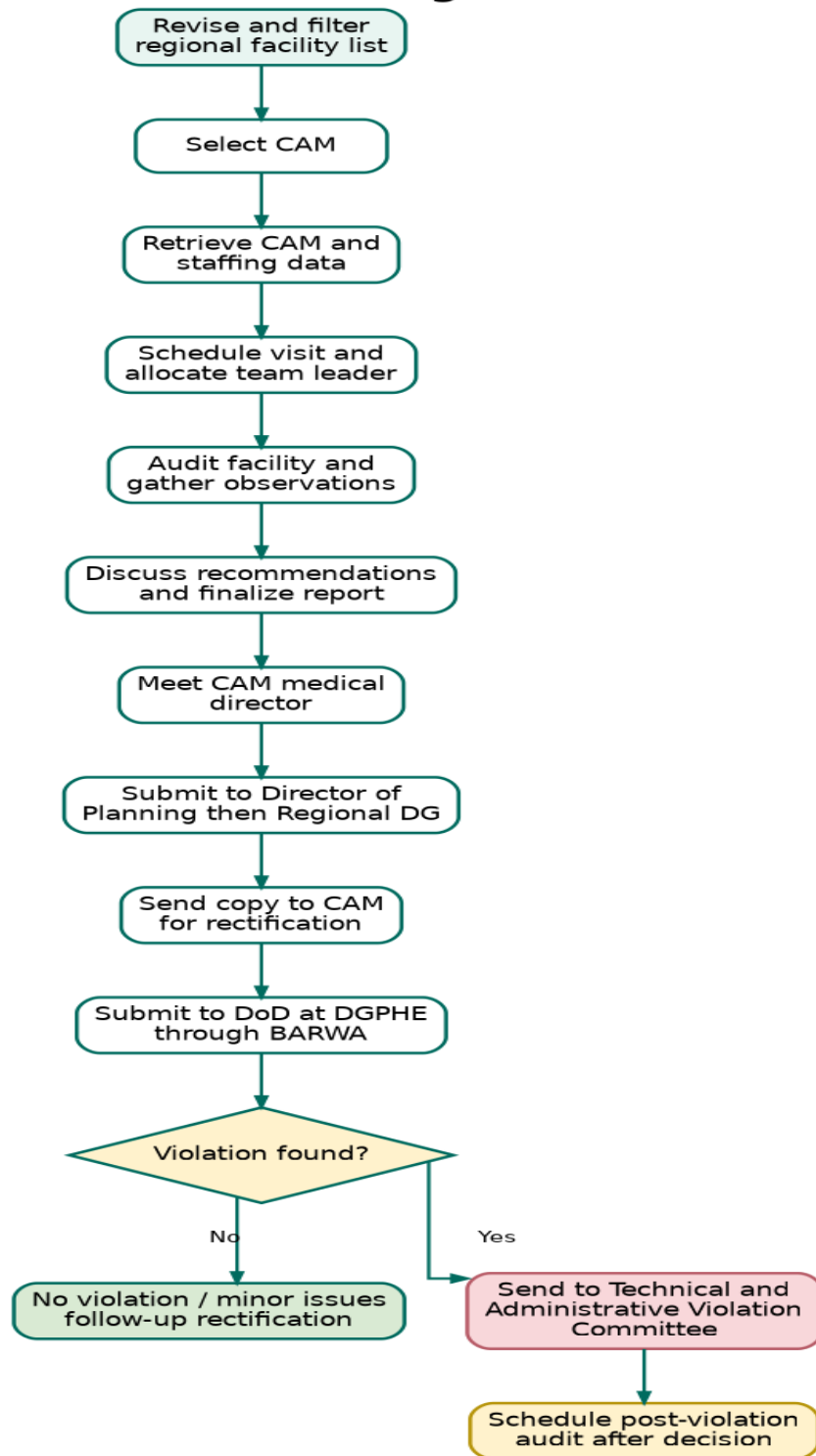


*Summarizes the RTAT pre-licensing final inspection workflow, including approval, rectification, re-inspection, and the OMR 100 fee trigger from the third visit onward.*

### C. Regular Audits (Announced):

1. Revise and filter the facilities/establishments list by the team at their Region
2. Prepare an annual visit schedule to all CAM establishments within the Region, Then, Select the CAM for audit.
3. Retrieve all data of the CAM and the staffing list from the DGPHE system
4. Schedule the visit of facility in the calendar including allocating team leader
5. Introduce the team members to the CAM administrative and reason of visit, then audit the facility by the team and gather found observation, after introducing the team
6. The team discusses the recommendation and finalizes the report
7. Conduct a meeting with the CAM medical director to discuss the observation and to suggest improvement steps.
8. Final report submitted to the Director of planning and then to the Regional DG with recommendations
9. A copy of the report is sent to the CAM to rectify found observations and to be followed up as per the time frame given on the report.
10. Then, the report is submitted to DoD of Alternative & Complementary Medicine at the DGPHE Through the BARWA system.
11. If any violations are found it will be sent to the Technical and Administrative Violation Committee and after issuing of the committee recommendation a post violation audit is scheduled.
12. If there is no violation, but few issues to be rectified, the CAM is informed for a follow-up visit for declaration of the rectification process/report by the CAM representative.

## Flowchart 12. RTAT Regular Audit Workflow

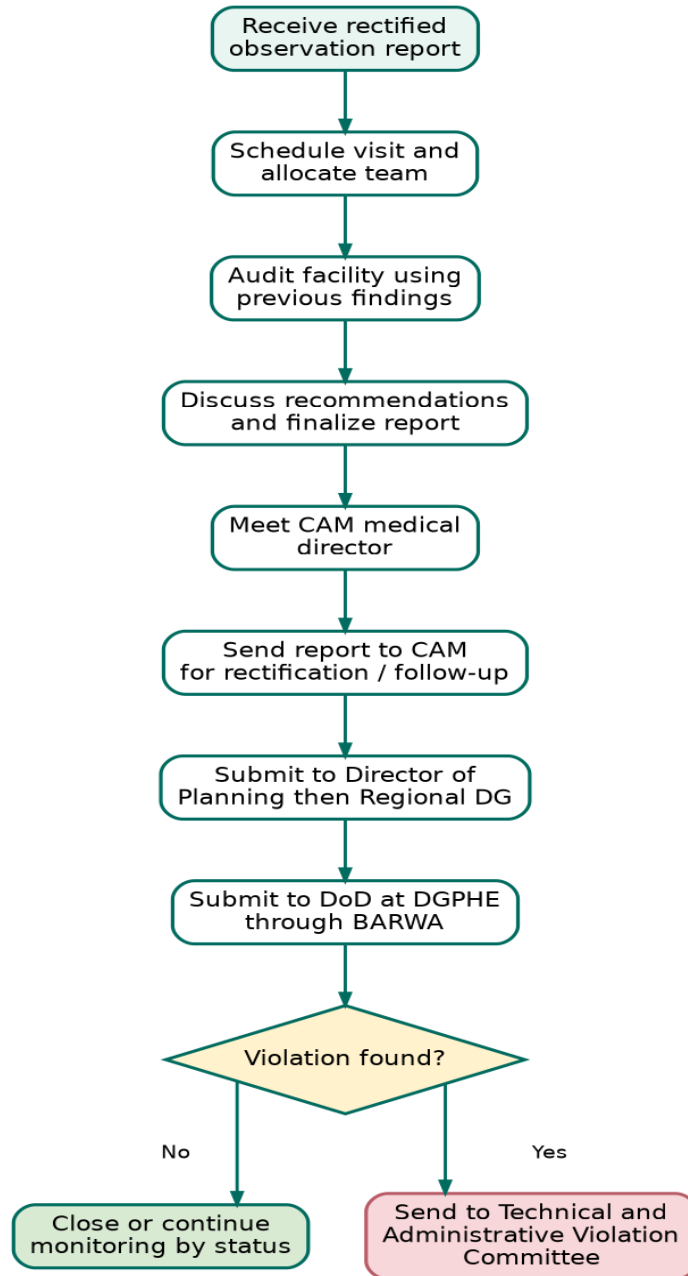


Summarizes RTAT regular announced audits, including the regional reporting path and BARWA submission to DGPHE.

#### D. Follow-up Audits (Announced):

1. Receive the rectified observation report from the CAM establishment
2. Schedule the visit in the calendar including the allocation of team leader & members
3. Introduce the team members to the CAM administrative and reason of visit, then audit the facility by the team and gather found observations, after introducing the team
4. The team discusses the recommendations and finalizes the report
5. Conduct a meeting with the CAM medical director to discuss the observation and to suggest improvement steps.
6. The report is sent to the CAM to rectify found observations and to be followed up as per the time frame given on the report.
7. Final report submitted to the Director of planning and then to the Regional DG with recommendations
8. A copy of the report is sent to the CAM to rectify found observations and to be followed up as per the time frame given on the report.
9. Then, the report is submitted to DoD at the DGPHE through BARWA system
10. If any violations are found, it will be sent to the Technical and Administrative Violation Committee.

### Flowchart 13. RTAT Follow-up Audit Workflow

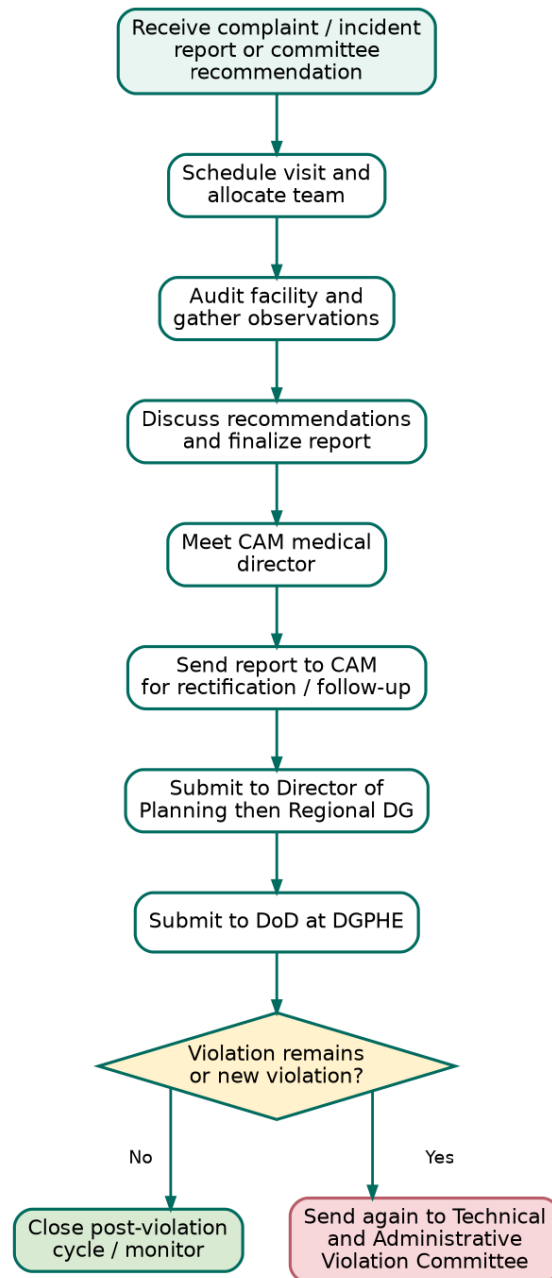


*Summarizes the RTAT follow-up audit route for verifying rectification and escalating unresolved violations when necessary.*

#### E. Post-Violations/ Complaint / Incident Audit (Announced):

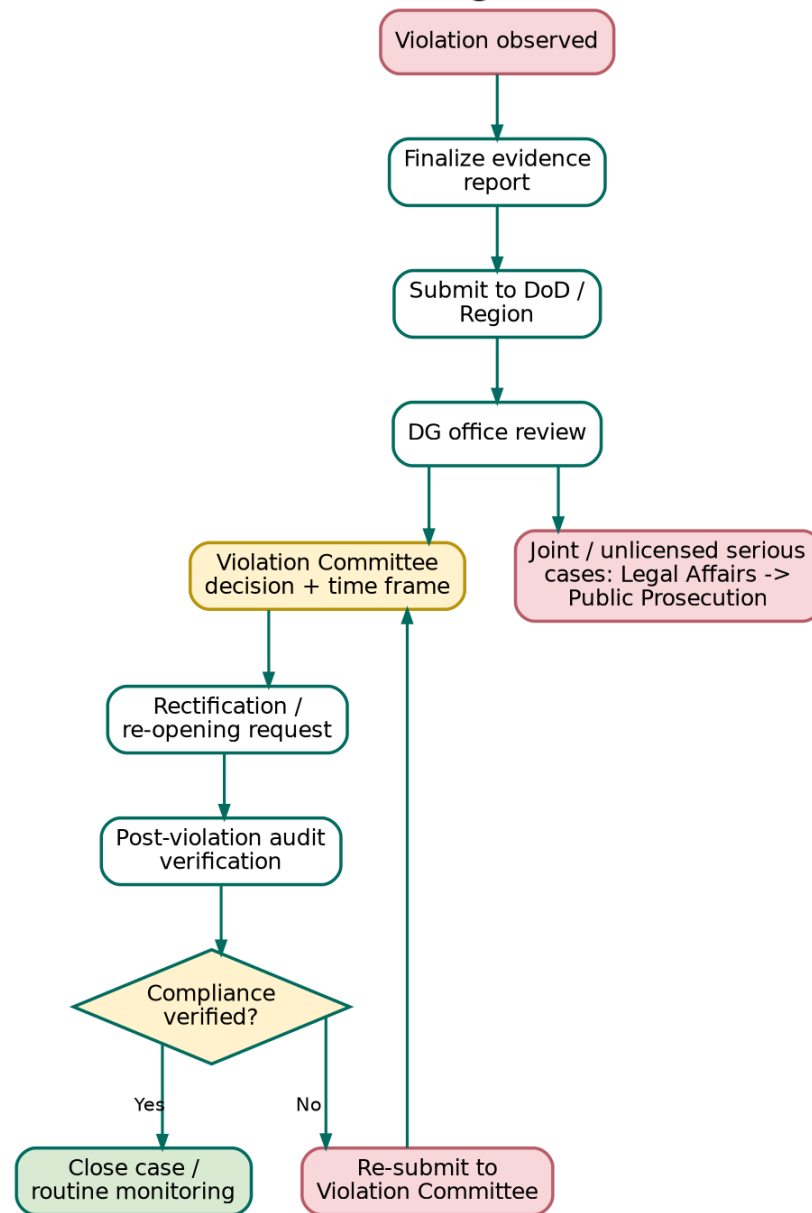
1. Received the complain/incident report/recommendation from the Technical & Administrative Violation Committee
2. Schedule the visit in the calendar including the allocation of team leader & members
3. Introduce the team members to the CAM administrative and reason of visit, then audit the facility by the team and gather found observations, after introducing the team
4. The team discusses the recommendations and finalizes the report
5. Conduct a meeting with the CAM medical director to discuss the observation and to suggest improvement steps.
6. The report is sent to the CAM to rectify found observations and to be followed up as per the time frame given on the report.
7. Final report submitted to the Director of planning and then to the Regional DG with recommendations
8. Then, the report is submitted to DoD at the DGPHE
9. If any violations are found it will be sent again to the Technical and Administrative Violation Committee.

### Flowchart 14. RTAT Post-Violation Audit Workflow



*Summarizes RTAT post-violation auditing after complaint, incident, or committee recommendation, including regional submission and re-escalation.*

## Flowchart 15. Violation Handling and Escalation Workflow



*Shows the end-to-end violation pathway from audit observation to committee decision, post-violation audit, closure, or re-escalation.*

## 6. Responsibilities

### 6.1 Directorate General of Private Health Establishments (DGPHE) shall:

- Supervising the implementation of this SOP to ensure all procedures (meeting scheduling, letter issuance, and memo circulation) are consistently applied.
- Approving and signing all official correspondence, circulars, and memos before dissemination.
- Ensuring all communications with private health establishments are properly documented.
- Promote a strong patient safety culture among staff across private polyclinics, centers, and clinics at all levels.
- Ensure the implementation of national patient safety policies across all private healthcare facilities.

### 6.2 Director of the Department of Regulating Alternative & Complementary Medicine shall:

- Supervise implementation of all audit activities
- Approve audit plans, schedules, and team allocations proposed by the planning and follow-up of inspections Department.
- Approve submitted reports.
- Review & approve audit member recommendations & send reports to the DG office

### 6.3 Head of Auditing Alternative & Complementary Medicine Establishments Section shall:

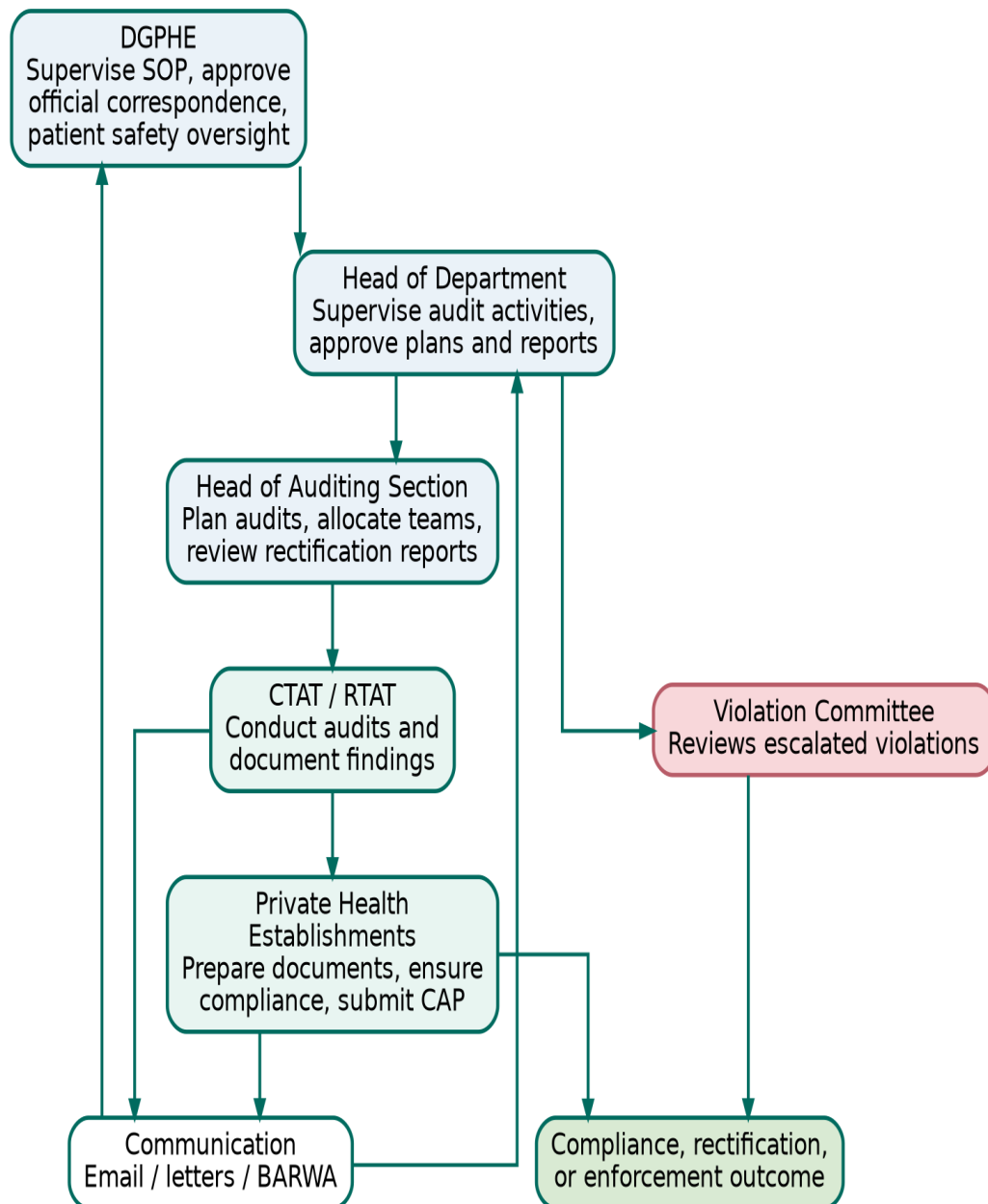
- Planning and supervising all audit activities (regular, follow-up, post-violation, and final inspections).
- Allocating team leaders and technical members for each audit visit based on the type and scope of facility.
- Ensuring that all audit observations and recommendations are properly documented and communicated to the respective facilities.
- Reviewing rectification reports submitted by private health establishments and coordinating follow-up audits as needed.
- Evaluate services and performance in coordination with relevant Ministry departments to develop and follow up on scientific indicators related to patient safety in private complexes, enters, and clinics.

### 6.4 Private Health Establishments shall:

- Provide excellent quality of care & ensure patient safety.
- Ensuring that the establishment and its operations meet all requirements outlined in the audit checklist and national regulations.
- Ensure health care workers adherence to MOH/DGPHE policies.

- Ensure self-audit is performed as per policy.
- Submit required documents, & rectification reports.
- Facilitating smooth access for audit teams during visits.
- Make correction action plan for rectification.

## Flowchart 16. Responsibilities and Communication Flow



*Maps the main responsibilities and communication routes between DGPHE leadership, the auditing section, audit teams, private establishments, and the Violation Committee.*

## 1. Document History and Version Control

| Version | Description             | Author              | Review date |
|---------|-------------------------|---------------------|-------------|
| 1       | Initial Release         | Dr. Zakiya Al-Bahri | June/2030   |
| 2       | 2 <sup>nd</sup> version |                     |             |

## 2. References

- 1) Audit Visit Form Clinics -Centers – Polyclinics MOH/DGPHE/F/065/Vers.03
- 2) Private Health Establishments Licensing Guidelines, MoH, Oman
- 3) Licensing Regulations for Private Health Establishments Manual August 2024, Version: 3
- 4) Royal Decree No. 75/2019, (Law of Practicing Human Medicine and Dentistry), Available at <https://mjla.gov.om/decrees/ar/1> (Accessed on 15 July 2024).