DEPARTMENT OF HEALTH

SCOPE OF PRACTICE FOR

GENERAL PRACTITIONER

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1. Definitions & Abbreviations

No.	Terms/Abbreviations	Definition
1.1	General Practitioner (GP)	Defined as "a healthcare professional trained to work in the front line of a healthcare system and to take the initial steps to provide care for any health problem(s) that patients may have. The general practitioner takes care of individuals in a society, irrespective of the patient's type of disease or other personal and social characteristics, and organizes the resources available in the healthcare system to the best advantage of the patients. The general practitioner engages with autonomous individuals across the prevention, diagnosis, cure, care, and palliation fields using and integrating the sciences of biomedicine, medical psychology, and medical sociology." (Olesen, Dickinson and Hjortdahl, 2000)
1.2	Red Flags	Alert signs and symptoms indicate a more serious underlying pathology. Red flags are derived from a patient's medical history and observations obtained from the clinical examination. (National Library of Medicine)

2. Purpose

The purpose of this document is to:

2.1 Define the range of clinical, medical, and surgical services provided by the General practitioners and the associated competencies.

2.2 Describe the professional boundaries, accountabilities, ethical and legal obligations toward patients and society.

2.3 Serve as a reference for the healthcare workforce, healthcare providers, health services payers and governance bodies.

3. Scope

The scope of practice described in this document, applies to DOH licensed General practitioners who wish to practice in the Emirate of Abu Dhabi, and to all healthcare providers, public and private, who provide and operate General practitioner's profession services.

4. Practice Settings

The General practitioners may practice in a variety health care setting, including:

4.1 Medical Center

4.2 One Day Surgery Center

4.3 Primary Health Care Center

4.4 First Aid Post

4.5 General Clinic

4.6 School Clinic

4.7 Specialized Clinic

4.8 General Hospital

4.9 Nursing Home - Hospital

4.10 Rehabilitation Hospital

4.11 Specialized Hospital

4.12 Dialysis Center

4.13 Fertilization Center (IVF)

4.14 Mobile Health Unit

4.15 Home care services – Patient Escort – Healthcare management – Medical Transport (Ambulance – Air Ambulance – MTU) – Employing & Transferring medical staffing

4.16 Rehabilitation

4.17 Tele-Medicine Provider - Virtual Clinic Booths

4.18 Stem Cell and Cord Blood Storage Center

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5. Professional Proficiency Standards

5.1 GPs must practice in accordance with UAE local and federal laws, ethical values, standards of professional conduct, delineated clinical privileges, and clinical practice protocols and guidelines published by national or international professional organizations.

5.2 GPs should update their knowledge, and skills continually to warrant best treatment outcomes, this include acquiring the digital skills related to medical technology in General practitioners' field of practice.

5.3 GPs must strictly confine their practice within the scope of the profession, specialty, and license, except during emergency and/or life-threatening situation in which case they must use best endeavors in the interests of preserving health. Additionally, they must not perform any medical procedure when the necessary resources are not available unless during emergency situations.

5.4 General Practitioner's Clinical Roles and Responsibilities:

5.4.1 GPs practice within the boundaries of their respective scopes of practice considering their sufficient education and training to provide patient care safely. Note: Nothing in this document is intended to replace clinical judgment. clinical judgment remains with the treating physician (s).

5.4.2 GPs treat all common medical conditions. They are trained to spot the signs of "red flag" symptoms, which might indicate severe problem that requires urgent care. They investigate patients' conditions using different tests to confirm a diagnosis. Additionally, and based on patient needs they refer patients to hospitals and other medical services for specialized care or second opinion.

5.4.3 GPs work in collaboration with other healthcare professional including nurses, allied health and other specialist physicians and consultant physicians.

5.4.4 GPs provide specific task(s) that are delegated to them by specialist physicians and consultant physicians. The selection of the delegated tasks typically depends on:

5.4.4.1 The type and nature of the practice setting

5.4.4.2 The general practitioner's training, experience and competency to provide the task.

5.4.4.3 The facility specific patient pathway of care as well as the availability of administrative/operative system that support the ordering, authorization, documentation, and tracking of the delegated tasks along with the associated responsibility matrix.

5.4.4.4 The availability of clinical practice standards of care and guidelines

5.4.4.5 The provision of supervised practice

5.4.5 GPs see patients of all ages, from newborns to geriatrics. They identify symptoms, conditions, diseases and complications that are beyond their training and expertise and work to refer those patients to a specialist, consultant or other certified expert in the relevant field, particularly when treating patients with complex diseases.

5.4.6 GPs prescribe medications based on sound knowledge of pharmacology and best practices. In the circumstances that requires specialized drugs prescription, they refer the case to a specialist or consultant physicians who are trained and authorized to do so.

> **5.4.6.1** DOH licensed General Practitioners are permitted to prescribe up to 3 days' supply of psychotropic medicines only (10).
>
> **5.4.6.2** DOH licensed General Practitioners are eligible to prescribe no more than 30 days 'supply of semi-controlled medicinal products with no refill (10).

5.4.7 GPs may provide clinical interventions and minor surgical procedures based on their roles and responsibilities, special training, experience and competencies, in addition to the type of the healthcare facility practice setting. The level of complexity of the case must be within the scope of practice of a General practitioner. The case selection depends on many factors among which careful patient's need assessment, urgency, patient pathway of care, etc. Example of clinical interventions and minor surgical procedures includes (but not limited to):

> **5.4.7.1** Male and female urinary catheterization
>
> **5.4.7.2** Wound care and dressing
>
> **5.4.7.3** Basic wound closure (Superficial wound suturing)
>
> **5.4.7.4** Nasogastric tube placement
>
> **5.4.7.5** Tracheostomy care and management

5.4.8 GPs may facilitate patient admission and discharge.

5.4.9 GPs responsibilities typically falls under the below main categories:

> **5.4.9.1** Patients consultation
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> **5.4.9.2** Patient Assessment and Monitoring
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> **5.4.9.3** Clinal Examination and Evaluation
>
> **5.4.9.4** Performing and ordering of different tests and investigations
>
> **5.4.9.5** Diagnosis of Diseases
>
> **5.4.9.6** Treatment of Illness and Ailments
>
> **5.4.9.7** Health Education
>
> **5.4.9.8** Liaising with other Healthcare Professionals as part of Multidisciplinary Teams
>
> **5.4.9.9** Providing Emergency Care
>
> **5.4.9.10** Practice Management and Administration

5.4.10 GPs practice within their scopes of practice, they recognize their limitations and identify conditions, investigations, treatments, interventions, and procedures that fall within the boundaries of specialized professions. They understand their responsibilities toward patients' best interests and refer patients following initial assessment to specific specialty based on their conditions' needs.

5.5 Areas of Clinical Expertise

General Practitioners provide patient care in different practice settings, the extent of their clinical practice depends on their skills, competencies, and experience. The below section lists the scope of practice for the general practitioners based on the area of their clinical practice: (the list is not inclusive)

5.5.1 Emergency and urgent care

5.5.1.1 Manage health care emergencies as a primary care provider.

5.5.1.2 Make patient's safety a priority by providing correct and timely treatment to reduce the risk of death and morbidity.

5.5.1.3 Recognize symptoms of fractures, provide urgent care and refer to secondary care as appropriate

5.5.1.4 Recognize patients with acute medical conditions and act promptly and effectively.

5.5.1.5 Overcome the challenges of gathering information and communicate effectively, professionally, and sensitively with patients, caregivers, and family members in urgent and unscheduled care contexts. This includes accurately assessing a patient who may be acutely ill through phone, email, and face-to-face consultations.

5.5.1.6 Co-ordinate patient care with other health care professionals and facilities by following the agreed referral and follow up protocols.

5.5.1.7 Maintain patients' autonomy in urgent situations where there is a need to make decisions in their best interests. Consider the appropriateness of interventions according to the patient's wishes, the severity of the illness, existing co-morbidities, and evidence-based practice while managing any differences of opinion with and between relatives and caregivers

5.5.1.8 Offer patients and caregivers tailored advice on self-management and when and who to call for help if their problem worsens or does not follow the expected course of recovery

5.5.1.9 Intervene urgently when patients present with emergencies related to digestive health

5.5.1.10 Manage metabolic and endocrine emergencies.

5.5.2 Men's Health

5.5.2.1 Identify, asses, and manage health conditions faced by men and refer to secondary care as appropriate. Examples of such conditions enlarged prostate, erectile dysfunction, penis disorders, prostate cancer, and testicular cancer.

5.5.2.2 Recognize that breast disorders may also be experienced by men.

5.5.2.3 Advocate health promotion and raise awareness about preventive screenings and regular health care for men.

5.5.2.4 *Educate patients on prostate related diseases and the importance of periodic screening.*

5.5.3 Women's Health

5.5.3.1 Pre-Maternal, Maternity and Reproductive Health

5.5.3.1.1 *Acknowledge that many gynecological conditions women experience adversely affect their physical, psychological, and social well-being. Additionally, work with women to manage these impacts.*

5.5.3.1.2 *Recognize gynecological emergencies and refer them accordingly.*

5.5.3.1.3 *Recognize that ovarian malignancies remain a less common cancer with a relatively poor detection rate, often presenting late. Keep alert to non-specific symptoms that could be consistent with ovarian malignancies to reach early diagnosis.*

5.5.3.1.4 *Identify problems associated with menarche and menopause and offer help and refer wherever necessary.*

5.5.3.1.5 *Promote women's health including screening for breast and cervical cancer.*

5.5.3.1.6 *Provide pre-conception advice to optimize the health and well-being of women trying for pregnancy.*

5.5.3.1.7 *Educate first-time mothers about the maternity health care and expectations.*

5.5.3.1.8 *Educate patients about Gestational diabetes mellitus, Hypertension in pregnancy, Pre-eclampsia, and its complications where and when required.*

5.5.3.1.9 *Identify medical problems present in pregnancy – this may include physical or mental long-term health conditions that may pre-date the pregnancy or develop during pregnancy. Provide routine care and refer to specialized care as the case mandate.*

5.5.3.1.10 *Provide care and support for women, and their partners, affected by pregnancy loss and infertility and refer accordingly.*

5.5.3.1.11 *Provide family planning counseling.*

5.5.3.2 Delivery

5.5.3.2.1 *Understand aspects of maternity care and the common types of delivery and educate pregnant women on related health issues.*

5.5.3.2.2 *Identify normal labor and common problems of delivery including premature labor, prolonged pregnancy, induction of pregnancy.*

5.5.3.2.3 *Assess and manage emergency standard labor cases and refer patients appropriately.*

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5.5.3.2.4   Advocate and educate about post-partum care and the puerperium.

5.5.3.3 Postnatal care

5.5.3.3.1   Provide postnatal care, including routine 'neonatal examination' and 'maternal six-week check'. Examples of common conditions includes but not limited to bladder and bowel problems, mental health problems, retained products, uterine infection, wound problems.

5.5.3.3.2   Provide post-natal monitoring considering the importance of breastfeeding.

5.5.3.3.3   Advocate for healthy baby visits to the doctor and the importance of staying current with the Vaccinations.

5.5.4 Pediatric and Adolescent Health

5.5.4.1   Provide care to children and young adults ensuring high-quality, evidence-based care when managing acute and chronic conditions.

5.5.4.2   Recognize signs of abuse and negligence, and report it to the concerned authorities.

5.5.4.3   Coordinate patient-centered care through multi-professional liaison with other health, social, and educational services.

5.5.4.4   Identify and support at-risk children and adolescents who may fall through the gaps in services, particularly those of special needs and those with mental health.

5.5.4.5   Identify delay in the developmental milestones of pediatric population and refer to secondary care accordingly

5.5.4.6   Advocate the parents to stay current with the immunizations.

5.5.5 Geriatric Health

5.5.5.1   Assess, investigate, diagnose, and manage older adults within the context of theories of aging considering the physical, psychological and social changes that may occur with age.

5.5.5.2   Communicate appropriately with patients, their families, and caregivers, recognizing potential challenges in communicating with older patients. When necessary, balance confidentiality with the need for information and shared decision making

5.5.5.3   Review medications and repeat prescriptions effectively – while maintaining effective communication with the all physicians involved in patient care - Consider the factors associated with drug treatment in the older adult (e.g., changes to the physiology of absorption, metabolism, and excretion of drugs and the hazards posed by multiple prescription, non-compliance, and iatrogenic disease)

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5.5.5.4   Offer advice and support to patients, relatives, and caregivers regarding prevention, monitoring, and self-management.

5.5.5.5   Ensure care that promotes patients' sense of identity, independence, and personality without discriminating against their age.

5.5.5.6   Educate patients, their family members, and caregivers about the Risk of Falls and how to prevent them.

5.5.5.7   Know when to look for, and how to recognize red flag signs and signs of elderly abuse, and report it to the concerned authorities.

5.5.5.8   Provide primary care to patients on long-term Nasogastric, percutaneous Endoscopic Gastrostomy and Percutaneous Endoscopic Jejunostomy tubes.

5.6 Adult Ambulatory care:

5.6.1 Clinical assessments

5.6.1.1   Perform clinical assessment. Conduct test and investigations and interpret the results. Seek diagnosis. Provide treatment, including clinical interventions and minor procedures where indicated.

5.6.1.2   Early detection of red flags signs & symptoms and promptly refer them for secondary care.

5.6.1.3   Consider the patient's social status, including his occupation/ surrounding environment, before diagnosing.

5.6.1.4   Diagnose and manage common disorders such as diabetes mellitus, hyperlipidemia, thyroid dysfunction, reproductive diseases and associated emergencies

5.6.1.5   Support the patient and address social, psychological, and environmental factors underpinning obesity, diabetes, and other metabolic and endocrine disorders

5.6.1.6   Recognize weight disorders like obesity, weight loss, including non-nutritional causes such as cancer, thyroid disease, and other endocrine conditions

5.6.1.7   Recognize nutritional problems: vitamin and mineral deficiencies or excess, supplementary nutrition such as dietary, PEG, and parenteral feeding

5.6.1.8   Monitor the use of Proton pump inhibitors (PPI), H2blockers medications and adverse events reactions associated with long-term use.

5.6.1.9   Take an allergy-focused clinical history and understand the differentiation of different types by appropriate testing and referral. This includes recognizing and recording food and drug sensitivities, Knowing the auto-immune etiologies of various systemic conditions, and knowing what to

look for. Educate patients, families, and caregivers about the common symptoms of an allergic reactions and the correct usage of Epi-pen.

5.6.1.10   Know the epidemiology and understand how to recognize oral, head, and neck cancers including the risk factors, and identify unhealthy behavior as well as being able to refer appropriately.

5.6.1.11   Avoid diagnostic overshadowing. Offer advice and support to patients, relatives, and caregivers regarding prevention, management, monitoring, and self-management of both mental and physical multimorbidity (including those related to cardiovascular disease and diabetes).

5.6.1.12   Identify patients and families who would benefit from being referred to genetic specialist services. Consider pre-marital genomic screening in high-risk groups with a higher probability of their offspring inheriting a genetic condition. Seek expert opinion in such situations.

5.6.1.13   Co-ordinate access to community and secondary care services.

5.6.2 Ophthalmology Disorders Management

5.6.2.1   Undertake opportunistic health screening, ensuring that patients have regular eye tests and are referred appropriately and promptly.

5.6.2.2   Recognize how sight loss can interfere with mobility and lead to social isolation and difficulty in communication (such as the use of telephones or computers), as well as the impact of poor Eye health the on the loss of confidence, mental health, activities of daily living, independent living and ability to work and access to healthcare services.

5.6.2.3   Take a focused history, examine, diagnose and treat common eye conditions and know when to refer to specialist care.

5.6.2.4   Early detection and management of common eye conditions including referral to secondary care. Example: primary angle-closure glaucoma, corneal aberrations, retinal detachment, globe injury, foreign body, uveitis, optic neuritis ...etc.).

5.6.2.5   Early detection and referral of Xerophthalmia and refractory errors in children of school-going age.

5.6.2.6   Use steroid and antibiotic eye drops wisely.

5.6.3 ENT Disorders Management

5.6.3.1   Identify symptoms that fall within the range of head and neck region.

5.6.3.2   Recognize that any trauma or infection of areas that fall under Ear, Nose and Throat is at a higher risk of affecting the central nervous system and should be cared for.

5.6.3.3 Ensure that a patient's hearing impairment or deafness does not prejudice the information Communicated and be able to communicate effectively.

5.6.3.4 Early detection of red flag signs and symptoms and prompt referral for expert opinion.

5.6.4 Respiratory Disorders Management

5.6.4.1 Identify, asses, diagnose, and treat most acute and chronic respiratory diseases. Adopt the latest guidelines in treating respiratory infections.

5.6.4.2 Differentiate between restrictive and obstructive lung conditions and their management.

5.6.4.3 Recognize 'red flag' features of acute and chronic respiratory diseases.

5.6.5 Cardiovascular Disorders Management

5.6.5.1 Diagnose and manage symptoms that cardiovascular Conditions may potentially cause.

5.6.5.2 Monitor and manage the care of patients with long-term cardiovascular conditions such as hypertension, chronic heart failure, or Arrhythmias.

5.6.5.3 Manage cardiovascular emergencies in primary care and timely referral to a secondary care.

5.6.5.4 Identify the risk factors for cardiovascular disease, communicate them effectively with the patients.

5.6.6 Gastrointestinal Disorders Management

5.6.6.1 Identify, assess, investigate, diagnose, and manage digestive symptoms considering the potential difficulties for some patients to discuss digestive symptoms due to embarrassment and social stigma.

5.6.6.2 Recognize the red flags and assess when to refer patients for invasive procedures such as an endoscopy.

5.6.7 Kidney Disorders Management

5.6.7.1 Identify and manage Acute Kidney Injury, including taking early action, such as stopping medications to reduce Acute Kidney Injury risk. Ensure case stability before discharging or referral to secondary care.

5.6.7.2 Identify and manage chronic kidney disease – while maintaining effective communication with the all physicians involved in patient care -, and understand the interventions that can delay its progression and reduce the associated increased cardiovascular morbidity and mortality.

5.6.8 Hematology Disorders Management

5.6.8.1 Know the epidemiology of common hematological disorders. Identify symptoms within the range of standard or self-limiting illness and differentiate them from hematological malignancies. Refer them for further evaluation and provide timely management.

5.6.9 Neurological Disorders Management

5.6.9.1 Diagnose acute neurological emergencies such as Transient Ischemic Attack Cerebrovascular Accident, cognitive difficulties, and epilepsy, which will usually present in primary care.

5.6.9.2 Adopt approaches to assess and manage common but non-specific presentations such as headaches, which can present diagnostic challenges and may have severe consequences if misdiagnosed.

5.6.9.3 Identify atypical presentation of Neurological conditions in high-risk groups, especially in pediatrics and the elderly. Report and refer them appropriately.

5.6.10 Endocrine Disorders Management

5.6.10.1 Manage and diagnose common endocrine diseases such as diabetes mellitus and thyroid disorders.

5.6.10.2 Screen for endocrine disorders wherever deemed appropriate.

5.6.10.3 Request and interpret appropriate biochemical tests to diagnose and monitor metabolic and endocrine disorders.

5.6.11 Psychological Disorders Management

5.6.11.1 Assess the risk of psychiatric illnesses by using appropriate assessment tools and scoring system. Manage and refer the patient accordingly.

5.6.11.2 When managing patients with mental health condition, assess the risk to make the patient's safety and the safety of yourself and others a priority. Ensure early intervention by appropriate referral, follow up, and continuity of care where necessary.

5.6.11.3 Communicate effectively, professionally, and sensitively with patients, relatives, and caregivers, recognizing potential difficulties in communicating with people with mental health conditions

5.6.12 Skin Disorders Management

5.6.12.1 Identify, assess, investigate, diagnose, and manage common skin conditions. Understand and support patients with certain skin condition that could psychosocially impact their daily living like Psoriasis/Vitiligo.

5.6.12.2 Refer patient for secondary care where needed. When managing skin conditions or other, use steroids wisely considering its long-term complications.

5.6.13 Patient Education & Advocacy

5.6.13.1 Advocate for good eye health habits among high-risk groups like children, students, IT professionals, etc.

5.6.13.2 Educate and support patients to modify their life style to adopt healthy habits toward minimizing the risk factors of cardiovascular disease and other life style related morbidities.

5.6.13.3 Work collaboratively with people living with long-term health conditions to agree on goals, identify support needs, develop and implement plans, and monitor progress

5.6.13.4 Advocate the need for regular follow-up wherever necessary.

5.6.13.5 Proactively encourage lifestyle changes that reduce the risk of health problems in those who have already developed long-term conditions, cancer, or multi-morbidity.

5.6.13.6 Advocate for healthy lifestyle interventions including diet, weight loss, alcohol consumption, wise use of over the counter medications.

5.6.13.7 Identify, assess, monitor, and refer all patients who have difficulties with communication, social relationships, self-care, and mobility. Recognize the effects of intellectual disability on the patients and their families' life. Direct patients and their families or caregivers to appropriate resources. Educate them on when and where to seek specialist help.

5.6.13.8 Educate patients on the appropriate use of digital gadgets to maintain hearing and vision health.

5.7 Infectious Disease Prevention and Travel Medicine

5.7.1 Identify, assess, manage and communicate significant risks, including risks associated with common infectious diseases, travel, therapies, and immunization.

5.7.2 Take a thorough social history, including country of birth and travel history, and know-how this may affect differential diagnoses.

5.7.3 Encourage self-management of benign self-limiting illnesses.

5.7.4   *Recognize and manage medical emergencies (including life-threatening conditions such as sepsis) in patients with acute or chronic infectious diseases, including returning travelers.*

5.7.5   *keep up to date with all announcements of infectious disease.*

5.7.6   *Notify Infectious diseases to DOH as per guidelines.*

5.7.7   *Follow strict infection control protocols.*

5.7.8   *Assess patient's fitness for travel when and where necessary.*

5.7.9   *Follow up-to-date regional guidelines on the appropriate use of Antimicrobials.*

5.8 Sexual Health

5.8.1   *Provide sexual health screening, testing, and treatment of sexually transmitted infections.*

5.8.2   *Be able to take a concise sexual history that enables risk assessment for sexually transmitted infections.*

5.8.3   *Recognize 'alarm' or 'red flag' features.*

5.8.4   *Take initiative in contact tracing where necessary and report to the health authorities.*

5.8.5   *Understand and advise on the legal framework of abortion/pregnancy termination in the UAE.*

5.8.6   *Provide Health promotion, education, and awareness about Sexually Transmitted Diseases, especially in adolescents and those with high and risky sexual behavior.*

5.9 Smoking, Alcohol, and Substance Misuse

5.9.1   *Offer smoking cessation advice and treatment.*

5.9.2   *Recognize that smoking, alcohol, and substance misuse are common problems in the community and understand their relationship to disease and premature death. Be alert to the fact that harmful use of alcohol and other substances is often unrecognized and can take a range of forms including excessive use, binges, and dependency.*

5.9.3   *Be aware of broader social issues, including the need to protect children and family members from the potential impact of smoking, alcohol, or substance misuse.*

5.9.4   *Identify and offer interventions, including practical advice and treatment, to people who smoke or misuse alcohol or substances. In addition, report cases to the concerned authorities as per the facility protocol.*

5.9.5   *Recognize and manage medical consequences of smoking, alcohol, and substance use.*

5.9.6   *Refer to and develop partnerships with broader local services.*

5.9.7   *Educate patient, family, and caregiver about DOH acknowledged list of contaminated products and Medications whenever appropriate*

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5.10 Occupational Health

5.10.1 Identify common occupational diseases, their treatment, and potential long-term impact.

5.10.2 Identify the common workplace risks and different ways to prevent harm.

5.10.3 Define the potential health effects of the common workplace hazards.

5.10.4 Take an accurate occupational history and conduct targeted physical examination.

5.10.5 Perform pre-employment medical assessment and Facilitate return to work plan.

5.10.6 Offer vaccines wherever required.

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6. References

		Reference Document	
No.	Access Dates	Reference Name	Publication links
1	4-September-2022	Federal Law No. (5) of 2019 on Regulating the Practice of Human Medicine and its Executive Regulations	https://mohap.gov.ae/en/about-us/legal-references
2	4-September-2022	Federal Law No. (8) of 2019 on Medical Products, the Profession of Pharmacy and Pharmaceutical Facilities and its Executive Regulations	https://mohap.gov.ae/en/about-us/legal-references
3	4-September-2022	Ministerial Resolution No. (1448) of 2017 on Adoption of Code of Ethics and Professional Conduct for Health Professionals	Ministerial Resolution No. 1448 of 2017 On Adoption of Code of Ethics and Professional Conduct for Health Professionals_637910546760048033 (1).pdf
4	4-September-2022	DoH Policies, Standards, Resolutions, Bylaws, Manuals and Circulars pertinent to GP profession	https://www.doh.gov.ae/en
5	4-September-2022	Federal Law on the Prevention of Communicable Disease No. (14) of 2014 and its Executive Regulations	https://mohap.gov.ae/en/about-us/legal-references
6	4-September-2022	Federal Law No. (3) of 2016 Concerning Child Rights Law "Wadeema"	https://www.mocd.gov.ae/en/about-mocd/laws-and-legislations.aspx
7	4-September-2022	DOH Standard on Reporting Suspected Adverse Drug Reactions and Adverse Events Following Immunization	https://www.doh.gov.ae/-/media/E7AC622D823C4907AEF7965022804259.ashx
8	4-September-2022	Unified Healthcare Professional Qualification Requirements (PQR)	Unified-Healthcare-Professional-Qualification (9).pdf
9	4-September-2022	DOH Standard for Clinical Privileging Framework	haad-health-professional-final-file_30dec12 (15).pdf
10	4-September-2022	DoH Standard for The Management of Narcotics, Psychotropic, and semi-Controlled Medicinal Products	Standard-for-the-Management-of-Narcotics-and-Controlled-Medicinal-Products (11).pdf
11	7-October-2021	The RCGP Curriculum, The Curriculum Topic Guides	Curriculum-Topic-Guides-300819.ashx (rcgp.org.uk)
12	7-October-2021	The Royal New Zealand College of General Practitioners (RNZCGP). (2014). Curriculum for General Practice.	GP Education Programme | RNZCGP
13	7-October-2021	NHS. General practice (GP).	General rule (GP) | Health Careers
14	7-October-2021	Good medical practice General Medical Council	Good medical practice - GMC (GMC-uk.org)
15	7-October-2021	Red flags in medical practice	Red flags in medical practice - PMC (nih.gov)
16	21-April-2022	General practice–time for a new definition	General practice–time for a new definition - PMC (nih.gov).
17	21-April-2022	Guide to your career in General Practice	RACGP-General-practice-career-guide.PDF
18	25-April-2022	Curriculum for General Practice. The Royal New Zealand College of General Practitioners. 2014-Curriculum-For-General-Practice.pdf	2014-Curriculum-For-General-Practice.pdf (rnzcgp.org.nz)
19	26-May-2022	Olesen, F., Dickinson, J., & Hjortdahl, P.,(2000), General practice–time for a new definition General practice–time for a new definition - PMC (nih.gov)	General practice–time for a new definition - PubMed (nih.gov)
20	27-May-2022	The role of the general practitioner in men's health The role of the general practitioner in men's health - PMC (nih.gov)	The role of the general practitioner in men's health - PMC (nih.gov)
21	27-May-2022	GP curriculum	GP curriculum: overview (rcgp.org.uk)
22	27-May-2022	RACGP guidelines	RACGP - View all RACGP guidelines.
23	7-September-2022	Practical skills and procedures. General medical Council	practical-skills-and-procedures-a4_pdf-78058950.pdf (gmc-uk.org).
24	7-September-2022	The RACGP Curriculum for Australian General Practice 2011	The RACGP Curriculum for Australian General Practice 2011
25	7-September-2022	Minor surgery in general practice in Ireland- a report of workload and safety	Minor surgery in general practice in Ireland- a report of workload and safety | BMC Primary Care | Full Text (biomedcentral.com) .
26	7-September-2022	General practitioners as providers of minor surgery — a success story?	205 brown.qxd (nih.gov).