



Scope of Practice and Clinical Responsibilities Family Medicine 2016

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Acknowledgment

Dubai Health Authority (DHA) is pleased to present the scope of practice and clinical responsibilities of Family medicine, which represents a milestone towards fulfilling the DHA Strategic Objective to “Ensure continuous development of health and medical professionals and attract the highly qualified”. This document places an emphasis on the procedures that can be performed by a licensed Family medicine in the Emirate of Dubai.

This document was developed by the Health Regulation Department (HRD) in collaboration with Subject Matter Experts (SMEs) whose contributions have been invaluable. HRD would like to gratefully acknowledge those professionals and to thank them for their dedication to quality in healthcare and their commitment in undertaking such a complex task.

Health Regulation Department
Dubai Health Authority

1. Introduction

- 1.1 Family medicine is the medical specialty, which provides continuing, comprehensive healthcare for the individual and family. It is a specialty in breadth that integrates the biological, clinical and behavioral sciences.
- 1.2 The scope of practice of family medicine physicians encompass all ages, both genders, each organ system and every disease entity. They focus on meeting the entire family needs and providing care for the whole person throughout his/her life, from birth to old age.
- 1.3 Family medicine physicians see patients of all ages, but because they specialize, patients may receive more of their medical care in this one location instead of being referred to specialists.
- 1.4 Family medicine physicians are committed to providing patient-centered, evidence-based care for patients. They also serve as patient advocates in all health-related matters, including the appropriate use of specialists, health services, and community resources.
- 1.5 This document defines the skills, activities, and expertise that fall within the family medicine scope of practice. However; for practices/activities other than those mentioned in this document, the physician shall seek an approval from the HRD at DHA prior to performing the practice.

2. DHA licensing titles

As per the healthcare Professionals Qualification Requirements (PQR), DHA issues Family Medicine title under the following licensing titles:

- 2.1 Consultant title is issued to physicians who have completed basic medical degree and approved specialty degree listed under Tier 1 and 2 with the required clinical experience.
- 2.2 Specialist title is issued to physicians who have completed basic medical degree and approved specialty degree with the required clinical experience.
- 2.3 Specialist under supervision title was issued by DHA to physicians who have trained in a specialty degree but did not meet the required clinical experience as per the PQR to obtain a full Specialist title. DHA is not issuing this title anymore and holders of this title will be given a grace period until January, 2017 to obtain Specialist title.

2.3.1 Scope of practice of specialist under supervision physicians is similar to Specialist Family medicine; but shall practice under consultant/specialist supervision in the same health facility at a ratio of 3:1 (up to three specialists under supervision to one consultant/specialist).

3. Permitted health facilities for practice

Family medicine physicians, licensed by DHA, can practice in the below health facilities:

- 3.1 Hospitals
- 3.2 Day surgical centers
- 3.3 Outpatient care facilities including polyclinics (clinics having more than 3 specialties)
- 3.4 Specialty clinics
- 3.5 Home healthcare facilities

4. General scope

Within their skills, competencies, and experience, licensed Family medicine physicians shall:

- 4.1 Provide continuing and comprehensive medical care, health maintenance, and preventive services to each member of the family, regardless of gender or age, for a range of biological, behavioral and social problems.
- 4.2 Demonstrate diagnostic and therapeutic skills for effective patient care by using evidence based medical practices.
- 4.3 Demonstrate effective consultation with respect to patient care, culture and education.
- 4.4 Recognize their practice limitations and seek consultation with other healthcare professionals, when necessary, to provide optimal patient care.
- 4.5 Demonstrate an understanding of medico-legal issues.
- 4.6 Obtain relevant history from patients/families/communities and keep accurate and adequate patient records.
- 4.7 Establish therapeutic relationships with patients/families.
- 4.8 Function as a counsellor and advocate to effectively improve health of patients, families and communities.

- 4.9 Understand the importance of lifestyle measures (physical activity, nutrition, stress, smoking) to prevent and control non-communicable diseases.
- 4.10 Diagnose and manage acute and chronic conditions, order and interpret laboratory and diagnostic tests and prescribe medications as per the DHA local regulations and United Arab Emirates (UAE) Federal laws.
- 4.10.1 Family medicine physicians holding DHA “Consultant” title can prescribe controlled drugs-CD (CD-A) up to (30) days only, and semi controlled drugs-SCD (CD-B) up to (90) days in total. In this case, they have to prescribe CD-B initially for (30) days with 2 refill, to be dispensed at the end of the previous (30) days each refill.
- 4.10.2 Family medicine physicians holding DHA “Specialist” title can prescribe controlled drugs-CD (CD-A) up to (15) days only, and semi controlled drugs-SCD (CD-B) up to (60) days in total. In this case, they have to prescribe CD-B initially for (30) days with one refill of another (30) days, to be dispensed at the end of the previous (30) days.
- 4.11 Understand and abide to the Federal law No. (27) of 1981 concerning the prevention of communicable diseases, Federal law No. (10) of 2008 in respect of Medical Liability (article 6) and Cabinet Decision No. (33) of 2009 promulgating the bylaw of the Medical Liability.
- 4.11.1 A physician shall immediately inform the concerned health authority if he suspected that a patient is suffering a contagious disease; as per the Federal law No. (27) of 1981.
- 4.11.2 A physician shall detain the patient in the health facility, if possible, and immediately inform the concerned health authority if the physician suspected that a patient is suffering a condition that requires quarantine according to the World Health Organization (WHO) standards; as per the Federal law No. (27) of 1981. If the physician could not detain the patient, then the physician shall immediately report the case to the concerned health authority by providing all the patient details (name, address, nationality, residency place and work place).
- 4.12 Refer patients’ effectively with respect to patient care and effectively contribute to other interdisciplinary team activities.

4.13 Deliver highest quality care with integrity, honesty and compassion.

5. Areas of clinical expertise

5.1 Adolescent health

- 5.1.1 Monitor normal growth and development in the adolescent years including physical, mental, emotional, and sexual milestones.
- 5.1.2 Provide preventive services, immunizations, health promotion, and guidance to adolescent patients during wellness visits, routine care visits, and acute care visits.
- 5.1.3 Identify the core conditions that may affect the health of an adolescent, such as family problems, poverty, depression, school failure, obesity, eating disorders, violence, drug abuse, unintended pregnancy, and sexually transmitted diseases (STDs).
- 5.1.4 Collect data and information regarding risk factors and strengths.
 - 5.1.4.1 Use appropriate assessment tools to ensure acquisition of comprehensive information in adolescent patients.
 - 5.1.4.2 Recognize the importance of screening their homes, education, activities, drugs, suicide and depression, and sexual activity (HEADSS).
- 5.1.5 Evaluate adolescent patients for sports eligibility with appropriate history, exam, and testing.
- 5.1.6 Interpret body mass index (BMI) and make recommendations for nutrition and activity.
 - 5.1.6.1 Emphasize important effects of exercise on weight, mood, and overall health.
 - 5.1.6.2 Assess daily eating habits and counsel regarding nutrition (sugar and its role in obesity, avoidance of diets high in saturated fat and fast food diets).
 - 5.1.6.3 Screen patients for eating disorders and make referrals for specialty care when needed.
- 5.1.7 Assess blood pressure in the context of normal ranges for age and height.
- 5.1.8 Perform and interpret screening tests, including STDs screening, tuberculosis (TB) screening, and targeted screening for cholesterol, diabetes and thyroid.

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- 5.1.9 Evaluate and counsel about substance abuse, diet/eating disorders, sexuality, STDs/contraception, academic performance, home environment, peers issues, stress and mental health problems.
- 5.2 Allergy and immunology
- 5.2.1 Demonstrate knowledge of the diagnosis, management, and prevention of allergic and immunologic conditions, including but not limited to rhinitis, dermatitis, asthma, urticaria, immunodeficiency, hypersensitivity reactions and anaphylaxis.
- 5.2.2 Be familiar with the performance and interpretation of pulmonary function tests, skin testing, and in-vitro testing as radioallergosorbent test (RAST).
- 5.2.3 Counsel the patients and their families about the proper techniques to avoid environmental triggers for allergic conditions.
- 5.2.4 Conduct a comprehensive history and physical examination with special emphasis on the diagnosis of allergic and immunological conditions.
- 5.2.5 Integrate factors in the patient's family, home, and general lifestyle into the diagnostic and therapeutic process.
- 5.2.6 Consult with physicians and other healthcare professionals in the management of critical care situations.
- 5.3 Cardiology
- 5.3.1 Understand basic and clinical knowledge of cardiac anatomy and pathophysiology of common cardiovascular diseases.
- 5.3.2 Understand the changes in cardiovascular physiology with age and pregnancy.
- 5.3.3 Perform an appropriate cardiac history and physical examination, document findings, develop an appropriate differential diagnosis, and plan for further evaluation and management.
- 5.3.4 Make an initial diagnosis to the symptoms that might be cardiac in origin as chest pain, breathlessness, ankle swelling, symptoms/signs thought to be caused by peripheral vascular disease (arterial and venous), palpitations and silent arrhythmias, symptoms/signs of cerebrovascular disease as strokes and transient ischemic attacks, dizziness and collapse.

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- 5.3.5 Confidently use clinical tools and laboratory tests (as blood pressure (BP) measurement, electrocardiogram (ECG), 24-hour ambulatory BP, measurement, venous dopplers and ankle brachial pressure index (ABPI) measurement) to assess and calculate cardiovascular risk.
 - 5.3.6 Use evidence based knowledge regarding risk factors along with the primary and secondary prevention of cardiovascular diseases as: coronary artery disease and valvular heart disease.
 - 5.3.7 Review current practices regarding the care of patients with cardiovascular disease and develop plans to improve the care.
 - 5.3.8 Undertake family screening and appropriate assessment and referral.
 - 5.3.9 Work with physicians, nurses, pharmacists, dieticians, and other healthcare professionals who care for patients with common cardiovascular diseases.
- 5.4 Care of the surgical patient
- 5.4.1 Understand the basic principles of surgical diagnosis and anesthesia.
 - 5.4.2 Demonstrate the knowledge and the ability to deal with surgical emergencies or appropriately refer the patient and to independently perform minor surgical procedures, including:
 - 5.4.2.1 Local anesthesia knowledge
 - 5.4.2.2 Incision and drainage of cysts and abscesses
 - 5.4.2.3 Needle aspiration and biopsy technique
 - 5.4.2.4 Foreign body removal
 - 5.4.2.5 Minor burns management
 - 5.4.2.6 Skin biopsy (punch, shave, excisional)
 - 5.4.2.7 Wound debridement and closure
 - 5.4.2.8 Enucleation and excision of external thrombotic hemorrhoid
 - 5.4.2.9 Nail surgery
 - 5.4.2.10 Cryosurgery (liquid nitrogen)
 - 5.4.3 In appropriate settings, they may assist during major surgical procedures. Therefore, they shall be able to perform a surgical assessment (before, after and during surgery) and develop an appropriate treatment plan.
 - 5.4.4 Coordinate ambulatory, inpatient, and institutional care across healthcare professionals, institutions, and agencies.

5.5 Chronic illness care

- 5.5.1 Recognize the underlying physiologic changes in the various body systems, including diminished homeostatic abilities, altered metabolism, effects of drugs, and other changes relating to the chronically ill patients.
- 5.5.2 Understand the pathophysiology and treatment of various types of chronic pain.
- 5.5.3 Accurately assess and monitor pain, level of function, and quality of life parameters.
- 5.5.4 Evaluate opioid abuse risk using a validated screening tool.
- 5.5.5 Properly interpret urine toxicology screening tests.
- 5.5.6 Review patients' medications list and adjust treatment plans based on diagnosis and risk for opioid abuse.
- 5.5.7 Manage and monitor pain patients at the highest risk for abuse.
- 5.5.8 Coordinate admissions, inpatient care, and throughput within the hospital system.

5.6 Dermatology

- 5.6.1 Diagnose and manage common skin diseases proficiently.
 - 5.6.1.1 Acne
 - 5.6.1.2 Actinic keratosis
 - 5.6.1.3 Alopecia and hair disorders
 - 5.6.1.4 Bacterial infections
 - 5.6.1.5 Bites and stings (mammals, spiders, reptiles, ticks, and insects)
 - 5.6.1.6 Contact dermatitis
 - 5.6.1.7 Cutaneous viral infections and exanthems
 - 5.6.1.8 Dermatologic manifestations of sexually transmitted infections
 - 5.6.1.9 Eczema and atopic dermatitis
 - 5.6.1.10 Fungal skin infections
 - 5.6.1.11 Hyperpigmentation and hypopigmentation
 - 5.6.1.12 Infestations (lice, scabies, bedbugs, schistosome cercarial dermatitis, myiasis)
 - 5.6.1.13 Lichen planus and bullous/vesicular diseases
 - 5.6.1.14 Nail disorders

- 5.6.1.15 Nevi
- 5.6.1.16 Psoriasis
- 5.6.1.17 Rosacea
- 5.6.1.18 Seborrheic dermatitis
- 5.6.1.19 Skin ulcers and pressure sores
- 5.6.1.20 Urticaria and drug eruptions
- 5.6.2 Adeptly perform common dermatologic procedures as scraping skin for fungus determination, inserting sutures and repairing lacerations and incising and draining abscesses.
- 5.6.3 Supervise laser hair reduction procedures, especially those related to Hirsutism after completion of the training required.
- 5.6.4 Promote skin wellbeing by applying health promotion and disease prevention strategies appropriately.
- 5.6.5 Recognize life threatening dermatological emergencies.
- 5.7 Emergency and urgent care
 - 5.7.1 Identify the indication and perform procedures appropriately for the stabilization of the patient in emergency and urgent care setting.
 - 5.7.2 Understand the principles of care through the continuum of medical management.
 - 5.7.2.1 Consultation
 - 5.7.2.2 Disposition
 - 5.7.2.3 Mass casualty and disaster planning and coordination of care with appropriate healthcare professionals and caregivers
 - 5.7.2.4 Prioritization and triage
 - 5.7.2.5 Reassessment and monitoring
 - 5.7.2.6 Resuscitation and stabilization
 - 5.7.3 Assess and manage conditions in the following areas:
 - 5.7.3.1 Trauma, including:
 - 5.7.3.1.1 Blunt trauma (e.g. heart, lung, intra-abdominal organ rupture)
 - 5.7.3.1.2 Penetrating trauma (e.g. gunshot, stab wounds)

- 5.7.3.1.3 Wounds of head and neck, spine and spinal cord, facial, soft tissue, chest, abdomen, extremities, genital and urinary
- 5.7.3.2 Psychiatric emergencies, including:
 - 5.7.3.2.1 Acute alcohol withdrawal
 - 5.7.3.2.2 Acute anxiety and panic disorders
 - 5.7.3.2.3 Acute mania
 - 5.7.3.2.4 Addictive disorders, overdose syndromes and drug-seeking behaviors
 - 5.7.3.2.5 Delirium and altered mental status
 - 5.7.3.2.6 Homicidal ideation, suicidal ideation plans and attempts
 - 5.7.3.2.7 Hysterical conversion
 - 5.7.3.2.8 Management of the combative patient
 - 5.7.3.2.9 Mood disorders
 - 5.7.3.2.10 Risk assessment and involuntary commitment of a mentally disordered person
 - 5.7.3.2.11 Utilization of mental health services in the emergent setting
- 5.7.3.3 Environmental disorders, including:
 - 5.7.3.3.1 Bites (human and animal) and stings
 - 5.7.3.3.2 Burns (e.g. chemical, thermal, electrical)
 - 5.7.3.3.3 Electrocutation and lightening injuries
 - 5.7.3.3.4 Heat and cold injuries
 - 5.7.3.3.5 Hypersensitivity reactions and anaphylaxis
 - 5.7.3.3.6 Poisonous plants
- 5.7.3.4 Obstetric and gynecological emergencies, including:
 - 5.7.3.4.1 Acute pelvic pain
 - 5.7.3.4.2 Ectopic pregnancy
 - 5.7.3.4.3 Emergency contraception
 - 5.7.3.4.4 Precipitous delivery, pre-eclampsia and eclampsia
 - 5.7.3.4.5 Sexual assault and rape
 - 5.7.3.4.6 Threatened or spontaneous abortion
 - 5.7.3.4.7 Vaginal bleeding

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- 5.7.4 Recognize and appropriately manage acute life threatening conditions for the stabilization of the patient in the emergency and urgent care setting:
- 5.7.4.1 Acute cardiovascular disorders
 - 5.7.4.2 Acute endocrine disorders
 - 5.7.4.3 Acute gastrointestinal disorders
 - 5.7.4.4 Acute genitourinary system disorders
 - 5.7.4.5 Acute musculoskeletal disorders
 - 5.7.4.6 Acute neurologic disorders
 - 5.7.4.7 Acute respiratory disorders
- 5.8 End of life care (Palliative care)
- 5.8.1 Follow up the plan of care for terminally ill patients, which is based upon a comprehensive interdisciplinary assessment of the patient and family's expressed values, goals and needs.
 - 5.8.2 Define the level of treatment intervention according to the individual patient.
 - 5.8.3 Recognize the social, spiritual, and psychological impact of a life threatening illness on the patient and the family.
 - 5.8.4 Demonstrate effective pain management.
 - 5.8.4.1 Identify different types of pain (visceral/somatic, neuropathic, bone, and muscular pain) and the management of each
 - 5.8.4.2 Demonstrate a good understanding of drugs commonly used in palliative care.
 - 5.8.4.3 Effectively prescribe opioids.
 - 5.8.4.4 Recognize and manage the side effects of opioids as: nausea/vomiting, constipation, opioid toxicity and pruritus.
 - 5.8.5 Recognize, assess, and manage potential problems, as:
 - 5.8.5.1 Acute pain crises
 - 5.8.5.2 Bowel obstructions (gastric outlet, small bowel, and large bowel)
 - 5.8.5.3 Constipation
 - 5.8.5.4 Delirium
 - 5.8.5.5 Dyspnea
 - 5.8.5.6 Nausea/vomiting

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- 5.8.6 Be competent in recognizing and appropriately managing and/or referring on patients with potential emergencies at the end of life such as: neutropenic sepsis, hypercalcemia, seizure, spinal cord compression and hemorrhage.
- 5.9 ENT and eye
- 5.9.1 Understand the normal anatomy, physiology, and aging of the eye and ocular function.
- 5.9.2 Understand common causes and treatment of acute and chronic visual loss, indications for screening examinations in the general population and in patients with systemic disease, and the ability to perform basic vision screening.
- 5.9.3 Demonstrate the knowledge of:
- 5.9.3.1 Psychological and adaptive needs of patients with chronic ocular deterioration
- 5.9.3.2 Effects of drugs and toxins on ocular function and disease
- 5.9.3.3 Effects of ocular drugs on systemic function
- 5.9.3.4 Ocular manifestations and complications of systemic disease
- 5.9.4 Understand ocular disability in elderly patients and the importance of regular assessment and maintenance of functional capacity.
- 5.9.5 Appropriately use the guidelines for appropriate vision evaluation (including recommended time between evaluations) from birth to senescence.
- 5.9.6 Perform initial diagnosis, management, and appropriate referral criteria for common eye problems:
- 5.9.6.1 Cataracts
- 5.9.6.2 Conjunctival disorders
- 5.9.6.3 Corneal diseases
- 5.9.6.4 External muscular disorders
- 5.9.6.5 Refractive errors
- 5.9.6.6 Glaucoma
- 5.9.6.7 Iritis
- 5.9.6.8 Optic nerve disorder
- 5.9.6.9 Retinal disease
- 5.9.6.10 Skin and adnexal disorders

5.9.6.11 Trauma

- 5.9.7 Demonstrate the knowledge for prevention of eye injury and vision loss.
- 5.9.8 Assess the ear, nose and throat and provide appropriate treatment, advice and referral for common acute or chronic conditions and recognize the red flags.
- 5.9.9 Understand allergic conditions, their investigation and management.
- 5.9.10 Investigate and manage sore throats, including reducing the incidence of progression to rheumatic heart disease.
- 5.9.11 Understand the epidemiology of tumors affecting ears, nose and throat areas.
- 5.9.12 Assess, investigate and manage throat and neck presentations, such as lump in the neck and hoarseness of voice.
- 5.9.13 Understand acute emergency management and chronic care management of a variety of ear, nose and throat conditions, such as sleep apnea, sinusitis, epistaxis and otitis media.
- 5.9.14 Be competent and skilled to detect and safely remove foreign bodies from the eye, ear, nose or throat and manage any residual corneal ulcer or rust, including appropriate referral.
- 5.9.15 Apply knowledge of local laboratory requirements for tests and interpret test results.

5.10 Genetics

- 5.10.1 Perform an appropriate family history and identify patients whose personal medical condition and/or family history indicates the risk of a genetically linked disorder and provide appropriate counseling.
- 5.10.2 Effectively interview patients to obtain relevant genetic, environmental, and behavioral risk factors.
- 5.10.3 Properly use family medical history tools and/or genetics pedigree charts including a three generational family history.
- 5.10.4 Understand the role of genetic tests in the assessment of people with developmental delay, developmental disability and/or dysmorphic features and refer the patients appropriately.
- 5.10.5 Work within their limits of competency with regard to genetic screening and counselling.

5.11 Geriatrics

- 5.11.1 Demonstrate a comprehensive medical evaluation of the elderly.
- 5.11.2 Have the knowledge of normal psychological, social, and environmental changes of aging.
- 5.11.3 Develop short and long-term treatment plans based on the medical evaluation.
- 5.11.4 Recognize the atypical presentation of common medical illnesses in the elderly.
- 5.11.5 Incorporate a systematic functional assessment in patient evaluations. This should include assessment for:
 - 5.11.5.1 Basic activities of daily living (ADLs)
 - 5.11.5.2 Instrumental activities of daily living (IADLs)
 - 5.11.5.3 Mental status and depression
 - 5.11.5.4 Mobility, including risk of falls
 - 5.11.5.5 Cognitive assessment using the folstein and montreal cognitive assessment (MoCA)
 - 5.11.5.6 Sensory assessment (vision and hearing)
 - 5.11.5.7 Bladder function
 - 5.11.5.8 Caregiver and social supports (including caregiver burnout)
 - 5.11.5.9 Use of alcohol or sleep aids
 - 5.11.5.10 Polypharmacy
- 5.11.6 Recognize the elderly patient in context of their family and caregivers.
- 5.11.7 Discuss with patients and their families safety issues related to physical changes with age, such as the ability to drive.
- 5.11.8 Help the patients' functional needs and help them to maintain independence, as appropriate.
- 5.11.9 Coordinate ambulatory, inpatient, and institutional care across healthcare providers, institutions, and governmental agencies.
- 5.11.10 Identify support services for older patients, as podiatry, visual and hearing aids, immobility and walking aids, meals on wheels, home care services.

5.12 Gynecology and women's health

- 5.12.1 Perform a comprehensive pelvic examination with appropriate screening tests and wellness counseling, based on the patient's age and risk factors.
- 5.12.2 Recognize, evaluate and differentially diagnose acute and chronic pelvic pain, including recognition of emergencies.
- 5.12.3 Recognize and develop treatment plans for common conditions affecting female patients, including:
 - 5.12.3.1 Reproductive tract diseases
 - 5.12.3.2 Genital tract infections
 - 5.12.3.3 Urinary tract infections
 - 5.12.3.4 Infectious diseases
 - 5.12.3.5 Menstruation disorders
 - 5.12.3.6 Gynecology in older women
 - 5.12.3.7 Breast health
 - 5.12.3.8 Family planning and early pregnancy evaluation
 - 5.12.3.9 Post-partum health and conditions
- 5.12.4 Provide health promotion, disease prevention and periodic health evaluation. This includes:
 - 5.12.4.1 Basic aspects of normal (and variants of normal) growth and development of females from puberty to adulthood
 - 5.12.4.2 Normal physiology of reproduction in healthy women from puberty to menopause
 - 5.12.4.3 Normal physiological sexual responses and the diagnosis of sexual dysfunction
 - 5.12.4.4 Recommendations on breastfeeding
 - 5.12.4.5 Intrauterine device removal
 - 5.12.4.6 Appropriate evaluation and counseling using evidence-based guidelines for:
 - 5.12.4.6.1 Nutritional needs through the female lifecycle
 - 5.12.4.6.2 Cancer screening guidelines, including Human papillomavirus (HPV)
 - 5.12.4.6.3 Immunization

- 5.12.4.6.4 Exercise
- 5.12.4.6.5 Osteoporosis prevention
- 5.12.4.6.6 Smoking cessation
- 5.12.4.6.7 Complementary therapies
- 5.12.4.6.8 Oral health in pregnant and non-pregnant women
- 5.12.4.6.9 Risks and unique presentations of cardiovascular disease in women

5.13 Maternity care

5.13.1 Pre-conceptual counseling and planning

- 5.13.1.1 Perform counseling in the areas of nutrition, contraception, prevention of birth defects, optimizing health prior to conception, assessment of immunization status, screening for preconception, exercise, and occupational hazards assessment.

5.13.2 Antenatal care

- 5.13.2.1 Diagnosis of pregnancy, including differentiation and management or referral of abnormal gestations (e.g. gestational trophoblastic disease, ectopic pregnancy).
- 5.13.2.2 Initial prenatal history and evaluation including clinical assessment of gestational age.
- 5.13.2.3 Assessment and management of complications and symptoms in the first trimester.
- 5.13.2.4 Screen and risk assessment for: gestational diabetes, sexually transmitted diseases, bacterial or yeast vaginitis, group B beta-hemolytic strep screening, asymptomatic bacteriuria, urinary tract infection and complications, iron deficiency anemia.
- 5.13.2.5 Deal with psychosocial stressors of pregnancy associated with normal and complicated pregnancies.
- 5.13.2.6 Deal with first trimester pregnancy loss.
- 5.13.2.7 Counsel and promote for appropriate immunizations in pregnancy.
- 5.13.2.8 Perform pregnancy risk assessment to recognize level of risk and manage accordingly.

- 5.13.2.9 Demonstrate some skills as fundal height measurements, leopard manoeuvres, fetal doppler heart monitoring, and cervical examination.
- 5.13.2.10 Recognize, manage and refer patients appropriately for the following medical conditions in pregnancy: gestational diabetes, maternal hypothyroidism, hypertension, maternal infections, intrauterine growth restriction (IUGR), placental previa, and premature rupture of membranes.
- 5.13.2.11 Evaluate the safety of medications in pregnancy by referring to the guidelines.
- 5.13.3 Peripartum care: labor and delivery
 - 5.13.3.1 Be able to assess and manage emergency normal labor cases and to refer patients appropriately.
 - 5.13.3.2 Demonstrate accurate cervical examination to determine the stage of labor.
 - 5.13.3.3 Understand the normal course of the third stage of labor, and the steps involved to prevent excessive bleeding and reduce risk of postpartum hemorrhage using the active management techniques as described in Advanced Life Support in Obstetrics (ALSO).
 - 5.13.3.4 Support and counsel patients regarding breastfeeding in the immediate postpartum period.
- 5.13.4 Post-partum and neonatal care
 - 5.13.4.1 Demonstrate the ability to provide comprehensive postpartum care by evaluating delayed hemorrhage, postpartum fever and endometritis, pain, depression, thyroid status, uterine infections, breastfeeding.
 - 5.13.4.2 Recognize normal neonatal growth and deviations from normal.
 - 5.13.4.3 Recognize common physical findings and congenital anomalies.
 - 5.13.4.4 Manage appropriately Hepatitis B positive mother, neonatal respiratory distress, jaundice, hypoglycemia, and neonatal fever.
 - 5.13.4.5 Be able to provide support for breastfeeding, and anticipatory guidance for new mothers.

5.14 Men's health

- 5.14.1 Understand the incidence, predisposition, and impact of diseases affecting men of different age groups, demographic groups, and geographic distributions.
- 5.14.2 Understand the attitudes toward general health and preventive services that prevail in the male population.
- 5.14.3 Be able to take a comprehensive men's health history, including occupational, behavioral, mental, psychosocial, relational, and sexual history.
- 5.14.4 Perform comprehensive male physical examination, including a urogenital, rectal, and prostate examination as per the guidelines.
- 5.14.5 Manage the primary care presentation of male genitourinary problems. Must be aware of potential genitourinary emergencies as testicular torsion and penile injuries.
- 5.14.6 Use appropriate and effective approaches to assessing and helping reduce or cease smoking and harmful alcohol use in men.
- 5.14.7 Understand circumcision: indications, current recommendations, and working knowledge of the procedure itself.
- 5.14.8 Implement health promotion and disease prevention.

5.15 Mental health

- 5.15.1 Understand normal and abnormal psychosocial growth and development across the life cycle and be able to apply this knowledge to the care of the individual patient.
- 5.15.2 Demonstrate the ability to effectively interview and evaluate patients for mental health disorders using appropriate techniques and skills.
- 5.15.3 Recognize common signs and symptoms of common mental health disorders as:
 - 5.15.3.1 Mood disorders
 - 5.15.3.2 Anxiety disorders
 - 5.15.3.3 Psychotic disorders
 - 5.15.3.4 Substance abuse
 - 5.15.3.5 Personality disorders

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- 5.15.4 Be able to intervene effectively and professionally in emergent psychiatric, domestic violence, child abuse, and disaster situations.
 - 5.15.5 Demonstrate the ability to perform behavioral modification techniques as:
 - 5.15.5.1 Stress management
 - 5.15.5.2 Smoking cessation
 - 5.15.5.3 Obesity management and other lifestyle changes
 - 5.15.6 Understand the impact of mental health disorders on the family unit.
 - 5.15.7 Demonstrate safe and competent prescribing for mental illness.
- 5.16 Musculoskeletal
- 5.16.1 Perform an appropriate musculoskeletal history and physical examination.
 - 5.16.2 Formulate an appropriate differential diagnosis and recommend treatment, including appropriate subspecialty referrals.
 - 5.16.3 Diagnose and identify red flags that relate to infection (e.g. septic arthritis or osteomyelitis); cancer (e.g. bony metastases and osteogenic sarcoma); fracture (e.g. fragility fracture in osteoporosis); and inflammatory arthritis (e.g. rheumatoid arthritis, ankylosing spondylitis) and refer those conditions appropriately.
 - 5.16.4 Understand how exercise impacts disease states such as diabetes and hypertension and be able to formulate an appropriate exercise prescription.
 - 5.16.5 Screen and identify those patients at risk of systemic bone disorders, such as osteoporosis and vitamin D deficiencies, and understand the principles of primary and secondary prevention of fragility fractures.
 - 5.16.6 Understand the clinical presentation, diagnostic criteria, and initial treatment for various rheumatologic conditions, with special emphasis on osteoarthritis, gout, rheumatoid arthritis, lupus erythematosus, and polymyalgia rheumatic.
 - 5.16.7 Provide awareness to the special needs of patients who have acute injuries.
 - 5.16.8 Recognize levels of disability relating to musculoskeletal conditions, or refer for assessment if needed.
 - 5.16.9 Evaluate the initiation of drugs of dependency to treat long-term chronic pain and, if required, minimize their use.

5.16.10 Consider prevention strategies as an important part of musculoskeletal system care.

5.17 Neurology

5.17.1 Perform standardized, comprehensive neurological assessments and obtain necessary further investigation.

5.17.2 Understand normal neurological development, anatomy, and physiology.

5.17.3 Perform initial diagnosis, initial investigation, and primary care management of:

5.17.3.1 Dementia

5.17.3.2 Delirium

5.17.3.3 Headache

5.17.3.4 Peripheral neuropathy

5.17.3.5 Light headedness/vertigo

5.17.3.6 Motor disorders

5.17.3.7 Neurological complications and comorbidities of developmental delay/mental retardation/learning disability

5.17.3.8 Tremor

5.17.3.9 Neuralgia

5.17.3.10 Concussion/Traumatic brain injury

5.17.3.11 Paresthesia

5.17.3.12 Nerve palsies

5.17.4 Understand the neurological complications of systemic illness.

5.17.5 Recognize potential drug interactions and adverse drug effects, especially in elderly patients.

5.17.6 Treat acute neurological emergencies, such as status epilepticus.

5.17.7 Recognize the impact of chronic neurological conditions on a patient's relationships, occupations, social status and everyday function.

5.17.8 Coordinate ambulatory, inpatient, and institutional care across healthcare providers, institutions, and governmental agencies.

5.18 Nutrition

- 5.18.1 Understand general principles of nutrition, including its role in the prevention and management of specific diseases, and be able to translate these principles into a plan of care for the patient.
- 5.18.2 Perform a comprehensive nutritional assessment including:
 - 5.18.2.1 Medical, social, and diet histories
 - 5.18.2.2 Physical examination
 - 5.18.2.3 Anthropometrics (i.e., height, weight, BMI, and body-fat distribution [waist circumference and waist-to-hip ratios])
 - 5.18.2.4 Laboratory tests
- 5.18.3 Counsel patients regarding the nutritional recommendations for the different populations as: infants, children, adolescents, adults, pregnancy, lactation, elderly and athletes.
- 5.18.4 Use an evidence-based approach to assess the patient's nutritional status and determine the effectiveness of interventions.
- 5.18.5 Understand and recognize:
 - 5.18.5.1 Secondary malnutrition caused by systemic diseases
 - 5.18.5.2 Weight loss strategies and counseling
 - 5.18.5.3 Eating disorders
 - 5.18.5.4 Use of dietary supplements
 - 5.18.5.5 Prevention, recognition, and treatment of food-borne illness
 - 5.18.5.6 Allergies and food intolerances
 - 5.18.5.7 Enteral and parenteral nutrition
- 5.18.6 Recognize patients who are at high risk for nutrition-related complications and refer them to nutrition consultants who can provide counseling and education.

5.19 Occupational medicine

- 5.19.1 Perform standardized, comprehensive occupational assessments and conduct appropriate physical examination.
- 5.19.2 Assess fitness to work, perform pre-employment medicals and where relevant, onsite assessments.

- 5.19.3 Develop preventive, acute, and long-term comprehensive treatment plans based on the patient's present and possible long-term rehabilitation symptoms.
- 5.19.4 Understand the use of occupational medicine principles.
- 5.19.5 Understand the effects of over-the-counter and prescribed medications on job performance.
- 5.19.6 Have the knowledge of organ-related occupational illnesses and occupational hazards/exposures.

5.20 Oncology

- 5.20.1 Identify, assess and manage risk factors that contribute to cancer, such as lifestyle, environmental, familial and dietary.
- 5.20.2 Use their knowledge of screening programs and early detection tools to identify barriers and possible solutions.
- 5.20.3 Perform relevant screening tests based on guidelines.
- 5.20.4 Identify and investigate significant symptoms, including those of metastatic disease, and refer appropriately.
- 5.20.5 Identify common malignancies.
- 5.20.6 Recognize and manage common symptoms and side effects during or after treatment in conjunction with the treating oncology team.
- 5.20.7 Help clarify the benefits and risks of treatment options to patients and their families.
- 5.20.8 Understand how and when to access more specialized knowledge and advice.

5.21 Pediatrics

- 5.21.1 Demonstrate the ability to take an age-appropriate history and perform a physical exam including use of growth charts.
 - 5.21.1.1 Accurately measure and plot growth parameters using growth curves.
 - 5.21.1.2 Recognize and manage deviations from normal growth patterns.
- 5.21.2 Demonstrate knowledge of an appropriate diagnosis and treatment plan for common pediatric conditions in both the outpatient and inpatient settings.

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- 5.21.3 Evaluate the pediatric patient in context of their family.
 - 5.21.4 Perform a comprehensive physical exam of the newborn to screen for congenital abnormalities.
 - 5.21.5 Screen for visual and auditory problems.
 - 5.21.6 Recognize developmental delays.
 - 5.21.7 Provide appropriate anticipatory guidance and education for parents during the well-child visits in specific areas including: nutrition, dental care, sleep, safety, and cognitive stimulation.
 - 5.21.8 Recognize, manage and appropriately refer infants and children with medical problems.
 - 5.21.9 Understand children vaccination according to the childhood vaccination schedule.
- 5.22 Respiratory
- 5.22.1 Recognize the diagnostic and latest treatment guidelines for common respiratory diseases as asthma and chronic obstructive pulmonary disease.
 - 5.22.2 Use an evidence-based approach to antibiotic prescribing for respiratory infections.
 - 5.22.3 Recognize and refer appropriately patients with interstitial diseases.
 - 5.22.4 Understand the boundaries of primary care management and the role of referral and specialist services in supporting the patient.
- 5.23 Substance use disorders
- 5.23.1 Be able to obtain a thorough history regarding the patient's substance use.
 - 5.23.2 Understand commonly abused drugs, their physiologic effects and metabolism, related withdrawal syndromes and to refer patients appropriately:
 - 5.23.2.1 Tobacco
 - 5.23.2.2 Alcohol
 - 5.23.2.3 Cannabis
 - 5.23.2.4 Sedative/hypnotics, including prescription medications such as benzodiazepines and barbiturates

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- 5.23.2.5 Opioids, buprenorphine, methadone and other prescription medications
 - 5.23.2.6 Amphetamines
 - 5.23.2.7 “Club” or designer drugs, including rohypnol, ketamine, methylenedioxymethamphetamine (MDMA), dextromethorphan and gamma-Hydroxybutyric acid (GHB)
 - 5.23.2.8 Cocaine in all its forms
 - 5.23.2.9 Hallucinogens
 - 5.23.2.10 Anabolic steroids
 - 5.23.2.11 Inhalants
 - 5.23.2.12 Phencyclidine (PCP)
 - 5.23.3 Use and interpret appropriate screening tools and be able to explain the process to patients.
 - 5.23.4 Assess the motivational stage of an addicted patient.
 - 5.23.5 Offer brief interventions and adeptly introduce an intervention into the consultation.
 - 5.23.6 Explain to patients and their family the nature of addictions and that they are chronic and relapsing disorders.
 - 5.23.7 Discuss with patients and their families the health, financial and psychosocial problems resulting from substance abuse.
 - 5.23.8 Be able to locate and use evidence-based resources for the diagnosis and management of substance abuse.
 - 5.23.9 Negotiate a plan for ongoing management and refer patient appropriately.
- 5.24 Travel medicine
- 5.24.1 Use knowledge of or gain access to information on more specialized travel medicine topics.
 - 5.24.2 Be familiar with immunization requirements and specific preventive measures relating to travel.
 - 5.24.3 Prescribe for the traveler going overseas.
 - 5.24.4 Be up-to-date with the latest recommendations from the CDC, WHO and advice patients accordingly.

6. References

- The American Academy of Family Physicians (AAFP). (2013). Curriculum Guidelines. Last accessed: December 10th, 2014. Available at: <http://www.aafp.org/medical-school-residency/program-directors/curriculum.html>
- Department of Family Medicine - McGill University. Curriculum Objectives by Clinical Domains. Last accessed: December 10th, 2014. Available at: <http://www.mcgill.ca/familymed/education/postgrad/curriculum/objectives>