

قرار وزاري رقم ( 8 ) لسنة 2026 م  
في شأن اعتماد نطاق الممارسة لطبيب الأسرة على المستوى الوطني

وزير الصحة ووقاية المجتمع:

بعد الاطلاع:

- على القانون الاتحادي رقم (1) لسنة 1972 م بشأن اختصاصات الوزارات وصلاحيات الوزراء وتعديلاته،
- وعلى القانون الاتحادي رقم (4) لسنة 2015 م في شأن المنشآت الصحية الخاصة وتعديلاته ولائحته التنفيذية،
- وعلى القانون الاتحادي رقم (5) لسنة 2019 م في شأن تنظيم مزاوله مهنة الطب البشري ولائحته التنفيذية،
- وعلى القانون الاتحادي رقم (6) لسنة 2023 م بشأن مزاوله غير الأطباء والصيدالة لبعض المهن الصحية ولائحته التنفيذية،
- وعلى المرسوم بقانون اتحادي رقم (4) لسنة 2016 م بشأن المسؤولية الطبية، وتعديلاته ولائحته التنفيذية،
- وعلى قرار مجلس الوزراء رقم (20) لسنة 2017 م باعتماد المعايير الموحدة لترخيص مزاولي المهن الصحية على مستوى الدولة وتعديلاته،
- وعلى قرار مجلس الوزراء رقم (11) لسنة 2021 م في شأن الهيكل التنظيمي لوزارة الصحة ووقاية المجتمع.

وبناء على مقتضيات المصلحة العامة،

قرر ما يلي:

المادة (1): يعتمد نطاق الممارسة لطبيب الأسرة على المستوى الوطني المرفق بهذا القرار.

المادة (2): ينشر هذا القرار في الجريدة الرسمية ويعمل به اعتباراً من اليوم التالي لتاريخ نشره.

أحمد بن علي الصايغ  
وزير الصحة ووقاية المجتمع

صدر بتاريخ: 14-يناير-2026

مرفق القرار الوزاري رقم ( 8 ) لسنة 2026 م  
في شأن اعتماد نطاق الممارسة لطبيب الأسرة على المستوى الوطني

**NATIONAL SCOPE OF PRACTICE FOR FAMILY MEDICINE  
PHYSICIAN**

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## **ABBREVIATIONS**

**ADL:** Activities of Daily Living

**AIDS:** Acquired Immunodeficiency Syndrome

**BAC:** Basic Antenatal Care

**COPD:** Chronic Obstructive Pulmonary Disease

**ENT:** Ears, Nose, and Throat

**FM:** Family Medicine

**GERD:** Gastroesophageal Reflux Disease

**HIV:** Human Immunodeficiency Virus

**HRT:** Hormone Replacement Therapy

**IADL:** Instrumental Activities of Daily Living

**IBS:** Irritable Bowel Syndrome

**IMNCI:** Integrated Management of Childhood and Neonatal Illnesses

**LUTS:** Lower Urinary Tract Symptoms

**MBBS:** Bachelor of Medicine, Bachelor of Surgery

**MOHAP:** Ministry Of Health and Prevention

**NIP:** National Immunization Program

**NPCBVI:** National Program for Control of Blindness and Visual Impairment

**PQR:** Professional Qualification Requirements

**SIDS:** Sudden Infant Death Syndrome

**SLE:** Systemic Lupus Erythematosus

**STI:** Sexually Transmitted Infections

**UAE:** United Arab Emirates

## **DEFINITION**

**Family Medicine Physician:** is a physician who provides first-contact, continuous, and comprehensive healthcare to individuals and families across all ages, genders, and stages of life. Their practice encompasses a broad range of medical services, including preventive care, diagnosis and management of acute and chronic conditions, and reproductive and mental health, delivered within the context of the family and community.

## **PURPOSE**

The scope provides the guidance of practice for family medicine physicians ensuring that they carry out their clinical duties, roles, and responsibilities in accordance with UAE local and federal laws e.g. Federal law of medical liability, ethical values, standards of professional conduct, code of ethics, and PQR. It outlines the procedures, actions, and tasks that licensed professionals are permitted to perform based on their qualifications, professional title, skills, competency, and experience.

## **SCOPE**

This scope applies to family medicine physicians licensed by all concerned health authorities in the UAE.

## **QUALIFICATION AND EXPERIENCE REQUIREMENTS**

**Family Medicine Physicians must have:**

- MBBS or MBChB or equivalent qualification from an accredited institution And Completion of specialty qualification as per the "Recognized Specialty Certificate" table in PQR.
- Ensure adding the subspecialty as a second title to the license or as a privilege with full compliance to the PQR before practicing any subspecialty if needed.

\*For more information about physicians professionals' requirements please refer to the PQR.

## **PRACTICE SETTINGS**

FM physicians should provide their services mentioned in this document in licensed health facilities providing family medicine services in alignment with the facility's approved scope of practice.

## **SCOPE OF PRACTICE:**

Family Medicine Physicians have a broad understanding and expertise in the care of medical conditions that affect the following categories but are not limited to:

### **1. Newborn care**

- 1.1. Diagnose and initially manage common neonatal problems.
- 1.2. Conduct a full physical examination of the newborn to screen for Common congenital anomalies.
- 1.3. Support breastfeeding, identify challenges, and guide weaning practices.
- 1.4. Provide counseling and follow up on vaccinations according to the National Vaccination Guide and manage defaulters.
- 1.5. Monitor normal development and identify developmental delays.
- 1.6. Educate parents on sudden infant death syndrome (SIDS) and identify risk factors.

### **2. Childcare**

- 2.1. Monitor growth and malnutrition

- 2.2. Analyze/ review child health records to track health status, monitor growth, and ensure vaccination coverage
  - 2.3. Screen and manage children for nutrient deficiencies.
  - 2.4. Diagnoses and manage common pediatric illnesses like infectious diseases, asthma, and arrange for necessary referrals if needed.
  - 2.5. Provide appropriate anticipatory behavioral disorders guidance, mental retardation, learning disabilities, and child abuse issues and arrange for necessary referrals if needed
  - 2.6. Identify early signs of genetic disorders, provide initial counseling, coordinate genetic testing, and refer to specialists when necessary.
  - 2.7. Conduct school health programs to provide health education and manage common conditions affecting school-aged children.
  - 2.8. Apply National Immunization Program (NIP) to ensure timely administration of vaccines and maintain accurate immunization records.
  - 2.9. Apply IMNCI guidelines to assess, classify, and manage common childhood illnesses.
  - 2.10. Recognize and provide immediate management of common pediatric emergencies, stabilize the child, and coordinate timely referral to higher levels of care.
3. Adolescent care (Requires Additional Credentialing/Subspecialty Training)

- 3.1. Consult and address issues related but not limited to mental health and internet addiction disorders.
- 3.2. Monitor normal physical, emotional development, and provide advice, support and management related to puberty concerns and abnormalities.
- 3.3. Identify, evaluate, and counsel behavior problems and violence.
- 3.4. Address psychosocial and socioeconomic problems, provide support and counseling, refer adolescents to concerned specialist and follow-up their progress.
- 3.5. Assess dietary intake and physical activity patterns then provide suitable advice encouraging behaviors to promote healthy lifestyle, manage weight and prevent disease.
- 3.6. Diagnose substance abuse, followed by suitable interventions including referral to other specialties as needed.
- 3.7. Identify, evaluate, and counsel reproductive and sexual health.
- 3.8. Provide preventive services and continue immunizations as per the national immunization program.
- 3.9. Provide consultation regarding Menstrual hygiene.
4. Women's care
  - 4.1. Assess, identify and manage hormonal imbalance presenting as menstrual problems or any other signs & symptoms, including:

- Premenstrual syndrome
- Dysmenorrhea
- Abnormal uterine bleeding
- Post-coital bleeding
- Intermenstrual bleeding
- Primary and secondary amenorrhea

4.2. Follow up and monitor progress of the treatment plan advised by the specialist regarding ovarian, uterus or any other genital disease or disorder.

4.3. Assess and manage the following common gynecological conditions but not limited to:

- Vaginal discharge, Sexually Transmitted Diseases, infections, pelvic masses, and genital tract malignancy.
- Preconception counseling, contraception, and infertility.
- Breast symptoms (pain, lumps, nipple discharge), pelvic pain, dyspareunia, hirsutism.
- Menopause and its complications, postmenopausal bleeding, hormone replacement therapy (HRT), vaginal prolapse, and incontinence.
- Medically unexplained symptoms.
- Domestic and intimate partner violence and abuse.

## 5. Pregnancy and Maternal care

5.1. Provide consultation for the following:

- Preconception
- Physiological changes in pregnancy, Antenatal Care & postnatal care
- Medications during pregnancy
- Common problems during pregnancy include hyperemesis gravidarum, urinary tract infections, low backache
- Basic Antenatal Care (BAC) includes health education, nutritional guidance, and immunization, and periodic follow up for normal/uncomplicated pregnancy.
- Postnatal care (e.g. Breastfeeding) and puerperal problems.
- Medicolegal issues related to women's health.

5.2. Identify, manage, and refer patient with high-risk pregnancy and medical diseases in pregnancy.

6. General Medical Care:

- 6.1. Initial management of patients according to their symptoms or concerns as well as existing health problems.
- 6.2. Recognize, assess, manage, and follow-up of common Acute and chronic medical conditions in all patients in the local community.
- 6.3. Apply appropriate diagnostic methods and interpret results accurately.
- 6.4. Identify referral criteria.

6.5. Promote prevention and health education.

7. Infectious Diseases:

7.1. Assess and manage common infectious diseases, including but not limited to:

- Malaria
- Filariasis
- Leptospirosis, dengue fever, chikungunya, enteric fever, fever of unknown origin
- Rabies
- Hepatitis
- Poliomyelitis
- Meningitis
- Encephalitis
- HIV/AIDS
- Varicella
- Herpes zoster
- Measles
- Mumps
- Tetanus
- Sepsis
- Infective endocarditis

- STIs, fungal infections, skin infections, UTIs, and newer/emerging infections  
(e.g., Avian Influenza, Zika)
- Tuberculosis
- Leprosy

## 8. Cardiovascular disorders

8.1. Assess, and manage common mild acute cardiovascular conditions, including but not limited to:

- Chest pain (ischemic heart, post-myocardial infarction management/rehabilitation)
- Syncope
- Palpitations (dysrhythmias)
- Edema
- Hypertension and dyslipidemia
- Common congenital heart diseases
- Peripheral vascular disease

8.2. Follow up treatment plan and medication refill for stable cardiac patients according to the advice of the specialist.

8.3. Provide referral to specialist for unstable, non-compliant patients.

## 9. Respiratory disorders

9.1. Assess, manage, and follow up on common respiratory conditions and provide referral as necessary. Common respiratory conditions include but are not limited to:

- Cough
- Runny nose - allergic disorders
- Difficulty in breathing (asthma, pneumonia, Chronic Obstructive Pulmonary Disease (COPD), management of acute exacerbation of bronchial asthma, interstitial lung disease, sarcoidosis)
- Tuberculosis (inactive cases) and other infections (e.g. empyema)
- Occupational lung disease
- Sleep apnea
- Diagnostic methods in pulmonary medicine, principles of the pulmonary function tests
- Bronchodilators and steroids in respiratory medicine
- Malignancy in respiratory system (only follow up on cases to ensure adherence/progress of treatment plan advised by the specialist or provide symptomatic relief as needed).
- Smoking cessation

## 10. Gastrointestinal disorders

10.1. Assess, manage common mild acute gastrointestinal conditions, including but not limited to:

- Dyspepsia, GERD, diarrhea, irritable bowel syndrome
- Acute and chronic abdominal pain: cholecystitis, pancreatitis, peptic ulcer disease, non-ulcer dyspepsia, gastritis
- Patient presenting with jaundice
- Hepatitis
- Diarrhea: Infective causes inflammatory bowel disease, irritable bowel syndrome (IBS), malabsorption, food poisoning, parasitology including amebiasis: giardiasis/worm infestations, and investigations in gastrointestinal diseases)
- Constipation
- Ascites - tuberculous abdomen and various other etiologies

10.2. Follow up treatment plan and medication refill for stable patients according to the advice of the specialist.

10.3. Provide referral to specialist for unstable, non-compliant patients.

## 11. Neurological disorders

11.1. Assess, and manage, common mild acute neurological conditions, including but not limited to:

- Neurological deficit (Cerebrovascular accidents, stroke, paraplegia, quadriplegia)
- Headache (primary and secondary causes - meningitis, encephalitis)
- Seizures
- Movement disorders - Parkinsonism other disorders presenting with tremors
- Peripheral neuropathy, cranial neuropathy
- Muscle disorders – myopathies
- Memory loss
- Dizziness

11.2. Follow up treatment plan and medication refill for stable patients according to the advice of the specialist.

11.3. Provide referral to specialist for unstable, non-compliant patients.

## 12. Hematological disorders

12.1. Assess, manage, and follow up on common hematological conditions, including but not limited to:

- Anemia (iron deficiency, B12 deficiency, folic acid Hemoglobinopathies, and others; geographical differentiation)
- Polycythemia
- Thrombocytopenia
- Bleeding disorders Hemophilia and others

- Hematological malignancies
- Interpretation of lab investigations
- Principles of anticoagulation

12.2. Provide prescription for stable patient according to the treatment plan of the specialist.

12.3. Provide referral for unstable/uncompliant cases.

### 13. Cancers

13.1. Identify and recognize patients with common cancer and provide appropriate referral to a specialist or secondary care when necessary.

13.2. Follow up treatment plan and provide symptomatic relief.

### 14. Connective Tissue disorders

14.1. Assess, manage, common mild acute connective tissue conditions, including but not limited to:

- Joint pain including Systemic lupus erythematosus (SLE), polymyalgia rheumatica, polymyositis, inflammatory arthritis, mixed connective tissue disorder, rheumatoid arthritis, mono-arthritis, ankylosing spondylitis, osteoarthritis."
- Back pain including ankylosing spondylitis

14.2. Follow up treatment plan and medication refill for stable patients according to the advice of the specialist.

14.3. Provide referral to specialist for unstable, non-compliant patients.

15. Renal disorders

15.1. Assess, manage, common mild acute renal conditions, including but not limited

to:

- Dysuria (urinary tract infections, pyelonephritis, genitourinary infections)
- Hematuria (glomerulonephritis, calculi, and others)
- Edema (acute renal failure, chronic renal failure, nephrotic syndrome, nephrotic syndrome)
- Interpretation and management of electrolyte imbalances
- Diabetic nephropathy

15.2. Follow up of treatment plan and medication refill for stable patients according to the advise of the specialist.

15.3. Provide referral to specialist for unstable, non compliant patients.

16. Metabolic and Endocrine disorders

16.1. Assess, manage common stable metabolic and endocrine conditions, including

but not limited to:

- Diabetes
- Thyroid diseases
- Growth and development
- Metabolic Syndrome

- Dyslipidemia
- Obesity
- Osteoporosis
- Vitamin D deficiency
- Secondary malnutrition caused by systemic diseases.
- Eating disorders
- Common endocrine diseases related to pancreas, pituitary, and adrenal glands

16.2. Follow up treatment plan and medication refill for stable patients according to the regiment advised by the specialist.

16.3. Provide referral to specialist for unstable, non-compliant patients

#### 17. Skin care

17.1. Assess mild acute Infectious skin conditions and initially manage the following:

- Molluscum contagiosum
- Viral warts
- Pityriasis rosea
- Herpes zoster
- Herpes simplex
- Viral exanthems
- Hand-foot and mouth disease

- Recognition of viral hemorrhagic fevers and danger signs
- Varicella
- Measles
- Impetigo
- Leprosy
- Cellulitis
- Scabies, lice, insect bites
- Candida
- Pityriasis versicolor
- Tinea skin diseases associated with HIV infections

17.2. Assess mild acute noninfectious skin conditions and initially manage the following:

- Acute contact dermatitis
- Psoriasis
- Chronic leg ulcers
- Generalized pruritus
- Angioedema | Anaphylaxis
- Acne
- Alopecia Vitiligo
- Eczema

17.3. Diagnoses and initially manage nutritional disorders causing skin lesions, and provide referral to a specialist if needed.

17.4. Identify and refer patients with the following conditions:

- Skin tumors
- Premalignant lesions in the skin like Solar keratosis and Bowen's disease.
- Malignant lesions like basal cell cancer, squamous cell cancer, Malignant melanoma.

17.5. Follow up of treatment plan and medication refill for stable patients according to the advise of the specialist.

17.6. Provide referral to specialist for unstable, non compliant patients

18. Occupational Health care (Requires Additional Credentialing/Subspecialty Training)

18.1. Assess medical Fitness

18.2. Conduct pre-employment health checkup

18.3. Issue Sickness certification

18.4. Assess high-risk occupations and medical fitness certification

18.5. Provide sports fitness certification

18.6. Give advice on basic ergonomics and office health

18.7. Support stress Management

18.8. Understand and apply Legislations related to occupational health

18.9. Provide vaccination advice.

## 19. Mental health

- 19.1. Recognize, manage patients with depression and anxiety states, then Provide referral if needed and arrange follow up to overview and incorporate specialist treatment plan.
- 19.2. Recognize, initially Manage, and refer patients with psychosis.
- 19.3. Follow-up care of patients with psychosis, then Provide referral if needed and arrange follow up to overview and incorporate specialist treatment plan.
- 19.4. Assess and initially manage patients with unexplained symptoms without an organic basis.
- 19.5. Assess and initially manage patients undergoing bereavement, social and family stress
- 19.6. Identify, assess, council patients with suicide risk, substance abuse, delirium, and dementia, then provide referral to specialists and arrange follow up to monitor compliance to treatment plan.
- 19.7. Recognize, refer, and follow-up patients with developmental disorders
- 19.8. Recognize, initially manage, and refer patients with personality disorders, eating disorders and behavioral disorders in children and adolescents
- 19.9. Identify, assess, council patients with mental health conditions and other chronic conditions and co-morbid disease, provide referral to specialist and arrange follow up to monitor compliance to treatment plan.

20. Emergency & Urgent Care

20.1. Demonstrate knowledge of lifesaving procedures in Medical, Obstetric, Pediatric (including neonatal resuscitation) Surgical, and trauma.

20.2. Assess and provide initial diagnosis of the following urgent acute conditions ensuring timely referral of unstable patients to a specialist if needed:

- Dyspnea
- Shock
- Cardiac arrest
- Loss of consciousness
- Seizures
- Epistaxis
- Gastrointestinal emergencies
- Hemoptysis
- Burns
- Musculoskeletal disorders including fractures, sprains, dislocations, and compartment syndromes
- Urinary system disorders

20.3. Provide initial care and appropriate referral for:

- Common poisonings, animal bites, and stings
- Victims of violence

20.4. Participate in emergency care during environmental disasters.

21. General Surgical Care

21.1. Diagnose and initially manage Common Surgical problems

21.2. Recognize, evaluate and initially manage the following common conditions, then refer to a specialist if needed:

- Head Injury
- Burns and wounds, ulcers, bedsores.
- Lumps in neck, breast, groin, abscess, and small bumps elsewhere in the body
- Upper GI bleed, rectal bleed, hematemesis, and Malena
- Abdominal pain
- Dysphagia, nausea, vomiting
- Peptic ulcer and gastritis
- Disorders of gall bladder and pancreas
- Intestinal obstruction, specific and nonspecific infections
- Abdominal mass
- Leg Ulcers, varicose veins
- Diabetic foot
- In-growing toenails
- Perianal problems, pilonidal abscess/sinus, phimosis, paraphimosis
- Rectal pain, rectal prolapse

- Hernia, inguinoscrotal swellings, hydrocoele
- Diseases of breast, Breast infections, hematoma, abscess, lumps, mastalgia, and cellulitis
- Peripheral vascular disease
- Prostate disease, renal and genitor-urinary tract disorders; LUTS, Management of obstructive uropathy

21.3. Identify, stabilize, treat, and refer cases of shock, and manage electrolyte and fluid requirements, as well as blood transfusion needs.

21.4. Perform suturing using appropriate methods and materials while following universal precautions to prevent infection.

## 22. Ear Nose and Throat care

22.1. Apply an algorithmic approach to assess ENT symptoms such as Epistaxis, ear pain, ear discharge, hearing loss, vertigo, nasal discharge, loss of smell, hoarse voice, Tinnitus, Dysphagia, Aphthous ulcer and identify red flags for timely referral.

22.2. Recognize, assess, initially manage, and refer when needed, patients with common ENT infections, including Acute bacterial pharyngitis, Acute and chronic rhinitis, and Acute and chronic sinusitis.

22.3. Diagnose, manage, and monitor patients with acute and chronic tonsillitis, including quinsy (peritonsillar abscess), with referral if complications arise.

- 22.4. Evaluate and manage cases of adenoiditis or adenoid hypertrophy with eustachian tube dysfunction, acute otitis media, chronic otitis media (safe and unsafe types), otitis externa, and fungal ear infections.
- 22.5. Recognize and treat external ear conditions such as otitis externa, perichondritis, seroma, hematoma of the pinna, and identify and refer complex conditions like mastoiditis and nasal polyps.
- 22.6. Perform and interpret tuning fork tests to differentiate types of hearing loss and guide further evaluation or referral.
- 22.7. Diagnose and initiate treatment for Bell's palsy and refer if atypical features are present.
- 22.8. Identify and manage mild cases of nasal polyps and refer for further assessment when obstruction or red flags are noted.
- 22.9. Assess and recognize deviated nasal septum and refer cases requiring surgical correction or causing persistent obstruction.

### 23. Eyes care

- 23.1. Apply an algorithmic approach of Eye problems such as Itchy, Swelling of Eye, Watering of Eye, Diminished vision and identify red flags for timely referral.
- 23.2. Recognize, initially manage, refer, and follow-up of common Eye conditions including the following:
  - Redeye (Conjunctivitis, Corneal abrasions/ulcers, Uveitis, Glaucoma)

- Decreased vision (Refractive error, Cataract, Diabetic)
- Retinopathy, Retinal Detachment, optic neuritis
- Lid disorders, Chalazion, Stye, Lagophthalmos
- Bitot spots, Xerophthalmia
- Pterygium, Phlycten, Episcleritis, Scleritis
- Diabetic retinopathy
- Foreign body in the eye
- Panophthalmitis/ Orbital Cellulitis
- Color blindness, Squint, Congenital eye problem

23.3. Provide first-line management and initiate referral protocols for eye emergencies.

23.4. Support the implementation of the National Program for Control of Blindness and Visual Impairment (NPCBVI)

24. Bones and Joints and Rehabilitative care

24.1. Apply basic principles of physical and rehabilitative therapy.

24.2. Assess and initially manage common musculoskeletal conditions, and refer when needed:

- Acute and Chronic joint pains - small joints, large joints, Arthroscopy
- Acute and Chronic backache
- Acute/Chronic neck pain

- Shoulder pain
  - Myofascial pain syndrome
  - Arthritis: Osteoarthritis, Gout, Periarthritis of the shoulder, Etc.
  - Synovitis, fasciitis, tendinopathies
  - Sports injuries
- 24.3. Recognize and refer serious or complex musculoskeletal conditions such as:
- Bony tumors
  - Infections: septic Arthritis, osteomyelitis, Tuberculosis
  - Fractures and dislocations - early management and referral
  - Congenital deformities
- 24.4. Assess and manage patients with disabilities
- 24.5. Support principles of Community based rehabilitation by promoting patient inclusion, engaging families, coordinating with community resources, and supporting reintegration of patients into daily life.
- 24.6. Prevent, identify, and manage pressure ulcers for elderly, disabled and bedridden patients.
- 24.7. Apply standard disability terminology- Impairment, activity limitation and participation restriction
- 24.8. Ensure care is aligned with disability rights and needs.

25. Geriatric Care

- 25.1. Perform comprehensive elderly assessments using standardized methods for assessing physical, cognitive, emotional, and social functioning.
  - 25.1.1. Screening examination for mental status, cognitive status, depression, and functional status, including activities of daily living (ADL) and instrumental activities of daily living (IADL).
- 25.2. Identify and initially manage common health problems and diseases in older adults e.g., vascular, musculoskeletal, oncological, psychological, neurological, hearing and vision problems
- 25.3. Apply general principles of elderly care with emphasis on patient safety and prevention of functional decline.
- 25.4. Diagnose and manage common geriatric problems include falls, fractures, incontinence, constipation, delirium, dementia, aches, and pain in elderly and provide referral if needed.
  - 25.4.1. Management should include Comprehensive medication review and prescription of appropriate medications and dosages with consideration of age-related physiology, side effects considering patient's comorbidities, functional status, other medications, and drug-drug interactions.
- 25.5. Develop problem lists that incorporate clinical, functional, psychological, and social dimensions.
- 25.6. Provide compassionate, appropriate care for terminally ill patients.

- 25.7. Support and coordinate rehabilitation services tailored to the functional needs of elderly patients.
- 25.8. Demonstrate empathetic communication with families during bereavement and post-death support.
- 25.9. Recognize caregiver burden and offer support, education, and appropriate referrals.
- 25.10. Address social and psychological challenges affecting elderly patients
- 25.11. Recognize and respond to potential elder abuse by identifying warning signs and activating protection protocols.
- 26. Palliative care (Requires Additional Credentialing/Subspecialty Training)
  - 26.1. Apply the core principles of palliative care and provide referral if needed.
  - 26.2. Provide essential physical care.
  - 26.3. Prescribe and manage essential palliative care medications and address Psychosocial and spiritual needs.
  - 26.4. Deliver compassionate care for terminally ill patients and end-of-life care
  - 26.5. Demonstrate effective communication with patients, families, and nursing staff during palliative care.
  - 26.6. Apply ethical principles in decision-making related to palliative and end-of-life care.
  - 26.7. Coordinate integrated care and network with other healthcare providers

26.8. Recognize, initially manage, follow-up common medical conditions in terminally ill patients including:

- Home-based care
- Stroke rehabilitation
- Cardiovascular rehabilitation
- Post-trauma rehabilitation
- Musculoskeletal diseases
- Pain management

27. Allergy and immunology

27.1. Conduct a thorough examination and medical history, with particular emphasis on diagnosing allergic and immunological conditions.

27.2. Recognize, diagnose, and treat various allergic and immunologic conditions such as rhinitis, dermatitis, asthma, urticaria, immunodeficiency, hypersensitivity reactions, and anaphylaxis.

27.3. Provide Guidance to patients and their families on effective strategies to prevent exposure to environmental triggers that may trigger allergic conditions.

27.4. Collaborate with healthcare professionals in addressing critical care scenarios and making referrals as necessary.

27.5. Conduct thorough examination and medical history, with particular emphasis on diagnosing allergic and immunological conditions.

## 28. Genetics

- 28.1. Conduct risk assessments for genetic disorders and provide appropriate counseling.
- 28.2. Utilize family medical history tools, incorporating a three-generational family history.
- 28.3. Interpret the role of genetic testing in developmental delay, disability, and/or dysmorphic features, and refer patients appropriately.
- 28.4. Demonstrate sensitivity to patient and family concerns regarding genetic referrals and diagnoses.
- 28.5. Maintain confidentiality and apply ethical and legal principles in all aspects of medical genetics.

## 29. Men's Health

- 29.1. Conduct a comprehensive men's health history, encompassing occupational, behavioral, mental, psychosocial, and sexual aspects.
- 29.2. Perform a comprehensive male physical examination, including urogenital, rectal, and prostate examinations.
- 29.3. Assess and refer for the presentation of male genitourinary problems.
- 29.4. Access, diagnose and provide timely referral to specialist for cases with genitourinary emergencies such as testicular torsion and penile injuries.

29.5. Implement health promotion and disease prevention through education about diseases affecting men of different age groups, their impact on health and life, and the preventive services that prevail in the male population.

30. Travel medicine

30.1. Identify immunization requirements and specific preventive measures associated with travel.

30.2. Prescribe immunizations for travelers heading abroad.

30.3. Implement health promotion and disease prevention through suitable education regarding location-specific diseases, risk factors, and preventive measures.

31. Substance use disorders

31.1. Recognize commonly abused drugs, their physiological effects and metabolism, related withdrawal syndromes including but not limited to:

- Tobacco
- Alcohol
- Cannabis
- Sedative/hypnotics medication
- Opioids
- Buprenorphine
- Methadone and other prescription medications
- Amphetamines

- Cocaine
  - Hallucinogens
  - Anabolic steroids
  - Inhalants
  - Phencyclidine

- 31.2. Evaluate motivational stage of an addicted patient and refer when necessary.
- 31.3. Utilize evidence-based resources for the diagnosis of substance abuse.
- 31.4. Provide necessary guidance and refer to the appropriate institutions to ensure the safety of the individual struggling with addiction and to support treatment and recovery as needed.
- 31.5. Adhere to medico-legal regulations.
- 31.6. Educate Patient and family on the chronic and relapsing nature of addictions.