



تعميم رقم (DHP/2024/05)

من	إدارة التخصصات الصحية / وزارة الصحة العامة
إلى	<ul style="list-style-type: none">كافة الأطباء البشريين المرخصين في دولة قطر (القطاعين الحكومي والخاص)كافة منشآت الرعاية الصحية في دولة قطر (القطاعين الحكومي والخاص)
الموضوع	استحداث تعريف ونطاق ممارسة للطب العام و طب المجتمع
التاريخ	7 فبراير 2024

" تهديكم إدارة التخصصات الصحية أطيب التمنيات "

انطلاقاً من مسؤولية إدارة التخصصات الصحية عن سلامة المرضى وحرصاً منها على ضمان أعلى جودة للخدمات الصحية المقدمة لهم، فقد قامت الإدارة بتفعيل مشروع إنشاء تعاريف واستحداث نطاق ممارسة لجميع تخصصات الطب البشري، حيث يهدف هذا المشروع إلى توفير إرشادات واضحة للأطباء ذوي التخصصات المختلفة والحاصلين على ترخيص مزاولة المهنة في دولة قطر لضمان معرفة كل طبيب بنطاق ممارسته والالتزام بالعمل داخل هذا النطاق، مما سيساعد على تقليل الأخطاء الطبية وتحسين نتائج الخدمات الصحية المقدمة للمرضى.

وعليه فإنه كمرحلة أولية تقوم الإدارة بطرح تعريف ونطاق الممارسة الخاص بالطب العام وطب المجتمع حيث سوف يتم إتمام هذا المشروع وطرح المزيد من التعاريف ونطاق الممارسة الخاصة بتخصصات الطب البشري على مراحل مختلفة خلال عام 2024.

للمزيد من المعلومات، يرجى التواصل مع البريد الإلكتروني: dhpregistration@moph.gov.qa

شاكرين لكم حسن التعاون- إدارة التخصصات الصحية

Community (preventive) Medicine

Definition	<p>Preventive medicine (PM)/ Community Medicine (CM) is a medical specialty dedicated to the advancement of preventive healthcare, aiming to enhance patient well-being and avert diseases, disabilities, and premature mortality. Physicians in this specialty are experts in both clinical disease prevention and public health services, focusing on disease prevention, safeguarding health, educating communities, and fostering healthy lifestyle choices at an individual level, as well as on a large scale in communities and populations. Their expertise extends to thorough health assessments, strategic planning, and health care management. These physicians are instrumental in formulating, executing, and evaluating public health policies and prevention interventions across primary, secondary, and tertiary healthcare levels.</p>
Scope of practice	<p>Community (preventive) Medicine specialist use data, evidence, public engagement, research, education and more, all toward the ultimate goal of building healthier communities.</p> <p>Community (preventive) Medicine specialist focus on identifying, responding, and addressing the contributors that negatively affect the populations' health, such as people living in poverty, with addictions, in isolation, in marginalized and remote communities.</p> <p>Community (preventive) Medicine specialist are primarily concerned with the social and environmental factors that impact health within specific communities, calling upon their unique population health training and expertise. They identify and work to prevent the root causes of poor health, disease, injuries, and premature death instead of calling on costly medical treatment and hospital care as the go-to response.</p>
Clinical core privileges	<ol style="list-style-type: none"> 1. <u>Public health-related activities (Health Promotion, Epidemiology, Disease surveillance, and Research) Function effectively in leading and supervising public health activities at the community level:</u> <ol style="list-style-type: none"> 1.1. Conduct a health-based needs assessment to evaluate the health status, disease burden, and morbidity in a specific population, using suitable methods and tools. 1.2. Conduct epidemiological studies and outbreak investigations and translate epidemiologic findings into recommendations for a specific intervention to control the public health issue. 1.3. Design and manage surveillance systems /disease registries to monitor health indicators and report on the public health status of communities. 1.4. Performs communicable disease investigation and intervention of outbreaks, contact tracing, and containment measures.

- 1.5. Supervise vaccination programs and facilities to ensure effective vaccine management services.
- 1.6. Develop and implement health promotion and education programs to educate and change behavior of the individuals and communities about health risks and disease prevention.
- 1.7. Develop, implement, and evaluate the impact of the public health strategies, policies, and population-level interventions.
- 1.8. Develop and implement public health emergency preparedness plans, ensuring readiness to effectively respond to public health emergencies and pandemics within the community.
- 1.9. Enhance healthcare organizational performance standards by directing evaluations and quality assessments using process and outcome-based performance measures.
- 1.10. Collaborate with stakeholders in policy development and health service provision.
- 1.11. Develop and execute research studies, both qualitative and quantitative, to explore public health questions, track health trends, assess public health initiatives, support evidence-based practices, and produce insights that drive leadership and systemic improvements in community health.
2. Ethical Practice and Legal Compliance:
 - 2.1. Ensure community value and maximize the community benefits from the public health interventions.
 - 2.2. Ensure patient confidentiality and prioritize patient safety and well-being.
 - 2.3. Maintain accurate and comprehensive patient records and population data.
3. Quality Assurance and Improvement Participate in quality assurance and improvement initiatives aimed at enhancing patient safety and the overall quality of care.
4. Clinical Preventative Medicine:

Function effectively to provide optimal clinical care to individuals and their families appropriate to preventative medicine:

 - 4.1. Prevention, Screening, Diagnosis, and Management:
 - 4.1.1. Prevent, screen, diagnose, and refer common health problems where prevention is key, including but not limited to communicable and noncommunicable diseases, maternal and child health, geriatric health, mental health, premarital screening, special group health, travel medicine, smoking cessation, exercise medicine, school health, lifestyle medicine, and occupational medicine.
 - 4.1.2. Conduct risk assessments related to lifestyle medicine and noncommunicable diseases including but not limited to Cardiopulmonary and muscular fitness assessment, cardiovascular disease risk assessment, Lifestyle assessment, depression & anxiety assessments, and interpret and manage risk effectively.
 - 4.1.3. Provide disease screening services for various common health conditions including but not limited to cancer, mental health, communicable and noncommunicable diseases, MCH screening, Premarital screening, Occupational pre-employment, and periodic screening.

References	<p>4.1.4. Implement preventative measures like immunization, and Smoking cessation.</p> <p>4.1.5. Counsel, assist, and follow-up individuals in maintaining healthy lifestyles and managing disease/health issues.</p> <p>4.2. Comprehensive Patient Primary and Secondary Prevention Care:</p> <p>4.2.1. Medical History: Obtain detailed current and past medical history, family history, surgical history, vaccination record, allergy history, and medication history.</p> <p>4.2.2. Physical Examinations: Perform thorough physical examinations to assess patients' general health and specific concerns in the screening.</p> <p>4.2.3. Investigations: Order and interpret laboratory, radiological, and diagnostic tests used in the screening.</p> <p>4.2.4. Diagnosis and Treatment Planning, and Referral: Utilize clinical judgment and best practice guidelines to screen /diagnose communicable diseases, noncommunicable diseases, occupational diseases, maternal child issues, lifestyle issues, and travel-related diseases. tailored lifestyle interventions, patient education, prescribing medications involved in primary and secondary prevention, and considering safety, efficacy, and potential interactions. Refer the patient to the appropriate providers for continuity of care.</p> <p>4.2.5. Evidence-based Practice: Implement effective clinical practice guidelines and integrate the best available evidence and best practices relevant to preventative medicine.</p>
References	<ol style="list-style-type: none"> 1. <u>Canada</u> In February 2011, the medical specialty of Community Medicine in Canada was renamed as Public Health and Preventive Medicine (PHPM) to better reflect the roles and responsibilities of physician specialists in this field. http://bcmqi.ca/Published%20Dictionaries/PublicHealthAndPreventiveMedicine.pdf 2. <u>Saudi board preventive medicine curriculum</u> https://eservices.scfhs.org.sa/sites/default/files/2022-01/SAUDI%20BOARD%20PREVENTIVE%20MEDICINE%20CURRICULUM.pdf 3. <u>The royal Australasian college of physician</u> https://www.racp.edu.au/docs/default-source/trainees/advanced-training/public-health-medicine/public-health-medicine-advanced-training-curriculum.pdf?sfvrsn=77252c1a_10 4. <u>GMC UK</u> https://www.gmc-uk.org/education/standards-guidance-and-curricula/curricula/public-health-medicine-curriculum 5. <u>PHCC Qatar</u> 6. <u>The Arab board of health specializations</u>

General Practitioner

Definition	<p>General practitioner (GP): is a physician whose practice is not limited to a specific clinical specialty but instead covers a variety of clinical problems in patients of all ages. They focus on the health of the whole person combining physical, psychological, and social aspects of care.</p>
Scope of practice	<ol style="list-style-type: none"> 1- GPs conduct comprehensive patient assessments including: <ol style="list-style-type: none"> a. Medical and Surgical History: obtain detailed current medical, past medical, allergy, medication, family, and surgical history, as well as vaccination history as applicable. b. Physical Examinations: perform thorough physical examinations to assess patients' general health and specific concerns as applicable. c. Investigations: order and interpret pertinent laboratory, radiological, and/or diagnostic tests. 2- GPs diagnose and treat a wide range of medical conditions: <ol style="list-style-type: none"> a. Diagnosis: use clinical judgment and best clinical practice to diagnose acute and chronic illnesses, injuries, and health concerns. b. Treatment Planning: develop and implement tailored treatment plans, incorporating medical interventions, lifestyle modifications, and patient education. c. Prescribing Medications: prescribe medications judiciously, considering safety, efficacy, and potential interactions. 3- GPs must be up to date with evidence-based practice and adhere to the national and institutional clinical best practice to ensure the provision of effective and high-quality care. 4- GPs must recognize and acknowledge limits of their scope of practice and make timely referrals of patients to secondary hospitals and other medical services for acute or chronic conditions requiring expert evaluation and management. 5- GPs have an ethical duty to recognize and acknowledge the DHP code of conduct. They must consistently prioritize patient safety and well-being while adhering to DHP ethical standards. Address ethical dilemmas related to patient care and healthcare policies, upholding ethical standards, and advocating for patient's best interests. 6- GPs manage and regularly monitor patients with uncomplicated chronic health conditions and adjust treatment plans as needed to optimize health outcomes. 7- GPs provide preventive medicine care: <ol style="list-style-type: none"> a. Vaccinations: administer and recommend vaccinations to protect against infectious diseases. b. Health Screenings: encourage and perform routine health screenings, promoting early detection of health issues.

- 8- GPs demonstrate and provide:
 - a. Health Promotion & Education: provide the patients and their families with the necessary consultations, counseling, health education, and promotion on managing acute, and chronic conditions, including medication adherence, lifestyle modifications, and self-care strategies.
 - b. Informed Decision-Making: ensure that patients receive clear and understandable information about their health conditions, treatment options, and potential risks and benefits.
 - c. Shared Decision-Making: collaborate with patients in making informed decisions about their healthcare, respecting their values and preferences.
- 9- Support emergency and urgent care: GPs can provide initial stabilization for patients with emergency or urgent situations until specialized help arrives.
- 10- GPs should maintain accurate and comprehensive patient records. They must document detailed medical histories, examination findings, diagnoses, treatment plans, and follow-up notes in a timely manner.
- 11- GPs should foster open and effective communication within the healthcare team and work collaboratively to provide comprehensive patient care. When necessary, GPs should share patient information appropriately to facilitate clinical decision-making and preserve confidentiality.
- 12- GPs participate in quality assurance and improvement initiatives aimed at enhancing patient safety and the overall quality of care.
- 13- GPs stay updated on administrative best practices guidelines and regulations to maintain a high standard of healthcare administration.
- 14- GPs should show an understanding of medico-legal matters and comply with relevant DHP guidelines, local regulations, and State of Qatar laws.
- 15- Contributes to scientific research and publication of knowledge relevant to their practice.
- 16- Demonstrates ability for reflective practice, professional growth, and lifelong learning

Clinical core privileges

- In addition to the above, General Practitioner can perform the following procedure:
- 1- Drawing of arterial, venous, or peripheral blood and the routine examination of the blood.
 - 2- Urinary bladder catheterization and routine urinalysis.
 - 3- Nasogastric intubation and gastric lavage.
 - 4- Collection of and examination of stool samples.
 - 5- Collection of materials for bacteriological or viral culture.
 - 6- Performing and reading of pulmonary function tests.
 - 7- Performing and reading of electrocardiograms.
 - 8- Reading plain X-rays
 - 9- Injections - subcutaneous, intramuscular, and intravenous only.

	<p>10- Immunizations. 11- Administration of subcutaneous local anesthesia 12- Removal of cast. 13- Suturing-single layer closure of small wounds 14- Wound debridement. 15- Removal of sutures 16- Removal of drains 17- Groshong catheter removal 18- Placement of Aspen collars</p>
References	<p>7. <u>PHCC Qatar</u></p>