



Scope of Practice and Clinical Responsibilities Obstetrics/Gynecology 2016

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Acknowledgment

Dubai Health Authority (DHA) is pleased to present the scope of practice and clinical responsibilities of Obstetrics and Gynecology, 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 Obstetrics and Gynecology 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 Obstetrics and gynecology (Ob/Gyn) is a discipline dedicated to the broad, integrated medical and surgical care of women's health throughout their lifespan.
- 1.2 The combined discipline of obstetrics and gynecology requires extensive study and understanding of reproductive physiology, including the physiologic, pathologic, social, cultural, environmental and genetic factors that influence disease in women.
- 1.3 Obstetrics and gynecology encompasses preventive health, reproductive health, gynecological surgery, maternal and fetal care and for women of all ages.
- 1.4 Preventive counseling and health education are essential and integral parts of the practice of Ob/Gyn as they advance the individual and community-based health of women of all ages.
- 1.5 This document defines the skills, activities and expertise that fall within the Obstetrics and gynecology scope of practice. However, for practices/activities other than those mentioned in this document, the Ob/Gyn 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 Obstetrics and gynecology 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.
 - i. Scope of practice of specialist under supervision physicians is similar to Specialist Ob/Gyn; but shall practice under consultant/specialist

supervision in the same health facility at a ratio of 2:1 (two specialist under supervision to one consultant/specialist)

3. Permitted health facilities for practice

Obstetrics and gynecologist, 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 or specialty clinics
- 3.4 Fertility centers

4. General scope

- 4.1 Obstetricians and gynecologist shall understand and demonstrate the appropriate knowledge, skills and attitudes to assess women by means of clinical history taking and physical examination, as:
 - 4.1.1 Neck and chest examination
 - 4.1.2 Breast examination
 - 4.1.3 Abdominal and lower limb examination; for both pregnant and non-pregnant women
 - 4.1.4 Vaginal examination
 - 4.1.5 Microbiology swabs for the throat, vagina, cervix, urethra, rectum, and cervical smear
- 4.2 Within their skills, competencies and experience, licensed Ob/Gyn shall:
 - 4.2.1 Assure that their medical practice is in adherence with internationally and nationally recognized guidelines for management of any Ob/Gyn related pathology.
 - 4.2.2 Provide continuing and comprehensive medical care, health maintenance, and preventive services to women, relatives, and colleagues in a variety of clinical situations.
 - 4.2.3 Demonstrate diagnostic and therapeutic skills for effective patient care by using evidence based medical practices.
 - 4.2.4 Demonstrate effective consultation with respect to patient care, culture and education.

- 4.2.5 Obtain relevant history from patients and keep accurate and adequate patient records.
- 4.2.6 Recognize their own practice limitations and seek consultation with other healthcare professionals, when necessary, to provide optimal patient care.
- 4.2.7 Demonstrate an understanding of medico-legal issues related to the specialty.
- 4.2.8 Establish therapeutic relationships with patients/families.
- 4.2.9 Function as a counsellor and advocate to effectively improve health of patients, families and communities.
- 4.2.10 Diagnose, treat and manage diseases of the female reproductive organs, order and interpret laboratory and diagnostic tests and prescribe medications as per the DHA local regulations and Unites Arab Emirates (UAE) Federal laws.
 - 4.2.10.1 Ob/Gyn 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 refills, to be dispensed at the end of the previous (30) days each refill.
 - 4.2.10.2 Ob/Gyn 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.
- 4.2.11 Understand and abide to the UAE Federal laws and DHA regulations related to termination of pregnancy, female sterilization/regulating reproduction, sexually transmitted diseases (STDs), consent, child protection, sexual offences and medical research and experiments.
- 4.2.12 Demonstrate effective referral services, especially in infertility cases, with respect to patient care and effectively contribute to other interdisciplinary team activities.
- 4.2.13 Deliver highest quality care with integrity, honesty and compassion.

5. Areas of clinical expertise

5.1 Antenatal care

- 5.1.1 Take obstetric history and demonstrate the knowledge of:
 - 5.1.1.1 Preconception care
 - 5.1.1.2 Placental abnormalities and diseases
 - 5.1.1.3 Immunology and immunological disorders affecting pregnancy
 - 5.1.1.4 Drug and alcohol misuse
- 5.1.2 Undertake pregnant and non-pregnant abdominal examination.
- 5.1.3 Manage antenatal complications, as:
 - 5.1.3.1 Miscarriage and fetal death
 - 5.1.3.2 Growth restriction
 - 5.1.3.3 Abnormal placentation
 - 5.1.3.4 Mode of delivery after caesarean section
 - 5.1.3.5 Antepartum hemorrhage
 - 5.1.3.6 Malpresentation
 - 5.1.3.7 Red cell/platelet alloimmunisation
 - 5.1.3.8 Preterm pre-labour rupture of the fetal membranes
 - 5.1.3.9 Reduced fetal movements
 - 5.1.3.10 Prolonged pregnancy
 - 5.1.3.11 Drug and alcohol abuse in pregnancy
 - 5.1.3.12 Infections during pregnancy
- 5.1.4 Assess fetal wellbeing by interpretation of cardiotocography (CTG).
- 5.1.5 Perform, interpret and report the fetal scans.
- 5.1.6 Perform external cephalic version (ECV) and cervical cerclage.
- 5.1.7 Counsel the patients about:
 - 5.1.7.1 Screening for Down syndrome
 - 5.1.7.2 Genetic diseases
 - 5.1.7.3 Fetal abnormalities
 - 5.1.7.4 Hemolytic diseases
 - 5.1.7.5 Infections
 - 5.1.7.6 Mode of delivery

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- 5.1.7.7 Female sterilization for medical indications
 - 5.1.8 Recognize any domestic violence and make relevant referral appropriately as per the UAE laws.
 - 5.2 Early pregnancy care
 - 5.2.1 Understand the epidemiology, etiology, pathogenesis and clinical features of early pregnancy loss/miscarriage.
 - 5.2.2 Perform clinical assessment of miscarriage and ectopic pregnancy.
 - 5.2.3 Perform biochemical assessment of early pregnancy.
 - 5.2.4 Perform surgical, minimal access surgery and non-surgical management of miscarriage and ectopic by appropriate techniques.
 - 5.2.5 Recognize the need for appropriate referral for more complex therapeutic needs or detailed evaluation with ultrasound or other imaging techniques.
 - 5.3 Maternal medicine
 - 5.3.1 Diagnose, investigate and manage maternal complications due to pregnancy, including, but not limited to, and refer to specialists whenever needed:
 - 5.3.1.1 Acute abdominal pain
 - 5.3.1.2 Asthma and other respiratory diseases
 - 5.3.1.3 Coagulation disorders
 - 5.3.1.4 Endocrinopathies
 - 5.3.1.5 Epilepsy
 - 5.3.1.6 Essential hypertension
 - 5.3.1.7 Gestational diabetes
 - 5.3.1.8 Infectious diseases
 - 5.3.1.9 Inflammatory bowel disease
 - 5.3.1.10 Pregnancy with type 1 diabetes
 - 5.3.1.11 Intercurrent infection
 - 5.3.1.12 Kidney disease
 - 5.3.1.13 Liver disease
 - 5.3.1.14 Maternal hemoglobinopathy
 - 5.3.1.15 Neoplasia and malignancies

- 5.3.1.16 Preeclampsia
 - 5.3.1.17 Pregnancy-induced hypertension
 - 5.3.1.18 Psychological disorders
 - 5.3.1.19 Thromboembolism
- 5.4 Management of labour
- 5.4.1 Understand that labours shall be conducted only in general hospitals or specialized hospitals with Ob/Gyn specialty.
 - 5.4.2 Understand and demonstrate appropriate knowledge related to labour, including:
 - 5.4.2.1 Mechanisms of normal labour and delivery
 - 5.4.2.2 Induction and augmentation of labour
 - 5.4.2.3 Drugs acting upon the myometrium
 - 5.4.2.4 Structure and use of partograms
 - 5.4.2.5 Regional anesthesia, analgesia and sedation
 - 5.4.2.6 Monitoring fetal wellbeing in labour
 - 5.4.2.7 Obstetric emergencies/ maternal collapse/ hemorrhage/ shoulder dystocia/uterine inversion and cord prolapse
 - 5.4.2.8 Pre-term labour/premature rupture of membranes
 - 5.4.3 Ability to effectively manage:
 - 5.4.3.1 In-utero transfer for premature delivery
 - 5.4.3.2 Intrauterine fetal death (IUFD) with respect to legal regulations
 - 5.4.3.3 Obstetric hemorrhage
 - 5.4.3.4 Severe pre-eclampsia/eclampsia
 - 5.4.3.5 Obstetric collapse
 - 5.4.3.6 Induction of labour
 - 5.4.3.7 Delay in labour
 - 5.4.3.8 Abnormal labour
 - 5.4.3.9 Labour after a previous lower segment caesarean section
 - 5.4.3.10 Preterm labour
 - 5.4.4 Coordinate and run labour ward by prioritizing labour cases and supervising the workload and problems in the labour ward.

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- 5.4.5 Evaluate clinical risks for abnormal labour.
 - 5.4.6 Interpret a CTG and perform fetal blood sampling when indicated.
 - 5.4.7 Order and interpret diagnostic tests as CT or MRI scan, lumbar puncture and x-rays to assess adverse effects of emergency conditions.
 - 5.4.8 Prescribe blood products and deal with women who decline blood or blood products.
 - 5.4.9 Advise on pain relief.
 - 5.4.10 Removal of cervical suture.
- 5.5 Management of delivery and intrapartum complications
- 5.5.1 Understand and demonstrate appropriate labour knowledge, including:
 - 5.5.1.1 Normal, operative and complex vaginal delivery
 - 5.5.1.2 Retained placenta
 - 5.5.1.3 Caesarean section
 - 5.5.1.4 General and regional anesthesia
 - 5.5.2 Manage intrapartum complications as, failure to progress in labour, non-reassuring fetal status in labour, genital tract trauma and caesarean section.
 - 5.5.3 Ability to effectively manage:
 - 5.5.3.1 Acute emergency caesarean section
 - 5.5.3.2 Caesarean section with placenta praevia
 - 5.5.3.3 Caesarean section with sterilization
 - 5.5.3.4 Cord prolapse
 - 5.5.3.5 Delivery with fetal malpresentation
 - 5.5.3.6 Forceps delivery without rotation
 - 5.5.3.7 Normal delivery, episiotomy repair and repair of third and fourth degree perineal repair with referral to colorectal surgeon when necessary
 - 5.5.3.8 Previously undiagnosed breech
 - 5.5.3.9 Recognition of mal-presentation
 - 5.5.3.10 Repeat caesarean section
 - 5.5.3.11 Retained placenta
 - 5.5.3.12 Shoulder dystocia

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- 5.5.3.13 Uncomplicated caesarean section
 - 5.5.3.14 Uterine rupture
 - 5.5.3.15 Vacuum extraction
 - 5.5.3.16 Vaginal breech delivery
 - 5.5.3.17 Vaginal breech delivery including second twin
 - 5.5.3.18 Vaginal delivery of twins
- 5.6 Postpartum care
- 5.6.1 Understand and demonstrate appropriate knowledge, skills and attitudes in relation to postpartum and neonatal problems, including:
 - 5.6.1.1 The normal puerperium, including contraception
 - 5.6.1.2 Breast problems
 - 5.6.1.3 Perineal and vaginal tears
 - 5.6.1.4 Damage to rectum and anal sphincters
 - 5.6.1.5 Postpartum sepsis
 - 5.6.1.6 Primary, secondary and other postpartum hemorrhage
 - 5.6.1.7 Acute maternal collapse
 - 5.6.1.8 Puerperal psychiatric disorders
 - 5.6.2 Have the knowledge of normal and abnormal postpartum period.
 - 5.6.3 Demonstrate skills in acute resuscitation.
- 5.7 Fetal medicine
- 5.7.1 Understand and demonstrate the appropriate knowledge of:
 - 5.7.1.1 Fetal growth stages.
 - 5.7.1.2 Fetal normal anatomy.
 - 5.7.1.3 Principles of chromosomal and genetic disorders.
 - 5.7.1.4 Performing non-invasive prenatal diagnosis: ultrasound and biochemical markers
 - 5.7.1.5 Performing invasive procedures as chorionic villus sampling, amniocentesis, placentesis and cordocentesis only after having the skills to perform the procedures as Fellowship in Fetal Medicine or any equivalent certificate along with hands-on training.

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- 5.7.1.6 Principles of obstetric ultrasonography.
 - 5.7.1.7 Principles of prenatal counselling for fetal chromosomal, genetic and congenital anomalies.
 - 5.7.1.8 Principles of fetal wellbeing by fetal growth assessment, biophysical profile and vascular doppler studies. Perform and interpret a fetal blood sample as per the hospital policies.
 - 5.7.2 Diagnose, investigate and manage fetal complications due to, but not limited to:
 - 5.7.2.1 Intrauterine growth restriction and fetal macrosomia
 - 5.7.2.2 Congenital anomalies
 - 5.7.2.3 Congenital infections
 - 5.7.2.4 Fetal anemia and thrombocytopenia
 - 5.7.2.5 Multiple pregnancy and fetal reduction in multiple pregnancy
 - 5.7.2.6 Oligohydramnios and polyhydramnios
 - 5.7.2.7 Twin to twin transfusion syndrome
 - 5.7.2.8 Fetal hydrops
 - 5.7.2.9 Intrauterine fetal death
 - 5.8 Gynecological care
 - 5.8.1 Understand and demonstrate appropriate knowledge, skills and attitudes in relation to common gynecological disorders.
 - 5.8.2 Understand pediatric and adolescent gynecological disorders.
 - 5.8.3 Understand epidemiology, etiology, biological behavior, pathophysiology, clinical characteristics, prognostic features and the management of:
 - 5.8.3.1 Benign conditions of the genital tract
 - 5.8.3.2 Congenital and acquired abnormalities of the genital tract
 - 5.8.3.3 Emergency gynecology
 - 5.8.3.4 Endocrine disorders
 - 5.8.3.5 Menstrual disorders
 - 5.8.3.6 Pelvic pain and endometriosis
 - 5.8.3.7 Problems of the climacteric
 - 5.8.3.8 Puberty

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- 5.8.3.9 Vaginal discharge
 - 5.8.4 Understand the anatomy and physiology of the vulva, take the history and counsel patient on the use of topical steroids/emollients.
 - 5.8.5 Perform endometrial assessment/biopsy, diagnostic hysteroscopy and laparoscopy.
 - 5.8.6 Recognize the need for appropriate referral for more complex or detailed evaluation with ultrasound or other imaging techniques.
- 5.9 Urogynecology and pelvic care
- 5.9.1 Understand the anatomy, physiology and pathophysiology of pelvic floor and urinary tract.
 - 5.9.2 Understand the epidemiology, etiology, characteristics and prognosis of, but not limited to:
 - 5.9.2.1 Urinary and fecal incontinence
 - 5.9.2.2 Urogenital prolapse
 - 5.9.2.3 Urinary infections
 - 5.9.2.4 Lower urinary tract disorders
 - 5.9.2.5 Urinary disorders associated with other conditions
 - 5.9.3 Initiate lower and upper urinary tract, neurology, pelvic floor and colorectal investigations along with understanding and interpreting results.
 - 5.9.4 Take urogynecological history and carry out appropriate general, pelvic floor and neurological examination.
 - 5.9.5 Assess pelvic floor strength, insert catheters and fit/change pessaries.
 - 5.9.6 Assess and manage uterovaginal prolapse as pelvic organ prolapse and vaginal hysterectomy.
 - 5.9.7 Treat acute bladder voiding disorder
 - 5.9.8 Counsel and plan initial management of overactive bladder symptoms and stress urinary incontinence.
 - 5.9.9 Perform and interpret urodynamic assessment.
 - 5.9.10 Perform surgeries for urinary incontinence after maintain the required skills and knowledge or recognize the need for appropriate referral to specialists for more specialized management.
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5.10 Surgical procedures and postoperative care

- 5.10.1 Demonstrate the knowledge of relevant basic sciences along with the knowledge of instruments and sutures.
- 5.10.2 Understand and demonstrate appropriate knowledge in relation to basic surgical skills.
- 5.10.3 Maintain the required skills to be able to proficiently perform:
 - 5.10.3.1 Correction of vulval and vaginal congenital or acquired abnormalities.
 - 5.10.3.2 Diagnostic and operative laparoscopy
 - 5.10.3.3 Diagnostic hysteroscopy (including endometrial polypectomy)
 - 5.10.3.4 Elective peritoneal adhesiolysis
 - 5.10.3.5 Evacuation of uterus
 - 5.10.3.6 Excision of vulval lesions
 - 5.10.3.7 Laparoscopy and laparotomy for ectopic pregnancy
 - 5.10.3.8 Marsupialisation of Bartholin's abscess
 - 5.10.3.9 Minor cervical procedures (including polypectomy)
 - 5.10.3.10 Myomectomy
 - 5.10.3.11 Ovarian cystectomy for benign disease
 - 5.10.3.12 Sterilization; as per the UAE Federal laws
- 5.10.4 Make appropriate postoperative management plans.
- 5.10.5 Conduct appropriate review of:
 - 5.10.5.1 Catheter
 - 5.10.5.2 Fluid/electrolyte balance
 - 5.10.5.3 Surgical drainage
 - 5.10.5.4 Sutures
- 5.10.6 Diagnose, investigate and manage postoperative complications related to obstetric, gynecological and non-gynecological procedures, including wounds, thromboembolism, and infection.
- 5.10.7 Deal competently with unexpected complications as bladder or ureteric injury.
- 5.10.8 Diagnose and manage late postoperative complications, including secondary hemorrhage.

5.11 Sexual and reproductive health

- 5.11.1 Understand and demonstrate appropriate knowledge and skills in fertility control, diagnosis and management of sexually transmitted diseases (STDs).
- 5.11.2 Take a history in relation to contraceptive, sexual health needs, risk assessment and unplanned pregnancy.
- 5.11.3 Counsel about contraceptive options (reversible and irreversible) and unplanned pregnancy options.
- 5.11.4 Deliver all methods of reversible contraception.
- 5.11.5 Manage complications secondary to all methods of contraception including failure.
- 5.11.6 Manage the following clinical situations:
 - 5.11.6.1 Hormonal Contraception
 - 5.11.6.2 Insertion of intra uterine device (IUD)/intra uterine system (IUS)
 - 5.11.6.3 Medical termination of pregnancy; as per the UAE Federal law
 - 5.11.6.4 Surgical termination of early pregnancy
- 5.11.7 Recognize and manage the following:
 - 5.11.7.1 Common clinical presentations of STDs in the female patient as dysuria, discharge, genital ulcerations
 - 5.11.7.2 Clinical presentations of complications of common STDs as acute pelvic infection
- 5.11.8 Perform appropriate microbiological investigations to investigate STDs.
- 5.11.9 Recognize and manage the clinical presentations of non-STD genital infections as bacterial vaginosis and genital candidiasis.
- 5.11.10 Treat and arrange follow-up for patients with STDs as per local protocols and UAE laws.
- 5.11.11 Explain the principles of partner notification and epidemiological treatment for sexual contacts.
- 5.11.12 Perform an HIV risk assessment and discuss HIV transmission with patients.
- 5.11.13 Give appropriate advice to an HIV positive woman about interventions available to reduce vertical HIV transmission in pregnancy.

- 5.11.14 Perform an HIV pre-test discussion and provide appropriate management for positive and negative results.
- 5.11.15 Assess risk for Hepatitis A/B/C infections and arrange Hepatitis A and B vaccination appropriately for risk groups according to DHA local regulations and UAE Federal laws.
- 5.11.16 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 and Cabinet Decision No. (33) of 2009 promulgating the bylaw of the Medical Liability.
- 5.11.16.1 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.
- 5.11.16.2 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).
- 5.11.17 Take a history from the couple, or individual, with a sexual/psychosexual problem.
- 5.11.18 Recognize, counsel and plan initial management of sexual/psychosexual problems, and know when to refer.
- 5.11.19 Understand the need to respect women's rights, dignity and confidentiality whilst providing appropriate information and advice.

5.12 Termination of pregnancy

Abortion shall be performed only in governmental health facilities. As per the Federal law No. (10) of 2008 in respect of Medical Liability and Cabinet Decision No. (33) of 2009 promulgating the bylaw of the Medical Liability, a physician

(including Ob/Gyn) shall not perform an abortion or prescribe anything that may induce abortion EXCEPT in the following two cases:

5.12.1 If a continuing pregnancy poses a risk to a pregnant woman's life, and under the following conditions:

5.12.1.1 Abortion shall be performed by a specialized Ob/Gyn with the approval of the treating physician, giving rise to abortion.

5.12.1.2 A report shall be written by the concerned physicians indicating the reason for abortion. It shall be signed by the pregnant woman, her husband or her legal guardian, if her consent cannot be obtained, as an approval to the abortion procedure. Each of the concerned parties (physicians and the pregnant woman) shall keep a copy of the report. Approval by the husband is not stipulated in the case of emergencies requiring immediate surgical intervention.

5.12.2 If it is proven that the fetus is mutilated (abnormal), and under the following conditions:

5.12.2.1 Abortion shall be performed at the request of the parents.

5.12.2.2 The length of pregnancy is shorter than one hundred and twenty days.

5.12.2.3 The mutilation is proven by a report from a governmental medical committee comprising consultants in obstetrics and gynecology, pediatrics and radiology.

5.12.2.4 The committee's report is based on medical examinations and the use of scientifically acceptable technologies.

5.12.2.5 The fetus is exposed to certain drugs with proven teratogenic effect or the fetus is suffering from a serious untreatable mutilation that is either incompatible to the life or if born alive would be bad and painful for the fetus and the family.

5.13 Female sterilization and reproduction

As per the UAE Federal law No. (10) of 2008 concerning Medical Liability and Cabinet Decision No. (33) of 2009 promulgating the bylaw of the Medical Liability, an Ob/Gyn shall abide to the below:

5.13.1 No action or intervention shall be performed for the purpose of controlling reproduction unless at the request or the consent of the married couple. The husband's consent is not needed if the wife has a disease that would threaten her life should she become pregnant.

5.13.2 The husband's consent is not needed when prescribing medical drugs to an ill wife which, by nature, would delay pregnancy or cause irregular monthly period.

5.13.3 No action or procedure shall be taken for the purpose of sterilizing a woman unless based on the opinion of a medical specialty committee comprising at least three physicians that pregnancy or labour will pose a definite risk to the mother's life. The wife's written approval shall be obtained and the husband informed.

5.13.3.1 The Ob/Gyn physician intending to perform female tubal ligation shall first seek DHA approval by sending the signed requisition form along with a copy of the patient's file to DHA two weeks prior to the procedure.

5.14 Infertility

5.14.1 Understand the epidemiology, etiology, pathogenesis, clinical features, treatment and prognosis of male and female infertility.

5.14.2 Take history and examine a couple presenting with infertility.

5.14.3 Arrange basic investigations.

5.14.4 Counsel couples about diagnosis and management options.

5.14.5 Provide basic ovulation induction/stimulation medications such as clomiphene citrate under the following criteria:

5.14.5.1 Ovulation induction shall be limited to treatment of ovulatory dysfunction in women desiring pregnancy.

- 5.14.5.2 Careful attention should be given to the selection of candidates. Pelvic examination is necessary prior to the treatment and before each subsequent course.
- 5.14.5.3 The couple shall be consulted about the purpose and risks of the procedure and its consequences including the possibility of spontaneous abortion, congenital anomalies, hyperstimulation and multiple pregnancy.
- 5.14.5.4 Ovulation induction shall be performed only by Consultant/Specialist Ob/Gyn who are competent and well trained in the field of reproduction.
- 5.14.5.5 Ovulation induction shall be limited to a maximum of 3 trials for the individual patient. If trials didn't satisfy the purpose after the third trial, the patient has to be referred to fertility centers for further specialized investigations and consultancy.
- 5.14.6 Understand the indications, limitations and complications of assisted reproductive techniques including intra uterine insemination (IUI), in vitro fertilization (IVF), or intracytoplasmic sperm injection (ICSI) and subsequent use of ovum, gamete intra-fallopian transfer (GIFT), or zygote intra-fallopian transfer and any universally accepted fertilization techniques.
- 5.14.7 Understand and abide to the UAE Federal law No. (11) of 2008 concerning Licensing of Fertilization Centers and the Cabinet Decision No. (36) of 2009 issuing the implementing regulation of Federal law No. (11) of 2008 concerning the Licensing of Fertilization Centers that indicates the following:
- 5.14.7.1 Assisted reproductive techniques shall be conducted only in fertilization centers after fulfilling all the healthcare professionals and facility requirements mentioned in the law.
- 5.14.8 Understand the pharmacokinetics and pharmacodynamics of drugs used in reproductive medicine.
- 5.14.9 Manage complications of ovarian hyperstimulation syndrome only in well prepared hospital settings or fertility centers.

5.14.10 Perform ultrasound/imaging for:

- 5.14.10.1 Follicular tracking: natural/simulated cycles
- 5.14.10.2 Tracking IVF endometrial development
- 5.14.10.3 Uterine abnormalities
- 5.14.10.4 Ovarian pathology
- 5.14.10.5 Early pregnancy assessment
- 5.14.10.6 Oocyte retrieval

5.15 Gynecological oncology

- 5.15.1 Understand epidemiology, etiology, genetic associations, diagnosis, prevention, screening, management, prognosis, complications, and anatomical considerations of premalignant and malignant conditions of: vulva, vagina, uterus, cervix, fallopian tube and ovaries.
- 5.15.2 Understand awareness of genetic abnormalities in relation to development of cancer.
- 5.15.3 Counsel about cervical cytology reports and human papillomavirus (HPV) test information.
- 5.15.4 Perform colposcopy and biopsy if needed.
- 5.15.5 Recognize and counsel about premalignant conditions, carcinomas or any clinical or x-ray suspected breast lesions and refer to specialists appropriately.
- 5.15.6 Provide surgical treatment with appropriate referral to medical oncology and radiotherapy.

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