



# HEALTHCARE PROFESSIONALS REGULATION

## REGULATION NUMBER (2) OF 2013

### STATEMENT

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## Part One Preliminary and Key Provisions

### 1 Title

This Regulation is to be referred to as the DHCC Healthcare Professionals Regulation No. (2) of 2013 (the “Healthcare Professionals Regulation”).

### 2 Issue of Regulation

This Healthcare Professionals Regulation is issued in accordance with the Law.

### 3 Repeal of Regulations

This Healthcare Professionals Regulation repeals and replaces the DHCC Healthcare Professionals Regulation No. (2) of 2008.

### 4 Hierarchy

- (1) If there is any conflict between the provisions of this Healthcare Professionals Regulation and the Governing Regulation, the provisions of the Governing Regulation shall prevail.
- (2) In the event of any inconsistency between an earlier version of a Regulation and an amended version of the same Regulation, the most recently amended version of the Regulation shall prevail.

### 5 Commencement

This Healthcare Professionals Regulation comes into force on the date of its issuance by the Chairperson.

### 6 Background

The vision of DHCC is to be the internationally recognized location of choice for quality Healthcare Services and an integrated center of excellence for clinical and wellness services, medical education and research. To assist in achieving this vision, there needs to be a strong and transparent governance framework relating to the regulation of Licensed Healthcare Professionals. No person may operate as a Licensed Healthcare Professional within DHCC without the appropriate License issued in accordance with this Healthcare Professionals Regulation.

### 7 Purpose

The purpose of this Healthcare Professionals Regulation is to protect the health and welfare of the public and set out the framework under which Licensed



Healthcare Professionals operate within DHCC, including the general criteria and procedures under which healthcare professionals may obtain and maintain Licenses to provide Healthcare Services within DHCC.

## 8 Application of this Healthcare Professionals Regulation

- (1) This Healthcare Professionals Regulation applies to the licensing of healthcare professionals and the provision of Healthcare Services by Licensed Healthcare Professionals within DHCC.
- (2) This Regulation provides a framework to ensure that there are safeguards in place to ensure:
  - (a) the provision of safe Healthcare Services;
  - (b) that the provision of the particular Healthcare Services is regulated under this Healthcare Professionals Regulation;
  - (c) that there are generally agreed qualifications for the healthcare professionals providing particular Healthcare Services; and
  - (d) that there are Standards that Licensed Healthcare Professionals are expected to meet.
- (3) This Healthcare Professionals Regulation applies to the categories of healthcare professionals set out in Schedule One of this Healthcare Professionals Regulation, as in force from time to time.

## 9 Requirement to comply with Regulations

It is a requirement that any healthcare professional intending to provide or providing Healthcare Services within DHCC shall comply with all of the applicable requirements of this Research Regulation, and the applicable Rules, Standards and Policies

## 10 Amendment of Regulations

The Chairperson may, from time to time, approve amendments to this Healthcare Professionals Regulation in accordance with the provisions of the Governing Regulation.

## 11 Provision of services in accordance with Regulations

- (1) No person may operate as a Licensed Healthcare Professional providing Healthcare Services within DHCC unless it is a natural person and has obtained and maintains a License in accordance with this Healthcare Professionals Regulation and the applicable Rules, Standards and Policies.
- (2) No person may provide Healthcare Services within DHCC except in accordance with this Healthcare Professionals Regulation and any other applicable Regulations, Rules, Standards and Policies.

- (3) Failure to comply with subsections (1) or (2), may result in:
  - (a) a Penalty being imposed as provided by the Regulations;
  - (b) the imposing of conditions, suspension, revocation, refusal to renew, or termination of the Licensed Healthcare Professional's License within DHCC as provided by the applicable Regulations; or
  - (c) eviction of the person operating within DHCC without a License and/or Miscellaneous Permit.

## 12 Healthcare Professionals Regulation to be read in conjunction with other Regulations

This Healthcare Professionals Regulation shall be read in conjunction with the following Regulations and any amendments to such Regulations:

- (1) Commercial Services Licensing Regulation;
- (2) Company Regulation;
- (3) Complementary and Alternative Medicine Professionals Regulation;
- (4) Education Regulation;
- (5) Governing Regulation;
- (6) Health Data Protection Regulation;
- (7) Health, Safety and Environment Regulation;
- (8) Healthcare Operators Regulation;
- (9) Medical Liability Regulation;
- (10) Research Regulation; and
- (11) Any other Regulation approved by the Chairperson under the Law.

## 13 Responsibility for administration of Regulations

The DHCC Board of Directors and the Executive Body of the DHCA are responsible for ensuring proper administration of this Healthcare Professionals Regulation and any Rules, Standards and Policies made under this Healthcare Professionals Regulation.

## 14 Savings and Transitional Provisions

- (2) Every person who is licensed under the repealed DHCC Healthcare Professionals Regulation No. (2) of 2008 immediately before the date upon which this present Healthcare Professionals Regulation comes into force shall upon that date be deemed to be licensed under the provisions of this Healthcare Professionals Regulation.

- (3) This Healthcare Professionals Regulation shall not apply to any investigation, inquiry, review, appeal or other similar proceedings commenced before the date upon which this present Healthcare Professionals Regulation comes into force and the repealed DHCC Healthcare Professionals Regulation No. (2) of 2008 shall continue to apply to that investigation, inquiry, review, appeal or proceedings as if this Healthcare Professionals Regulation has not been enacted.
- (4) Where on the date upon which this present Healthcare Professionals Regulation comes into force, any investigation, inquiry, review, appeal or other similar proceedings is in process, the relevant committee or panel carrying out that investigation, inquiry, review, appeal or proceedings shall continue to exist to complete the investigation, inquiry, review, appeal or other similar proceedings and may make such order, ruling or direction as it could have made under the powers of the repealed DHCC Healthcare Professionals Regulation No. (2) of 2008.
- (5) A person who was appointed as a member of any Agency, committee or panel before the date upon which this present Healthcare Professionals Regulation comes into force, and whose term has not expired by that date, shall continue to be a member of such Agency, committee or panel until the expiry of his term.



## Part Two Interpretation

### 15 Definitions

Capitalized terms not defined in this Healthcare Professionals Regulation shall have the meanings ascribed to them in the Governing Regulation.

Words in the singular include the plural and words in the plural include the singular.

Unless it is specifically stated otherwise in another Regulation or unless the context otherwise requires:

**Academic and Research Council** means the Academic and Research Council established by Part Five of the Governing Regulation;

**Active Status** means the status of a Licensed Healthcare Professional during which time he is entitled to engage in Professional Practice;

**AED** means the lawful currency of the UAE;

**Agency** means each or any of the boards, councils, registries and similar Entities established under the Governing Regulation and includes the Appeals Board, Central Governance Board, Licensing Board, Planning Council, Quality Council, Academic and Research Council, Professionals Council, Registry of Companies and CPQ;

**Appeals Board** means the Appeals Board as established by Part Six of the Governing Regulation;

**Applicant** means the applicant as defined in the specific Regulations that submits an Application in accordance with the specific Regulations;

**Application** means an application for a License, a Provisional Approval Letter, or a Miscellaneous Permit made under the specific Regulations;

**Approved Education Operator** means an Entity licensed by the Registry of Companies to conduct Education Programs in accordance with the Education Regulation and the applicable Rules, Standards and Policies;

**Approved Non-Degree Granting Healthcare Program** means a Non-Degree Granting Healthcare Program that has been approved by the Registry of Companies;

**Approved Post-Graduate Healthcare Education Program** means a Post-Graduate Healthcare Education Program that has been approved by the Registry of Companies;



**Approved Post-Graduate Medical Education Program** means a Post-Graduate Medical Education Program that has been approved by the Academic and Research Council;

**Approved Professional Indemnity Insurance** means professional indemnity insurance that shall be obtained and maintained by a Licensed Healthcare Professional in accordance with the applicable Regulations, Rules, Standards and Policies;

**Approved Research Operator** means an Entity holding a Research Permit duly issued by the Registry of Companies in accordance with the Research Regulation and the applicable Rules, Standards and Policies;

**Central Governance Board** means the Central Governance Board established under Part Five of the Governing Regulation;

**Chairperson** means the Chairperson of the DHCA appointed under Article (8) of the Law;

**Clinical Activity** means a Healthcare Service that falls within a Business Category;

**Clinical Affairs Department** means the department set up within CPQ to monitor and improve the quality of Healthcare Services within DHCC, and to oversee the accreditation processes of healthcare institutions within DHCC.

**Clinical Operating Permit** is the authorization issued by the Registry of Companies to a healthcare operator allowing it to conduct one or more Clinical Activities;

**Commercial Services Licensing Regulation** means the DHCC Commercial Services Licensing Regulation No. (9) of 2013, as in force from time to time;

**Company Regulation** means the DHCC Company Regulation No. (8) of 2013, as in force from time to time;

**Competence Program** means a program that is recognized by the Licensing Board and/or the Central Governance Board, and which requires a Licensed Healthcare Professional or Licensed Complementary and Alternative Medicine Professional to do any one or more of the following, within a period, or at intervals, prescribed in the program:

- (1) pass any examinations or assessments, or both;
- (2) complete a period of practical training;
- (3) complete a period of practical experience;
- (4) undertake a course of instruction;
- (5) undertake a period of supervised practice; and
- (6) may include a program that is already in existence or a program that is specific to the Licensed Healthcare Professional or the Licensed Complementary and Alternative Medicine Professional;

**Complaints Panel** means the Complaints Panel established by Part Eight of the Governing Regulation;

**Complementary and Alternative Medicine Professionals Regulation** means the DHCC Complementary and Alternative Medicine Professionals Regulation No. (3) of 2013, as in force from time to time;

**Commercial Services** means services provided by a Licensed Commercial Company;

**Continuing Education Requirements** means those requirements set out in the applicable Standards and Policies that shall be satisfied by a Licensed Healthcare Professional as a condition for maintaining and renewing his License;

**Continuing Healthcare Education Program** means a program of continuing education for Licensed Healthcare Professionals but does not include a Continuing Medical Education Program;

**Continuing Medical Education Program** means a program of continuing education for Licensed Healthcare Professionals;

**CPQ** means the Center for Healthcare Planning and Quality as established by Part Four of the Governing Regulation;

**CPU** means the Customer Protection Unit, a department set up within CPQ to manage and investigate complaints against Licensees as set out in Part Eight of the Governing Regulation and other applicable Regulations;

**Degree Granting Healthcare Program** means an Education Program that refers to the period of didactic and if appropriate clinical experience in a healthcare setting culminating in certification, certificate, diploma or degree;

**DHCA** means the Dubai Healthcare City Authority established under Article (4) of the Law, and comprises the Chairperson, the DHCC Board of Directors and the Executive Body;

**DHCA Services** means the services provided by the DHCA in carrying out the objectives and functions of the DHCA and include the services provided by the Agencies, and any Entity established by the DHCA for the purposes of providing such services;

**DHCC** means the Dubai Healthcare City established in the Emirate of Dubai under Resolution No. (9) of 2003;

**DHCC Board of Directors** means the board established under Article (10) of the Law;

**Disciplinary Action** means any of the actions specified in the Regulations, and includes, but is not limited to, summary restriction or suspension or the refusal to renew a License of a Licensed Healthcare Professional or a Licensed Complementary and Alternative Medicine Professional;



**Document and Documentation** means information stored in any form of writing, code or visual depiction and the manner in which such information is stored is irrelevant for the purpose of deeming the information to constitute a “document” for the purpose of this definition. A “document” includes summons, notice, order or other legal process and registers;

**Education Permit** means the authorization issued by the Registry of Companies to an Entity under the Education Regulation and the applicable Rules, Standards and Policies allowing it to conduct one or more Education Programs in DHCC;

**Education Program** means a program to educate or train persons in one or more areas, including a:

- (1) Post-Graduate Medical Education Program;
- (2) Post-Graduate Healthcare Education Program;
- (3) Continuing Medical Education Program
- (4) Continuing Healthcare Education Program;
- (5) Degree Granting Healthcare Program;
- (6) Non-Degree Granting Healthcare Program;
- (7) High School Education Program; and
- (8) Pre-School Education Program.

**Education Regulation** means the DHCC Education Regulation No. (5) of 2013, as in force from time to time;

**Electronic Record** means a record generated, communicated, received or stored by electronic, magnetic, optical or other means in an information system or for transmission from one information system to another;

**Electronic Signature** means any letters, characters, numbers or other symbols in digital form attached to or logically associated with an Electronic Record, and executed or adopted with the intention of authenticating or approving the Electronic Record;

**Employing Entity** means, with respect to a Licensed Healthcare Professional or a Licensed Complementary and Alternative Medicine Professional, the Licensed Healthcare Operator or other Entity that employs or engages that Licensed Healthcare Professional or Licensed Complementary and Alternative Medicine Professional;

**Entity** means an organization, institution, or corporation other than a natural person;

**Executive Body** means the Executive Body of the DHCA established under Article (12) of the Law and is presently known as Dubai Healthcare City Regulatory Authority (“DHCR”);

**Executive Director** means the Executive Director of the Executive Body of the DHCA, established under Article (12) of the Law;

**Fitness to Practice** means the Licensed Healthcare Professional or the Licensed Complementary and Alternative Medicine Professional has met and continues to meet the Required Standard of Competence for that Licensed Healthcare Professional's or the Licensed Complementary and Alternative Medicine Professional particular Professional Practice and has not engaged or is not engaging in Professional Misconduct;

**Fitness to Practice Panel** means the Fitness to Practice Panel established by Part Eight of the Governing Regulation;

**Good Moral Character** with respect to an Applicant means that the Applicant is in possession of those attributes essential for safe and competent Professional Practice in DHCC. Good Moral Character shall be assessed by evaluating the Applicant's demonstrated honesty, trustworthiness, integrity, accountability, reliability, ability to distinguish between right and wrong and to observe the difference between the two, avoidance of aggression to self and others, and avoidance of injustice and deceit, among other relevant attributes;

**Governing Regulation** means the DHCC Governing Regulation No. (1) of 2013, as in force from time to time;

**Guidance** means information developed by the DHCA or an Agency to assist the reader in understanding the Regulations, Rules, Policies or Standards for which such Agency has responsibility, but which is not binding;

**Health Review** means the formal inquiry carried out by the Fitness to Practice to determine if the Licensed Healthcare Professional's or the Licensed Complementary and Alternative Medicine Professional's mental and/or physical condition may impair his fitness to practice.

**Health Data Protection Regulation** means the DHCC Health Data Protection Regulation No. (7) of 2013, as in force from time to time;

**Healthcare Operators Regulation** means the DHCC Healthcare Operators Regulation No. (4) of 2013, as in force from time to time;

**Healthcare Services** means the healthcare and medical services provided by Licensed Healthcare Professionals, Licensed Complementary and Alternative Medicine Professionals and Licensed Healthcare Operators, and includes, but is not limited to, diagnosis, treatment, advice, service or goods provided in respect of the physical or mental health of a person;

**High School Education Program** means any high school education for children provided by qualified teachers and professionals, culminating in certification, certificate or diploma.

**Inactive Status** means the status of a Licensed Healthcare Professional or Licensed Complementary and Alternative Medicine Professional during which time he shall not engage in Professional Practice;

**Inactive Status Period** means the period of time during which a Licensed Healthcare Professional or Licensed Complementary and Alternative Medicine Professional holds Inactive Status;

**Inappropriate Professional Practice** means the provision of Healthcare Services by a Licensed Healthcare Professional or a Licensed Complementary and Alternative Medicine Professional that is below the Required Standard of Competence in relation to the scope of Professional Practice in respect of which the Licensed Healthcare Professional or the Licensed Complementary and Alternative Medicine Professional was licensed at the time that the conduct occurred and that may include, but is not limited to, those examples contained in Schedule Three;

**Interim Order** means an order made by the chairperson of the Complaints Panel under section 78(6);

**Law** means Dubai Healthcare City Law No. (9) of 2011, issued by the Ruler of Dubai, establishing Dubai Healthcare City Authority, and any amendments or variations to that Law;

**Letter of Acceptance** means the letter of acceptance issued by the Licensing Board to a healthcare professional pursuant to Part Five of this Healthcare Professionals Regulation;

**License** means a license issued by the Licensing Board with regard to healthcare professionals and Complementary and Alternative Medicine professionals or a permit issued by the Registry of Companies with regard to commercial companies, including Clinical Operating Permits, Non-Clinical Operating Permits, Research Permits and Education Permits;

**Licensed Commercial Company** means a company registered under the Company Regulation and licensed under the Commercial Services Licensing Regulation to provide Commercial Services within DHCC;

**Licensed Complementary and Alternative Medicine Professional** means a natural person engaged in the provision of Complementary and Alternative Medicine holding a License duly issued by the Licensing Board in accordance with the Complementary and Alternative Medicine Professionals Regulation and the applicable Rules, Standards and Policies;

**Licensed Healthcare Operator** means a hospital, clinic, laboratory, pharmacy or other Entity providing Healthcare Services in DHCC, holding a Clinical Operating Permit duly issued by the Registry of Companies in accordance with the Healthcare Operators Regulation and the applicable Rules, Standards and Policies;

**Licensed Healthcare Professional** means a natural person engaged in a Healthcare Profession holding a License duly issued by the Licensing Board in accordance with the Healthcare Professionals Regulation and the applicable Rules, Standards and Policies;

**Licensee** means a Licensed Healthcare Professional, a Licensed Complementary and Alternative Medicine Professional, a Licensed Healthcare Operator, an Approved Education Operator, an Approved Research Operator, a Licensed Commercial Company or a Non-Clinical Operating Permit Holder;

**Licensing Board** means the Licensing Board as established by Part Six of the Governing Regulation;

**Licensing Department** means the department set up under the purview of the Licensing Board, to carry out the day-to-day administrative functions of the Licensing Board, to assist the Academic and Research Council in carrying out their functions, and to undertake the review and approval of advertising and promotional materials by clinical and non-clinical facilities within DHCC;

**Manager** means the person who is appointed by a Licensee or Miscellaneous Permit Holder to be its principal representative in dealings with external parties and authorities;

**Mediator** means the person appointed under this Regulation to carry out the mediation process in accordance with clause 77 hereunder;

**Medical Liability Regulation** means the DHCC Medical Liability Regulation, Regulation No. (5) of 2005, as in force from time to time;

**Miscellaneous Permit** means the authorization issued by the Registry of Companies to an Entity or a person allowing it to conduct one or more activities that is not a Healthcare Service, research activity, or education activity on a short-term basis;

**Miscellaneous Permit Holder** means a person or Entity holding a Miscellaneous Permit;

**Non-Clinical Operating Permit** means the authorization issued by the Registry of Companies to a Licensed Commercial Company allowing it to conduct one or more activities that are not Healthcare Services, research activities, or education activities, and includes a public health permit;

**Non-Clinical Operating Permit Holder** means an Entity holding a Non-Clinical Operating Permit;

**Non-Degree Granting Healthcare Program** means an Education Program that refers to the period of didactic and if appropriate clinical experience in a healthcare setting which does not culminate in certification, certificate, diploma or degree, and includes a residency training program and a house-officer training program;

**Patient** means, with respect to Patient Health Information, the Patient to whom such Patient Health Information relates;

**Patient Health Information** means information about a patient, whether spoken, written, or in the form of an Electronic Record, that is created or received by any



Licensee, that relates to the physical or mental health or condition of the patient, including the reports from any diagnostic procedures and information related to the payment for services;

**Patient Identification Information** means personal details relating to the patient, including his full name, age, address and other contact details;

**Penalty** means the penalty imposed on a Licensee in accordance with the applicable Regulations;

**Planning Council** means the Planning Council as established by Part Five of the Governing Regulation;

**Policy** means a defined course of action determined by the DHCA and adopted in accordance with the provisions of the Governing Regulation, on the position, strategy or standing on a subject that shall be followed by those identified within the policy;

**Post-Graduate Healthcare Education Program** means the period of didactic and clinical training in a healthcare specialty that follows the completion of a recognized undergraduate healthcare education program and which prepares the Trainee for the independent practice of a healthcare specialty, but does not include a Post-Graduate Medical Education Program;

**Post-Graduate Medical Education Program** means the period of didactic and clinical training in a medical specialty that follows the completion of a recognized undergraduate medical education program and which prepares the Trainee for the independent practice of a medical specialty;

**Pre-School Education Program** means any non-compulsory pre-school education for children provided by qualified teachers and professionals with the primary objective of promoting structured educational experiences based on learning through play and social interaction;

**Professional Misconduct** means conduct by a Licensed Healthcare Professional that constitutes improper or inappropriate conduct affecting his provision of Healthcare Services or his compliance with applicable Regulations, Rules, Standards, Policies and ethical requirements, and that may include, but is not limited to, those examples contained in Schedule Four;

**Professional Practice** means with respect to any Licensed Healthcare Professional or Licensed Complementary and Alternative Medicine Professional, the provision of Healthcare Services and the performance of functions within the scope of his License, as provided in the Healthcare Professionals Regulation, the Complementary and Alternative Medicine Professionals Regulation and the applicable Regulations, Rules, Standards and Policies;

**Professionals Council** means the Professionals Council as established by Part Five of the Governing Regulation;



**Provisional Approval Letter** means the approval issued to an Entity by the Registry of Companies to enable that Entity to:

- (1) commence the activities required to meet the requirements of the Commissioning; and
- (2) obtain a License in accordance with the specific Regulations;

**Quality Council** means the Quality Council as established by Part Five of the Governing Regulation;

**Records** means all papers, records, recorded tapes, photographs, statistical tabulations or other documentary materials or data, regardless of physical form or characteristics, including in written or electronic form;

**Registry of Companies** means the Registry of Companies established by Part Seven of the Governing Regulation;

**Regulation** means any regulation approved by the Chairperson under the Law, including any amendments to any such regulation;

**Renewal Application** means an Application to renew the Licensed Healthcare Professional's Licensing status;

**Renewal Date** is the date as provided in the specific Regulations by which a Licensee shall renew its License, to enable it to continue operating within DHCC;

**Representative, in relation to a Patient,** means

- (1) where that Patient is dead, that Patient's executor or administrator;
- (2) where the Patient is under the age of 18 years - that Patient's parent or guardian; or
- (3) where the Patient, not being a Patient referred to in (1) or (2), is unable to give his authorization, or exercise his rights, a person appearing to be lawfully acting on the Patient's behalf or in his interests;

**Required Standard of Competence** means the standard of competence reasonably to be expected of a Licensed Healthcare Professional practicing within that Licensed Healthcare Professional's scope of Professional Practice, measured, to the greatest extent feasible, in an objective fashion against accepted norms of professional practice and any code of conduct issued by the Central Governance Board, as reasonably determined by the person or entity authorized under this Healthcare Professionals Regulation to make judgments concerning standards of competence;

**Research Permit** means the authorization issued by the Registry of Companies to an Entity under the Research Regulation and the applicable Rules, Standards and Policies allowing it to conduct one or more research activities in DHCC;

**Research Regulation** means the DHCC Research Regulation No. (6) of 2013, as in force from time to time;



**Rules** means the rules approved by the Chairperson or DHCC Board of Directors as provided for under the Governing Regulation and any other Regulation, and include the rules as in force from time to time,;

**Standard** means a specification that defines materials, methods, processes or practices and that is used to provide a basis for determining consistent and acceptable minimum levels of quality, performance, safety and reliability;

**Trainee** means a person who is participating in an Approved Post-Graduate Medical Education Program, an Approved Post-Graduate Healthcare Education Program or an Approved Non-Degree Granting Healthcare Program;

**UAE** means the United Arab Emirates.

## 16 Regulations include amendments

References in this Healthcare Professionals Regulation, or any other Regulations, to the Regulations are to be read as references to any of such Regulations as in force from time to time.

## 17 Headings

The headings used in this Healthcare Professionals Regulation are included for convenience of reference only and shall be ignored in the construction or interpretation of this Healthcare Professionals Regulation.

## 18 Time periods

References in Regulations to time periods are to be construed in accordance with the Gregorian calendar. Whenever Regulations reference a period of time, such period shall include every calendar day, except that:

- (1) when the last day of the period falls on a Friday or a Saturday, the period shall end instead on the next Sunday; and
- (2) subject to subsection (1), when the last day of the period falls on a UAE or Dubai public holiday, the period shall end instead on the next day that is not a UAE or Dubai public holiday.

## 19 Gender

Pronouns indicating male gender are used to refer to persons of both genders.

## 20 Documents in languages other than English

A person who wishes to submit an original document, a photocopy or an electronic version of a document written in a language other than English shall also submit a notarized translation into English of such document prepared by a legal translation service acceptable to the officer, employee or agent providing the DHCA Services to whom the document is submitted.



## 21 Documents in writing

- (1) Unless otherwise specifically stated, references in the Regulations to any requirement for a document or notice to be submitted to the Registry of Companies, the Licensing Board or any other Agency in writing shall be satisfied if such document or notice is submitted in the form of an Electronic Record.
- (2) Unless otherwise specifically stated, references in the Regulations to any requirement for a signature on any document or notice to be submitted to the Registry of Companies, the Licensing Board, or any other Agency is to be construed as being satisfied by an Electronic Signature that may be proved in a manner satisfactory to the Registry of Companies.

## 22 Meaning of Person

Unless the context otherwise requires, any reference in the Regulations to a “person” includes a reference to a natural person, and to a body corporate, limited liability company, association or partnership and to the legal or personal representatives, legal successors and lawful assigns of any such person.

## 23 Reference to sections

Unless otherwise specifically stated, references in a Regulation to a section and subsection mean the section and subsection of that Regulation.



## Part Three Licensing

### 24 Eligibility to apply for License

A healthcare professional in a category set out in Schedule One of this Healthcare Professionals Regulation may submit an Application to the Licensing Board for a License to practice in DHCC.

### 25 Categories of License

The Licensing Board may issue the following categories of Licenses in accordance with this Healthcare Professionals Regulation and the applicable Rules, Standards and Policies:

- (1) General License, which entitles a Licensed Healthcare Professional to engage in the Professional Practice without specific conditions or limitations other than those established by the Licensing Board or provided under this Healthcare Professionals Regulation and the relevant Rules, Standards and Policies;
- (2) Specialty License, which entitles a healthcare professional to engage in Professional Practice as related to the Licensed Healthcare Professional's specialty training without specific limitations other than those established by the Licensing Board or provided under this Healthcare Professionals Regulation and the relevant Rules, Standards and Policies;
- (3) Training License, which allows a healthcare professional to engage in Professional Practice under the guidance and/or supervision of a Licensed Healthcare Professional with a general or specialty License in accordance with the relevant Rules, Standards and Policies;
- (4) Faculty education License, which the Licensing Board may issue for a period not to exceed 1 year, to a healthcare professional who has demonstrated expertise in a specialty and has a temporary appointment in DHCC for the purposes of education. For the avoidance of doubt, a healthcare professional who is to provide education services that also involves the provision of Healthcare Services shall be required to hold a general or specialty License.

### 26 Certain Applications shall not be considered

- (1) Applications from the following healthcare professionals shall not be considered as suitable for holding a License to provide Healthcare Services in DHCC and shall not be reviewed under the provisions of this

Healthcare Professional Regulation. A healthcare professional who holds a professional license, certification or registration that

- (a) is currently restricted in any jurisdiction; or
  - (b) has been suspended, revoked or its renewal refused in any jurisdiction by the relevant professional or governmental body;
  - (c) has been denied a license or certification for cause; or
  - (d) has been prosecuted and convicted in any duly constituted court of any country for any offence that under the laws of Dubai or the UAE is a criminal offence.
- (2) In the case of a healthcare professional who is the subject of a pending investigation in any jurisdiction that could result in the restriction, suspension, revocation, or being refused the renewal of his professional license or certification in any other jurisdiction, or the subject of a pending prosecution that could result in a conviction of an offence that under the laws of Dubai or the UAE is a criminal offence, his Application shall not be considered during the course of such investigation or prosecution but shall be considered on its conclusion if such healthcare professional does not fall into any of the categories set out in subsection (1).

## 27 Fees

The Licensing Board shall publish from time to time the applicable fees that are to accompany all Applications, Renewal Applications and other submissions to the Licensing Board provided for under this Healthcare Professionals Regulation.

## 28 Fee to be paid at time Application is submitted

The Applicant shall pay the applicable fee at the time the Application is submitted to the Licensing Board.

## 29 Withdrawal of Application

- (1) An Applicant may withdraw his Application at any time.
- (2) The Licensing Board shall retain a record of the Applicant's withdrawal of the Application together with a copy of all the information provided by the Applicant or otherwise obtained during the course of consideration of the Application up until the time the Application is withdrawn.
- (3) Any fee submitted shall not be refunded.



### 30 Form of Application

An Application for a License shall only be considered if it meets the following requirements:

- (1) it is in English;
- (2) It is typewritten or written in a legible manner;
- (3) all data, information, and signatures required under this Healthcare Professionals Regulation and the applicable Rules, Standards and Policies regarding the particular category of License are supplied, including but not limited to those specified in Schedule Two;
- (4) the applicable fee is submitted; and
- (5) the Applicant has submitted any additional requested material.

### 31 Information to be provided with Application

A healthcare professional who applies for a License to provide Healthcare Services in DHCC shall:

- (1) complete the Application form,
- (2) provide the information that is required by the Licensing Board as may be specified from time to time, with the minimum requirements being those set out in Schedule Two of this Healthcare Professionals Regulation;
- (3) provide:
  - (a) a statement of the scope of Professional Practice within which the Applicant proposes to practice;
  - (b) any evidence in support of the Application that is required by the Licensing Board; and
  - (c) provide any additional information and supporting documentation that the Licensing Board reasonably requests.

### 32 Provision of evidence of indemnification

Except with respect to the issuance of a Letter of Acceptance as provided in Part Five of this Healthcare Professionals Regulation, the Applicant shall:

- (1) identify the Licensed Healthcare Operator that is to be the Employing Entity by which such Applicant is or is to be engaged upon receipt of his License;
- (2) provide evidence that he and/or his Employing Entity has in effect Approved Professional Indemnity Insurance as required by this Healthcare Professionals Regulation, the Healthcare Operators Regulation or by the applicable Regulations, Rules, Standards and Policies.

### 33 Provision of incomplete Application

- (1) It is the responsibility of the healthcare professional making the Application to submit a completed Application form and provide the required information.
- (2) In the case of incomplete Applications, the Licensing Board shall notify the healthcare professional, identifying the information that has not been provided and the timeframe within which the Application may be resubmitted.
- (3) The healthcare professional may resubmit the Application within the timeframe specified by the Licensing Board.
- (4) The healthcare professional shall not be required to pay an additional fee for resubmitting the Application within the timeframe specified by the Licensing Board.
- (5) If the Application is not submitted within the time specified, the Application shall be considered to be withdrawn in accordance with section 29 and the Applicant shall need to submit a new Application together with the applicable fee.

### 34 Review of Application

- (1) On receipt of the Application, the Licensing Board shall review the information to determine if the Application, including all of the information and supporting material provided as part of the Application, provides sufficient evidence to show that the Applicant's education, training and other qualifications are consistent with the specifications and requirements for obtaining a License set out in this Healthcare Professionals Regulation and the applicable Rules, Standards and Policies.
- (2) In reviewing the Application, the Licensing Board may seek the advice of the Professionals Council and/or the Academic and Research Council with regard to the procedure, treatment or therapy proposed to be provided by the Applicant.

### 35 Decision of Licensing Board

- (1) Upon being satisfied that the Applicant's education, training and other qualifications are consistent with the specifications and requirements for obtaining a License set out in this Healthcare Professionals Regulation and the applicable Rules, Standards and Policies, the Licensing Board shall either:
  - (a) approve the Application; or



(b) approve the Application subject to conditions or restrictions as it deems necessary and proper to be included in the License.

(2) If the Licensing Board is not satisfied that the Applicant's education, training and other qualifications are consistent with the specifications and requirements for obtaining a License set out in this Healthcare Professionals Regulations and the applicable Rules, Standards and Policies, the Licensing Board shall deny the Application.

### **36 Licensing Board to carry out its work expeditiously**

The Licensing Board shall carry out its work expeditiously, and in any event, shall comply with any timelines stipulated in any Rules, Standards or Policies that may be issued by the Licensing Board.

### **37 Applicant to be notified of Licensing Board's decision**

(1) The Licensing Board shall notify the Applicant in writing of the Licensing Board's decision to:

- (a) approve the Application and issue the License;
- (b) impose conditions or restrictions on the issue of such License; or
- (c) deny an Application for a License.

(2) Where the Licensing Board imposes conditions or restrictions or denies an Application for a License it shall:

- (a) give notice to the Applicant of its decision;
- (b) advise the Applicant of its right to seek an appeal under section 39; and
- (c) provide the Applicant with a written statement of reasons for its decision.

### **38 Right to be referred to as a Licensed Healthcare Professional**

Where the Application is approved by the Licensing Board, the healthcare professional shall be entitled to refer to himself as a Licensed Healthcare Professional and to provide Healthcare Services within DHCC in accordance with the applicable Regulations, Rules, Policies and Standards including any Continuing Education Requirements.

### **39 Right of appeal of Licensing Board's decision**

The Applicant has the right to appeal the Licensing Board's decision to deny an Application or to impose conditions or restrictions on the License.



#### 40 Right to provide further information upon appeal

- (1) Where the Applicant files an appeal against the Licensing Board's decision under section 39, it shall provide the Appeals Board with:
  - (a) written notification of its intention to appeal the decision;
  - (b) a written response to the statement of reasons set out in the notification; and
  - (c) any such additional and supplemental information as is deemed appropriate.
- (2) The information provided in subsection (1) above shall be provided to the Appeals Board within 30 days of the Applicant's receipt of the notification under section 37.

#### 41 License shall not take effect pending appeal

Unless otherwise ordered by the Appeals Board, where an Applicant has filed an appeal against the Licensing Board's decision to deny the Application or to impose conditions or restrictions on the License, the License shall not take effect until the conclusion of the appeal and the Appeals Board has either:-

- (1) approved the Application for a License; or
- (2) approved the Application for a License subject to conditions or restrictions.

#### 42 Consideration of additional information by Appeals Board

- (1) In undertaking the review of the decision, the Appeals Board may request the Applicant to attend a hearing of the Appeals Board.
- (2) The Applicant does not have the right to be heard by the Appeals Board during its review of the decision, unless his attendance has been requested by the Appeals Board under subsection (1) above.
- (3) If the Applicant is requested to attend a hearing of the Appeals Board under subsection (1) above, he shall attend the hearing alone, unless the Appeals Board allows otherwise.

#### 43 Notification of decision following appeal

Following the review of the Licensing Board's decision, the Appeals Board shall notify the Applicant of its decision to:

- (1) approve the Application for a License;
- (2) approve the Application for a License subject to conditions or restrictions;  
or
- (3) deny the Application for a License.



**44 No right of further appeal**

The Applicant has no right to lodge a further appeal of the Appeals Board's decision.

**45 Restriction on submitting new Application**

If the Licensing Board or the Appeals Board denies an Application, unless otherwise agreed by the Licensing Board, the Applicant may not file a new Application for a period of 6 months following its receipt of notice from the Licensing Board under section 37 or from the Appeals Board under section 43.



## Part Four Obligations and Roles of Licensed Healthcare Professionals

### 46 Term of License

Unless otherwise provided in a specific Rule, Standard or Policy or unless specified otherwise by the Licensing Board as a condition of the License:

- (1) the term of the initial License issued to an Applicant shall be 2 years, expiring on the second anniversary date of its issue;
- (2) each Licensed Healthcare Professional shall renew his License in accordance with sections 62 to 70 on the expiration of the initial term and then every 2 years thereafter, effective in each case as of the anniversary date of the initial issue of the License; and
- (3) each second anniversary date shall be the Renewal Date.

### 47 Details of License to be recorded on Register

At the time the License is issued, the details of the License including any conditions or restrictions included in the License shall be added to the Licensing Board's Register in accordance with the Governing Regulation.

### 48 Change in practice by Licensed Healthcare Professional

- (1) Where a Licensed Healthcare Professional intends to change his area of Professional Practice, the Licensed Healthcare Professional shall submit an amended Application.
- (2) The Licensed Healthcare Professional can only provide such Healthcare Services under the new area of Professional Practice provided he has received the approval of the Licensing Board pursuant to section 35(1).

### 49 Change of name, address and other details

- (1) A Licensed Healthcare Professional is required to ensure that the information contained in the Register is up to date and shall notify the Licensing Board of any changes as soon as practicable after the date of change.
- (2) The Licensing Board may require the Licensed Healthcare Professional to provide evidence to support any such change.

## 50 Compliance with Continuing Education Requirements

- (1) The Central Governance Board may from time to time require compliance of certain conditions, including completion of Continuing Education Requirements by the Licensed Healthcare Professionals.
- (2) If a Licensed Healthcare Professional fails to comply with Continuing Education Requirements, the Licensing Board may refuse to renew or revoke his License.

## 51 Request for Inactive Status

- (1) A Licensed Healthcare Professional may request to change his License to Inactive Status at any time during the term of the License.
- (2) The grounds for requesting Inactive Status are:
  - (a) on the request of the Licensed Healthcare Professional;
  - (b) where the Licensed Healthcare Professional suffers from injury or ill health so that he is no longer able to provide Healthcare Services; or
  - (c) where the Licensed Healthcare Professional has resigned or is no longer employed by a Licensed Healthcare Operator subject to the provisions set out in section 52.
- (3) A Licensed Healthcare Professional shall make such request in writing to the Licensing Board and certify that he shall:
  - (a) not undertake his Professional Practice in DHCC during the Inactive Status Period; and
  - (b) pay the applicable fee as determined by the DHCA from time to time.
- (4) A Licensed Healthcare Professional who has been granted Inactive Status by the Licensing Board shall not undertake his Professional Practice in DHCC during the Inactive Status Period.
- (5) A Licensed Healthcare Professional who has been granted Inactive Status by the Licensing Board may be exempted from the Continuing Education Requirements set out in the applicable Regulations, Rules, Standards and Policies during the Inactive Status Period, but shall remain subject to all other provisions of the applicable Regulations, Rules, Standards and Policies.
- (6) The Licensing Board shall determine any Continuing Education Requirements required during the Inactive Status Period and shall seek the advice of the Professionals Council in determining any such Continuing Education Requirements.
- (7) A Licensed Healthcare Professional may request at any time that the Licensing Board permit him to return to Active Status.



- (8) The then current term of said Licensed Healthcare Professional's License shall continue to run during the Licensed Healthcare Professional's Inactive Status Period.

## 52 Inactive Status arising from a change in employment status or engagement by Licensed Healthcare Operator

- (1) Where a Licensed Healthcare Professional resigns or is no longer employed or engaged by the Licensed Healthcare Operator specified in the Application, the Licensed Healthcare Professional shall notify the Licensing Board of the date on which he will no longer be employed or engaged by that Licensed Healthcare Operator.
- (2) The Licensed Healthcare Professional shall have Inactive Status 60 days after the date when the Licensed Healthcare Professional is no longer employed or engaged by the Licensed Healthcare Operator. The Licensed Healthcare Professional shall not undertake Professional Practice within DHCC from that date unless the License is re-activated.
- (3) The Licensed Healthcare Professional is required to continue to pay any applicable fee as determined by the DHCA from time to time during the period of Inactive Status.
- (4) The then current term of the Licensed Healthcare Professional's License shall continue to run during the Licensed Healthcare Professional's Inactive Status Period.
- (5) The Licensing Board may exempt the Licensed Healthcare Professional with Inactive Status from the Continuing Education Requirements set out in the applicable Regulations, Rules, Standards and Policies during the Inactive Status Period, but the Licensed Healthcare Professional shall remain subject to all other provisions of the applicable Regulations, Rules, Standards and Policies. The Licensing Board shall seek the advice of the Professionals Council with regard to the exempting of any Continuing Education Requirements.
- (6) The Licensing Board shall determine if there are any Continuing Education Requirements required during the Inactive Status Period. The Licensing Board shall seek the advice of the Professionals Council with regard to determining any Continuing Education Requirements.
- (7) A Licensed Healthcare Professional may request at any time after the 60 day period following the date the Licensed Healthcare Professional is no longer employed or engaged by the Licensed Healthcare Operator, that the Licensing Board permit him to return to Active Status on the provision of details of employment or engagement with another Licensed Healthcare



Operator and any other information the Licensing Board requests to enable the consideration of the request to return to Active Status.

- (8) If within a 60 day period following the date the Licensed Healthcare Professional is no longer employed or engaged by the Licensed Healthcare Operator, the Licensed Healthcare Professional does not request to undertake Professional Practice, the Licensed Healthcare Professional's License shall be automatically inactivated upon the expiry of that 60 day period.

### 53 Retirement from Professional Practice

- (1) Where a Licensed Healthcare Professional intends to retire from the provision of Healthcare Services within DHCC the Licensed Healthcare Professional shall provide the following information to the Licensing Board at least 60 days prior to his designated retirement:
- (a) the intended retirement date;
  - (b) details of any present or potential future complaints against the Licensed Healthcare Professional;
  - (c) details of the arrangements that will be made with regard to the Patient Health Information and Patient Identification Information held by the Licensed Healthcare Professional. Any such arrangements shall be in accordance with applicable Regulations, in particular the Health Data Protection Regulation and any applicable Rules;
  - (d) If applicable, the arrangements made by the Licensed Healthcare Professional for transitioning the care of his patients to other Licensed Healthcare Professionals.
- (2) The healthcare professional shall no longer refer to himself as a Licensed Healthcare Professional and shall not engage in Professional Practice in DHCC following the date identified as his retirement date.

### 54 Retired healthcare professional and Licensed Healthcare Professional with Inactive Status remain subject to DHCC jurisdiction

Both a retired healthcare professional and a Licensed Healthcare Professional with Inactive Status remain subject to the jurisdiction of DHCC with regard to the Professional Practice in which he engaged prior to the retirement date or the date of Inactive Status.

## Part Five Letter of Acceptance

### 55 Issuing Letter of Acceptance pending issue of License

- (1) An Applicant may submit an Application satisfying the requirements of section 30 where:
  - (a) the Employing Entity's facility at which the Applicant intends to be employed or be engaged is not yet completed; or
  - (b) the Employing Entity intending to engage the Applicant's services is not yet licensed as a Licensed Healthcare Operator.
- (2) In the circumstances described in subsection (1), the Applicant shall be issued with a Letter of Acceptance by the Licensing Board pending issue of a License.
- (3) The issue of a Letter of Acceptance does not entitle the Applicant to the issue of a License or the conversion of the Letter of Acceptance to a License unless the requirements set out in section 60 have been complied with.

### 56 Letter of Acceptance does not permit healthcare professional to provide Healthcare Services

- (1) The Letter of Acceptance does not permit the healthcare professional to provide Healthcare Services in DHCC.
- (2) At the time the Application and request for Letter of Acceptance are submitted, the Applicant shall acknowledge that he is not permitted to provide Healthcare Services in DHCC until he has obtained a License.

### 57 Request for Letter of Acceptance processed in same manner as Application

The provisions of sections 24 to 45 apply with respect to the request for and consideration of the issuing of a Letter of Acceptance.

### 58 Validity of Letter of Acceptance

- (1) A Letter of Acceptance shall be valid for 2 years from the date it is issued by the Licensing Board.
- (2) At the end of 2 years, the Letter of Acceptance shall expire and the healthcare professional shall need to submit a new Application.



## 59 Compliance with Continuing Education Requirements

- (1) During the period a healthcare professional holds a Letter of Acceptance, he shall comply with all Continuing Education Requirements established under the applicable Regulations, Rules, Standards and Policies as if he had a License.
- (2) The Central Governance Board may from time to time require compliance of certain conditions relating to the Continuing Education Requirements of Licensed Healthcare Professionals.

## 60 Conversion of Letter of Acceptance to License

At the time the healthcare professional has met all the requirements for a License and intends to obtain a License, he shall submit the following information for consideration by the Licensing Board:

- (1) A request for conversion of a Letter of Acceptance to a License;
- (2) Proof of employment by a Licensed Healthcare Operator within DHCC that is to be the Employing Entity;
- (3) An updated Curriculum Vitae, providing information regarding additional qualifications obtained, and current letter(s) of good standing from regulatory bodies in jurisdictions in which the holder of the Letter of Acceptance maintains active license(s);
- (4) proof that the holder of the Letter of Acceptance has satisfied all applicable Continuing Education Requirements since the issuance of such Letter;
- (5) evidence satisfactory to the Licensing Board that he has obtained himself, or that he has had provided by his Employing Entity, Approved Professional Indemnity Insurance to the extent required by this Healthcare Professionals Regulation, the Healthcare Operators Regulation or by the applicable Regulations, Rules, Standards and Policies; and
- (6) Any other information required by the Licensing Board.

## 61 Request for conversion of Letter of Acceptance processed in same manner as Application

The provisions of sections 24 to 45 apply with respect to the request for the conversion of the Letter of Acceptance to a License.



## Part Six Renewal of Licenses

### 62 Renewal of License

- (1) Each Licensed Healthcare Professional shall submit a completed Renewal Application and the required fee 60 days prior to the Renewal Date.
- (2) Unless otherwise provided in a specific Rule, Standard or Policy or as specified otherwise by the Licensing Board as a condition of the License, the Renewal Date is the second anniversary date of its issue.

### 63 Renewal Application to be considered in same way as Application

The provisions of sections 24 to 45 apply to the consideration of a Renewal Application.

### 64 Fee to be paid at time Renewal Application is submitted

The Applicant shall pay the applicable fee at the time the Renewal Application is submitted to the Licensing Board.

### 65 Information to be provided with Renewal Application

The Renewal Application shall include such information as the Licensing Board determines is reasonable and appropriate relating to the Licensed Healthcare Professional, including, but not limited to, the details set out in Schedule Two.

### 66 Licensing Board may require Licensed Healthcare Professional's Professional Practice to be audited

- (1) In preparation for consideration of a Renewal Application, the Licensing Board may require the Professional Practice of the Licensed Healthcare Professional seeking the renewal to be audited in accordance with the relevant Standards and Policies.
- (2) In considering whether the Licensed Healthcare Professional seeking the renewal should be audited, the Licensing Board may seek the advice of the Professionals Council.

### 67 Failure to file a Renewal Application

Where a Licensed Healthcare Professional fails to submit a Renewal Application in accordance with section 62, the License shall automatically expire on the Renewal Date.



**68 Licensed Healthcare Professional's License status suspended on License expiry**

On expiry of the License, the Licensed Healthcare Professional is prohibited from undertaking Professional Practice in DHCC until the requirements for renewal of licenses in this Part of this Healthcare Professionals Regulation have been met and the Licensing Board has approved the renewal of the License.

**69 Licensed Healthcare Professional's License status not suspended in certain circumstances**

Where a Licensed Healthcare Professional has submitted a Renewal Application, accompanied by the required information and the applicable fee in accordance with sections 64 and 65, but is not advised of:

- (1) the fact that information required has not been provided; or
- (2) the decision of the Licensing Board prior to the Renewal Date,

the License shall continue until such time as the Renewal Application is considered by the Licensing Board.

**70 Requirement to provide additional information**

- (1) Where a Licensed Healthcare Professional has submitted a Renewal Application, accompanied by the required information and the applicable fee in accordance with sections 64 and 65, and it is identified that additional information is required, the Licensing Board shall notify the Licensed Healthcare Professional that:
  - (a) additional information is required before the Renewal Application will be considered by the Licensing Board;
  - (b) if the information is not provided within the timeframe specified in subsection (2), the Licensed Healthcare Professional's License shall be automatically terminated.
- (2) The Licensed Healthcare Professional shall have 30 days to respond to the request for the additional information from the date of the notification under subsection (1).
- (3) If, after 30 days the Licensed Healthcare Professional has not provided the Licensing Board with the additional information as requested, the Licensed Healthcare Professional's License shall be automatically terminated upon the expiry of his existing License and the healthcare professional shall no longer be able to provide Healthcare Services within DHCC.



## Part Seven Fitness to Practice

### 71 Voluntary removal, suspension, etc.

- (1) A Licensed Healthcare Professional who believes that:-
- (a) his Fitness to Practice is impaired by reason of his physical or mental condition; or
  - (b) the quality of the Healthcare Services provided by him does not meet the standard which is reasonable to expect of a Licensed Healthcare Professional,
- may request that the Licensing Board do one or more of the following:
- (i) to cancel his License and remove his name from the Register;
  - (ii) to change his License to Inactive Status in accordance with section 51;
  - (iii) to impose appropriate conditions or restrictions on his License; and/or
  - (iv) to suspend or his License.
- (2) Subject to this section, if the Licensing Board and the Licensed Healthcare Professional agree in writing on the action to be taken under subsection (1), the Licensing Board may proceed with the agreed course of action.
- (3) The Licensing Board shall not take any action under this section in relation to a Licensed Healthcare Professional if:-
- (a) it believes that there is evidence of any conduct that constitutes Inappropriate Professional Practice or Professional Misconduct; or
  - (b) proceedings have been commenced under sections 76 to 79 against the Licensed Healthcare Professional.

### 72 Notification that Professional Practice is below Required Standard of Competence

- (1) If a person has reason to believe that a Licensed Healthcare Professional is practicing below the Required Standard of Competence, such person shall give written notice to the CPU of the reasons on which that belief is based.
- (2) Such persons shall include:-
- (a) a Manager of a Licensed Healthcare Operator;
  - (b) a Licensed Healthcare Professional; or
  - (c) the authorized representative of the Employing Entity of a Licensed Healthcare Professional.



- (3) If, following an audit pursuant to section 66 of this Healthcare Professionals Regulation, the Licensing Board has reason to believe that a Licensed Healthcare Professional is practicing below the Required Standard of Competence, it shall give written notice to the CPU of the reasons on which that belief is based.
- (4) The written notice shall state the reasons on which that belief is based and shall be accompanied by medical reports and/or other relevant information. The written notice submitted by the person or the Licensing Board shall be in a form as may be required by the CPU from time to time.
- (5) If a person specified under subsection (2) or the Licensing Board comes into possession of any further information or medical reports that may be relevant, after he has given such written notice, he shall provide such information or medical reports to the CPU immediately.

### 73 Review of Licensed Healthcare Professional's Professional Practice

- (1) Upon receipt of a written notice of the kind described in section 72, the CPU shall make a preliminary assessment to determine if the Licensed Healthcare Professional's conduct may constitute Inappropriate Professional Practice or Professional Misconduct.
- (2) In making its preliminary assessment, the CPU may seek the advice of the Professionals Council, the Academic and Research Council or a relevant expert as it deems appropriate.
- (3) After its preliminary assessment based on the advice received pursuant to subsection (2), if the CPU is of the view that the Licensed Healthcare Professional's conduct may amount to Inappropriate Professional Practice or Professional Misconduct, sections 76 to 79 of this Healthcare Professionals Regulation shall apply.
- (4) After its preliminary assessment based on the advice received pursuant to subsection (2), if the CPU is of the view that the Licensed Healthcare Professional's mental and/or physical condition may impair his Fitness to Practice, CPU may require the Licensed Healthcare Professional to submit himself for a medical examination by a healthcare professional nominated by the CPU, and sections 97 and 99 shall apply with the necessary modifications. If the CPU subsequently refers the matter to the Fitness to Practice Panel, section 96 shall apply.
- (5) After its preliminary assessment based on the advice received pursuant to subsection (2), if the CPU is of the view that the Licensed Healthcare Professional's ability falls below the Required Standard of Competence, the CPU may require the Licensed Healthcare Professional to undergo Competence Programs.

**74 Competence Programs**

Where a Licensed Healthcare Professional is required to attend and complete a Competence Program by the CPU pursuant to section 73(5), the Licensed Healthcare Professional shall undertake the Competence Program within such timeframe as may be specified by the CPU.

**75 Unsatisfactory results of Competence Program**

If a Licensed Healthcare Professional who is required to complete a Competence Program pursuant to section 73(5) does not satisfy the requirements of the program, the CPU may refer this matter to the Fitness to Practice Panel.



## Part Eight Complaints Process and Fitness to Practice Review

### 76 Initial assessment

- (1) After receipt of a complaint, the CPU shall assess whether the complaint involves Inappropriate Professional Practice or Professional Misconduct. Schedule Three and Schedule Four enumerate conduct that constitutes Inappropriate Professional Practice or Professional Misconduct respectively. Such Schedules are non-exhaustive and may be amended from time to time.
- (2) The CPU shall as soon as reasonably practicable send a copy of the complaint to the Licensed Healthcare Professional concerned and require him to submit his written explanation to the complaint within a stipulated time.
- (3) The CPU shall send the complaint, and the Licensed Healthcare Professional's written explanation, if any, to a relevant expert to obtain an opinion as to whether a possible offence relating to Inappropriate Professional Practice or Professional Misconduct may be disclosed.
- (4) If the expert opinion states that:
  - (a) a possible offence relating to Inappropriate Professional Practice or Professional Misconduct has been disclosed, the CPU shall refer the complaint to the Fitness to Practice Panel;
  - (b) there is no conduct that amounts to Inappropriate Professional Practice or Professional Misconduct, the expert may in its opinion consider one or more of the following recommendations and the CPU shall act on those recommendations accordingly:
    - (i) a letter of advice be issued to the Licensed Healthcare Professional;
    - (ii) the Licensed Healthcare Professional be required to undergo Competence Programs;
    - (iii) the Licensed Healthcare Professional be required to seek and undergo medical or psychiatric treatment or counseling; or
    - (iv) the Licensed Healthcare Professional be required to report on the status of the fitness of his physical or mental condition or on the status of his medical practice at such times, in such manner and to such person as may be specified;
  - (c) there is insufficient evidence of any wrongdoing, the CPU shall dismiss the complaint.
- (5) At any time, the CPU may refer a complaint for mediation pursuant to section 77.

- (6) At any time prior to the CPU making its decision on its course of action in subsection (4) above, the CPU may take steps to obtain further information as it deems necessary pursuant to its powers as provided for in sections 136 to 143 of the Governing Regulation.
- (7) Upon making its decision on its course of action in subsection (4) above, the CPU shall as soon as reasonably practicable serve a written notification to the Licensed Healthcare Professional concerned and the complainant of its classification of the complaint under subsection (1) above and its course of action under subsection (4) above.
- (8) Where the CPU decides upon a course of action in subsections (4)(b) or (4)(c) above,
  - (a) the complainant may, if he is dissatisfied with the course of action taken by the CPU under subsections (4)(b) and (4)(c) above, appeal to the chairperson of the Complaints Panel within 30 days of being notified of the CPU's course of action.
  - (b) the Licensed Healthcare Professional concerned may, if he is dissatisfied with the course of action taken by the CPU under subsection (4)(b) above, appeal to the chairperson of the Complaints Panel within 30 days of being notified of the CPU's course of action.
  - (c) Unless otherwise ordered by the Fitness to Practice Panel, where a Licensed Healthcare Professional has filed an appeal against the Fitness to Practice Panel's orders, the orders shall not take effect until the conclusion of the appeal and the chairperson of the Complaints Panel has made a decision.
  - (d) Unless otherwise ordered by the chairperson of the Complaints Panel, where a complainant or a Licensed Healthcare Professional has filed an appeal against the CPU's orders, the orders shall not take effect until the conclusion of the appeal and the chairperson of the Complaints Panel has made a decision.
  - (e) The complainant or the Licensed Healthcare Professional has no right to appeal the decision of the chairperson of the Complaints Panel.

## 77 Mediation

- (1) Where the CPU has referred the matter for mediation, the CPU shall notify the Licensed Healthcare Professional and the complainant.
- (2) Both the Licensed Healthcare Professional and the complainant must consent to the mediation before the mediation can proceed.
- (3) Upon obtaining such consent from the Licensed Healthcare Professional and the complainant, the CPU shall appoint a mediator to carry out the mediation.
- (4) If no such consent has been obtained from:

- (a) the Licensed Healthcare Professional, the CPU shall refer the matter to the Fitness to Practice Panel;
  - (b) the complainant, the CPU may dismiss the complaint.
- (5) Upon the conclusion of mediation, the mediator shall submit a report to the CPU, including the terms of any amicable resolution of the matter reached.
- (6) In the event that the complainant and/or the Licensed Healthcare Professional refused or failed without reasonable cause to attend the mediation, the mediator may recommend the following:
  - (a) refer the matter to the Fitness to Practice Panel; or
  - (b) dismiss the complaint.
- (7) In the event that there is no amicable resolution of the matter, the CPU may, after consideration of the report submitted by the mediator, make the following orders:
  - (a) dismiss the complaint; or
  - (b) refer the matter to the Fitness to Practice Panel.

## 78 Interim Order

- (1) Where a complaint has been classified as Professional Misconduct under section 76(1) above, the CPU may, if there are reasonable grounds to believe that the Licensed Healthcare Professional poses an imminent risk of serious harm to the public by practicing below the Required Standard of Competence, at any time before or after obtaining an expert opinion under section 76(3) above, refer the complaint to the chairperson of the Complaints Panel to determine whether an Interim Order should be made.
- (2) The CPU may, if there are reasonable grounds to believe that the Licensed Healthcare Professional poses an imminent risk of serious harm to the public because of some mental or physical condition, at any time before or after obtaining an expert opinion under section 76(3) above, refer the complaint to the chairperson of the Complaints Panel to determine whether an Interim Order should be made.
- (3) The chairperson of the Complaints Panel shall review the complaint to determine whether an Interim Order should be made.
- (4) The chairperson of the Complaints Panel may be assisted by a legal assessor in his review of the complaint.
- (5) The chairperson of the Complaints Panel shall provide the Licensed Healthcare Professional with a copy of the complaint and request him to provide his explanation as to whether an Interim Order should be made, either in writing or at a hearing. If the Licensed Healthcare Professional is



called upon to attend a hearing, he shall attend the hearing alone, unless the chairperson of the Complaints Panel allows otherwise.

- (6) Where upon due review into the complaint, the chairperson of the Complaints Panel is satisfied that the Licensed Healthcare Professional poses an imminent risk of serious harm to the public by practicing below the Required Standard of Competence, the chairperson of the Complaints Panel may order that:
  - (a) the License of the Licensed Healthcare Professional be suspended; or
  - (b) the Licensed Healthcare Professional's scope of Professional Practice be altered:
    - (i) by limiting any Healthcare Services that the Licensed Healthcare Professional is permitted to perform; or
    - (ii) by including in the Licensed Healthcare Professional's License any conditions or restrictions that the chairperson of the Complaints Panel considers appropriate.
- (7) The chairperson of the Complaints Panel shall immediately serve a written notification of its decision under subsection (6) above to the Licensed Healthcare Practitioner, and such decision shall take effect from the date of receipt of such notification.
- (8) An order under subsection (6) shall remain in place until directed otherwise by the Fitness to Practice Panel following the completion of the review by the Fitness to Practice Panel.
- (9) For the avoidance of doubt, sections 76 to 89 shall continue to apply to a Licensed Healthcare Professional whose License is the subject of an interim restriction or suspension imposed by the chairperson of the Complaints Panel pursuant to subsection (6).

## 79 Referral to Fitness to Practice Panel

- (1) Where the CPU has made its decision to refer the complaint to the Fitness to Practice Panel under section 76(4)(a), the chairperson of the Complaints Panel shall appoint a Fitness to Practice Panel in accordance with section 135 of the Governing Regulation.
- (2) The Fitness to Practice Panel shall review the complaint against the Licensed Healthcare Professional to determine his Fitness to Practice.

## 80 Obtaining legal advice

The Fitness to Practice Panel may obtain legal advice from a legal assessor to assist in its review.



## 81 Preparation for Fitness to Practice review

- (1) The Fitness to Practice Panel shall, at a reasonable time before its review commences, provide the Licensed Healthcare Professional with copies of the expert reports obtained by the CPU during its initial assessment and which forms the basis of the allegations the Licensed Healthcare Professional faces.
- (2) The Fitness to Practice Panel may, at any time before its review commences, require the Licensed Healthcare Professional to:
  - (a) provide any additional information; or
  - (b) meet with a member of the Fitness to Practice Panel to identify and clarify the nature of the issues that shall be considered or determined during the review.
- (3) The Fitness to Practice Panel shall provide the Licensed Healthcare Professional with Guidance concerning the conduct of the review prior to the commencement of the review.

## 82 Mode of review

- (1) Where a Fitness to Practice Panel reviews a complaint of Inappropriate Professional Practice, the review shall take place by way of written submissions to the Fitness to Practice Panel. The Licensed Healthcare Professional shall not be entitled to a right of hearing whether in person or by counsel, but shall be invited to provide written submissions to the Fitness to Practice Panel within a specified time.
- (2) Where a Fitness to Practice Panel reviews a complaint of Professional Misconduct, the review shall take place by way of a hearing, and sections 83 and 84 shall apply.

## 83 Notification of Fitness to Practice hearing

- (1) When a Fitness to Practice hearing is to be held, the Fitness to Practice Panel shall:
  - (a) within 3 days following the appointment of the Fitness to Practice Panel, serve notice on the Licensed Healthcare Professional that states:
    - (i) the nature of the hearing and of any allegations made against the Licensed Healthcare Professional or the issues that have been identified;
    - (ii) the time and place of the hearing;
    - (iii) that the Licensed Healthcare Professional has the right to make submissions; and



- (iv) that the hearing shall be held in private unless required otherwise by the Fitness to Practice Panel.
  - (b) fix a time and place for the hearing to be held. Such time shall be no earlier than 21 days and no later than 45 days following notification to the Licensed Healthcare Professional under subsection (1)(a) above.
- (2) The Fitness to Practice Panel may, at its discretion, allow the Licensed Healthcare Profession to be represented by counsel at the hearing.

#### 84 Procedures for hearing

- (1) At the Fitness to Practice hearing, the:
- (a) Fitness to Practice Panel shall hear and determine the matter before it;
  - (b) Licensed Healthcare Professional concerned is entitled to be present, to make submissions, to call witnesses and to undertake cross-examination;
  - (c) Licensed Healthcare Professional concerned may be represented by counsel if so allowed by the Fitness to Practice Panel; and
  - (d) proceedings are to be closed to the public unless the Fitness to Practice Panel determines otherwise.
- (2) Subject to the other provisions of this section and any relevant Standards and Policies, the Fitness to Practice Panel:
- (a) may regulate its own procedure;
  - (b) shall conduct the proceedings with as little formality and technicality as the requirements of this Healthcare Professionals Regulation and the proper consideration of the matter reasonably permit;
  - (c) is not bound by rules of evidence but may inform itself in any way that is reasonable; and
  - (d) is bound by the rules of natural justice.

#### 85 Information to be considered by Fitness to Practice Panel

Notwithstanding section 84, the Fitness to Practice Panel may, when conducting a review into a Licensed Healthcare Professional's ability to meet the Required Standard of Competence, or a Licensed Healthcare Professional's Inappropriate Professional Practice or Professional Misconduct, consider any report about such Licensed Healthcare Professional's Professional Practice made for the purposes of a performance assessment or performance review.



## 86 Decision of the Fitness to Practice Panel

After considering all the submissions made at the review, the Fitness to Practice Panel shall determine whether the Licensed Healthcare Professional:

- (1) has, whether by act or omission, engaged in action or inaction that it considers is Inappropriate Professional Practice; or
- (2) has, whether by act or omission, engaged in action or inaction that it considers is Professional Misconduct.

## 87 Orders of the Fitness to Practice Panel

- (1) If the Fitness to Practice Panel makes a finding under section 86 that the Licensed Healthcare Professional has engaged in action or inaction that it considers to be Inappropriate Professional Practice or Professional Misconduct, the Fitness to Practice Panel may make one or more of the following orders:
  - (a) require the Licensed Healthcare Professional to undergo counseling;
  - (b) caution the Licensed Healthcare Professional;
  - (c) require the Licensed Healthcare Professional to undertake and complete Competence Programs for a specified period;
  - (d) impose any conditions, or restrictions on the License of the Licensed Healthcare Professional;
  - (e) impose a Penalty on the Licensed Healthcare Professional;
  - (f) suspend the License of the Licensed Healthcare Professional for the period specified in the determination;
  - (g) only in the case where the Fitness to Practice Panel has made a finding that the Licensed Healthcare Professional has engaged in action or inaction that it considers to be Professional Misconduct, order the Licensed Healthcare Professional to show cause why his License should not be revoked.
- (2) Further to subsection (1), the Fitness to Practice Panel may order the Licensed Healthcare Professional concerned to pay such sums as it thinks fit in respect of costs and expenses of and incidental to any proceedings before the Fitness to Practice Panel, and where applicable, the chairperson of the Complaints Panel. Such costs and expenses shall include:-
  - (a) the costs and expenses of any legal assessor appointed to assist the Fitness to Practice Panel in its review;
  - (b) such reasonable expenses as the Fitness to Practice Panel may pay to witnesses; and
  - (c) such reasonable expenses as are necessary for the conduct of proceedings before the Fitness to Practice Panel and the chairperson of the Complaints Panel.



## 88 Show Cause Hearing by Appeals Board

- (1) Where the Fitness to Practice Panel has made an order under section 87(1)(g) that the Licensed Healthcare Professional show cause why his License should not be revoked, the Appeals Board shall:
  - (a) within 3 days following the order of the Fitness to Practice Panel, serve notice on the Licensed Healthcare Professional that states:
    - (i) the time and place of the hearing; and
    - (ii) that the Licensed Healthcare Professional has the right to make submissions and to be represented by counsel, and that the review shall be held in private, unless required otherwise by the Appeals Board.
  - (b) fix a time and place for the review to be held. Such time shall be no earlier than 21 days and no later than 45 days following notification to the Licensed Healthcare Professional under subsection (1)(a) above.
- (2) The Appeals Board may obtain legal advice from a legal assessor to assist in its review.
- (3) At the conclusion of the review, the Appeals Board shall:
  - (a) upon due cause being shown, order that the Licensed Healthcare Professional's License be revoked; or
  - (b) if due cause is not shown, determine that the Licensed Healthcare Professional's License shall not be revoked, but that one or more of the orders in sections 87(1)(a) to (f) shall be made.
- (4) Further to subsection (3), the Appeals Board may order the Licensed Healthcare Professional concerned to pay such sums as it thinks fit in respect of costs and expenses of and incidental to any proceedings before the Appeals Board. Such costs and expenses shall include:-
  - (a) the costs and expenses of any legal assessor appointed to assist the Appeals Board in its review;
  - (b) such reasonable expenses as the Appeals Board may pay to witnesses; and
  - (c) such reasonable expenses as are necessary for the conduct of proceedings before the Appeals Board.
- (5) The decision of the Appeals Board upon review shall be final.

## 89 Notification of Fitness to Practice Panel's and Appeals Board's decision and orders

- (1) The Fitness to Practice Panel and Appeals Board shall notify the Licensed Healthcare Professional in writing of its decision.



- (2) The Fitness to Practice Panel's orders under sections 86 and 87, and the Appeal Board's orders under section 88 shall take effect from the date of such notification.

## 90 Right of appeal of Fitness to Practice Panel's decision and orders

- (1) The Licensed Healthcare Professional has the right to appeal the Fitness to Practice Panel's decision and orders save for an order under section 87(1)(g).
- (2) Where the Licensed Healthcare Professional files an appeal against the Fitness to Practice Panel's decision and orders, he shall provide the Appeals Board with:
  - (a) written notification of its intention to appeal the decision;
  - (b) a written response to the statement of reasons set out in the notification; and
  - (c) any such additional and supplemental information as is deemed appropriate.
- (3) The information provided in subsection (2) above shall be provided to the Appeals Board within 30 days following the Licensed Healthcare Professional's receipt of the notification under section 89.

## 91 Consideration of additional information by Appeals Board

- (1) In undertaking the review of the decision, the Appeals Board may request the Licensed Healthcare Professional to attend a hearing before the Appeals Board.
- (2) The Licensed Healthcare Professional does not have the right to be heard by the Appeals Board during its review of the decision, unless his attendance has been requested by the Appeals Board under subsection (1) above.
- (3) If the Licensed Healthcare Professional is requested to attend a hearing of the Appeals Board under subsection (1) above, he shall attend the hearing alone, unless the Appeals Board allows otherwise.

## 92 Orders of the Appeals Board

- (1) Following the hearing of the appeal to review the Appeals Board's decision, the Appeals Board shall:
  - (a) uphold the decision and orders of the Fitness to Practice Panel; or
  - (b) make one or more of the orders in sections 87(1)(a) to (f); or



(c) make an order that the Licensed Healthcare Professional's License be revoked.

(2) Further to subsection (1), the Appeals Board may order the Licensed Healthcare Professional concerned to pay such sums as it thinks fit in respect of costs and expenses of and incidental to any proceedings before the Appeals Board.

### 93 Notification of decision following appeal

Following the hearing of the appeal to review the Licensing Board's decision, the Appeals Board shall notify the Licensed Healthcare Professional in writing of its decision under section 92.

### 94 No right of further appeal

The Licensed Healthcare Professional has no right to lodge a further appeal of the Appeals Board's decision.

### 95 Fitness to Practice Panel's orders shall not take effect pending appeal

Unless otherwise ordered by the Fitness to Practice Panel, where a Licensed Healthcare Professional has filed an appeal against the Fitness to Practice Panel's orders, the orders shall not take effect until the conclusion of the appeal and the Appeals Board has made a decision.

### 96 Health Review

(1) Where the CPU has referred the matter to the Fitness to Practice Panel for a formal inquiry under section 73(4), the Fitness to Practice Panel shall carry out a review to determine if the Licensed Healthcare Professional's mental and/or physical condition may impair his fitness to practice.

(2) A formal inquiry under subsection (1) shall be known as a Health Review, and sections 78 to 81, 85, and 88 to 95 shall apply accordingly with the necessary modifications.

(3) The Health Review shall be held in private.

### 97 Power to order medical examination

(1) Where the Fitness to Practice Panel considers that a Licensed Healthcare Professional may be unable to meet the Required Standard of Competence for the Professional Practice because of some mental or physical condition, the Fitness to Practice Panel may, by notice given to the

Licensed Healthcare Professional, require him to submit himself for examination or testing by a healthcare professional within the UAE.

- (2) Every notice given under this section shall be signed by the chairperson of the Fitness to Practice Panel and shall specify:
  - (a) the mental or physical condition that may cause the Licensed Healthcare Professional to be unable to perform the functions required for the Professional Practice;
  - (b) the name and address of the healthcare professional who is to conduct the examination or test; and
  - (c) the date by which the examination or test is to be conducted, being a date that is not less than 5 working days after the date on which the notice is given to the Licensed Healthcare Professional to submit himself for examination or testing.
- (3) Before giving a notice under this section, the Fitness to Practice Panel shall endeavor to consult with the Licensed Healthcare Professional about the healthcare professional who is to conduct the examination or test.
- (4) A Licensed Healthcare Professional who is required by a notice given under this section to submit himself for a medical examination shall be so examined by a healthcare professional nominated by the CPU.
- (5) For the purposes of section 73(4), any reference to the "Fitness to Practice Panel" or the "chairperson of the Fitness to Practice Panel" in sections 97 to 99 shall be construed as a reference to the "CPU".

## 98 Medical examination and reporting

- (1) A healthcare professional who conducts an examination or test pursuant to section 97(1) may consult any other healthcare professional who that healthcare professional considers to be able to assist in the completion of the examination or test.
- (2) When a healthcare professional has examined or tested a Licensed Healthcare Professional under this section, he shall, as soon as reasonably practicable after the examination or test, make a written report to the chairperson of the Fitness to Practice Panel on whether or not the Licensed Healthcare Professional has the mental or physical condition stated in the notice under section 97(2) and, if that is the case, the extent, if any, to which that condition affects the Licensed Healthcare Professional's ability to perform the functions required for the Professional Practice.

- (3) The chairperson of the Fitness to Practice Panel shall, promptly after receiving a report under subsection (2), send a copy to the Licensed Healthcare Professional to whom the report relates.
- (4) For purposes of section 73(4), any reference to the “Fitness to Practice Panel” or the “chairperson of the Fitness to Practice Panel” in sections 97 to 99 shall be construed as a reference to the “CPU”.

#### **99 Written submissions**

- (1) Where the Licensed Healthcare Professional has been given a notice under section 97 and has not by the time specified in the notice, submitted himself for examination or testing as required by the notice, the Fitness to Practice Panel shall give the Licensed Healthcare Professional a reasonable opportunity to provide an explanation in writing for not submitting himself for examination or testing.
- (2) Where the chairperson of the Fitness to Practice Panel has received a written report in respect of the Licensed Healthcare Professional provided under section 98(2), the Fitness to Practice Panel shall give the Licensed Healthcare Professional a reasonable opportunity to make submissions in writing on the report.

#### **100 Considerations upon Health Review**

In carrying out a Health Review, the Fitness to Practice Panel shall consider:

- (1) all of the relevant information relating to the Licensed Healthcare Professional;
- (2) the written report provided under section 98(2); and
- (3) the Licensed Healthcare Professional’s written submission on the written report provided under section 98(2) (if any).

#### **101 Orders of the Fitness to Practice Panel**

- (1) Where the Fitness to Practice Panel is satisfied based on the information considered under section 100 that:
  - (a) the Licensed Healthcare Professional is unable to perform the functions required for the Professional Practice because of some mental or physical condition;
  - (b) the Licensed Healthcare Professional has neither submitted himself for examination or testing in accordance with a notice under section 97, nor provided any reason acceptable to the



Fitness to Practice Panel for not submitting himself for the examination, or

- (c) the Licensed Healthcare Professional is able to perform the functions required for the Professional Practice, but only if certain conditions or restrictions are observed,

the Fitness to Practice Panel may make one or more of the orders in subsection (2).

(2) The Fitness to Practice Panel may:

- (a) require the Licensed Healthcare Professional to undergo counseling;
- (b) impose any conditions, or restrictions on the License of the Licensed Healthcare Professional;
- (c) suspend the License of the Licensed Healthcare Professional for a specified period; or
- (d) order the Licensed Healthcare Professional to show cause why his License should not be revoked.

## 102 Restriction on publication

- (1) The outcome or report of the Fitness to Practice Panel review shall not be published unless the Fitness to Practice Panel or in the case of an appeal, the Appeals Board, orders otherwise.
- (2) The identity of the Licensed Healthcare Professional who is the subject of the review may only be made public with the approval of the Fitness to Practice Panel or in the case of an appeal, the Appeals Board.
- (3) In its role as the central register of complaints under section 133 of the Governing Regulation, the CPU shall circulate the Fitness to Practice Panel's decision and/or orders to the Clinical Affairs Department, Licensing Department, Central Governance Board, and/or any other relevant agencies where a Licensed Healthcare Professional has been found guilty of Professional Misconduct or Inappropriate Professional Practice, provided that the name of any patient involved has been anonymised.

## 103 Penalty for publication

Any person who publishes or causes to be published any report in contravention of section 102 shall be subject to a Penalty to be determined by the Licensing Board.



## Part Nine Quality Improvement

### 104 Purpose of quality improvement activities

The purpose of quality improvement activities is to encourage effective quality improvement activities in relation to Healthcare Services provided by Licensed Healthcare Professionals.

### 105 Meaning of quality improvement activities

- (1) A quality improvement activity means an activity that is undertaken to improve the practices or competence of one or more Licensed Healthcare Professionals by assessing the Healthcare Services performed by those Licensed Healthcare Professionals.
- (2) A quality improvement activity includes the following acts that are done in the course of, or as a result of, that activity:
  - (a) the whole or part of any assessment or evaluation;
  - (b) the whole or part of a study of the incidence or causes of conditions or circumstances that may affect the quality of Healthcare Services performed by one or more Licensed Healthcare Professionals;
  - (c) any preparation for that assessment, evaluation, or study;
  - (d) making recommendations about the performance of those Healthcare Services; and/or
  - (e) monitoring the implementation of those recommendations.

### 106 Information obtained as the result of a quality improvement activity

- (1) To promote the free and frank discussion of specific patient care, including morbidity and mortality reviews, any information that comes into being as a consequence of that review may only be used for the purposes of quality assurance activities.
- (2) For the avoidance of doubt, the information obtained as a result of a quality improvement activity may not be used or relied upon by the Licensing Board for the purposes of renewal or review of a Licensed Healthcare Professional's Professional Practice.



## Part Ten Notifications

### 107 Notification of certain diseases

The Licensed Healthcare Professional in charge of a particular patient's care is responsible for complying with the Infectious Diseases Notification Federal Law 27 (1981) ("Federal Law") and reporting to the Ministry of Health in accordance with the Federal Law.

### 108 Notification of death

- (1) A Licensed Healthcare Professional in charge of a particular patient's care is responsible for complying with the requirements of the Federal Law with regard to the notification of deaths.
- (2) A death certificate may only be issued by the Ministry of Health.



## Schedule One Categories of Healthcare Professionals

*Reference: section 8(3) and section 24*

### 1 Categories of healthcare professionals

- (1) Anesthesia technicians
- (2) Audiologists, audiologist technicians
- (3) Cardiovascular technologists
- (4) Clinical Embryologists
- (5) Certified cosmetologists, certified estheticians, certified nail technologists, certified slimming machine technologists
- (6) Dialysis technicians
- (7) Dietitians
- (8) Dispensing opticians
- (9) Emergency first responder, emergency medical technician–basic, emergency medical technician–paramedic
- (10) General dentists, specialist dentist, dental trainee, dental faculty, certified dental assistant, dental hygienists and dental technicians
- (11) Hair transplant technicians
- (12) Laser therapists
- (13) Medical laboratory technologists, cytotechnologists, molecular biology technologist, medical laboratory assistants and certified phlebotomists
- (14) Medical Physicists
- (15) Medical practitioners (such as general practice, specialist, medical trainee, medical faculty, psychiatrists, surgeons and other specialists)
- (16) Medical radiation technologists
- (17) Midwives
- (18) Nutritionists
- (19) Occupational therapists
- (20) Optometrists, optometrist technicians
- (21) Orthotists, orthotist technicians



- (22) Perfusionist
- (23) Pharmacists, pharmacy technicians
- (24) Physical therapists, physical therapy assistants
- (25) Physician assistants
- (26) Podiatrists
- (27) Prosthetists, prosthetist technicians
- (28) Psychologists, counselors - couple and family, counselors - school, counselors - addiction, counselors - career, counselors - rehabilitation
- (29) Radiology technologists, ultrasonographers
- (30) Registered nurses, registered midwives, practical nurses, certified nurse assistants
- (31) Respiratory therapists, pulmonary function technologists
- (32) Sleep lab technologists
- (33) Speech language pathologists, speech language pathology assistants
- (34) Any other category of healthcare professionals as determined from time to time by the Central Governance Board and set out in the applicable Standards, Policies and Rules.



## Schedule Two

### Minimum Information Requirements for Applications and Renewal Applications

#### 1 Definitions

**IELTS or International English Language Testing System** means the organization that is jointly managed by the University of Cambridge ESOL Examinations (Cambridge ESOL), the British Council and IDP Education Australia: IELTS Australia to provide testing for proficiency in the English language;

**Test of English as a Foreign Language or TOEFL** means the examination administered by the Educational Testing Service, Princeton, New Jersey, USA;

**Test of Spoken English or TSE** means the examination administered by the Educational Testing Service, Princeton, New Jersey, USA;

**Test of Written English or TWE** means the examination administered by the Educational Testing Service, Princeton, New Jersey, USA.

#### 2 Information required for Applications

*Reference: section 30*

- (1) Each healthcare professional submitting an Application for a License, subject to the relevant Rules, shall provide satisfactory proof that he:
- (a) is 21 years of age or over;
  - (b) is of Good Moral Character;
  - (c) if a graduate of a program offered in a language other than English, has achieved:
    - (i) a minimum score of 550 on TOEFL;
    - (ii) a minimum score of 4.0 on TWE;
    - (iii) a minimum score of 50 on the TSE;
    - (iv) a minimum score of 7.0 for the academic components of the IELTS;
    - (v) such other proficiency exam as may have been recognized by the Licensing Board; or
    - (vi) evidence of at least one year of professional experience in an English-speaking jurisdiction.
  - (d) has completed the educational and training prerequisites for a License as set out in the applicable Rules; and

- (2) Each healthcare professional submitting an Application for a License, subject to the relevant Rules, shall also provide:
- (a) his name, date of birth, and home and principal business addresses;
  - (b) curriculum Vitae;
  - (c) documentation that the education and training requirements specified in the applicable Rules, have been satisfied, such documentation to be in a format suitable for primary source verification;
  - (d) certificates of good standing from all jurisdictions in which the Applicant holds current licenses, registrations or certificates, as appropriate, authorizing him to engage in the Professional Practice for which he is seeking a License in DHCC;
  - (e) a photograph of the Applicant, which shall be a likeness adequate for positive identification;
  - (f) 2 written references, written no earlier than 6 months prior to the filing date of the Application, attesting to the current clinical skills of the Applicant where each of the authors of the references shall be a healthcare professional holding a current, valid license to engage in Professional Practice in any jurisdiction that is the same Professional Practice in which the Applicant proposes to engage in DHCC;
  - (g) 1 written statement attesting that the Applicant is of Good Moral Character:
    - (i) the statement is to be executed by someone other than a relative who knows the Applicant well and for a substantial period of time;
    - (ii) the author of the statement shall be a healthcare professional holding a current, valid license to engage in his Professional Practice in any jurisdiction;
  - (h) if applicable, a written statement explaining the Applicant's involvement in any civil litigation related to his Professional Practice and any criminal charges pending against him;
  - (i) a description of the Applicant's clinical training and experience, particularly hospital internship and residency, if applicable;



- (j) identification of each country or jurisdiction in which the Applicant is or has been licensed to engage in his Professional Practice, including years of practice in each location;
- (k) a written statement listing the Applicant's other qualifications, including certificates, diplomas, or equivalent documentation;
- (l) a written statement of any professional Disciplinary Action to which the Applicant has been subjected, which shall describe the grounds for and action taken against the Applicant by government agencies, professional societies, healthcare operators and any payors for Healthcare Services;
- (m) a written statement concerning the Applicant's resignation or relinquishment of any clinical position, including as a member of the clinical staff of a healthcare operator, in lieu of Disciplinary Action;
- (n) a written statement of the results of any licensure examination the Applicant has taken, if applicable; and
- (o) a written statement concerning the Applicant's present physical and mental health, including an explanation of any limitations.

### 3 Information required for Renewal Applications

*Reference: section 65*

- (1) Summary of peer review process including the date of the review, the identification of the person or persons carrying out the review and any recommendations relating to the Licensed Healthcare Professional not meeting the Professional Practice standards expected;
- (2) Disciplinary Action taken against the Licensed Healthcare Professional by any governmental agency, professional society or healthcare operator relating to his provision of Healthcare Services;
- (3) the Licensed Healthcare Professional's resignation or relinquishment of any clinical position, including as a member of the clinical staff of a healthcare operator, in lieu of Disciplinary Action;
- (4) criminal charges filed against the Licensed Healthcare Professional;
- (5) civil charges brought against the Licensed Healthcare Professional;
- (6) any medical condition that limits or impairs or has limited or impaired the Licensed Healthcare Professional's ability to engage in his Professional Practice;

- (7) medical treatment or monitoring of the Licensed Healthcare Professional for use of chemical substances;
- (8) evidence of satisfactory completion by the Licensed Healthcare Professional of the applicable Continuing Education Requirements, with the added requirement that:
  - (a) the Licensed Healthcare Professional is responsible for maintaining an authenticated record of all continuing education activity he has completed; and
  - (b) the Licensed Healthcare Professional shall retain such records for a period of at least 3 years or until the Licensed Healthcare Professional's License has been renewed for an ensuing period;
- (9) evidence of the Licensed Healthcare Professional's continued employment by an Employing Entity;
- (10) evidence that the Licensed Healthcare Professional remains covered by Approved Professional Indemnity Insurance, either directly or through his Employing Entity, as required by this Healthcare Professionals Regulation, the Healthcare Operators Regulation or the applicable Regulations, Rules, Standards and Policies; and
- (11) evidence of a valid and current life saver training certificate as required by the relevant Rules, Standards and Policies.

### Schedule Three Examples of Inappropriate Professional Practice

Examples of inappropriate professional practice include, but are not limited to, the following:

**APPLICABLE TO ALL HEALTHCARE PROFESSIONALS:**

1. Failing to treat patients with respect, dignity and courtesy.
2. Failing to hear patients' opinions and respect their views.
3. Failing to communicate in a clear and effective manner, including ensuring that information is adequately explained to the patient in the language that he understands.
4. Failing to promptly respond to patients' questions and keeping appointments made with patients, unless there are good and sufficient reasons why this cannot be done.
5. Failing to be considerate to patients' relatives, carers, partners and others close to the patient, including being sensitive and responsive in providing information and support.
6. Deprecation of other healthcare professionals which is intended to undermine trust in that healthcare professional's knowledge, skills or reputation.
7. Failing to treat other healthcare professionals with respect and courtesy.



## Schedule Four Examples of Professional Misconduct

Examples of professional misconduct include, but are not limited to, the following:

### **APPLICABLE TO ALL HEALTHCARE PROFESSIONALS:**

1. Gross negligence in the provision of Healthcare Services.
2. Practicing beyond the limits of the Licensed Healthcare Professional's competence in managing a patient.
3. Treating or caring for a patient while under the influence of alcohol or drugs of abuse.
4. Failing to arrange for appropriate and timely investigations.
5. Failing to undertake assessments, examinations or treatment in a timely manner.
6. Providing excessive, unnecessary or inappropriate treatment, assessment, examinations or investigations to a patient.
7. Failing to maintain clear and accurate medical records of sufficient detail in a timely manner.
8. Tampering and/or falsification of medical records.
9. Improper delegation of treatment or care to another healthcare professional.
10. Improper referral of treatment or care to another healthcare professional.
11. Charging a fee that is grossly excessive or unreasonable in relation to the services rendered.
12. Fraudulently procuring a License or its renewal.
13. Knowingly furnishing false and/or misleading information on an Application, a Renewal Application or any submission to an Agency.
14. Signing, issuing or submitting, in the Licensed Healthcare Professional's professional capacity, a document that the Licensed Healthcare Professional knows contains a false and/or misleading statement.
15. Misrepresenting qualifications or credentials pertaining to the Licensed Healthcare Professional's Professional Practice.
16. False or misleading advertising.
17. Canvassing or touting for patients.
18. Engaging in fee sharing or obtaining commissions from the referral of patients.
19. Improperly obtaining money or gifts from patients.
20. Improperly prescribing, dispensing or selling drugs or appliances in which the Licensed Healthcare Professional has a financial interest, unless the Licensed Healthcare Professional has made full disclosure of such financial interest to the patient.
21. Exerting undue influence upon a patient in relation to transactions in which he has an interest.
22. Disclosing without a patient's consent, information obtained in confidence, except as required or allowed by law or under the Regulations.



23. Entering into a sexual relationship or any other improper association with a patient and/or his immediate family members.
24. Engaging in inappropriate sexual behavior involving words, gestures, actions or behavior towards a patient.
25. Outraging the modesty of a patient.
26. Verbally, physically or emotionally abusing a patient.
27. Carrying on a trade, business or calling which is incompatible with or detracts from the Licensed Healthcare Professionals' Professional Practice, and brings his practice and his profession into disrepute.
28. Being convicted of a criminal offence that may affect the Licensed Healthcare Professional's Fitness to Practice / implying a defect in character which makes him unfit to practice as a medical practitioner.
29. Violating the terms of any order or determination made by the chairperson of the Complaints Panel, Fitness to Practice Panel, Licensing Board or any other agreement that the Licensed Healthcare Professional has entered into with the patient in mediation.
30. Contravening any conditions, limitations or restrictions imposed by the Licensing Board, or Licensing Board upon the Licensed Healthcare Professional under the Governing Regulation, this Healthcare Professionals Regulation or any applicable Rules, Standards and Policies.
31. Contravening the Rules, Standards or Policies in relation to the provision of Healthcare Services.
32. Cheating on or attempting to compromise the integrity of any professional licensing or certification examination.
33. Aiding or abetting any person who does not hold a valid License to provide Healthcare Services in DHCC when a License is required.

#### **GENERAL DENTISTS, SPECIALIST DENTISTS**

1. Misdiagnosis of a patient's condition.
2. Providing treatment to a patient without an adequate assessment of a patient's condition.
3. Failure to obtain informed consent from a patient or his Representative before initiating treatment or undertaking any examination or investigation.
4. Failing to make necessary and timely visits.
5. Providing interventions, treatments and medications not generally accepted by the dental profession.
6. Refusal to treat patients on an emergency basis.
7. Excessive and/or inappropriate prescription of drugs.
8. Knowingly prescribing, administering, trafficking, supplying or otherwise assisting in the use of prohibited substances.
9. Providing misleading or untrue information, either deliberately or negligently in medical certification.



10. Supporting or otherwise endorsing in the Licensed Healthcare Professional's professional capacity, persons or organisations that do not provide healthcare services.

#### **DENTAL TRAINEES, DENTAL FACULTY, CERTIFIED DENTAL ASSISTANTS, DENTAL HYGIENISTS AND DENTAL TECHNICIANS**

1. Providing treatment to a patient without a dentist's order.
2. Providing inadequate and/or improper medical care, or refusing care to a patient.
3. Failure to inform a medical practitioner in charge of the treatment of the patient or the relevant treating medical practitioner of a significant and/or adverse development in the patient's medical condition.

#### **DISPENSING OPTICIANS**

1. Dispensing of optical prescriptions to a patient without an adequate assessment of a patient's condition.
2. Failing to provide adequate information or advice to patients on prescribed optical devices intended for correction of a defect of sight.
3. Endorsing non-medical services or products to lead the public into believing that the non-medical product or service is medically beneficial or is being endorsed by a dispensing optician.

#### **MEDICAL LABORATORY SCIENTISTS AND TECHNICIANS**

1. Advising excessive, unnecessary or inappropriate examinations and investigations to a patient.
2. Failure to obtain informed consent from a patient or his Representative before undertaking any examination or investigation.
3. Undertaking examinations and investigations of a patient without instructions from a medical practitioner.

#### **MEDICAL PRACTITIONERS (SUCH AS DOCTORS, PSYCHIATRISTS, SURGEONS AND OTHER SPECIALISTS)**

1. Misdiagnosis of a patient's condition.
2. Providing treatment to a patient without an adequate assessment of a patient's condition.
3. Failure to obtain informed consent from a patient or his Representative before initiating treatment or undertaking any examination or investigation.
4. Failing to make necessary and timely visits.
5. Providing interventions, treatments and medications not generally accepted by the medical profession.
6. Refusal to treat patients on an emergency basis.
7. Excessive and/or inappropriate prescription of drugs.



8. Knowingly prescribing, administering, trafficking, supplying or otherwise assisting in the use of prohibited substances.
9. Providing misleading or untrue information, either deliberately or negligently in medical certification.
10. Supporting or otherwise endorsing in the Licensed Healthcare Professional's professional capacity, persons or organizations that do not provide healthcare services.

#### **MEDICAL RADIATION TECHNOLOGISTS**

1. Carelessly, negligently or unskillfully using ionizing radiation.
2. Advising excessive, unnecessary or inappropriate investigations and examinations to a patient.
3. Failure to obtain informed consent from a patient or his Representative before undertaking any examination or investigation.
4. Undertaking examinations and investigations of a patient without instructions from a medical practitioner.

#### **MIDWIVES**

1. Providing treatment to a patient without instructions from a medical practitioner.
2. Providing inadequate and/or improper medical care, or refusing care to a patient.
3. Failure to inform a medical practitioner in charge of the treatment of the patient or the relevant treating medical practitioner of a significant and/or adverse development in the patient's medical condition.

#### **NURSES**

1. Providing treatment to a patient without instructions from a medical practitioner.
2. Providing inadequate and/or improper medical care, or refusing care to a patient.
3. Failure to inform a medical practitioner in charge of the treatment of the patient or the relevant treating medical practitioner of a significant and/or adverse development in the patient's medical condition.

#### **NUTRITIONISTS**

1. Providing services such as advice on nutritional therapy to a patient without an adequate assessment of a patient's condition.
2. Failure to obtain informed consent from a patient or his Representative before initiating therapy or undertaking any examination.
3. Failing to follow up on the patient's condition.
4. Providing services not generally accepted by the dietetic profession.
5. Recommending vitamins, minerals or nutritional supplements for improper use.
6. Endorsing non-medical services or products to lead the public into believing that the non-medical product or service is medically beneficial or is being endorsed by a dietitian.

#### **OCCUPATIONAL THERAPISTS**



1. Failure to properly evaluate and/or identify a patient's condition.
2. Providing therapy to a patient without an adequate assessment of a patient's condition.
3. Failure to obtain informed consent from a patient or his Representative before initiating therapy or undertaking any examination or investigation.
4. Failing to follow up on the patient's condition.
5. Providing a patient with remedies not generally accepted by the occupational therapy profession.
6. Endorsing non-medical services or products to lead the public into believing that the non-medical product or service is medically beneficial or is being endorsed by an occupational therapist.

### **OPTOMETRISTS**

1. Failure to properly evaluate and/or identify a patient's condition.
2. Providing services to a patient without an adequate assessment of a patient's condition.
3. Failure to obtain informed consent from a patient or his Representative before providing medical services or undertaking any examination or investigation.
4. Failing to follow up on the patient's condition.
5. Providing services not generally accepted by the optometry profession.
6. Endorsing non-medical services or products to lead the public into believing that the non-medical product or service is medically beneficial or is being endorsed by an optometrist.

### **PHARMACISTS**

1. Failing to prevent the supply or otherwise take appropriate action in the circumstances where the pharmacist knew or should reasonably be expected to realise that a prescribed medicine had in the circumstances and/or in such quantities, the potential for misuse, abuse or dependency.
2. Failing to prevent the supply or otherwise take appropriate action in the circumstances when the pharmacist knew or should reasonably be expected to realise that the supply of the prescribed medicine in such circumstances and/or in such quantities, was likely to constitute a hazard to health.
3. Endorsing non-medical services or products to lead the public into believing that the non-medical product or service is medically beneficial or is being endorsed by a pharmacist.

### **PHYSICAL THERAPISTS**

1. Failure to properly evaluate and/or identify a patient's condition.
2. Providing therapy to a patient without an adequate assessment of a patient's condition.
3. Failure to obtain informed consent from a patient or his Representative before initiating therapy or undertaking any examination or investigation.
4. Failing to follow up on the patient's condition.
5. Providing therapy not generally accepted by the physical therapy profession.

6. Endorsing non-medical services or products to lead the public into believing that the non-medical product or service is medically beneficial or is being endorsed by a physical therapist.

#### **PODIATRISTS**

1. Failure to properly evaluate and/or identify a patient's condition.
2. Providing therapy to a patient without an adequate assessment of a patient's condition.
3. Failure to obtain informed consent from a patient or his Representative before initiating therapy or undertaking any examination or investigation.
4. Providing excessive, unnecessary or inappropriate therapy to a patient.
5. Failing to follow up on the patient's condition.
6. Providing therapy not generally accepted by the podiatry profession.
7. Endorsing non-medical services or products to lead the public into believing that the non-medical product or service is medically beneficial or is being endorsed by a podiatrist.

#### **PSYCHOLOGISTS**

1. Failure to properly evaluate and/or identify a patient's condition.
2. Providing therapy to a patient without an adequate assessment of a patient's condition
3. Failure to obtain informed consent from a patient or his Representative before initiating therapy or undertaking any examination or investigation.
4. Failing to follow up on the patient's condition.
5. Providing therapy not generally accepted by the psychology profession.
6. Endorsing non-medical services or products to lead the public into believing that the non-medical product or service is medically beneficial or is being endorsed by a psychologist.