



OUTPATIENT COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM) SERVICES

STANDARD

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STANDARD – Outpatient Complementary and Alternative Medicine (CAM) Services

Introduction

Complementary and Alternative Medicine (CAM) is a wide-reaching term that is usually used to describe a range of health approaches that have their history or origins outside of conventional, mainstream or 'Western' medicine. Other terms used include alternative therapy, holistic therapy, and traditional medicine. Whilst generally used interchangeably, the two terms 'complementary' and 'alternative' refer to different concepts:

- 'Complementary' refers to using a non-mainstream approach that is integrated with conventional medicine.
- 'Alternative' refers to using a non-mainstream approach to in place of conventional medicine.

1. PURPOSE

1.1	To define the minimum requirements including licensing and service specifications to ensure acceptable minimum levels of quality, performance, safety, and reliability of Outpatient Complementary Alternative Medicine CAM Services licensed by Dubai Healthcare City Authority (DHCA).
1.2	To define licensure, qualified personnel and scope of service requirements for the provision of Outpatient CAM Services licensed by DHCA.

2. SCOPE OF APPLICATION

2.1	Complementary Alternative Medicine CAM Services licensed by DHCA. The practices that are considered for CAM are: 2.1.1 Ayurveda 2.1.2 Homeopathy 2.1.3 Traditional Asian Medicine 2.1.4 Therapeutic Massage 2.1.5 Naturopathy 2.1.6 Osteopathic Medicine 2.1.7 Chiropractic Medicine 2.1.8 Unani Medicine
2.2	All Healthcare Operators and Healthcare Professionals licensed by DHCA that provide or intend to provide CAM services.



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3. STANDARD

3.1 LICENSURE

- 3.1.1 CAM services may be provided by Healthcare Operators licensed by Dubai Healthcare City Authority (DHCA) holding a Clinical Operating Permit for a Single or Multi-Specialty Clinic, an Outpatient Surgical Center with OPD Clinics, or a Hospital in accordance with the requirements of the Standards defined herein and all applicable regulations, rules, policies, and standards.
- 3.1.2 Each Healthcare Operator (HCO) providing CAM services and intends to provide other Multi-Specialty Clinical Activities shall demonstrate capabilities to provide each Clinical Activity and related services with a similar level of quality, safety, effectiveness, and efficiency. Such Healthcare Operators shall ensure that there will be no negative impact or overt risk associated with the delivery of any Clinical Activity or service upon that of any other Clinical Activity or service.
- 3.1.3 CAM services must be performed in a safe environment where the qualified personnel, facilities, and equipment are immediately available.

3.2 QUALIFIED PERSONNEL

- 3.2.1 Each Healthcare Operator providing CAM Services shall appoint qualified personnel and maintain staffing levels as required to ensure reliable and consistent care in compliance with these Standards, the DHCR Outpatient Clinic Quality Standards or the appointed accreditation organization's standards, the DHCR Quality Oversight Policies, and any other applicable regulations, rules and standards.
- 3.2.2 Physicians and all other Healthcare Professionals providing CAM Services shall be Licensed Healthcare Professionals in DHCC.
- 3.2.3 All such Healthcare Professionals shall provide CAM Services within the scope of practice and standards of proficiency for their licensed category.
- 3.2.4 Healthcare Operators providing CAM Services shall have documented processes for determining its overall staffing needs, by number and type of staff for the provision of CAM services.
- 3.2.5 Each Healthcare Operator providing CAM Services shall have in place management staffing, including, but not limited to, an Administrator and a Clinical Director.
- 3.2.6 Each Healthcare Operator providing CAM Services shall comprehensively and clearly define in writing the qualifications of its Clinical Director, the Director's clinical and management responsibilities, and schedule of time during which the Director is to be physically present at the location(s).
- 3.2.7 Associate Doctors of CAM can only work under supervision of Doctors of CAM.
- 3.2.8 **Clinical Director:** Each Healthcare Operator providing CAM Services shall appoint a Clinical Director with full time responsibility for oversight of all CAM services to ensure safe and quality healthcare service delivery.
- 3.2.8.1** The Clinical Director shall be a Licensed Doctor of Complementary and Alternative Medicine.



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	<p>3.2.8.2 The Clinical Director shall ensure that all relevant and required clinical and administrative policies, standards and guidelines are adopted and complied with.</p> <p>3.2.8.3 The Clinical Director shall facilitate and participate in the development of the CAM practice and clinical governance, with particular emphasis on clinical risk management, clinical audit, medical records documentation, medical staff competencies and performance evaluation.</p>
3.2.9	<p>Administrator: Each Healthcare Operator providing CAM Services shall appoint an administrator to be responsible for the day-to-day management of the Outpatient CAM Services, the efficient coordination and management of appointments, contribute to the strategic development of services, and be the principal representative in all dealings with external parties and authorities.</p> <p>3.2.9.1 The Clinical Director may also be the Administrator.</p> <p>3.2.9.2 The Administrator may be a Licensed CAM Physician, a Licensed Nurse or an individual with at least a Bachelor's degree and three (3) years of relevant experience.</p> <p>3.2.9.3 The Administrator shall ensure that an appropriate number of qualified, experienced and skilled Licensed Healthcare Professionals are in attendance, and that there are adequate resources and capabilities to supply all approved CAM Services and Activities.</p> <p>3.2.9.4 The Administrator shall ensure that an appropriate number of trained nonclinical and support staff are available consistent with Outpatient Clinical Services requirements.</p> <p>3.2.9.5 The Administrator shall ensure the availability of administrative systems, information systems and management capability, which systems may include, but not be limited to, financial reporting, a scheduling system, billing systems, medical records system, purchasing and materials management, compliance reporting, and quality improvement.</p> <p>3.2.9.6 If there is more than one administrator e.g. clinical and managerial it shall have policies in place that clearly delineate the respective roles and responsibilities of each of the Administrators.</p>
3.2.10	All Licensed CAM Professionals shall be currently certified in Basic Life Support (BLS).
3.2.11	Each Healthcare Operator providing Outpatient CAM Services shall ensure qualified individuals to oversee the planning and implementation of the facility management program to reduce and control risks in the care environment.
3.2.12	Licensed CAM Professionals shall not be permitted to expand the scope of their Professional practice where they do not have the requisite training or experience to pursue such therapeutic approaches.
3.3	PATIENT MANAGEMENT
3.3.1	CAM professionals should ensure that their practice and procedures are well defined and transparent.
3.3.2	Each Healthcare Operator providing Outpatient CAM Services shall ensure a safe, clean, and hygienic environment and take appropriate actions and precautions to ensure infection control and act in accordance to DHCR infection control guidelines. (DHCR Standard Precautions, Sharps Handling and



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	Hand Hygiene Guidelines). Additionally, in any epidemic or pandemic crises HCO must follow the international best practices and the government mandate and updated guidelines regarding the crises such as COVID 19 pandemic etc.
3.3.3	CAM professionals should be aware of extend and limits of their specialty. CAM professionals should practice within the limits of their scope of service and shall refer patients to medically qualified physicians and specialists when deemed necessary.
3.3.4	CAM professionals should assist the patients in assessing the possible benefits and risks of other types of treatment, helping them to consider conventional diagnostic procedures; routine screening tests etc, acknowledging the usefulness of such procedures at appropriate times, even for those who may wish to avoid conventional treatment.
3.3.5	CAM professionals bear the responsibility of maintaining a comprehensive record about their patient, including pursuit of diagnostic tests and consultations in a timely fashion and collaborating with other medical professionals.
3.3.6	Each Healthcare Operator providing Outpatient CAM Services can include assistance to patients in emergency situations, to the greatest extent permitted by training and circumstances.
3.3.7	CAM professionals are not allowed to treat patients with acute or critical conditions who need immediate emergency medical care.
3.3.8	CAM professionals shall not perform any surgical procedures.
3.3.9	CAM professionals shall not give vaccinations, injections or withdraw blood from patients (Except for cupping).
3.3.10	CAM professional shall not practice midwifery.
3.3.11	CAM professionals are not allowed to treat communicable diseases. CAM professionals should be aware of those diseases which are notifiable under the law and should take appropriate actions to report communicable diseases. Please refer to DHCR Infectious Disease Reporting Policy (Document Identifier: PP/QID/1004/01).
3.3.12	CAM professionals intending to undertake research should comply with the DHCR RESEARCH REGULATION NUMBER (6) OF 2013.
3.3.13	Each Healthcare Operator providing Outpatient CAM Services shall have effective and efficient scheduling processes to minimize cancellation and delays, and reducing waiting times.
3.3.14	Written contractual agreements shall be in place from accredited ancillary services to provide support and services from laboratory facilities within or outside DHCC.
3.3.15	Each Healthcare Operator providing Outpatient CAM Services shall ensure that all patients are provided with relevant information at every phase of management making sure that the patient and/carer fully understands the information given. It shall also foster a safe environment in which questions are welcomed and feedback provided.



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3.3.16	CAM Professionals can only prescribe pharmaceutical medicines and products as per their own specialty. They can also prescribe ‘over the counter’ products that are registered with the Ministry of Health.
3.3.17	<p>CAM Medications and Treatments</p> <p>3.3.17.1 CAM Medications must be prepared according to the Good Manufacturing Practice (GMP) guidelines specifications of their country of origin from a manufacturer registered in the United Arab Emirates according to the federal law. This means that compounding of medications, using open containers of medication for more than one patient is not allowed in the clinic. This rule is designed to ensure patient safety and medication quality.</p> <p>3.3.17.2 Licensed CAM professionals are not allowed to sell or dispense medicinal products in their office, unless they have an internal Pharmacy, all products in the internal pharmacy must be registered in the United Arab Emirates according to the Federal Law. Licensed Clinics are allowed to maintain cupping supplies, needles a supply of oils for therapeutic massage.</p>
3.4	SCOPE OF PRACTICE FOR AYURVEDA
3.4.1	<p>“Ayurveda” is a system of primary health care that originated in India at least several thousand years ago for the prevention, diagnosis, and treatment of human health conditions and disease; the promotion and/or restoration of health; and the support and stimulation of a patient’s inherent self-healing processes through patient education and the use of Ayurveda therapies and therapeutic substances. The Practice of Ayurveda shall not include surgical procedures or use of prescription medications. The central principal of Ayurvedic medicine is that health is present when the three fundamental doshas called Vata, Pitta and Kapha are in a balance. Vata is the air principle and is linked to the function of the nervous system Pitta is the fire principle and is linked to digestion, and metabolism via the venous system. Kapha is the water principle and is related to mucous, lubrication and the carrier of nutrients via the arterial system. Patients are commonly of a predominant dosha or constitution, but all doshas have the basic elements within them. Ayurvedic therapies include herbs, nutrition, panchakarma cleansing, massage, and therapeutic yoga.</p>
3.4.2	<p>The Practice of Ayurveda may include, activities that involve:</p> <p>3.4.2.1 physical examination and requested laboratory examinations consistent with Ayurveda education and training, for diagnostic purposes, including, but not limited to, clinical laboratory tests, and physiological function tests</p> <p>3.4.2.2 request diagnostic imaging studies consistent with their Ayurveda training</p> <p>3.4.2.3 A Licensed Ayurveda Professional may administer, order, and prescribe or perform the following:</p> <p>3.4.2.3.1 therapeutic yoga exercises, pranayama exercises, and meditation; and</p> <p>3.4.2.3.2 dietary and nutritional counseling; and education regarding physical, emotional, and spiritual balance as it relates or Ayurveda; and</p>



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- 3.4.2.3.3 prescription of Ayurvedic herbal medicines (single or in combination as tinctures, granules or raw herbs).
- 3.4.2.3.4 musculoskeletal manipulation and massage consistent with Ayurveda training.

3.5 SCOPE OF PRACTICE FOR HOMEOPATHY

- 3.5.1 A therapy based on the theory of treating likes with likes, which basic principles are: law of similarity, direction of cure, principle of single remedy, the theory of minimum diluted dose and the therapy of chronic diseases. Homeopathic remedies use highly diluted substances that if given in higher doses to a healthy person would produce the symptoms that the dilutions are being given to treat. In assessing the patient homeopaths often consider a range of physical, emotional, and lifestyle factors which contribute to the diagnosis. Rather than fighting the disease directly, medicines are intended to stimulate the body to fight the disease.
- 3.5.2 The Practice of Homeopathy shall include, activities that involve:
- 3.5.2.1** engaging in the examination, diagnosis or treatment of a symptoms or human disease.
- 3.5.2.2** offering or attempting to prescribe or order any homeopathic medicine for the use of any other person, except as otherwise authorized by law.
- 3.5.3 Homeopathic Medications / Homeopathic Medicinal Products
- 3.5.3.1** Homeopathic medicinal products must be prepared according to the Good Manufacturing Practice (GMP) guidelines specifications of a Homeopathic Pharmacopoeia (PharmEur, FP, HAB, or HPUS). These products may be derived from botanical, zoological, mineral, chemical, or biological substances from human or animal origin (nosodes) and must be prepared from what are known as homeopathic stocks or mother tinctures and manufactured according to a method mentioned in a widely recognized Homeopathic Pharmacopoeia (PharmEur, FP, HAB, or HPUS) with GMP production methods as well as Standards and Controls.
- 3.5.3.2** The forms and shapes of vehicles are varied and include: medicated powders or as pellets (globules), solutions (incl. mother tinctures), nasal spray, ophthalmic solutions, sterile solutions for injection or oral administration, suppositories, tablets, and triturates. Ointments, cerates, gels, or lotions may be used topically.
- 3.5.3.3** All medications shall have the original manufacturers label with all the identifying information (e.g, lot number, expiration date, potency).
- 3.5.3.4** Sterile homeopathic medicinal products for injection may only be used by Licensed Healthcare Homeopaths whose scope of practice and training allow them to use injectable medications.
- 3.5.3.5** All homeopathic medications prescribed or dispensed by Licensed Homeopaths must be in an unopened package from a manufacturer registered in the United Arab Emirates according to the UAE FEDERAL LAW NO: 4, 1983



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3.6 SCOPE OF PRACTICE FOR TRADITIONAL ASIAN MEDICINE

3.6.1	“Traditional Asian Medicine” is a system of primary health care for the prevention, diagnosis, and treatment of human health conditions and disease; the promotion or restoration of health; and the support and stimulation of a patient’s inherent self-healing processes through patient education and the use of Traditional Asian Medicine therapies and therapeutic substances. The Practice of Traditional Asian Medicine shall not include surgical procedures or use of prescription medications.
3.6.2	The Practice of Traditional Asian Medicine may include, activities that involve: physical examination and requested laboratory examinations consistent with Traditional Asian Medicine education and training, for diagnostic purposes, including, but not limited to, clinical laboratory tests, and physiological function tests; and request diagnostic imaging studies consistent with their Traditional Asian Medicine training.
3.6.3	<p>A Licensed Traditional Asian Medicine Professionals may administer, order, and prescribe or perform the following:</p> <p>3.6.3.1 the stimulation of points, areas of the body or substances in the body using qi needles with or without electrical stimulation (using clean needle technique), moxibustion, heat and cold, color, light, lasers, or suction (cupping).</p> <p>3.6.3.2 cupping can be done “dry” or “wet”; if the cupping is done wet, sterile technique and appropriate procedure for sterilizing the cups must be followed.</p> <p>3.6.3.3 therapeutic exercises, qi exercises, breathing techniques, and meditation</p> <p>3.6.3.4. dietary and nutritional counseling; and education regarding physical, emotional, spiritual health and balance as it relates or Traditional Asian Medicine.</p> <p>3.6.3.5 Prescription of Asian herbal medicines (single or in combination as patent medicines, tinctures, granules, or raw herbs)</p> <p>3.6.3.6 musculoskeletal manipulation consistent with Traditional Asian Medicine training (Tui Na).</p>
3.6.4	Traditional Asian Medications and Treatments
3.6.4.1	<p>Licensed Traditional Asian Medicine Professionals are not allowed to sell or dispense medicinal products in their office, unless they have a compounding area, all products in the internal pharmacy (compounding area) must be registered in the United Arab Emirates according to the Federal Law:</p> <p>3.6.4.1.1 DHCR shall request a Certificate of Analysis for a random selection of samples of the herbs periodically or as deemed necessary. The Certificate of Analysis will include testing microbial contamination, pesticides, and heavy metals.</p> <p>3.6.4.1.2 World Health Organizations (WHO) levels for contaminants and residue are acceptable in DHCR as per the WHO guidelines for assessing quality of herbal medicines with reference to contaminants and residues.</p> <p>3.6.4.3 If one sample shows unacceptable results, all the batches will go through DHCR Analysis.</p>



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3.6.4.2	All acupuncture treatments must be done with sterile disposable needles, used only once, and disposed properly in sharp box following the clinical quality standards and medical waste management policies.
3.6.4.3	Licensed Clinics can maintain a supply of sterile disposable acupuncture needles, moxibustion and cupping supplies, and massage oil.
3.7	SCOPE OF PRACTICE FOR THERAPEUTIC MASSAGE
3.7.1	“Therapeutic Massage” is a non-medication therapy. It is system of bodywork that includes application of soft tissue manipulation techniques to the body generally intended to reduce the stress, fatigue, and pain while improving circulation. Massage therapists work through the mobilization of the soft tissue including skin, muscles, tendons, ligaments, and connective tissue.
3.7.2	<p>There are many variations of massage that account for several different techniques:</p> <p>3.7.2.1 Acupressure - Acupuncture and acupressure use the same points, but acupuncture employs needles, while acupressure uses the gentle, but firm pressure of hands and feet.</p> <p>3.7.2.2 Alexander technique - The Alexander Technique is movement that reduces physical stress on the body. Alexander Technique teachers use gentle manual guidance and verbal cues to improve students’ posture and movement patterns.</p> <p>3.7.2.3 Aromatherapy - The use of essential oils (extracted from herbs, flowers, resin, woods, and roots) in body and skin care treatments.</p> <p>3.7.2.4 Ayurvedic Massage Therapy - An Ayurvedic massage is one part of the traditional detoxification and rejuvenation program of India called panchakarma, in which the entire body is vigorously massaged with large amounts of warm oil and herbs to remove toxins from the system.</p> <p>3.7.2.5 Bowen technique –light-touch body consists of gentle rolling movements over muscle bellies and tendons to stimulate the body’s own healing mechanisms.</p> <p>3.7.2.6 Deep tissue massage – Massage techniques that utilize deep-tissue/deep-muscle massage administered to affect the sub-layer of musculature and fascia. The muscles must be relaxed to effectively perform deep-tissue massage; otherwise, tight surface muscles prevent the professional from reaching deeper musculature. It is generally integrated with other massage techniques.</p> <p>3.7.2.7 Feldenkrais Method – This method uses hands-on manipulation to guide new movement patterns. Awareness through movement classes are group sessions in which the teacher verbally guides students through repatterning and retraining the central nervous system through the musculoskeletal skeletal system.</p> <p>3.7.2.8 Lymphatic Massage - Lymph Drainage Therapy (LDT) palpates the lymphatic flow to identify the rhythm, direction, and quality of the lymphatic flow. It may be used as an adjunctive therapy in patients post-operatively.</p> <p>3.7.2.9 Reflexology - Reflexology is the application of appropriate pressure to the leg and feet, usually on specific points, to bring about physiological and psychological changes throughout the body.</p>



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	<p>3.7.2.10 Rolfing - Rolfing utilizes physical manipulation and works with the fascia, muscles, and joints to bring head, shoulders, thorax, pelvis, and legs into vertical alignment. It allows more efficient use of the muscles with less expended energy by lifting the head and chest and lengthening the body's trunk.</p> <p>3.7.2.11 Shiatsu – Similar to acupressure, Shiatsu uses a finger-pressure technique on traditional acupuncture points.</p> <p>3.7.2.12 Sports massage - Sports massage is designed to enhance athletic performance and recovery.</p> <p>3.7.2.13 Swedish massage - Swedish massage is a vigorous system of massage designed to energize the body by stimulating circulation. Five basic strokes, all flowing toward the heart, are used to manipulate the soft tissues of the body.</p> <p>3.7.2.14 Therapeutic Touch - Professionals, primarily nurses using light touch, are trained to feel or sense energy imbalances in the client and use light touch to stimulate healing.</p> <p>3.7.2.15 Traditional Asian Medicine Massage (Tui na) - Tui na techniques range from those that are light and soothing to those that are strong and invigorating. Tui na facilitates healing by regulating the circulation of blood and qi (vital energy), combines the names of two of the hand techniques, tui meaning to push and na meaning to lift and squeeze, which are used to represent the system.</p> <p>3.7.2.16 Traditional Thai Massage - Thai massage involves peripheral stimulation and is practiced on a firm mat on the floor instead of on a table. Except for the feet, the client remains fully clothed, and the weight of the professional is used therapeutically in the massage.</p>
3.7.3	Massage therapy may be provided in response to a physician's prescription or in conjunction with other therapeutic modalities.
3.7.4	Massage therapists may include adjunctive therapies such as hydrotherapy, mild abrasives, or topical preparations not classified as prescription drugs, mechanical devices and tools that mimic or enhance manual actions and instructed selfcare.
3.8	SCOPE OF PRACTICE FOR NATUROPATHY MEDICINE
3.8.1	'Naturopathy medicine' is a system of primary health care for the prevention, diagnosis, and treatment of human health conditions and disease; the promotion or restoration of health; and the support and stimulation of a patient's inherent self- healing processes through patient education and the use of naturopathic therapies and therapeutic substances. The Practice of Naturopathy Medicine shall not include surgical procedures, use of prescription medications, and the treatment of infectious diseases.
3.8.2	<p>The Practice of Naturopathic Medicine may include activities that involve:</p> <p>3.8.2.1 Physical and laboratory examinations consistent with naturopathic education and training, for diagnostic purposes, including, but not limited to, clinical laboratory tests, and physiological function tests.</p> <p>3.8.2.2 Ordering diagnostic imaging studies consistent with naturopathic training.</p>
3.8.3	A Licensed Naturopath may administer, order, and prescribe or perform the following:



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- 3.8.3.1 Recommendation of food extracts of food, nutraceuticals, vitamins, amino acids, minerals, enzymes, botanicals and their extracts, botanical medicines, Naturopathic medicines, dietary supplements, and nonprescription drugs.
- 3.8.3.2 Hot or cold hydrotherapy.
- 3.8.3.3 Naturopathic physical medicine.
- 3.8.3.4 Electromagnetic energy.
- 3.8.3.5 Colon hydrotherapy.
- 3.8.3.6 Therapeutic exercise.
- 3.8.3.7 Use devices, including, but not limited to, therapeutic devices and durable medical equipment within the scope of training
- 3.8.3.8 Health education and health counseling.
- 3.8.3.9 Musculoskeletal manipulation consistent with naturopathic education and training.

3.9 SCOPE OF PRACTICE FOR OSTEOPATHIC MEDICINE

- 3.9.1 'Osteopathic medicine' is a system of primary health care based on a holistic approach to diagnose and treat musculoskeletal disturbances that affect other bodily parts and cause many disorders that can be corrected by various manipulative techniques known as Osteopathic Manipulative Medicine (OMM). OMM includes - Cranial osteopathy, Functional adjustments, Balanced ligamentous tension adjustments, Muscle energy adjustments, and other specific adjustment techniques to enhance the body's healing ability. Osteopathic treatment is used for the prevention, diagnosis, and treatment of human health conditions and disease; the promotion or restoration of health; and the support and stimulation of a patient's inherent self-healing processes through patient education and the use of Osteopathic therapies. The Practice of Osteopathic Medicine shall not include surgical procedures or the treatment of infectious diseases.
- 3.9.2 The Practice of Osteopathic Medicine may include activities that involve:
- 3.9.2.1 Physical and laboratory examinations consistent with Osteopathic education and training, for diagnostic purposes, including, but not limited to, clinical laboratory tests, and physiological function tests.
 - 3.9.2.2 Hot or cold hydrotherapy
 - 3.9.2.3 Osteopathic Manipulative Medicine (OMM)
 - 3.9.2.4 Cranial Osteopathy
 - 3.9.2.5 electro-therapy
 - 3.9.2.6 therapeutic exercise.
 - 3.9.2.7 Recommendation of food extracts of food, nutraceuticals, vitamins, amino acids, minerals, enzymes, botanicals and their extracts, botanical medicines, dietary supplements, and nonprescription drugs.
 - 3.9.2.8 Devices including therapeutic devices and durable medical equipment within the scope of training.



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3.9.2.9 Health education and health counseling.

3.10 SCOPE OF PRACTICE FOR CHIROPRACTIC MEDICINE

3.10.1 'Chiropractic medicine' is a system of primary health care concerned with the diagnosis, treatment, and prevention of disorders of the neuro- musculoskeletal system and the effects of these disorders on general health. There is an emphasis on manual techniques, including joint adjustment and/or manipulation, with a particular focus on the subluxation. The relationship between structure, especially the spine and musculoskeletal system, and function, especially as coordinated by the nervous system, is central to chiropractic and its approach to the restoration and preservation of health.

3.10.2 The Practice of Chiropractic Medicine may include activities that involve:

3.10.2.1 Physical examination and ordering laboratory examinations consistent with Chiropractic education and training, for diagnostic purposes, including, but not limited to, clinical laboratory tests, and physiological function tests.

3.10.2.2 Treatment designed to prevent or correct neurological, skeletal, or soft tissue dysfunction by employing snail and other articular adjustments and manipulations: and

3.10.2.3 Hot or cold hydrotherapy; Chiropractic Manipulation; trigger point therapy; electro- therapy; and therapeutic exercise.

3.10.2.4 Nutritional counseling, extracts of food, nutraceuticals, vitamins, amino acids, minerals, enzymes, botanicals and their extracts, botanical medicines, dietary supplements, and nonprescription drugs.

3.10.2.5 Devices including therapeutic devices and durable medical equipment within the scope of training.

3.10.2.6 Health education and health counseling.

3.10.2.7 Radiological testing must be done by licensed medical doctors (M.D.s) trained in radiology.

3.11 SCOPE OF PRACTICE FOR UNANI MEDICINE

3.11.1 'Unani medicine' is a healthcare system based on the Greece/Arabic philosophy which consists of four bodily humors: blood, phlegm, yellow bile, and black bile. It encompasses a range of practices, including diet and nutritional therapy, herbal medicine, lifestyle, stress management, cupping, body detoxification (diaphoresis, diuresis, purging, emesis) and exercise.

3.11.2 The Practice of Unani Medicine may include activities that involve:

3.11.2.1 Physical examination and ordering laboratory examinations consistent with Unani education and training, for diagnostic purposes; and

3.11.2.2 Treatment designed to prevent or correct constitutional dysfunction by employing Unani medications and above-mentioned therapeutic techniques including cupping.

3.11.2.2.1 Cupping can be done "dry" or "wet"; if the cupping is done wet, sterile technique must be followed and cups must be sterilized appropriately.

3.11.2.3 Hot or cold hydrotherapy; and therapeutic exercise



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	<p>3.11.2.4 Devices including therapeutic devices and durable medical equipment within the Doctor of Complementary and Alternative Medicine in the specialty of Unani scope of training can be used. Also please refer to DHCR Medical Equipment Management Guideline.</p> <p>3.11.2.5 Health education and lifestyle counseling.</p>
3.12	HEALTH INFORMATION MANAGEMENT
3.12.1	<p>The patient record shall meet professional standards that assure high quality, comprehensiveness, reflect treatment goals and case management. Each patient record shall include the following:</p> <p>3.12.1.1 Contain specific data elements required by Healthcare Information Reporting and Analysis System refer to the DHCC Minimum Data Requirements rule – 2013</p> <p>3.12.1.2 a patient medical history, to be completed by the patient or clinic personnel that shall contain no unanswered questions without explanations (e.g. not applicable, unknown)</p> <p>3.12.1.3 Demographic information: Patient name; Date of birth date; Address and other contact information.</p> <p>3.12.1.4 A copy of a written referral or written diagnosis for the patient from a Certified Physician if necessary.</p> <p>3.12.1.5 Medical history including the patient’s chief complaint, physical examination, a treatment and follow-up plan.</p>
3.12.2	A patient’s medical history shall be signed and dated by the physician and updated at each appointment.
3.12.3	If a mistake is made in a patient record, personnel shall draw a line through mistakes in the medical record and initialed to avoid the impression that a record may have been altered.
3.12.4	Patient information needed to practice Complementary and Alternative Medicine by all Certified CAM Professionals should be documented in the patients’ medical records. This will facilitate communication with other licensed and certified healthcare operators.
3.12.5	Each Healthcare Operator providing CAM Services shall comply with DHCR regulations, policies, and standards for the management of patient health information and medical records.
3.12.6	Each Healthcare Operator providing CAM Services shall plan and design information management processes to meet internal and external information needs. It shall ensure that the data and information needs of patients are met timeously in a format that satisfy user expectations and with the desired frequency.
3.12.7	Standardized diagnosis codes, procedure codes, symbols, abbreviations, and definitions must be used.
3.12.8	Each Healthcare Operator providing CAM Services shall effectively manage the collection of health information. It shall also retrieve, disseminate, and transmit health information in useful formats.
3.12.9	Written documents, including policies, procedures, and programs, are managed in a consistent and uniform manner.



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3.12.10	Each Healthcare Operator providing CAM Services shall ensure that all patient Health Information is documented on official forms with the Healthcare Operator's name.
3.12.11	Each Healthcare Operator providing CAM Services shall ensure documented evidence in a patient's medical record of any referrals to external healthcare services, Informed Consents (if applicable), and related healthcare management and outcomes to maintain continuity of care.
3.12.12	Each Healthcare Operator providing CAM Services shall meet all requirements for timely and regular submissions of data and information to DHCR as per applicable DHCR regulations, standards, and policies.
3.12.13	Each Healthcare Operator providing CAM Services shall report clinical and managerial performance measures to DHCR Clinical Affairs Department to monitor and improve patient care and outcomes as defined in DHCR Performance Measures Policy.
3.13	PATIENTS RIGHTS AND RESPONSIBILITIES
3.13.1	Each Healthcare Operator providing CAM Services shall provide patients and families with information regarding the DHCR Patients' Rights and Responsibilities in accordance with Schedule Two of the DHCR Governing Regulation Number (1) of 2013. This information shall also be displayed in English and Arabic for patients and visitors to review.
3.13.2	Each Healthcare Operator providing CAM Services is responsible for providing processes that support patients' and families' rights during care.
3.13.3	Patient consent to treatment shall be obtained through a process defined by each Licensed Healthcare Operator and carried out by trained staff in a manner and language the patient can understand in accordance with the DHCR Informed Consent Policy.
3.13.4	For stable patients with life threatening co morbidities the informed consent must be taken after all possible complications and consequences have been discussed with the patient and their families.
3.14	MINIMUM FACILITY REQUIREMENTS
3.14.1	To obtain and maintain a Clinic Operating Permit, each Licensed Healthcare Operator providing CAM Services shall meet and comply with DHCR regulations, standards, and policies for minimum facility requirements.
3.14.2	Each Healthcare Operator providing CAM Services shall comply with the minimal facility requirements of the most current FGI Guidelines for Design and Construction of Hospitals and Outpatient Facilities. The design shall make provision for accessible, efficient, and safe clinical care in a secure, supportive, and functional environment.
3.14.3	For medical equipment management please refer to DHCR Medical Equipment Management Guideline.
3.15	QUALITY OVERSIGHT AND ACCREDITATION



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3.15.1	Each Healthcare Operator providing CAM Services shall be subject to the quality oversight policies and standards of the Quality Improvement Department of DHCR.
3.15.2	Each Healthcare Operator providing CAM Services is required to successfully meet the applicable Dubai Outpatient Clinic Quality Standards and to obtain Certification of Accreditation of the Quality Survey performed by the Quality Improvement Department of DHCR within (2) years of commencing operations and maintain this accreditation throughout the term of its Clinical Operating Permit in accordance with the requirements of the DHCR Healthcare Operators Regulation number (4) of 2013.
3.15.3	Prior to commencing operations under its Clinical Operating Permit, each Outpatient CAM Service Healthcare Operator shall have in place written policies and procedures required for safe and effective operation in compliance with the accreditation standards of the approved accreditation agency and all applicable regulations, policies, and standards.
3.15.4	All policies and procedures shall be consistent with the applicable provisions of the DHCR applicable Regulations, Rules, Standards and policies and all other applicable Rules. Please refer to the DHCR website for current policies and procedures. https://dhcc.ae
3.15.5	The policies and procedures shall include provision for regular review as well as making provision for training of all staff of the Outpatient Licensed CAM Center, both prior to and after it becomes a Licensed CAM Center, on the content of the policies and procedures.
3.15.6	Each Healthcare Operator providing CAM Services shall appoint/assign appropriate individual(s) to monitor, review and manage the quality of services provided in accordance with the requirements of the DHCR Healthcare Operators Regulation number (4) of 2013 and all applicable standards.
3.15.7	Each Healthcare Operator providing CAM Services shall establish and approve a program for Quality and Safety that includes both patient and staff and includes its Risk Management and Quality Improvement activities.
3.15.8	All staff members shall continuously participate in risk management and quality improvement activities.
3.15.9	Each Healthcare Operator providing CAM Services shall report all sentinel events to Quality Improvement Department as per the applicable DHCR Sentinel Event policy.
3.15.10	Each Healthcare Operator providing CAM Services shall plan for preventing and controlling infections in accordance with the applicable Outpatient Clinical Quality Standards and/or other applicable standards, policies and procedures.
3.15.11	Each Healthcare Operator providing CAM Services shall evaluate the effectiveness of its Emergency Management Plan. It shall test its Emergency Management Plan at least annually at each site included in the Plan as an emergency response exercise.



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4. DEFINITIONS & ABBREVIATIONS

4.1	Complementary and Alternative Medicine (CAM): DHCC shall adopt the World Health Organization definition of Complementary and Alternative. The terms “complementary medicine” or “alternative medicine” refer to a broad set of health care practices that are not part of the UAE’s own tradition or conventional medicine and are not fully integrated into the dominant health-care system.
4.2	HCO: Healthcare Operator
4.3	DHCA: 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.
4.4	DHCC: Dubai Healthcare City.
4.5	DHCR: is the regulatory arm of Dubai Healthcare City Authority. An independent licensing and regulatory authority for all healthcare providers, medical, educational, and other business operating within DHCC.
4.6	FGI: Facility Guidelines Institute
4.7	Informed Consent: a process of communication between a person and a physician or other healthcare professional that results in the person’s authorization or agreement to undergo a specific medical intervention. It includes the principle that a physician has a duty to inform his or her patients about the nature of a proposed or alternative treatment, procedure, test, or research, including the risks and benefits of each alternative and of not receiving it. An informed patient can then make a choice which procedure, if any, to undergo
4.8	License: means a license issued by the Licensing Board regarding healthcare professionals and Complementary and Alternative Medicine professionals or a license or permit issued by the Registry of Companies regarding companies, including Clinical Operating Permits, Non- Clinical Operating Permits, Research Permits and Education Permits.
4.9	Outpatient Clinical Services: a Healthcare Operator providing any type of medical, day surgical, diagnostic, dental and clinical support service(s) provided by a Healthcare Operator that does not include an overnight stay.

5. REFERENCES & RELATED DOCUMENTS

5.1	(http://www.who.int/medicines/areas/traditional/definitions/en/).
5.2	Traditional, Complementary and Alternative Medicine Scope of Practice; Health Regulation Department. Dubai Health Authority; August 2011.
5.3	HAAD Standard for Scope of Practice for Traditional Complementary and Alternative Medicine (TCAM) Practitioners. March 2014.
5.4	DHCR Standards for Outpatient Clinical Services SD/HCO/006/02
5.5	Dubai Outpatient Clinic Quality Standards 3rd Edition
5.6	FGI Guidelines for Design and Construction of Hospitals and Outpatient Facilities. 2018 Edition



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5.7	World Health Organization. (2007). WHO guidelines for assessing quality of herbal medicines with reference to contaminants and residues. World Health Organization.
5.8	DHCR Sharps Management Guideline GL/HCO/004/03
5.9	DHCR Standard Precautions Guideline GL/HCO/005/03
5.10	Hand Hygiene Guideline GL/HCO/003/03
5.11	DHCR Informed Consent Policy PP/HCO/002/03
5.12	DHCR Medical Records Policy PP/HCO/001/04
5.13	DHCR Healthcare Operators Regulation number (4) of 2013