



**DID PRIMARY HEALTH CARE  
DOCTORS LOSE THE BATTLE WITH  
THE SPECIALIST AND CONSULTANTS**

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# SCOPE DIFFERENCES

**Specialist**

System or  
organ

**GP**

Everything

# ENVIRONMENT

## Specialist

More equipment, sophisticated procedures, all types of investigations, Specialized intelligent EMR, reasonable appointments time and referrals

## GP

Basic equipment, basic registration system that is broad and has no sense of intelligence, short appointment time and long time referral



# LICENSED TO PRACTICE

## **Specialist**

2-5 years experience

Residency 3 years or  
more

## **GP**

2 years experience

Internship one year

# CONTINUING EDUCATION

## Specialist

0-1 new diseases in 10 years

0-2 new drugs for some specialties

Gets feedback from incident reports, pharmacist, researches and audits

## GP

10 new diseases in 10 years (at least)

22 new drugs approved in 2016

Does not get feedback and rarely involved in research



## SO, AS A PATIENT, IF YOU HAD THE CHOICE WHERE WILL YOU GO FOR TREATMENT?

- Definitely patients prefer to go to consultants and specialists due to all reasons mentioned before.
- The consultants and specialists are equipped with many success factor, specially speed of appointment, investigations, diagnosis and treatment.



## WHAT ARE THE SOLUTIONS TO IMPROVE GP PRACTICE?

- Provide EMR systems that classify cases rather than taking them as general cases (chest case, heart case, asthma sheet, pediatric sheet, ...etc).
- Impeded dictionaries and guidelines, differential diagnosis, lab and radiology access, quality checks and auditing.
- Consultant and Specialist are required to have 80 CME hours to keep on top of their profession and get renewal of license. GPs at least should be offered 160 CME from their practice hours to keep up to date with advances.



## WHAT ARE THE SOLUTIONS TO IMPROVE GP PRACTICE?

- Segregate GPs into specialties, meaning each doctor gets more cases on certain problems as if he is going to specialize; so we need to have Asthma GP, Heart Problems GP, Diabetes GP. In addition to the general cases they see, they will be able to focus and follow up on certain cases with higher degree of effectiveness and will work closely with one type of specialty and make referral easy and get proper feedback.
- Involve them into more research and case studies building.





# THANK YOU

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