

## Section A: Personal details

Title	First name	Surname	
Dr	Sherif	Ali	
Date of birth	Country of birth	Gender	
14/06/1974	Egypt	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Current work address			
PSMMC			
State	Country	Postcode	
Riyadh	Saudi Arabia	11159	
Phone (L)	Phone (W)		
+966114777714	+966114777714		
Mobile	Fax		
+966563230110	+966114762121		
Current home address			
10314 KAMA			
State	Country	Postcode	
Riyadh	Saudi Arabia	11922	
Phone (L)	Phone (W)		
+966115280767	+966115280767		
Mobile	Fax		
+966563230110	+966115280767		
Email	Work email (if different)		
drsherifhussein@gmail.com	sherif@psmmc.med.sa		

### Consent

Do you consent to the RACGP contacting any institutions or contacts named in your application?

Yes  No

## Section B: Qualification

### Primary medical qualification (MBBS or equivalent)

Qualification title			
MBBCH			
Country of training	Year qualified	Year awarded	(if different to year qualified for degree)
Egypt	1999	2000	
Medical school	Controlling university		
Suez Canal Faculty of Medicine	Suez Canal University		
Was a period of internship included in qualification?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
If yes, what dates? (include month/year)	From	To	
If no, please fill out the section below			

**Intern training qualifications**

Institution

Suez Canal University Hospitals

From (date)

01/03/2000

To (date)

28/02/2001

Year qualified

2001

Rotations covered

Medicine(2months)-Surgery(2months)-Paediatrics(2months)-Obstetrics&amp;Gynaecolog(2months)-General Practice(one month)-Anaesthesiology(one month)-Ophthalmology(one month)-Orthopaedics(2weeks)-Clinical Pathology(2weeks).

**Specialist / principal / highest qualification (if applicable - mandatory for SPP applicants)**

Qualification title

MASTER DEGREE FAMILY AND COMMUNITY MEDICINE

Country of training

EGYPT

Year qualified

2007

Year awarded

2007

*(if different to year qualified for degree)*

Institution awarding qualification

CAIRO UNIVERSITY FACULTY OF MEDICINE

Duration of training – Years *(please select)*

2

3

4

5

&gt;5

*(specify)***Secondary / supporting specialist medical qualification (if applicable)**

Qualification title

Country of training

Year qualified

Year awarded

*(if different to year qualified for degree)*

Institution awarding qualification

Duration of training – Years *(please select)*

2

3

4

5

&gt;5

*(specify)***Additional qualifications (if applicable)**

Qualification title

Country of training

Year qualified

Year awarded

*(if different to year qualified for degree)*

Institution awarding qualification

**Current medical licensing authorities**Type of registration *(indicate if licensed to practice as specialist or not.**If licensed to practice as a specialist, provide the field of specialty.)* Registration number

FAMILY MEDICINE REGISTRAR

07JM0026197

From (date)

02/04/2011

To (date)

20/02/2020

Registering authority

SAUDI COMMISSION FOR HEALTH SPECIALITIES

Any restrictions/conditions or undertakings?

NON

 Application approved Application in progress

**Other medical licensing authorities** (Concurrent or Past registrations)

Type of registration (including field of specialist licensing, if any)

Registration number

FAMILY MEDICINE CONSULTANT-C

140833

From (date)

To (date)

Registering authority

01/03/2001

19/11/2020

EGYPTIAN MEDICAL SYNDICATE

Any restrictions/conditions or undertakings?

NON

Type of registration ((including field of specialist licensing, if any)

Registration number

From (date)

To (date)

Registering authority

Any restrictions/conditions or undertakings?

**Memberships of professional organisations**

Please include memberships of all relevant organisations

From (date)

To (date)

Organisation

01/03/2001

19/11/2020

EGYPTIAN MEDICAL SYNDICATE

02/04/2011

20/02/2020

SAUDI COMMISSION FOR HEALTH SPECIALITIES

**Section C: Training****Certificates and courses**

Please list all relevant courses attended and certificates gained

Date

Course/Certificate

21/02/2019

29/06/2018

se

20/05/2018

**Qualifying examinations (Primary medical degree)**

Date

Institution

10/1999

Faculty of Medicine

Qualification

Components of examination

MBBCH

BASIC


and clinical medical sciences

Date

Institution

Qualification

Components of examination

 Please attach a copy of your academic transcript

**Specialist examinations (if applicable)**

Please include details of examinations taken (MCQ, Viva, Clinical)

Date	Institution
05/2007	ty of Medicine

Specialty/sub-specialty	Components of examination
Family Medicine	dicine, Surgery, Obs&Gyn., ENT, Derma., Optha., orthopeadic & Emerge

Date	Institution


Specialty/sub-specialty	Components of examination

Date	Institution

Specialty/sub-specialty	Components of examination

Date	Institution

Specialty/sub-specialty	Components of examination

 Please attach a copy of your academic transcript

**Specialist training posts (if applicable - mandatory for SPP applications)**

Date	Institution	Postion held
5/2003 - 5/2005	Cairo University Hospitals	Resident Family Medicine under supervision

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**Clinical/procedural skills**

Competent	Observed
local block anesthesia, abscesses drainage, ingrowing nail resecti	Ultrasounography
FB removal, ear washing, nose packing, nasotrcheal tubing,	Male Circumcision
loop insertion and removal, pap smear, normal delivery, episotom	
Dislocations reduction, Casting, Back slap, Pneumothorax Deco	
IM, SC, IV Injections, ABG Sampling	
Suturing, Wart and skin tags removal	
CPR, ECG	

## Section D: Experience in teaching, research and professional activities

### Teaching experience

Please list all experience you have gained in delivering medical education (including the dates and institutions). Include formal appointments by academic institutions.

Date	Institution	
2018-2019		Military City, Riyadh, Saudi Arabia

### Audit participation reports and research experience

Summary


### Published research papers

List papers and publications


## Section E: Employment

### Detailed employment history

Please list all employment in chronological order starting with your current/most recent position, include those positions held during your medical training (including your internship) and any other employment prior to specialist training.

Please ensure that you list the dates you commenced and ceased employment in each position (in month and year format MM/YYYY). Also provide an explanation for any gaps that appear in your employment history which are greater than 3 calendar months.

Provide full locations of all positions (street, suburb, city/town, state, country) and brief description of day to day duties.

Clearly identify your intern year (postgraduate year 1) and other years between obtaining medical degree and commencing specialist training.

For specialists, employment history should be completed in two sections to indicate employment during specialist training and employment in specialist practice (after award of principal specialist qualification)

Start (date)	End (date)	Position title
<input type="text" value="04/2008"/>	<input type="text" value="Now"/>	<input type="text" value="Family Medicine Registrar (Specialist)"/>
Location (inc. country)		Registering authority
<input type="text" value="Prince Sultan Medical Military City, Riyadh, Saudi Arabia"/>		<input type="text" value="SAUDI COMMISSION FOR HEALTH SPECIALITIES"/>
Duties		
<input type="text" value="Full time 44 Hours/week, includes Preventive, curative, health education, for target population in the field &amp; follow up patients in outpatient clinic for all ages."/>		<input checked="" type="checkbox"/> Full time <input type="checkbox"/> Part time <i>(average hours per week)</i> <input type="text" value="44"/>

Start (date)	End (date)	Position title
<input type="text" value="07/2007"/>	<input type="text" value="04/2008"/>	<input type="text" value="Family Medicine Specialist"/>
Location (inc country)		Registering authority
<input type="text" value="Primary Health Center, Ministry of health, North Sinai, Egypt"/>		<input type="text" value="Ministry of health, Egypt"/>
Duties		
<input type="text" value="Full time, with home visits and out of hours on call duty, includes Preventive, curative, health education, for target population in the field &amp; follow up patients in outpatient clinic for all ages."/>		<input checked="" type="checkbox"/> Full time <input type="checkbox"/> Part time <i>(average hours per week)</i> <input type="text" value="48"/>

Start (date)	End (date)	Position title
<input type="text" value="05/2005"/>	<input type="text" value="07/2007"/>	<input type="text" value="General Practitioner"/>
Location (inc country)		Registering authority
<input type="text" value="Primary Health Center, Ministry of health, North Sinai, Egypt"/>		<input type="text" value="Ministry of health, Egypt"/>
Duties		
<input type="text" value="Full time, with home visits and out of hours on call duty, includes Preventive, curative, health education, for target population in the field &amp; follow up patients in outpatient clinic for all ages."/>		<input checked="" type="checkbox"/> Full time <input type="checkbox"/> Part time <i>(average hours per week)</i> <input type="text" value="48"/>

Start (date)  End (date)  Position title

Location (inc country)  Registering authority

Duties

Full time  Part time  
(average hours per week)

Start (date)  End (date)  Position title

Location (inc country)  Registering authority

Duties

Full time  Part time  
(average hours per week)

Start (date)  End (date)  Position title

Location (inc country)  Registering authority

Duties

Full time  Part time  
(average hours per week)

Start (date)  End (date)  Position title

Location (inc country)  Registering authority

Duties

Full time  Part time  
(average hours per week)

Start (date)  End (date)  Position title

Location (inc country)  Registering authority

Duties

Full time  Part time  
(average hours per week)

Start (date)  End (date)  Position title

Location (inc country)  Registering authority

Duties   Full time  Part time  
(average hours per week)

Start (date)  End (date)  Position title

Location (inc country)  Registering authority

Duties   Full time  Part time  
(average hours per week)

Start (date)  End (date)  Position title

Location (inc country)  Registering authority

Duties   Full time  Part time  
(average hours per week)

Start (date)  End (date)  Position title

Location (inc country)  Registering authority

Duties   Full time  Part time  
(average hours per week)

Start (date)  End (date)  Position title

Location (inc country)  Registering authority

Duties   Full time  Part time  
(average hours per week)



## Gaps in employment history

Start (date)

-

Explanation

No Gaps

End (date)

-

Start (date)

-

Explanation

No Gaps

End (date)

-

Start (date)

-

Explanation

No Gaps

End (date)

-

## Referees

Please list the name, title and contact details of three referees

### Referee 1

Name

Dr. Ahmed Abdulaziz Al-Buridi

Position

ENT Consultant &amp; Kama Hospital Director

Address

KAMAH, Riyadh, Saudi Arabia

Postcode

7897

Phone

+966505447352

Email

aalburidi@psmmc.med.sa

Specify year of most recent contact with Referee

2018 - 2019

### Referee 2

Name

Dr. Tareq Moh'd Al-Taher

Position

Consultant Family Medicine

Address

KAMAH, Riyadh, Saudi Arabia

Postcode

7897

Phone

+966559985179

Email

tareqtaher@hotmail.com

Specify year of most recent contact with Referee

2014 - 2019

### Referee 3

Name

Dr. Bassil Abusabha

Position

Emergency Medicine Consultant

Address

KAMAH, Riyadh, Saudi Arabia

Postcode

7897

Phone

+966509709818

Email

basel.ishaq@yahoo.com

Specify year of most recent contact with Referee

2018 - 2019

### Other activities

Please include details of any other important activities: (you should include details of other relevant professional activities or achievements (eg officer bearer in a professional organisation, course instructor or examiner appointment))

Cleared AMC MCQ Examination June 2019.  
Cleared MRCGP int. MCQ Examination May 2016.

### Continuing professional development activities

Please include details of any continuing professional development activities you have undertaken in the previous three years:

94 CME Hours of CPD achieved through activities held in Saudi Arabia, including symposiums about asthma, heart failure, Allergic Rhinitis, Sepsis management, HTN and Diabetes management and approved by SAUDI COMMISSION FOR HEALTH SPECIALITIES.

### Verification statement

I verify that the information contained within this Curriculum Vitae is true and correct as at  (insert date)

Name

Signed

S. Ali