

3. Licence Application Step by Step

All Health Facilities in the Abu Dhabi are required to be approved and licensed by DOH. The Tests and Actions required for licensing are broadly defined under 2.2 above. This section shows the process steps.

At the commencement of the process there must be a desire by a valid legal entity, registered by the DED to provide certain healthcare services. If the proposed services are not permitted, there is no point in creating such a legal entity, although such an entity may be created at the applicant's risk anyway.

3.1.1 The Certificate of Need (CoN) tool

In order to check if the proposed services are permitted, the DOH has created an Electronic Certificate of Need (CoN) tool to assist the applicants, before creating a legal entity or making a formal Licensing application. This tool can be used privately as many times as needed until a CoN is achieved.

The CoN tool will verify:

- if service specialties proposed in the intended location are permitted
- If the Key Planning Units (KPU) numbers proposed are acceptable and will not create over-supply (for example the number of beds per specialty)

The CoN certificate can be downloaded electronically and used as part of the prerequisites to the Licensing Application.

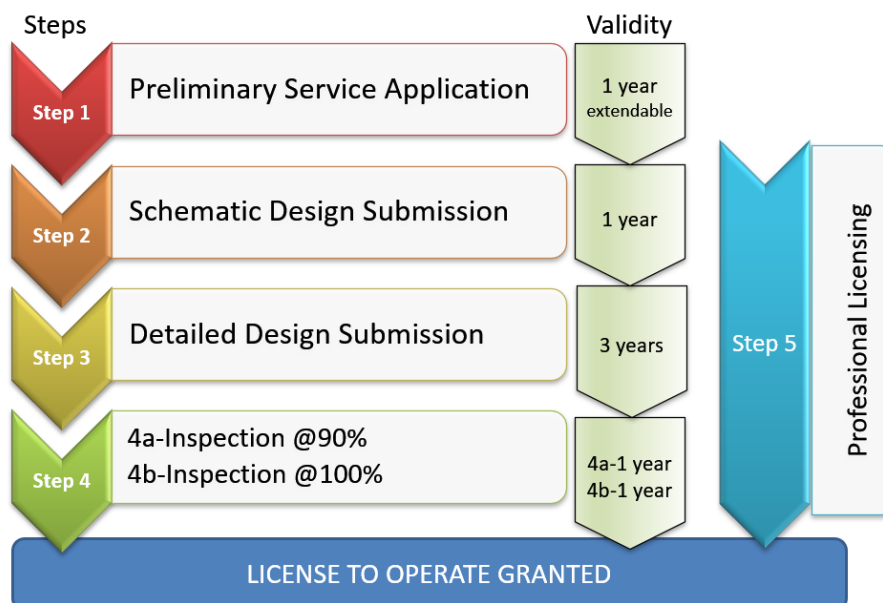
3.2 Pre-requisites

The Pre-requisites for the commencement of the online Licensing process are:

- The Certificate of Need (CoN), previously obtained online at the DOH website
- New or existing legal entity, registered by the DED

3.3 Application process Step by Step

Once the above pre-requisites are satisfied, the following licensing steps should be followed:



3.3.1 The Steps and Validity of Approvals

Each step follows the approval of the previous steps by the DOH, except Professional Licensing Step 5 which can be commenced at any time after Step 1 and completed at any time before the final operational license is granted.

Applicants should commence the process on the DOH website, follow the link for Licensing and follow all online instructions. The DOH website address can be reached here: <https://www.doh.gov.ae/>

Each approval under the above Steps will be valid for a period of time as shown in the above diagram, to enable the applicant to make steady progress towards the delivery of the facility and services.

An approval for a healthcare service granted to an applicant is both a right and privilege granted by the DOH.

If the applicant does not act on the approvals provided in a reasonable amount of time, the approvals, including the Certificate of Need (CoN, part of Step 1) and the Design Approvals (part of Steps 2 & 3) will expire and will be cancelled, in order to give other applicants the chance to step in and provide the services which are in demand.

If an applicant makes progress through the above steps within the expiry time shown, previous approvals may expire. If the applicant receives notification from DOH regarding such an expiry, the applicant can apply for an extension for the same period of time.

3.4 Step 1 – Preliminary Service Application

Once the Pre-requisites for the commencement of the application process are satisfied, the online Application process can commence, starting with Step 1 – Preliminary Service Application.

At this stage of the application, it is focussed on the provision of Healthcare Services rather than design or construction.

It establishes:

1. Who is permitted to provide the services?
2. Which clinical services are permitted?
3. In which location(s) they are permitted?
4. What quantity is permitted?
5. What level of service is permitted?
6. Has a Certificate of need been obtained?

Once approved, any subsequent changes will also require a new or modified application.

The DOH provides tools and methodology to assist the applicants in answering the above questions.

3.4.1 Who is permitted to provide the services?

The DOH online Licensing software will take the applicant through an initial Registration process where the necessary information is uploaded. The minimum requirements are:

- Registration online with DOH to commence an application process
- Contact Details for the Applicant
- Proposed Location (land or tenancy)
- A valid Certificate of Need (CoN)
- Trade Name
- Nominate the intended Role Delineation level 1 to 6 (for Hospitals only)
- Follow the licensing software and provide the necessary information such as: “new

application”, “revised application”, “change of service”, “suspension of service” etc.

- Payment of fees

3.4.2 Which clinical services are permitted?

The DOH has established an electronic tool and process known as the Certificate of Need (CoN). This process ensures that the proposed services are permitted at the proposed location at the time of the application.

If the proposal is too complex, unfamiliar for the online processing by the CoN tool or in situations where CoN rejects the proposal the applicant may submit a separate Feasibility Plan in conformity with Part F of these Guidelines for review and approval by the DOH Investment and Capacity Management Department.

The CoN tool will check the services at the proposed location against certain criteria based on the DOH policies. CoN will check the proposed Service Lines (Specialties) as well as Diagnosis Related Groups (DRG) and indicate if they are permitted or not.

Applicants can repeatedly use the CoN tool until they confirm services which are permitted. Applicants can also consult a spreadsheet of Specialties and DRG's provided in Appendix 6 to Part A of these Guidelines titled “Pro-forma for the proposed Service Lines and DRGs”. The DRG's are colour-coded to indicate three (3) categories Red, Green and Amber. Reviewing the spreadsheet will save time by avoiding services which are not permitted. The three categories are described below:

Red category (Centralised)

This category is reserved for certain facilities which are pre-approved by the DOH to provide restricted and centralised services. These are services which are critical and sensitive and require a minimum number of patients to sustain safe and sustainable operations. Generally new licenses for the Centralised services will not be granted as this would dilute the patient numbers, lowers the volume for each facility and result in a lower clinical skill level.

Using the CoN tool, such applications will be refused automatically. However, applicants may choose this category, submit a separate Feasibility Study and give strong reasons for their proposal, for review by the DOH ICMD. However, unless unique modes of service delivery are being proposed or the application supports a strong existing service, such applicants will most likely be refused.

Green Category (Standard)

Service Lines and DRG's coded green are usually allowed subject to final verification through the CoN tool. This category is regarded as non-critical and over-supply in the healthcare market is not regarded as harmful. The applicant is required to submit a valid CoN report obtained online via the DOH CoN tool.

Amber Category (Regional)

This category requires a justification based on Supply, Demand and Gap. The applicant is required to show sufficient proof that the services are in Demand and that this demand is not currently met by other providers in the area, serving the same catchment. In order to make the case, the applicant is required to submit a valid CoN report obtained online via the DOH CoN tool.

The CoN tool will check the proposed Specialties and KPU numbers against the Abu Dhabi Healthcare Capacity Master Plan and other DOH requirements. If the specialty proposed is in substantial over-supply, it is likely that the CoN tool will reject it. Over-supply is regarded as undesirable.

If the applicant believes that the CoN tool has rejected certain service specialties by error, or there are unique circumstances justifying the application against the CoN tool results, then a separate Feasibility Study may be submitted for consideration by the DOH Investment and Capacity Management Department (ICMD). Such a Feasibility Study should be in general compliance with Part F of these guidelines.

3.4.3 In which location(s) they are permitted?

The permitted services as explained above are sensitive to the proposed location. A service under the Yellow (Regional) category may be over-supplied in one location but in great demand in another location.

The feasibility plan submitted by the applicant should establish the need for the services based on the location. The CoN tool will automatically check against the proposed location and indicate if they are permitted or not permitted.

The Red category (Centralised) services are usually centrally located to serve large population catchments and therefore are not sensitive to the exact location.

3.4.4 What quantity is permitted?

Similar to the above, some services are close to over-supply within certain locations in the Emirate of Abu Dhabi. Therefore, the exact quantity being proposed should be nominated in the CoN tool and later in the Preliminary Service Application. Quantity, in this context refers to Key Planning Units (KPU's). These are rooms which represent critical patient activities within the facility. At this stage only KPU's are required, not a full Schedule of Accommodation.

KPU's which are required at this stage may include the following:

Inpatient Units or IPU (Acute Care)

- Inpatient Beds Medical (by Specialty)
- Inpatient Beds Surgical (by Specialty)
- Gynaecology Beds
- Obstetrics Beds
- VIP/ Royal Beds
- Paediatric Beds

Isolation Beds

- Isolation, Negative Pressure (Class N)
- Isolation, Positive Pressure (Class P)
- Isolation, Quarantine (Class Q)

Critical Care Beds

- Adult Intensive Care Unit Beds (ICU)
- Adult High Dependency Unit Beds (HDU)
- Coronary Care Unit Beds (CCU)
- Burns Unit Beds
- Neonatal Intensive Care Unit Beds or Bays (NICU)
- Special Care Unit Beds (SCU) or Special Care Baby Unit (SCBU)
- Paediatric Intensive Care Unit Beds (PICU)
- Paediatric High Dependency Unit (PHDU)

Extended/ Post-Acute Care

- Rehabilitation Beds
- Mental Health Beds
- Long-term Care (LTC) Adult
- Long-term Care (LTC) Paediatric

- Long-term ventilation (LTV) Adult
- Long-term ventilation (LTV) Paediatric
- Nursing Home (Beds or Rooms)

Same Day Beds (or Places)

- Same day Beds, Medical or Surgical (by Specialty)
- Renal Dialysis bays, beds or recliners
- Chemotherapy bays, beds or recliners

Surgical

- Operating Rooms (by Specialty) including C Section
- Procedure Rooms
- Endoscopy Rooms
- Catheter Labs
- Day Surgery Pre-operative beds
- Recovery (beds or bays) for Stage 1 and Stage 2 recovery)

Emergency

- Emergency Treatment, Observation or Assessment (bed, bay or room)
- Emergency Fast Track (bed, bay or room)
- Triage (bed, bay or room)
- Emergency Resuscitation (bed, bay or room)

Other

- Labour, Delivery, Recovery (LDR) Beds

Outpatients

- Outpatient Clinics/Consulting rooms (by Specialty)
- Treatment Rooms

The following are not counted as they are regarded as transitory and in support of the above categories:

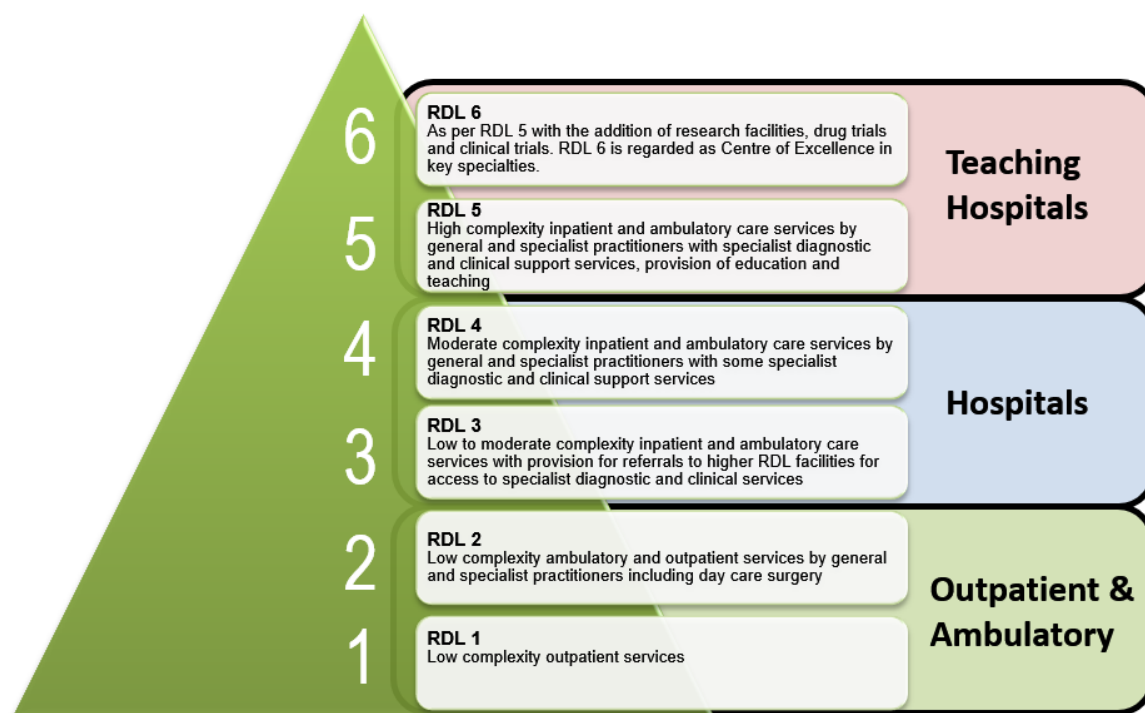
- Holding (beds or bays)
- Bed parking (beds or bays)
- Ambulance Triage (beds or bays)

The beds within the above categories are further classified according to the operational status as follows:

- Operational beds
- Temporary closed beds
- Occupied Beds
- Unoccupied Available Beds

3.4.5 What level of service or Role Delineation Level (RDL)

The level of clinical service provided by different facilities may vary. These Guidelines define the level of service as “Role Delineation Level” or RDL. Some design requirements of these Guidelines are determined according to RDL. During the online application processing, the applicant is required to nominate the proposed level of service for Hospitals only by RDL. The following diagram shows the 6 levels:



A full guide to Role Delineation, refer to Part A, Appendix 06 – Role Delineation Framework

If a facility intends to be regarded as a Centre of Excellence according to the DOH Standards, as a pre-requisite, one or more of its specialties and facilities must reach RDL 6. This will not automatically guarantee the designation of **Centre of Excellence** (CoE). The facility will require a period of operation as per the DOH standards to be designated as a CoE. In these Guidelines, only the Design requirements of RDL 6 are provided to support the CoE's. Refer to DOH Standards for CoE's on the DOH website.

Here is a brief description of major service classifications and RDL's:

RDL 1- Low complexity outpatient services by general practitioners.

RDL 2- As per RDL 1 + Low complexity ambulatory and outpatient services by general and specialist practitioners including Day Care Surgery.

RDL 3- As per RDL 2 + Low to moderate complexity inpatient and ambulatory care services with provision for referrals to higher RDL facilities for access to specialist diagnostic and clinical services

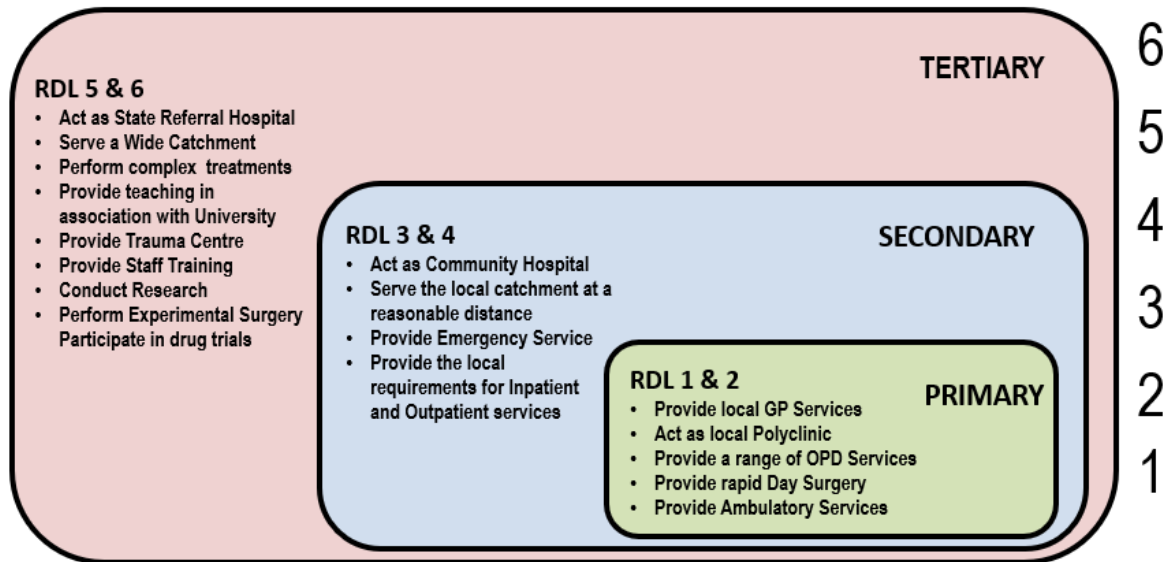
RDL 4- As per RDL 3 + Moderate complexity inpatient and ambulatory care services by general and specialist practitioners with some specialist diagnostic and clinical support services

RDL 5- As per RDL 4 + High complexity inpatient and ambulatory care services by general and specialist practitioners with specialist diagnostic and clinical support services, provision of education and teaching

RDL 6- As per RDL 5 + research facilities, drug trials and clinical trials. RDL 6 design requirements are a prerequisite for CoE's in addition to the DOH Standards for CoE's.

3.4.6 Nested RDL's

Each facility at a higher RDL may also incorporate elements of lower RDL's as shown in the diagram below:



The above diagram shows a potentially large RDL 5/6 Hospital which its role in supporting many other hospitals RDL 3/4 if patient referrals are required. At the same time this hospital has a local community role for the population catchment living within 30 minutes' drive. At RDL 5/6, it may provide a specialised Trauma Centre serving a large City. For the local community, this hospital will also provide a range of services similar to RDL 3/4 including Maternity, Rehabilitation and Elective Surgery. Furthermore, for those who live very close to this hospital a range of RDL 1/2 services can be provided including a primary care centre. If several services are provided from the same hospital or healthcare facility according to different RDL's (as per the above diagram), this does not imply that they have to be separated into blocks or buildings. They can be fully integrated in the same building but serving the needs of multiple population catchments and RDL's.

RDL's are not facility types. They are levels of service provided by the facility types.

RDL's are necessary to correctly determine the design requirements of the facilities.

3.4.7 Gatekeeper Role

Lower RDL's can act as "gatekeepers" to the higher RDL's. This is a foundation of Primary Healthcare Reform and Ambulatory Care Reform common in advanced healthcare systems.

3.4.8 How does RDL affect compliance with these Guidelines?

The RDL nominated by the applicant as part of Step 1- Preliminary Service Application, will trigger certain other provisions of these Guidelines as follows:

- Part A, Appendix 06 – Role Delineation Framework indicates the inter-relationship between the services. If a certain service is requested, the Framework will require certain supporting services. For example, if Surgery at RDL 4 is proposed, then ICU at RDL 4 is also required. The Framework also requires the appropriate level of Clinical Support such as Pharmacy and Laboratory.
- Part A, Appendix 06 – Role Delineation Framework indicates the clinical skills required for each service at each RDL. The subsequent Step 5- Workforce Approval will rely on the clinical skills by RDL.
- Part B includes numerous Functional Planning Unit Guidelines (FPU's). Each FPU Guideline has a section for the Schedule of Accommodation (SOA). SOA has a list of room types and room sizes according to the nominated RDL. So, if the applicant has

nominated RDL 4 for the whole facility, then the SOA column titled RDL 4 applies.

3.5 Step 2 – Schematic Design Submission

Following the Step 1 – Preliminary Service Approval, applicants may submit a Schematic Design Submission.

A Schematic Design Submission is mandatory for all facility types. Schematic Design Submission is the only design submission required for facility types other than Hospitals, Day Care Surgery Centres, Renal Dialysis and IVF.

For Hospitals, Day Care Surgery Centres, Renal Dialysis and IVF, once the Schematic Design Submission is approved, the applicant can confidently engage a full team of consultants to prepare a comprehensive Detailed Design for submission at Step 3. For other facility types the applicants can skip Step 3 Detailed Design Submission.

As in all licensing Steps explained in Part A of these Guidelines the online application process can be summarised as follows:

- Go to the DOH Website and enter the online Licensing application system
- Use your previous registration under Step 1 and select your project previously registered
- Select Step 2 – Schematic Design Submission
- In the licensing software, choose New application, Revised application or Cancel application and follow instructions
- Follow online instructions and upload the requested documents
- Follow online instructions and pay the required fees

Schematic Design Submission only requires Architectural Design at 1:200 scale. No Engineering design is required at this stage. The applicant also needs to submit a brief report describing the project.

For a full list of documents and content which need to be uploaded for the Schematic Design Submission please refer to:

- Appendix 01 – Deliverables – Schematic Design Submission
- Appendix 09 – Sample Drawing for Schematic Design Submission

The outcome of the Schematic Design Submission will be made available online. Some of the possible outcomes are listed below:

- Application may be approved without conditions
- Application may be approved subject to minor conditions which can be incorporated in the next Step (3) Detailed Design.
- Application may be rejected for the reasons given- Applicant is required to address the issues and submit a new application under Step 2 Schematic Design.

3.6 Step 3 – Detailed Design Submission

Step 3, Detailed Design Submission is very similar to Step 2 – Schematic Design Submission

A Detailed Design Submission is required only for Hospitals, Day Care Surgery Centres, Renal Dialysis and IVF. Before submitting the Detailed Design, it is necessary to obtain an approval under Step 2 Schematic Design Submission.

The Step 3 process can be summarised as follows:

- Go to the DOH Website and enter the online Licensing application system
- Use your previous registration under Step 1 and select your project
- Select Step 3 – Detailed Design Submission
- In the software, choose New application, Revised application or Cancel application
- Follow the online instructions and upload the requested documents
- Applicant will be directed to an online Survey Form related to the application. Accurately enter all the mandatory information required in the Survey. Ensure the details are in line with the original Preliminary Service Approval (Step 1) and a valid Certificate of Need (CoN)
- Follow online instructions and pay the required fees

Step 3 – Detailed Design Submission requires detailed Architectural as well as MEP Engineering design. Structural design is not required.

It is recommended that the applicants review Appendix 12 – Health Facility Design Review Checklist prior to uploading the design documents. DOH reviewers will refer to this checklist but are not limited by it. The reviewers will check against these Guidelines.

The information obtained in the online survey will be used by the DOH Investment and Capacity Management Department (ICMD) for the Abu Dhabi Healthcare Capacity Planning and refinement of the CoN tool.

For a full list of documents and content which need to be uploaded for the Schematic Design Submission please refer to:

- Appendix 02 – Deliverables – Schematic Design Submission
- Appendix 10 – Sample Drawing for Schematic Design Submission

The outcome of the Detailed Design Submission will be made available online. Some of the possible outcomes are listed below:

- Application approved without conditions
- Application approved subject to certain conditions which should be corrected and re-submitted.
- Application approved subject to very minor conditions which may be incorporated in the construction of the facility and verified by the inspectors in Step 4.
- Application is rejected for the reasons given

Once Step 3 – Detailed Design is approved the applicant has the DOH permission to construct the facility for healthcare use. However, this is not the only requirement for the commencement of construction. The Applicant is required to obtain the consent of all other responsible Authorities with Jurisdiction over the construction of building in Abu Dhabi. The DOH will not check, nor will it require proof that such approvals have been obtained. It will be the applicant's sole responsibility to verify if all requirements have been met and the construction can commence.

Under the Abu Dhabi simplified application processing method, the Municipalities act as a single point of application submission for many other Government agencies such as Civil Defence and utility providers.

Other Authorities such as MOH (for Pharmacy applications) and FANR for Radiation Safety require separate applications and approvals.

If the conditions of approval for other responsible Authorities contradict the design approved by the DOH, it will be responsibility of the applicant to submit a revised design under Step 3 and obtain the DOH approval for the changes before commencing the construction.

3.7 Step 4 – Inspections

Following the completion of the construction, the applicant is required to call for DOH inspections to verify at the outcome is in line with the Detailed Design Approval.

For all facilities categorised as Hospitals, Day Care Surgery Centres, Renal Dialysis and IVF, 2 inspections are required, one at 90% completion and one at 100% completion.

For all other facility types only one inspection is required at 100% completion. However, applicants may voluntarily request 2 inspections (one at 90% and one at 100%) for all facility types subject to the payment of additional fees.

The two inspections are defined as follows:

Step 4a- 90% Inspection

The 90% inspection is called at the time that the building work is completed, all building systems are working and tested by the contractor and the project has reached the stage known in the industry as “Practical Completion” or hand-over. At this stage the contractor has completed the “builders clean” and is ready to leave the site. 90% inspection is required for all Hospitals, Day Care Surgery Centres, Renal Dialysis and IVF. It is optional for all other facility types.

90% inspections are purely based on a prior design approval under Steps 2 & 3. Without a DOH approval under Steps 2 and 3, applicants cannot ask for an inspection and expect the inspector to approve the facility.

Step 4b-100% Inspection

100% inspection is mandatory for all facility types. It is called at the time when the operator has completed the Operational Commissioning, taken possession from the builder, finalised the configuration of all fixed equipment and software, set up the hospital with all the loose furniture and loose equipment. At this stage the facility has been clinically cleaned, ready to receive patients.

3.7.1 Call for inspections

To call for an inspection the applicants should follow these instructions:

- Go to the DOH Website and enter the online Licensing system
- Use your previous registration under Step 1 and choose your project
- Select Step 4a – 90% inspection (mandatory for Hospitals, Day Care Surgery Centres, Renal Dialysis and IVF); for other facility types skip to the next step.
- Select Step 4b – 100% inspection (mandatory for all facility types)
- Choose New inspection, Subsequent inspection or Cancel inspection
- Nominate the requested date range for the inspection
- Follow online instructions and pay the required fees

3.7.2 How inspections are organised and conducted

Once an inspection is requested online, the DOH will notify the applicant via the website of the date and time of the inspection. The applicant should ensure that the facility is in the state defined above for 90% or 100% inspection. If the facility has not reached that level, the inspection can be cancelled by the inspector and the fees may not be refunded.

At the time of the inspection it is desirable for the applicant to make knowledgeable people, familiar with the design available, with access to all parts of the building.

The DOH inspectors are not a replacement for the site supervision team's defects inspections.

It is recommended that the applicants should familiarize themselves inspection checklist provided in Part A - Appendix 13 - Health Facility Inspection Checklist.

The inspectors will refer to the checklist but are not limited by it.

3.7.3 The roles and responsibilities of the Inspectors

The inspections required under Step 4 above may be performed by DOH's in-house inspectors or assigned by the DOH, at its sole discretion to an external and prequalified design consultant including Healthcare Architecture (Medical Planning), MEP and Biomedical Engineering. Either way, the roles and responsibilities of the inspectors are as follows:

- Attend the facility at the time advised to the applicant by the DOH
- Inspect the facility visually, accessing areas which are reasonably accessible
- Compare the built facility with the approved plans and conditions of approval under Step 3, Detailed Design Submission
- Note any deviations from the previous approvals
- Note any incomplete work in general terms (not a replacement for the applicant's own defects list)
- Prepare an inspection report

Make a recommendation for one of the following outcomes:

A = Approval without conditions- This means everything is according to the approved design and construction standards expected according to these Guidelines

B = Approval with a list of conditions which should be met before a subsequent inspection

C = Suspension of the project or part of the project due to substantial deviation from the approved design. Applicant is required to make a new design submission under Steps 2 or 3, then return to the construction after a new design approval is obtained.

D = Rejection; when the construction is not sufficiently advanced to conclude an inspection

For Inspections with an outcome of a 'C', DOH requires a subsequent inspection to be conducted once the non-compliant items are rectified on site. A subsequent inspection will require additional fee to be paid to the DOH.

If the application requires 2 inspections, the conditions of the 90% inspection may be satisfied at the subsequent 100% inspection at the discretion of the inspector. This will be made clear under Category B above.

3.7.4 Restrictions on the role of the inspectors

The inspectors, whether the DOH's own inspectors or outsourced external inspectors have certain restrictions on their role. These restrictions should be strictly observed by the inspectors and applicants alike:

- The inspectors are not to act as a “Court of Appeal” against previous conditions of approval, giving any form of relaxation for the previous conditions of approvals
- The inspectors may not re-interpret the requirements of these Guidelines. Instead, the inspectors must only use the previously approved drawings and conditions of approval as the basis for their inspections.
- The inspectors must not consider the areas of work which are outside the jurisdiction of the DOH
- The inspectors must not consider any incentives offered by the applicants for mitigating against non-compliances (for example making a change elsewhere to fix a non-compliance with the plans).
- The inspectors must not imply that they are empowered to approve any revisions since the previous approvals.
- The inspectors must not act as intermediaries between the DOH reviewers and the applicants in cases of non-compliance.

3.8 DOH approval process vs other Authorities

For other authorities having jurisdiction over the project, refer to those authorities.

Some authorities may require the DOH approval before giving their own approvals.

In all circumstances, the approval of all such authorities will be required to commence and complete the design and construction of the facilities. The following should be noted:

- Approval by one authority does not mean approval by other authorities
- If the requirements of two authorities vary, the applicant must satisfy both
- The DOH approvals under Steps 1 to 4 are not a check on the requirements of all other Authorities
- DOH reviewers and inspectors will be checking only DOH requirements including those included in these Guidelines

3.9 Standards and Guidelines

3.9.1 Standards and Guidelines for the Architectural Disciplines

All Health Facilities in the jurisdiction of the DOH are to be designed to the Standards and Guidelines as set out in the table below. Projects lodged with the DOH for review will be tested for compliance against these “Health Facility Guidelines”. The compliance with the remaining Standards and Guidelines in the table will not be tested by the DOH considering that their compliance falls under another Authority’s jurisdiction (e.g. Abu Dhabi Municipality, Abu Dhabi Civil Defence etc)

Standards and Guidelines applying to the Architectural Discipline	
1	DOH Health Facility Guidelines - Parts A to H
2	UAE Fire and Life Safety Code of Practice 2017
3	DOH Public Health and Health Audit requirements in relation to Policy and Procedure especially for dealing with/ handling critical cases.
4	Guidelines and regulations from all other Authorities with jurisdiction over the project in the Emirate of Abu Dhabi such as ADWEA, Civil defence, Municipality, UPC, etc

5	Emergency & Disaster Management Division approval on the Emergency Operation Plan
6	Federal Authority of Nuclear Regulation (FANR) requirements
7	Any special requirements, policies and instructions indicated on the DOH website

In situations where compliance with the Standards and Guidelines has not been achieved or is impractical or an entirely new, innovative proposal is advanced by the applicant, the non-compliance is to be highlighted and openly declared to the DOH using the form provided as part of Part A - 04 Appendix 04 - Template for Non-Compliance Report.

Reasons for such non-compliance and any alternative solutions are to be put forward for consideration. The DOH verdict on the alternative solutions is final.

3.9.2 Standards and Guidelines for the MEP Engineering Disciplines

Refer to Part E of these Guidelines for a full list of referenced external standards and guidelines as well as the contents of Part E (Engineering). It should be noted that all elements of these Guidelines from Part A to H over-ride any external, referenced guidelines including those mentioned in Part E.