

# Western Regional Emergency Medical Advisory Committee

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| <b>Title: Requirements and Responsibilities of a Service Medical Director</b> | <b>Policy #1995-2</b> |
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| <b>Effective Date:</b> | September 1995 |           |               |  |  |  |  |  |  |
| <b>Reviewed:</b>       | June 2009      | June 2014 | November 2017 |  |  |  |  |  |  |
| <b>Updated:</b>        |                |           |               |  |  |  |  |  |  |

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| <b>Policy:</b>    | <p>It is the policy of the WREMAC that Service Medical Directors meet the requirements of the NYS DOH as outlined in NYS DOH Bureau of EMS Policy Statements #11-03 (<i>Providing Medical Direction</i>) and #11-05 (<i>Medical Control and Oversight</i>) as well as meet regional requirements.</p> <p>The physician must be licensed in New York State, must complete a Base Station Course or equivalent as approved by the WREMAC, and must meet at least one of the follow qualifications:</p> <ol style="list-style-type: none"> <li>1. actively work in an Article 28 emergency department (i.e. engaged in current clinical practice).</li> <li>2. maintain current board certification in emergency medicine (or pediatric emergency medicine);</li> <li>3. maintain current board certification in EMS;</li> <li>4. currently providing EMS medical direction under WREMAC Policy 1995-2 at the time of this revision. EMS medical direction includes, but is not limited to, management, medical oversight, quality control, REMSCO/WREMAC/SEMAC participation, teaching/training, credentialing.</li> </ol> <p>For each qualification above, written verification(s) from the physician, a hospital administrator, an ED Medical Director or EMS agency may be required upon request from the WREMAC.</p> |
| <b>Procedure:</b> | <p>Responsibilities of the EMS Service Medical Director:</p> <p>Unless otherwise prescribed in statute, rule or policy; the responsibilities of an EMS Service Medical Director shall include, but not be limited to:</p> <ol style="list-style-type: none"> <li>1. Assure that service certified EMS personnel are oriented to the protocols promulgated by the SEMAC and the REMAC(s) for the area(s) of operation of the service,</li> <li>2. Interact with REMAC in the development of protocols, the regional Quality Improvement (QI) process and in disciplinary issues,</li> <li>3. Active development, review and participation in the Quality Improvement program developed by the service as part of the Regional Council's Quality Improvement program, as required in PHL §3006, or §3004-a,</li> <li>4. Participate, as necessary, with the service's certified EMS personnel in Continuing Education Programs and the re-certification process,</li> </ol>  |

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|                   | <ol style="list-style-type: none"><li>5. Verify, by affirmation provided by the department, that he/she serves as the medical director for the EMS service,</li><li>6. Work with the service's providers on issues and questions regarding patient care,</li><li>7. Participate/interact in other activities that relate to the provision of medical care or affect the patient care provided by the EMS service.</li><li>8. Medical directors providing oversight for more than 10 agencies must apply for a waiver from the WREMAC in order to exceed the NYS DOH BEMS 10 agency limit, with the exception of an emergency appointment of the WREMAC chair as a temporary service medical director as described in WREMAC policy 1999-5 and NYS DOH BEMS policy 11-03, par. VII.</li></ol> |
| <b>Reference:</b> |  |