



Approved June 2023

## *The Role of the Physician Medical Director in Emergency Medical Services Leadership*

Revised June 2023

Originally approved October 2017, replacing the following rescinded/sunsetted policy statements:

- Leadership in Emergency Medical Services (1995-2017)
- Medical Direction for Staffing of Ambulances (1999-2017)
- Medical Direction of Emergency Medical Services” (1984-2017)
- Physician Medical Direction of Emergency Medical Services Dispatch Programs” (1998-2017)
- Professional Liability Insurance for EMS Medical Control Activities” (1985-2017)

The American College of Emergency Physicians (ACEP) considers emergency medical services (EMS) a practice of medicine requiring physician oversight, reaffirms its commitment to physician medical director leadership in EMS, and supports the following principles:

- EMS physician medical directors should be intricately familiar and conversant with all relevant aspects of affiliated EMS systems that relate to patient safety and outcomes. The gold standard to lead an EMS system in the role of physician medical director is an emergency physician who is certified (or eligible to be certified) by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine in emergency medical services.
- EMS physician medical directors should actively direct and lead the clinical performance in an EMS system, serving with recognized ultimate clinical authority.
- EMS physician medical directors should actively guide and direct EMS system design that is based on evidence-supported clinical practices and outcomes.
- EMS physician medical directors should actively direct and oversee the operation of EMS systems communications, establishing or modifying dispatch training, protocols, and credentialing programs that serve in determining initial and ongoing dispatch privileges for communications specialists. Emergency communications comprise an integral component of patient care and therefore are clinical functions.
- EMS physician medical directors should actively direct and oversee credentialing programs that serve in determining initial and ongoing clinical privileges for individual providers in an EMS system. The EMS physician medical director must have authority to immediately withdraw clinical privileges as part of a due process structure if an EMS professional poses potential imminent threat to patient safety and welfare.

- EMS physician medical directors should actively direct and oversee continuous quality improvement programs based on evidence-supported practices and outcomes, so as to critically appraise and advance the quality of clinical performance in an EMS system.
- EMS physician medical directors should actively participate and advocate in development of engaging, evidence-supported education for EMS providers, including communication specialists.
- EMS physician medical directors should actively advise and guide the development of certification and scope of practice policies affecting EMS providers at local, state, and national levels.
- EMS physician medical directors should actively monitor and influence issues impacting EMS system funding, reimbursement, and government regulation.
- EMS physician medical directors should actively promote research initiatives involving EMS systems and providers, recognizing that pre-hospital research is an essential element in advancing evidence-based medicine within the practice of EMS medicine.
- EMS physician medical director leadership should be an integral part of pre-hospital research; thus, ACEP supports the further development of federal EMS grants that link distribution of funds for any EMS purpose with the end goal of enhancing the quality of care provided by an EMS system.
- Roles fulfilled by EMS physician medical directors, including responsibilities, authority, and reporting hierarchies, are to be formally established in writing in contractual agreements between EMS physician medical directors and EMS systems and/or applicable legal parties.
- EMS physician medical directors should advocate for the mental and physical welfare of patients and EMS professionals, including supporting patient safety initiatives and EMS systems designs that incorporate appropriate sleep/wake-work cycles and maximum duty hours.
- EMS systems have ethical responsibilities to provide EMS physician medical directors with the tangible resources and remuneration commensurate with the responsibilities and authorities fulfilled by EMS physician medical directors.
- EMS physician medical directors must have liability protection that covers the spectrum of their responsibilities and authorities. EMS systems have ethical, and in some jurisdictions, legal responsibilities to provide this liability protection to EMS physician medical directors. Medical malpractice policies will typically cover traditional clinical aspects in the practice of EMS medicine, though EMS physician medical directors should always formally verify such coverage with applicable carrier(s). Essential administrative actions of EMS physician medical directors can be subject to claims outside of medical malpractice policies. An insurance policy, often referred to as a directors' and officers' policy (D&O policy), must be enacted for proper protection of EMS physician medical directors if the applicable traditional medical malpractice policy does not specifically cover the range of essential administrative actions.