



North Carolina College of Emergency Physicians Standards for the Selection and Performance of EMS Medical Director Requirements

I. Qualifications for a Medical Director of an EMS System

A. The medical director of an EMS system will:

- 1) Hold a current license to practice medicine or osteopathy in North Carolina.
- 2) Have endorsement indicating a working relationship with the local physician community (i.e. Hospital staff, local medical society, or emergency physicians group).
- 3) Preferably hold board certification or be board prepared in Emergency Medicine and completion of an EMS Fellowship. When this is not feasible, the medical director must at least hold board certification or be board prepared in a clinical specialty that represents the broad patient base the EMS System serves. Board certification must be obtained within 5 years after successful completion of residency training.
- 4) Maintain BC/BP as mentioned in A-3 above with a board, approved by the American Board of Medical Specialties or the American Osteopathic Association.
- 5) Maintain an active clinical practice.
- 6) Have education or experience in out-of-hospital emergency care.
- 7) Have participated, or possess equivalent experience, in the resuscitation of adult and pediatric patients that suffer acute illness or traumatic injury.
- 8) Possess knowledge of federal, state, and local laws and regulations regarding EMS
- 9) Maintain appropriate medical liability coverage.
- 10) Maintain involvement in local, regional, state, or national EMS organizations.
- 11) Be exempt from item A-3 above if the medical director was appointed prior to January 1, 2002. Those directors who do not meet the qualifications in item A-3 must maintain current certification in a standardized adult trauma resuscitation course, a standardized adult cardiac resuscitation course, and a standardized pediatric acute resuscitation course.
- 12) Attend quarterly EMS System Performance Improvement Committee (previously know as the Peer Review Committee) meetings. Serve as chair of that committee, unless the Assistant EMS Medical Director is appointed as chair.
- 13) Strongly recommended that the EMS Medical Director actively participate in prehospital care by providing onsite medical direction during ride alongs with EMS (8 hours per year or an equivalent of 4 scene responses per year. This would exclude scene responses in their own office/practice. For medical directors with multiple counties only 8 hours of total ride time, or 4 scene responses total would be expected. Ride time is required by the EMS Medical Director for any agency performing Rapid Sequence Intubation in the field. This is based on the developing national standards that may make this a requirement in the future.

B. Requirements that must be maintained.

- 1) Completion of the North Carolina College of Emergency Physician's Medical Director's Course or the NAEMSP Medical Directors Course within the first year of appointment, beginning in 2012. For those who obtain reciprocity through the NAEMSP course or have completed a similar course from another state, they would be required to obtain a North Carolina specific class whenever it becomes available.
- 2) In subsequent years, attend 1 North Carolina EMS Medical Director meeting scheduled by the NC OEMS annually.
- 3) Strongly recommended that those Medical Directors credentialed before 2012 attend an EMS Medical Directors course update/refresher whenever it becomes available.
- 4) Maintain records of compliance with education and training requirements above and produce same upon request by local EMS and/or NC Office of EMS.



EMS Medical Directors

II. Qualifications for a Medical Director of an EMS Specialty Care Transport Program

A. The medical director of an EMS Specialty Care Transport Program will:

- 1) Maintain all requirements listed in Section I of this document.
- 2) Maintain an active presence and level of participation in an EMS practice setting with credentialed EMS personnel.
- 3) Maintain significant activity with state and regional initiatives, such as attending state/regional EMS conferences, participation in the NCCEP EMS Committee, or equivalent.
- 4) Possess knowledge of federal, state, and local laws and regulations regarding EMS specialty care transport programs.
- 5) Maintain involvement in local, regional, state, or national specialty care transport programs.
- 6) Maintain a knowledge and understanding of aircraft capabilities, safety issues, weather minimums, and FAA rules if providing medical direction for an air medical service.
- 7) Maintain a knowledge and understanding of the effects and stresses of altitude on the patient, crew, and equipment if providing medical direction for an air medical service.
- 8) Assist local EMS agencies in disaster planning and appropriate use of specialty care transport services.

III. Qualifications for an EMS Education Medical Advisor

A. The educational medical advisor will:

- 1) Maintain all requirements listed in Section I of this document.
- 2) Possess familiarity with the design and operation of EMS systems.
- 3) Have experience in EMS education and methodology.
- 4) Maintain dialogue with medical directors regarding protocols and other educational concerns.

IV. Qualifications for EMS Assistant Medical Director

A. The EMS Assistant Medical Director will:

- 1) Hold a current license to practice medicine or osteopathy, or be credentialed by the North Carolina Office of EMS as an EMS Physician Assistant or EMS Nurse Practitioner.
- 2) Work under the direction of the EMS system medical director or the EMS specialty care transport program medical director.
- 3) Maintain all requirements listed in Section IB of this document.
- 4) Serve as chair of the EMS System Performance Improvement Committee meetings if appointed by system medical director.

VI. Grounds for termination

Any medical director, assistant medical director, or educational medical advisor may be terminated if the requirements in this document are not fulfilled and maintained.