

**SAMPLE
EMS AGENCY MEDICAL DIRECTOR'S AGREEMENT**

EMS Agency Medical Director's Agreement

I, the undersigned physician, represent that I satisfy the criteria to serve as an EMS agency medical director and agree to perform the duties for the following EMS agency:

(Name of EMS Agency)

(Address)

(City)

(State)

(Zip)

AFFILIATE # _____

Qualifications:

I meet the following requirements:

1. Currently licensed as a physician (MD or DO) in Pennsylvania.
2. Satisfy one of the following:
 - _____ Have successfully completed an emergency medicine residency program accredited by a resident program accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine
 - _____ Have successfully completed a residency program in surgery, internal medicine, family medicine, pediatrics, or anesthesiology, accredited by a residency program accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine, and:
 - _____ Have successfully completed or taught the ACLS course within the preceding two years, and:
 - _____ Have completed, at least once, the ATLS course and PALS course or APLS course, or other programs determined by the Department to meet or exceed the standards of these programs
 - _____ Have served as an advanced life support service medical director under the repealed act of July 3, 1985 (P.L.164, No.45), known as the Emergency Medical Services Act, prior to February 14, 2010.

3. Have a valid Drug Enforcement Agency number
4. Have completed an EMS agency medical director course, or an EMS fellowship or other EMS training program that is determined by the Department to be equivalent. This training shall assure that the EMS agency medical director has knowledge of:
 - (i) The scope of practice of EMS providers
 - (ii) The provision of EMS pursuant to the Statewide EMS protocols
 - (iii) The interface between EMS providers and medical command physicians
 - (iv) Quality improvement and peer review principles
 - (v) Emergency medical dispatch principles and EMS agency communication capabilities
 - (vi) EMS system design and operation
 - (vii) Federal and State law and regulations regarding EMS
 - (viii) Regional and State mass casualty and disaster plans
 - (ix) Patient and EMS provider safety principles

I acknowledge an EMS agency medical director is a physician who is employed by, contracts with, or volunteers with an EMS agency either directly or through an intermediary to evaluate the quality of patient care provided by the EMS providers utilized by the EMS agency and to provide medical guidance and advice to the EMS agency.

I accept the following responsibilities associated with being a BLS agency medical director:

1. Providing medical guidance and advice to the EMS agency, including:
 - (i) Reviewing the Statewide EMS protocols and Department-approved regional EMS protocols that are applicable to the EMS agency and ensuring that its EMS providers and other relevant personnel are familiar with the protocols applicable to the EMS agency.
 - (ii) Performing medical audits of EMS provided by the EMS agency's EMS providers.
 - (iii) Participating in and reviewing quality improvement and peer reviews of EMS provided by the EMS agency.
 - (iv) Reviewing regional mass casualty and disaster plans and providing guidance to the EMS agency regarding its provision of EMS under those plans.
 - (v) Providing guidance to the EMS agency, when applicable, with respect to ordering, stocking and replacement of medications, and compliance with laws and regulations impacting upon the EMS agency's acquisition, storage, and use of those medications.
 - (vi) Making an initial assessment of each EMS provider at or above the AEMT level to determine whether the EMS provider has the

knowledge and skills to competently perform the skills within the EMS provider's scope of practice, and a commitment to adequately perform functions relevant to the EMS provider providing EMS at that level.

- (vii) Making an assessment, within 12 calendar months of the last assessment, of each EMS provider at or above the AEMT level to determine whether the EMS provider has demonstrated competency in the knowledge and skills to perform the skills within the EMS provider's scope of practice, and a commitment to adequately perform other functions relevant to the EMS provider providing EMS at that level.
 - (viii) Recommending to the EMS agency that an EMS provider not be permitted to provide EMS at the EMS provider's certification level if the EMS agency medical director determines that the EMS provider has not demonstrated competency in the knowledge and skills to perform the skills within the EMS provider's scope of practice, or a commitment to adequately perform other functions relevant to the EMS provider providing EMS at that level, and recommending restrictions on the EMS provider's practice for the EMS agency, if appropriate to ensure patient safety.
 - (ix) Providing medical direction for the EMS agency dispatch center if the EMS agency operates an EMS agency dispatch center.
2. Maintaining a liaison with the regional EMS medical director
 3. Participating in the regional and Statewide quality improvement programs
 4. Recommending to the relevant regional EMS council, when appropriate, EMS protocols for inclusion in the Statewide and regional EMS protocols
 5. Recommending to the Department the suspension, revocation, or restriction of an EMS provider's certification

I agree that I will provide the EMS agency with _____ days written notice prior to terminating this agreement. I understand that this agreement must be renewed upon the triennial relicensure of the EMS agency.

The agency or the regional EMS council has provided me with copies of the following documents or I have made arrangements to secure them:

- Emergency Medical Services Act and regulations adopted under the act
- Statewide EMS Protocols

As the EMS medical director for _____,
(name of EMS agency)
a basic life support agency within Emergency Health Services Federation, I authorize this
EMS agency has met and maintained the proper training to use the following, please
initial next to the appropriate option:

- Pulse Oximetry _____ YES _____ NO
- CPAP _____ YES _____ NO
- Epi-Pen _____ YES _____ NO
- Mechanical CPR Device _____ YES _____ NO

Signature of Physician

Printed Name of Physician

Medical License #

Date of Agreement