



**PROVIDER AGENCY MEDICAL DIRECTOR  
EMSAC JULY 2025**

EFFECTIVE DATE: xx/xx/xx

POLICY REFERENCE NO: 2080

SUPERSEDES: 1/30/17

**1. PURPOSE**

- 1.1. To define the role and responsibilities of medical directors of approved San Francisco EMS provider agencies. ~~of direct and indirect medical oversight within the EMS system.~~
- 1.2. To establish personnel standards and of the EMS provider agency ~~scope of work for the Base Hospital and EMS Medical director.~~
- ~~1.3. Provider physician cadre.~~
- ~~1.4. To provide procedures by which Base Hospital Physicians are approved by the Base Hospital Medical Director.~~

**2. DEFINITIONS**

- 2.1. EMS provider agency medical director: A physician designated by an approved EMS provider agency to provide advice and coordinate the medical aspects of field care, to provide oversight of all medications utilized by EMS personnel including controlled medications, and to provide ~~oversee~~ the provider's quality improvement process, as defined by the San Francisco EMS agency.

**3. POLICY**

- 3.1. Requirements for the provider agency medical director Include but are not limited to the following:
  - 3.1.1. EMS agency medical director appointment approval
  - 3.1.2. Board eligible or certified in Emergency Medicine
  - 3.1.3. Knowledge on the current policies, procedures and protocols of the San Francisco EMS Agency
  - 3.1.4. For 9-1-1 EMS provider agency medical directors only:
    - 3.1.4.1. Board eligible or certified in Emergency Medical Services or with proof of significant experience and practice in EMS
    - 3.1.4.2. Completion of EMS Agency approved base hospital course
- 3.2. Medical direction and supervision of patient care
  - 3.2.1. Advises the provider agency in planning and evaluating the delivery of prehospital medical care by EMTs and paramedics

**3.2.2.** Reviews and approves the medical content of all EMS training performed by the provider agency and ensures compliance and continuing education requirements of the State and local EMS agency

**3.2.3.** Assist in the development of procedures to optimize patient care

**3.2.4.** Supports ~~Oversees~~ compliance with the documentation requirements of patient care (Policy 6050)

**3.2.5.** Participates in direct observation of field responses as needed. Medical direction during a direct field observation may be provided by the provider agency medical director in lieu of the base hospital under the following conditions:

**3.2.5.1.** ~~The EMTs, paramedics, the provider agency medical director on scene must be currently employed by or contracted with the same provider agency~~

**3.2.5.2.** If base contact has already been established, the provider agency medical director may assume medical direction of patient care. The base hospital shall be informed that the provider agency medical director is on scene. They are not required to accompany the patient to the hospital

**3.2.5.3.** EMS personnel shall document the involvement of the provider agency medical director in the patient care record when orders are given

**3.2.5.4.** The receiving hospital shall be notified of any patient whose field care is directed by provider agency medical director

**3.2.6.** Attends at least 50% of the following EMS agency committees:

**3.2.6.1.** Medical Director Committee

**3.2.6.2.** Quality Improvement Committee

**3.2.6.3.** EMS Advisory Committee

**3.2.7.** Ensures provider agency compliance with state and federal controlled substance policies and procedures

### **3.3.** Audit and evaluation of patient care

**3.3.1.** Assist the provider agency in the development and implementation of a continuous quality improvement program to ensure the provision of quality medical care. Provides recommendations for training and operational changes based on quality improvement results.

**3.3.2.** Supports ~~Oversees~~ the adherence of provider agency medical personnel to medical policies, procedures and protocols of the San Francisco EMS agency

**3.3.3.** Coordinates delivery and evaluation of patient care with base and receiving hospitals

### **3.4.** Investigation of medical care issues

**3.4.1.** Reviews incidents with unusual or adverse patient outcomes, inadequate performance of EMS personnel, and complaints related to the delivery of medical care

**3.4.2.** Supports ~~Oversees~~ medical performance, gathers appropriate facts and, as needed forwards those facts to the San Francisco EMS agency (Policy 6020).

**3.4.3.** Ensures the appropriate actions are taken on cases with patient care issues with adverse outcomes, e.g. training, counseling, reporting etc.

### **3.5.** Role and responsibilities of the EMS provider agency:

3.5.1. Designates and maintains a medical director at all times.

3.5.2. Ensures medical director is involved in the development of all medically related policies, procedures, and quality improvement as applicable.

3.5.3. Immediately notify the EMS agency in the event the medical director abruptly resigns or is otherwise unable to fulfill his/her duties and no immediate replacement is available.

~~A. Base Hospital Personnel Standards~~

~~a. Base Hospital Physician~~

~~i. Minimum requirements and orientation~~

- ~~1. Current licensure to practice medicine in California.~~
- ~~2. Current practice at the Base Hospital.~~
- ~~3. Current participation in an Emergency Medicine Residency, or be board eligible, or be board certified in Emergency Medicine and credentialed in Emergency of EMS Medicine at the Base Hospital.~~
- ~~4. Completion of an approved orientation course that, at minimum, includes the following:~~

~~a. Orientation to system issues relevant to Base Hospital Physician medical direction.~~

~~b. Radio communications~~

~~c. Written examination testing knowledge of Advance Life Support protocols and EMS Agency policy.~~

~~d. Direct observation of prehospital care (required for initial approval only), including 8 hours and 4 ALS patient contacts. At least half of the experience must be on a San Francisco Advanced Life Support ambulance.~~

~~ii. New Base Hospital Physicians shall have the first 6 consultations reviewed by the Base Hospital Medical Director, who will provide written feedback to the physician.~~

~~iii. Maintenance of approval~~

~~1. Full time physicians (0.5 FTE or greater):~~

~~a. Complete the didactic and exam portion of the orientation course or equivalent approved by the Base Hospital Medical Director every 4 years.~~

~~b. 4 hours of involvement in prehospital care each year. This may include direct observation at the 911 dispatch center, riding along with an ALS EMS provider, Base Hospital Physician in the field shifts, of equivalents approved by the Base Hospital Medical Director.~~

~~c. Attend 2 hours of organized prehospital continuing education each year (field care audit, journal club, local EMS conference, trauma video review, etc.).~~

- d. ~~Educate prehospital personnel by one of the following methods:~~
      - i. ~~Formal field care audit session~~
      - ii. ~~Perform clinical rounds/clinical preceptorship~~
      - iii. ~~Lecture on prehospital care at an educational seminar for ALS providers, or at a locally approved paramedic training program.~~
    - e. ~~Perform or assist with prehospital research.~~
    - f. ~~Participate in medical disaster exercises.~~
    - g. ~~Serve in a position of leadership on a state or local EMS advisory committee.~~
    - h. ~~Perform special projects approved by the Base Hospital Medical Director.~~
  2. ~~Part time physicians (0.5 FTE or less):~~
    - a. ~~Meet the same requirements listed above for full time physicians except for i, b and i, c.~~
- b. ~~Base Hospital Medical Director~~
- i. ~~Minimum requirements~~
    1. ~~Maintain all requirements for Base Hospital Physician.~~
    2. ~~Maintain current board certification in Emergency Medicine and EMS Medicine.~~
    3. ~~Participate in an additional 16 hours of direct prehospital care observation per year, 8 hours of which must take place on a San Francisco Advanced Life Support ambulance.~~
  - ii. ~~Roles and responsibilities~~
    1. ~~Oversight of Base Hospital Physicians~~
      - a. ~~Perform reviews and audits as required or necessary.~~
      - b. ~~Be available to provide direction and supervision at all times or designate an alternate of equal qualifications.~~
      - c. ~~Represent EMS issues to the Base Hospital Disaster Committee.~~
      - d. ~~Ensure Base Hospital Physicians comply with all requirements.~~
    2. ~~Oversight of Base Hospital Quality Improvement and administrative activities as outlined in Policy 5011 — Base Hospital Standards.~~
    3. ~~Liaison to the EMS Agency and ambulance provider medical directors.~~
- B. ~~EMS Provider Agency Medical Directors~~
- a. ~~The following qualifications are required of any EMS provider agency medical director:~~

- ~~i. Active practice of Emergency Medicine~~
  - ~~ii. EMS experience in California (as an EMS provider or physician)~~
  - ~~iii. Disaster medicine training, including ICS 100, 200, and NIMS 700 certifications.~~
  - ~~iv. Training in EMS education~~
  - ~~v. Training in EMS quality improvement~~
- ~~b. The following qualifications are required of 911 EMS Provider Agency Medical Directors, in addition to B, 1 above:~~
  - ~~i. Current and unrestricted CA license~~
  - ~~ii. Current EM Medicine certification~~
  - ~~iii. Current EMS Medicine certification or eligibility (not to exceed 2 years)~~
  - ~~iv. Current DEA license~~
  - ~~v. Minimum 2 years of EMS medicine experience (as a physician, preferably in California)~~
  - ~~vi. Qualification as a Base Hospital Physician in the San Francisco EMS system (current preferred, prior qualification acceptable)~~
  - ~~vii. Maintenance of EM and EMS Medicine certifications and EMS privileges at SFGH~~
- ~~c. Roles and responsibilities~~
  - ~~i. Provide controlled substance procurement and oversight of the controlled substance management system.~~
  - ~~ii. Attest to the BLS and ALS skills of the provider EMS agency personnel.~~
  - ~~iii. Endorse the provider agency quality improvement plan and provide medical direction to quality improvement activities.~~
  - ~~iv. Provide medical direction for all provider-based medical training (BLS and ALS).~~
  - ~~v. Participate in 60% of the following EMS Agency committees:~~
    - ~~1. Medical Director Committee~~
    - ~~2. Quality Improvement Committee~~
    - ~~3. EMS Advisory Committee~~
  - ~~vi. Act as point of contact for community physician questions and issues with their agencies.~~
  - ~~vii. Participate in community education and outreach.~~
  - ~~viii. Assist their EMS provider agency with any site visits, as required by the EMS Agency or other appropriate regulatory agency.~~

#### 4. AUTHORITY

- 4.1. California Health & Safety Code, Division 2.5, Sections 1797.58, 1798.59, 1797.220, 1798 – 1798.3, and 1798.100 – 1798.105.
- 4.2. California Code of Regulations, Title 22, §§100090.02 & 100096.02 ~~California Code of Regulations, Title 22, Sections 100144 and 100169.~~