

The Role of State Medical Direction in the Comprehensive Emergency Medical Services System: A Resource Document

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Medical oversight is a fundamental component of every EMS system. The quality of physician medical direction has a significant impact upon the system and patient outcome. The lead agency for the state EMS system is a principal facet of our emergency care system, and the state EMS medical director is a vital component within this comprehensive network.

The selection of an experienced, qualified physician for the provision of state EMS medical direction is a critical decision. This resource document provides a snapshot of the recent status of state EMS medical direction in our nation and a projection of the achievable benchmarks for the role of the state EMS medical director in the future. As an informational resource, this tool will assist state EMS officials, legislators, laypersons, and partners within the emergency care system to comprehend, create or improve, and support the state EMS medical director position within their jurisdiction.

I. BACKGROUND

The National Association of State EMS Officials (NASEMSO), the National Association of EMS Physicians (NAEMSP), and the American College of Emergency Physicians (ACEP) have issued a joint position statement supporting the role of physician medical directors at the state level as an essential component of emergency medical services (EMS) systems. The position statement applies to states, the District of Columbia, and the United States territories; however, for the purpose of this resource document, the term state will be used in reference to all of the aforementioned geographical divisions. This document serves as a resource for state EMS offices by providing additional supportive material related to the role of the state EMS medical director.

The state EMS medical director provides medical aspects of leadership, oversight, coordination, access to best practices, system quality management, and research in order to ensure the best possible EMS system for patients. For the EMS system to fully embrace the medical aspects of health care delivery, public health roles, disaster preparedness and seamless emergency response, the role of the state EMS medical director must be fully integrated into the lead agency for EMS within each state. The position of state EMS medical director should be officially designated, preferably by statute, by the state authorities.

State EMS medical direction requires political, administrative, and financial support to achieve these goals. The statewide EMS system and its subset components of disaster preparedness, time-critical systems of care, EMS education, quality improvement, patient safety, and research require medical leadership and accountability. As technology and medical science supports more sophisticated and complex medical interventions in the out-of-hospital setting and the public expectations for effective emergency medical care increase, every state and territory will benefit from involvement of a qualified state EMS medical director.

The joint position statement supports the establishment of a regular full-time position for a state EMS medical director in every state. Ideally, a full-time state EMS medical director will provide optimal medical oversight to the state's EMS system, but there are financial and other challenges to attaining this goal. States may not be able to compensate the most qualified physicians for this role at a level that would enable the physician to take the state EMS medical director position over clinical practice. In addition, continued clinical practice may increase the credibility of the state EMS medical director with EMS providers and other physicians with whom the medical director must liaison; therefore, states that create a full-time position must consider the positive benefit and support some continued clinical practice for the physician serving in this role. States experiencing budget challenges or that are unable to secure a full-time state EMS medical director should establish part-time positions or contract positions. Either of these choices may be suitable, and in any case are far preferable to not having the necessary medical oversight for the EMS system. The recommended components of the state EMS medical director contract and a sample position description are included in appendices A and B, respectively.

II. JUSTIFICATION

A comprehensive state EMS system requires an organizational structure that supports all aspects of both administrative and medical function. All of the current emergency care system activities at the state, regional, and local levels require active involvement of the state EMS medical director. System-wide practice standards and inter-jurisdictional coordination of medical services can be most effectively achieved through the establishment of proper medical authority at the state level.

The responsibility for functional EMS coverage in all jurisdictions lies with each state. The state EMS system is also a critical link to local and regional EMS systems, federal resources, and other emergency care delivery and health care administrative organizations. The state EMS medical director is recognized as an imperative and invaluable component of the state EMS system. The state EMS medical director is often the primary source of emergency care and prehospital expertise that is requested from local, state, federal, and partner organizations. The merit of the state EMS medical director is also highlighted by the increase in federal funding sources for which medical direction is an allowable expenditure. The Federal Interagency Committee on Emergency Medical Services recently recommended that all federal grants related to EMS require state EMS medical direction as part of the grant consideration process.

It is important to note that state EMS medical direction is not redundant with state EMS administration, but is complimentary to it. The whole sphere of administrative functions including the external functions of licensure actions, inspection and compliance determination, examination and certification, investigation and discipline, and operational procedures; as well as internal functions such as hiring, evaluation, and discipline of employees, management of budget and resource allocation, strategic and operational planning, and policy development and implementation all exist separately from the

essential medical aspects of system development set forth within this document. Both administrative and medical expertise must be brought to bear in the configuration of the complete EMS system. This is accomplished by the coordinated effort of the state EMS director and the state EMS medical director working in concert with each other.

III. STATUS

The National Association of State EMS Directors, which has since become the NASEMSO, conducted a survey in 2003 to determine the status of state EMS medical director positions nationally. The survey population included all fifty states, the United States territories, and the District of Columbia. Various parameters were assessed by the survey, and forty-seven of the fifty-six eligible entities responded resulting in an approximate 84% rate of return. Within the survey, barriers to creating a state EMS medical director position were identified, and they are compiled in Table 1.

The NASEMSO Medical Directors Council, which is composed of state EMS medical directors, completed an updated survey in 2007 to reassess the status of state EMS medical direction positions nationally. In comparison to the 2003 survey, the survey conducted in 2007 focused on the specific aspects of the state EMS medical director's relationship with their state EMS office and the resources provided to the position. The population invited to complete the survey were all of the existing state EMS medical directors. For jurisdictions lacking a designated state EMS medical director, the survey was presented to the state EMS director for completion. Responses were received from two United States territories and thirty-six of the fifty states. Eight of the non-responding states and the District of Columbia did not have a designated state EMS medical director at the time the survey was conducted. The most crucial components that should be encompassed within the state EMS medical director job description identified by the NASEMSO Medical Directors Council in the 2007 survey and the percentages at which they had been achieved at that time are outlined in Table 2.

IV. QUALIFICATIONS

The ideal qualifications for the state EMS medical director are listed in the attached sample position description. The qualifications of a state EMS medical director should be clearly defined, preferably within statute or regulation. A legislated state EMS medical director position serves as a formal acknowledgement for the need and value of EMS medical direction and ensures that an experienced and well-qualified physician will be retained to lead the state EMS system. As a basic foundation, the credentials for a state EMS medical director should include possession of a valid medical license in the jurisdiction where the physician will serve, substantial experience in EMS medical direction, and significant experience in the active practice of emergency medical care delivery.

The state EMS medical director provides specialized medical oversight in the development and administration of the EMS system and is an essential liaison with local, state, and federal EMS agencies. Leadership capabilities are inherently important in addition to the polished communication and networking skills necessary to engage the general public, EMS colleagues and other medical professionals, and organizations that support the EMS system.

Individual states should add other qualifications as appropriate for their EMS system. Tables 3 and 4 outline the 2007 survey results on current state EMS medical director candidate prerequisites and qualifications and a profile of the foundation of experience of the current state EMS medical directors.

V. AUTHORITY

The authority of the state EMS medical director must be aligned with and supported by the state EMS director's administrative functions, and should focus on the clinical and patient care aspects of the statewide EMS system. Currently, a few states have a physician who serves as both the state EMS director and the state EMS medical director.

VI. RESPONSIBILITY

The responsibility of the state EMS medical director must encompass all aspects of the statewide EMS system related to the quality and availability of medical care. The medical director must also serve as an advocate for efficient, effective, and evidence-based health care delivery by emergency medical services throughout the state.

It is the role of the state EMS medical director to oversee the delivery of medical care that is consistent with professionally recognized standards and to institute and maintain process improvement measures which ensure professional and public accountability for medical care provided within the statewide EMS system.

The roles and responsibilities of the state EMS medical director vary widely by state. Table 5 displays the 2007 survey results of the scope of activities of the state EMS medical directors and highlight the potential for state EMS offices to increase the breadth and depth of this scope to maximally utilize the expertise of the state EMS medical director.

VII. CONFLICT OF INTEREST

Conflict of interest considerations for a state EMS medical director are under the jurisdiction of the employing state agency, and should be significantly similar to those considerations relating to any state employee or contractor as appropriate. Specific considerations may include declarations, recusation, and outside employment and standing. The individual states may have additional criteria or operational avenues to address conflict of interest issues.

Declarations

Applicants for the position of state EMS medical director may be required to disclose or declare any potential conflict of interest, such as familial or intimate relationship to a regulated person, a history of past or pending legal or other actions that may influence decision-making, or a financial interest in any regulated entity. Ethically, the state EMS medical director should declare any conflict or perceived conflict related to any part of the job.

Recusation

Under some circumstances, the state EMS medical director may be required to recuse himself or herself from the execution of certain duties. Examples may include, but are not limited to, the investigation or pending action against a recent past employer (in another capacity or position) of the state EMS medical director, a close business associate or familial relationship or intimate of the state EMS medical director, or of an entity in which the state EMS medical director has disclosed or revealed a financial or other significant interest.

Outside Employment and Standing

State EMS medical directors may be required either by professional licensing requirements or their state employer to maintain currency in the field of emergency medicine by active clinical practice. Under such circumstances, the state EMS medical director would normally be recused from any investigations or actions involving the second position. In addition to other positions involving clinical practice, there are ethical considerations related to involvement with vendors, consultant roles, and speakers' bureaus that may be significant conflicts of interest. The state EMS medical director must be aware of these issues and follow state policies and ethical principles when considering these forms of supplemental income or involvement.

VIII. SALARY AND SUPPORT

The state EMS medical director should be provided with a salary commensurate with the qualifications and responsibilities listed above including the necessary reimbursement for material, travel, support services, and indirect costs. Ideally, the state EMS medical director position should be supported by a dedicated funding source. For full or part-time

regular positions, states may have a salary classification system for physicians that provide a basis for the compensation.

As previously mentioned, some states may not be in a fiscal position under their current circumstances to create such a position. Contracts for professional services are another avenue to meet this need without incurring the additional costs of benefits associated with traditional employee positions. Grants may serve as a temporary funding source to create a contract position until a permanent funding source is secured.

The recommended components of a state EMS medical contract are included in Appendix A. Tables 6, 7, and 8 outline the 2007 survey results for the employment relationship with the state EMS office and the monetary compensation of the state EMS medical director. The full-time state EMS medical directors, which were five of the survey respondents, had annual salary ranges between \$60,000 and \$155,000 when employed by the state with one state EMS medical director receiving compensation at \$160,000 via compensation as a percentage of an academic faculty salary. For part-time state EMS medical directors, the compensation ranged from \$6 to \$125 per hour for up to 20 hours contracted or worked per month, \$33 to \$115 per hour for 20-40 hours per month, and \$15.63 to \$76.75 per hour for greater than 40 hours per month.

The state EMS medical director should have or have access to appropriate staff support from the state EMS office to facilitate the successful completion of the assigned duties and responsibilities. Additional benefits may be provided to the state EMS medical director as deemed necessary by the state EMS office and the state director to support the position and to advance the state EMS system. The provision of adequate professional and administrative liability protections that are specific to the unique needs of the position is critical. The 2007 survey results for these parameters are compiled in Tables 9 and 10.

IX. SAMPLE POSITION DESCRIPTION

A sample position description that delineates the medical director's authority and responsibilities and the EMS system's obligations is included in Appendix B. State medical societies and advocacy groups should play an integral part in further defining specific needs and solutions for their respective states.

X. SUMMARY

The success, stability, and advancement of an EMS system requires dedicated and qualified medical direction. This document is meant to serve as a resource for state EMS offices during the development or enhancement of the state EMS medical director position.

Table 1

Barriers to the Creation of the State EMS Medical Director Position in 2003

Barriers	Frequency Reported
Inadequate funding	17
Lack of statutory authority	12
Inadequate support from department administration	9
Needs are met in other ways	8
Other priorities take precedence	6
Other political considerations	5
Legal liability issues	3
Inadequate support from medical community	2
Inadequate support from EMS community	2
No need for such a position	1
Other	1

Table 2

Components of the State EMS Medical Director Job Description in 2007

Components of State EMS Medical Director Job Description	Percentage of Responses (%)
Contractual relationship with state EMS office	45
Position based within statutory language	47
Stable funding source provided for position	39
Reasonable compensation	74
Clearly delineated roles and responsibilities	66
Credentials for the position	79
Clearly delineated accountability and benchmarks	42

Table 3

State Medical Director Qualifications/Prerequisites in 2007

State EMS Medical Director Qualifications/Prerequisites	Percentage of Responses (%)
Valid state medical license	76
Valid Drug Enforcement Administration license	29
Board certification in any Specialty	10
Board certification in emergency medicine	89
Residency trained in emergency medicine	3
Completion of EMS fellowship	0
Number of years of active EMS medical direction	21
Active practice of medicine	29
Other	13

Table 4

**Profile of Experience in EMS Medical Direction
of the State EMS Medical Directors in 2007**

Years of as an Active EMS Medical Director of an EMS Service	Percentage of State EMS Medical Directors in 2007 (%)
0 years	6
1-5 years	9
5-10 years	14
10-15 years	24
15-20 years	12
20-25 years	26
25-30 years	9

Table 5

Scope of State EMS Medical Director Activities in 2007

Scope of State EMS Medical Director Activities	Percentage of Responses (%)
Patient care protocol approval/review/development	89
State policy approval/review/development	89
Legislative statute/rule approval/review/development	87
Investigation/mediation	74
Disaster/HAZMAT/terrorism preparedness	76
Hospital/emergency department preparedness	66
Emergency telecommunications issues	55
Service operational plan review/approval	42
Trauma system oversight/development/participation	11
Public health/prevention	74
Training and education standards/policy development	79
Tactical or law enforcement oversight	29
Professional organization liaison activities	84
No response	3

Table 6

State EMS Medical Director Relationship with State EMS Office in 2007

State EMS Medical Director Relationship with State	Percentage of Responses (%)
Employee	29
Independent Contractor	45
Volunteer	11
Appointed	7
Full-Time	13
Not full-time	87
Written contract or agreement	45
No written contract or agreement	53
Agreement/contract with state EMS medical director	50
Agreement/contract with practice	0
Agreement/contract with employer	3
Agreement/contract with university	11
Agreement/contract with institution	3
Agreement/contract with other agency	3
Written job description	56
No written job description	39

Table 7**State EMS Medical Director Compensation in 2007**

Monetary Compensation	Percentage of Total Respondents Reporting Compensation (%)	Source of Funding	Percentage of Responses (%)	Stability of Funding	Percentage of Responses (%)
Less than \$50/hour	29	State/Department Budget	71	Totally	42
\$50-\$100/hour	30	Grant	13	Partially	33
\$100-\$150/hour	9	Non-governmental employer (includes universities)	5	Not at all	18
Salaried (range of \$4000-\$160,000)	32	User fees	8	Not applicable	5
		Other	3		
		No response	11		

Table 8

Dedicated Hours of Work by the State EMS Medical Director in 2007

Requested/Contracted Hours Per Month	Percentage of Responses (%)	Actual Hours Committed in Last Calendar Year	Percentage of Responses (%)
No response	13	No response	13
0-20	11	Less than 100	7
20-40	26	100-500	31
40-60	8	500-1000	18
60-80	10	1000-2000	21
80-100	8	Greater than 2000	10
100-120	3		
120-140	5		
140-160	16		

Table 9

**Professional and Administrative Liability Protection
Provided to State EMS Medical Director by State EMS Office in 2007**

Insurance Product Provided	Percentage of Affirmative Responses (%)
Professional liability including medical malpractice	24
Professional liability excluding medical malpractice	16
General liability (errors and omissions, slander, etc.)	29
Employee practice liability	5
Workers compensation	26
Disability insurance	14
Medical insurance	26
None of the above	45

Table 10

**Additional Provisions Provided to the
State EMS Medical Director by the State EMS Office in 2007**

Additional Provisions Provided	Percentage of Affirmative Responses (%)
Vehicle	10
Equipment/radio	24
Cell phones	37
Travel expenses	60
Leave time	21
Professional organization dues	26
Health insurance	26
Workman's compensation	24
Conferences	32
Continuing medical education	8
Retirement/pension	26
Books/subscriptions	11
Other	8
None	3

Appendix A

Lead EMS Agency Relationship with the State EMS Medical Director

Overview

In the best interest of both parties, the lead EMS office of a state or jurisdiction and the physician who is selected to serve as the state EMS medical director must possess a mutual understanding of the duties, goals, and expectations of the position. The communication of the plan ensures maximal benefit to the EMS system within the local, state, federal, and international network. Although many agreements can be sealed with a handshake, the NASEMSO Medical Directors Council supports the delineation of the responsibilities of the state medical director and the state EMS office in writing by contract, employment agreement, job description, regulation, or legislation.

The NASEMSO Medical Directors Council has identified several fundamental features that should be considered within a state medical director contract. This compilation is presented as a tool to assist state EMS offices that wish to create a state medical director contract, job description, or to refine and improve an existing contract, and it is not meant to be mandatory or all-inclusive.

Preferred Components of a State EMS Medical Director Contract or Job Description

A written job description is helpful to both the state EMS office and the potential state medical director candidate. The job description must contain at least the minimum level of roles and responsibilities that will facilitate the smooth operation of the state EMS office and the state EMS system. The state EMS director may or may not wish to determine the percentage of time that should be devoted to specific duties, but should communicate any expectations to the physician. The job description also serves as the platform for periodic evaluation of the state medical director's performance. Establishment of accountability, delineated performance measures, and annual or biannual benchmarks promote overall satisfaction for all members and colleagues of the EMS system. Duties that should be considered within the job description for the state medical director include:

- Prehospital protocol development, review, revision, and approval
- State policy or legislative development, review, revision, and approval
- EMS training, education standards and program development, review, revision, and approval
- Program development, review, revision, and approval of specialized EMS operations (i.e. HAZMAT, disaster and health crisis planning, tactical EMS, trauma, public health)

and education, prevention, communications, time-critical systems of care, system operations, etc.)

- Active involvement and participation with specified local, state, and federal EMS organizations and EMS partners

The state medical director should be reasonably and fairly compensated, ideally, from a stable funding source. The methods of compensation will vary from state to state as the state medical director may be contracted as a state employee, an independent contractor, or appointed by the state EMS office or other party. The compensation package may be solely monetary in the case of an independent contractor or may include various job benefits in the case of a state employee. The compensation for the state medical director should include:

- An adequate salary or hourly wage that correlates with the expertise and experience of the state medical director, the contracted hours and the duties outlined in the job description
- Adequate professional and administrative liability insurance coverage and legal representation that are specific to the unique needs of a physician serving as a state EMS medical director
- Resources to support and enhance the performance of the duties outlined in the job description (conference fees, travel expenses, professional organization dues, EMS educational materials or subscriptions, etc.)

Appendix B

Sample Position Description for a State EMS Medical Director

Definition

This is advanced professional medical and regulatory work providing specialized medical oversight and consultation in the development and administration of the state emergency medical services system.

The selected physician is responsible for all medical aspects of the planning, evaluation, and supervision of the comprehensive emergency medical services system. The selected physician will work in close consultation with the state EMS director in select areas of system administration.

Any one position may not include all the listed duties or knowledge, skills or abilities; nor are the listed examples intended to be exhaustive of those required.

Examples of Work

Provide oversight for all medical aspects related to planning, development, implementation, and evaluation of the statewide EMS system. This includes all medical components for response systems of care supported by public policy that integrate or interface with the EMS system, such as the following.

- State plans (i.e. burn, cardiac, pediatric/neonatal, trauma, stroke plans)
- Domestic preparedness
- Other systems of specialized care through which EMS patient care is delivered

Oversee the establishment of statewide protocols, policies, and procedures for all patient care activities from dispatch through triage, treatment, and transport for all emergency responders (EMS, fire, HAZMAT, police, etc.).

Oversee statewide EMS continuous performance improvement program.

Establish credentialing, training, and certification requirements of local and regional EMS medical directors.

Serve as an expert advocate for efficient, effective, and evidence-based emergency medical services throughout the state.

Oversee the delivery of medical care that is consistent with recognized professional standards.

Develop and oversee performance improvement programs designed to assure professional and public accountability for medical care provided within the statewide EMS system.

Recommend and approve medical policies and procedures to be included in the state treatment and transport protocols.

Oversee appropriateness of training and certification of EMS providers.

Assist the state EMS regulatory agency to assure compliance with applicable rules and regulations.

Represent the state EMS regulatory agency at meetings involving matters related to EMS medical issues and related public policy development.

Provide guidance and assistance to the state EMS office on the following matters.

- Scope of practice issues for EMS providers
- Restrictions placed on an EMS service or EMS provider certification or license
- Recommend corrective action and disciplinary action when necessary for an EMS agency or EMS provider when the cause is related to a medical care issue
- Corrective action and disciplinary action when necessary for regional and local EMS medical directors

Provide education on roles/responsibilities, EMS rules/regulations, and emerging issues in EMS to local and regional EMS medical directors.

Provide consultation, support, and assistance to local and regional EMS medical directors as needed.

Promote and participate in EMS system research.

Maintain liaison with the local, regional, state, and national medical community and professional medical organizations.

Interact with local, regional, state, and national EMS authorities to oversee that standards, needs, and requirements are met and resource utilization serves to optimize efficient, effective, and evidence-based medical care.

Oversee the coordination of all medical activities related to disaster planning and response.

Promote public information and education on prevention of illness and injury, recognition of emergency conditions, and timely 911 EMS access.

Maintain knowledge of and familiarity with all levels of medical response including, but not limited to, traditional EMS providers, first responders, firefighters, HAZMAT responders, and law enforcement through ongoing professional and personal education in order to provide coordinated medical advice and system-wide consistency for interagency activities and disaster response.

Examples of Knowledge, Skills and Abilities

The following are key professional attributes that the state EMS medical director should have in order to successfully interact with a diverse group of coworkers and EMS system stakeholders.

- Thorough knowledge of state EMS laws
- Thorough knowledge of system level data analysis
- Considerable knowledge of EMS dispatch and communications
- Considerable knowledge of mass casualty and disaster plans
- Considerable knowledge of group dynamics relating to advisory committee structures
- Significant knowledge of out-of-hospital care research
- Significant knowledge of public health education, injury prevention, and health promotion
- Considerable communication and interpersonal skills
- Considerable technical writing skills in grant preparation, protocol and policy development, and regulatory language
- Ability to analyze and comprehend data
- Ability to deal tactfully with the media, elected officials, and others on sensitive matters
- Ability to make public presentations

Experience and Education Requirements

Essential

Significant experience and familiarity with the organization and operation of the statewide EMS system, including but not limited to, any existing subset systems of trauma, pediatrics, burn, cardiac, stroke, and other specialized components of the EMS system

Significant experience, leadership, and success in working with state EMS committees

Significant experience in on-line and off-line medical direction of out-of-hospital EMS

Significant experience with the emergency department and field treatment of acutely ill and injured patients

Successful experience in working with national and state level professional EMS and medical organizations

Experience with the EMS quality improvement/continuous performance improvement processes

Desirable

Board certification in emergency medicine

Completion of an EMS fellowship and/or EMS subspecialty certification

Continued involvement with the emergency department management of acutely ill and injured patients

Recent or current involvement in local, state and national EMS organizations

Necessary Special Qualifications

The state EMS medical director must be able to secure a license to practice medicine in the state where serving in this capacity.