

# NAEMSP POSITION STATEMENT

## PHYSICIAN OVERSIGHT OF EMERGENCY MEDICAL SERVICES

Activities that constitute EMS are well defined in the 2012 NASEMSO document “The Definition of EMS.” This document also states that “EMS is the practice of medicine and as such, any of the activities that constitute EMS require oversight by a physician.” Physician oversight of EMS is critical to the successful delivery of EMS in any environment. The National Association of EMS Physicians® (NAEMSP®) agrees with these definitions and statements. In addition, NAEMSP® believes that:

- An entity that is involved with the response to provide medical care for ill and injured patients in the out of hospital setting constitutes an EMS service, regardless of whether patient transport is provided. EMS services may include, but are not limited to, emergency services call-taking and dispatch, ambulance services, mobile-integrated health services, and non-transport first responders such as fire departments, law enforcement agencies, search and rescue teams, and other first-responder/public safety agencies.
- All aspects of medical care administered by an EMS service require the active involvement of a licensed physician medical director with expertise in the environment in which the EMS service’s response occurs. This role, encompassing such a physician’s activities, is commonly titled “EMS Medical Director.”
- A physician board-certified in EMS medicine is best prepared to provide physician oversight of EMS, serving in the role of EMS medical director.
- The EMS medical director must recognize the patient diversity and environmental hazards within his or her EMS service. If the EMS medical director lacks knowledge or experience pertaining to a portion of their service’s operations, he or she should engage local experts to assist with forming EMS-related operational plans for health care delivery within those patient communities or environments.
- There is significant value in the EMS medical director establishing relationships with other partners in patient care including health care facilities, medical specialty organizations, and governmental and non-governmental supported entities that advocate for or support efforts to provide medical care to special populations.
- The primary role of the EMS medical director is to promote continuous quality improvement and patient centered delivery of medical care by the EMS service. The EMS medical director should be involved and integrated with all aspects of out of hospital health care delivery from initial patient contact, including contact via telecommunications with emergency dispatch operators, to definitive patient care.
- EMS system design is influenced by community-level and patient-level health care needs as well as operational considerations. The EMS medical director’s role in system design requires that he or she be involved in both clinical and operational decisions.
- All EMS services must assure that the EMS medical director has complete authority for all aspects of patient care, including oversight of verification of provider competency and provider credentialing. The EMS medical director must have the ability to restrict, suspend, or terminate patient care activities of providers who deviate from and/or fail to meet established standards.
- The EMS medical director must have the authority to develop and implement education standards for all providers who work in the EMS service.
- An EMS medical director’s qualifications, responsibilities, authority, and liabilities must be delineated in writing within each EMS service.
- The EMS service has an obligation to provide the EMS medical director with the resources, authority, insurance, and compensation commensurate with these responsibilities.
- The EMS medical director shall have the authority to appoint and delegate duties to one or more

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Approved by the NAEMSP Board of Directors June 29, 2016.

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doi: [10.1080/10903127.2016.1229827](https://doi.org/10.1080/10903127.2016.1229827)

associate medical director(s). Associate medical directors shall also have responsibilities, authority, insurance, and compensation that are delineated in writing and shall be recognized with authority and responsibility as delegated by the program's EMS medical director.

- The EMS medical director should have full support for independent but integrated response (emergent and non-emergent) to calls for service within the EMS service's service area, and recognition within the public safety network as the local health authority on emergency scenes to which they respond.