

EMS Medical Director Engagement Checklist

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Agency: _____ Completed by: _____ Date: _____

Use this checklist to assess how engaged your agency's physician medical oversight really is. Mark each item **Yes** / **Partly** / **No**. Several "No" answers suggest a "phantom" medical director: someone whose name is on the paperwork but who isn't involved in the system.

1. Accountability and authority

	Yes	Partly	No
We have a written agreement with our medical director that defines duties, time commitment, and authority.	☐	☐	☐
The medical director meets our state's qualification and credentialing requirements (and current state rules have been checked).	☐	☐	☐
Crews know who the medical director is and how to reach them.	☐	☐	☐
There is a named backup or associate medical director for when the primary is unavailable.	☐	☐	☐

2. Protocols

	Yes	Partly	No
Protocols have been reviewed and signed by the medical director within the last 12 months (or as often as your state requires).	☐	☐	☐
Protocol changes are based on current evidence and communicated to crews with education.	☐	☐	☐
Protocols match the equipment and medications actually carried on our units.	☐	☐	☐
There is a process for crews to suggest protocol changes and get a response.	☐	☐	☐

3. Quality assurance and improvement

	Yes	Partly	No
There is a written QA/QI plan the medical director has approved.	☐	☐	☐
High-risk calls (cardiac arrest, airway management, STEMI, stroke, pediatrics, refusals, restraint) are routinely reviewed.	☐	☐	☐
The medical director personally reviews at least some charts and gives feedback.	☐	☐	☐

	Yes	Partly	No
QA findings lead to education or protocol changes, and we track whether they worked.	☐	☐	☐
QA is educational and non-punitive whenever possible.	☐	☐	☐

4. Education and credentialing

	Yes	Partly	No
The medical director (or their designee) takes part in continuing education.	☐	☐	☐
There is a process to credential new providers before they practice independently.	☐	☐	☐
High-risk, low-frequency skills (surgical airway, pediatric resuscitation, etc.) are reviewed and practiced.	☐	☐	☐
Remediation plans exist and are used.	☐	☐	☐

5. Presence and relationships

	Yes	Partly	No
The medical director rides along, visits stations, or attends crew meetings at least occasionally.	☐	☐	☐
The medical director has a working relationship with receiving hospitals and dispatch.	☐	☐	☐
Crews feel comfortable calling the medical director about a difficult call.	☐	☐	☐
Online (real-time) medical control is available and works.	☐	☐	☐

6. Risk and documentation

	Yes	Partly	No
Sentinel events and near-misses are reported to, and reviewed with, the medical director.	☐	☐	☐
Controlled-substance policies are approved and audited.	☐	☐	☐
Use of new technology (including AI tools) is approved by the medical director and the agency, with PHI protections in place.	☐	☐	☐

Scoring

- **Mostly Yes:** you have engaged medical oversight. Keep it up and document it.
- **Several Partly/No:** schedule a meeting with your medical director and agency leadership to close the gaps.
- **Mostly No:** your system may be exposed to protocol drift, unreviewed care, and liability. Talk to your agency leadership and your state EMS office about your options.

References

- National Association of EMS Physicians. *Physician Oversight of Emergency Medical Services* (position statement). Prehospital Emergency Care. 2017;21(2):281–282. doi:10.1080/10903127.2016.1229827. <https://naemsp.org/position-statement/physician-oversight-of-emergency-medical-services/>
- Check your state EMS office's rules for medical director qualifications and duties.

Want help? Visit <https://emsaisack.com/phantom-medical-director/>

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