



## Advisory 26-08 - Noyes Medical Control, Agency Medical Director Credentialing and Direct Medical Oversight

To: All EMS Agencies and Emergency Department Leadership Teams

From: Jeremy T. Cushman, MD, MS, EMT-P, FACEP, FAEMS *JT Cushman*  
Regional Medical Director

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Effective immediately, Noyes Memorial Hospital is able to provide Direct Medical Oversight (Medical Control) for EMS Clinicians. The number is 585-602-2629. Clinicians should continue to use Pulsara for notifications to Noyes that do not require on-line consultation.

Additionally, at their June 15<sup>th</sup> meeting, the Monroe-Livingston REMAC approved the attached policies which are effective immediately:

- Agency Medical Director Credentialing
  - Agencies are responsible for policy compliance and any changes to Medical Direction must be communicated to the MLREMS Program Agency. This policy replaces the previous of the same name.
- Direct Medical Oversight
  - Emergency Departments providing Direct Medical Oversight (DMO) are responsible for policy compliance including the tracking of physicians credentialed to provide DMO. Training is available for use by health systems and can be obtained by contacting this office.
  - This policy replaces the MLREMS policy "On-Line Medical Control Requirements"

This and all other Regional Policies can be found at: <https://www.mlrems.org/policies/>.

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**web** www.mlrems.org  
**phone** (585) 463-2900  
**fax** (585) 473-3516

**office**  
44 Celebration Drive, Suite 2100  
Rochester, NY 14620

**mailing**  
601 Elmwood Avenue, Box 655P  
Rochester, NY 14642



## **AGENCY MEDICAL DIRECTOR CREDENTIALING**

### **PURPOSE**

The primary role of the medical director is to ensure quality patient care. Responsibilities include involvement with the ongoing design, operation, evaluation, and revision of the care provided by the agency from initial access to definitive care and from basic first response through advanced level care as indicated by the service type. Each EMS agency should ensure that the medical director has ultimate authority over EMS clinician credentialing including the authority to limit the patient care activities of those who deviate from established standards or do not meet training expectations, and the responsibility and authority to develop and implement medical policies and procedures. The EMS medical director's qualifications, responsibilities, and authority must be delineated in writing within each EMS agency. The EMS agency has an obligation to provide the EMS medical director with the resources, authority, indemnification, and compensation commensurate with these responsibilities. The following outlines the essential and desired qualifications of a physician providing EMS Medical Direction for an agency in the Monroe-Livingston Region along with the credentialing requirements and expected responsibilities of the agency EMS Medical Director.

### **ESSENTIAL QUALIFICATIONS**

1. Current and unrestricted New York State license to practice medicine.
2. Current and unrestricted DEA registration.
3. Current and active practice of emergency or acute care medicine in the Monroe-Livingston region or neighboring EMS region.
4. Experience and/or training in the out-of-hospital emergency care of the acutely ill or injured adult and/or pediatric patient.
5. Experience and/or training in direct and indirect medical oversight of EMS clinicians.
6. Familiarity with the EMS clinician scope of practice and field operations.
7. Experience and/or training in quality improvement.
8. Knowledge of regional protocols, New York State EMS statutes, regulations, and policies, and Federal EMS laws and regulations as they apply to the service being overseen.

### **DESIRABLE QUALIFICATIONS**

1. Board Certification in Emergency Medicine or Emergency Medical Services by the American Board of Emergency Medicine or the American Board of Osteopathic Emergency Medicine.
2. EMS Fellowship training or two years of equivalent experience providing medical direction of an EMS agency or system.
3. Completion of an EMS Medical Directors training course.
4. Involvement in state or national EMS organizations.

### **CREDENTIALING REQUIREMENTS**

In order to assure agencies in the Monroe-Livingston Region are receiving appropriate physician oversight, the physician wishing to serve as an Agency Medical Director must submit the following to the Regional Program Agency for review by the Monroe-Livingston Regional Emergency Medical Advisory Committee (REMAC):



1. Copy of NYS License and DEA.
2. Copy of current curriculum vitae indicating residency training and experience/training in the above essential expectations.
3. Evidence of completing the MLREMS course on providing Direct Medical Oversight.
4. Completed Medical Direction Authorization Form (DOH 4362) for the agency(ies) to which the physician has agreed to provide Medical Direction.

Physicians wishing to provide Medical Direction for more than ten transport or ALS-First Response Agencies, or more than 100 ALS providers or 500 BLS providers in one or more regions must receive REMAC approval before doing so.

With approval of the Regional Medical Director in writing, a physician may exceed the thresholds described herein until the next available REMAC meeting in which a quorum is present, at which time the REMAC will consider and act on the request.

#### **AGENCY MEDICAL DIRECTOR EXPECTATIONS**

Unless otherwise provided for in statute, rule, or policy, the responsibilities of an agency EMS Medical Director shall include at a minimum, but are not limited to:

1. Assure that agency EMS clinicians are oriented to the protocols promulgated by the SEMAC and the REMAC(s) for the area(s) of operation of the service and credentialed to the level of care empowered by their certification and authorized by the EMS Medical Director.
2. Participate in committees or subcommittees of the REMAC.
3. Actively participate in variance investigations undertaken by the Regional Patient Safety Committee and participate in regional quality improvement initiatives as required and enabled in New York State Public Health Law §3006 and §3004-a.
4. Engage and participate in activities related to the provision of medical care or affect the patient care provided by the EMS service.
5. Oversee, as appropriate, the service's Continuing Education Programs and re-certification program.

Approved by the Monroe-Livingston REMAC 6/15/2026



## **DIRECT MEDICAL OVERSIGHT REQUIREMENTS**

### **PURPOSE**

To define the requirements of facilities and physicians providing Direct Medical Oversight to EMS clinicians in the Monroe-Livingston Region.

### **DEFINITION**

Direct Medical Oversight (DMO) is the advice and direction through a direct, live communication link from a physician in an Emergency Department to EMS Clinicians providing medical care to the level of their training, certification, and credentialing. The following requirements are not expected of the sending or receiving physician involved in the interfacility transport of a patient, a healthcare provider giving patient-specific guidance to an EMS clinician for an individual under their care, or a specialist providing specialty-specific recommendations to a patient requiring such guidance (eg toxicology, obstetrics, neurology, cardiology, etc).

### **FACILITY REQUIREMENTS**

To be considered a facility capable of providing Direct Medical Oversight in the Monroe-Livingston Region, the facility must:

1. Have an emergency department meeting all standards for emergency department/service as defined in Section 405 of the NYS Hospital Code.
2. Have a physician staffing the emergency department and immediately available 24 hours a day that is credentialed by the Monroe-Livingston Regional Emergency Medicine Advisory Committee (REMAC) to provide DMO.
3. Are willing to provide Direct Medical Oversight for EMS clinicians that transport patients to their facility and to facilities not able to provide DMO.
4. Accept patients who may have received EMS care under physician direction originating from another source of DMO.
5. Maintain a dedicated telephone line for EMS clinicians' to access DMO.
6. Record all audio for calls received or made through the dedicated DMO telephone line for quality improvement purposes for a minimum of 28 days from the date of call receipt.
7. Assume all responsibility for the cost and maintenance of communications equipment and procedures to fulfill the requirements outlined herein.
8. Assure that only physicians credentialed by the Monroe-Livingston REMAC provide DMO.
9. Communicate to credentialed DMO physicians any updates to regional policies and state protocols as promulgated by the Monroe-Livingston REMAC, Council, or Program Agency.



10. Participate in quality improvement activities as defined in Part 405.19 item (f) of the NYS Hospital Code.
11. Provide DMO recordings as requested by the Monroe-Livingston REMAC or System Medical Director for Patient Safety or Quality Improvement reviews
12. Designate an individual to serve as point of contact for any technical, credentialing, patient safety, or quality concerns.

### **PHYSICIAN REQUIREMENTS**

To be credentialed as a Physician able to provide Direct Medical Oversight in the Monroe-Livingston Region, the physician must:

1. Be licensed to practice medicine in New York.
2. Have completed a course on providing Direct Medical Oversight as approved by the Monroe-Livingston REMAC.
3. As directed, complete re-training regarding the provision of Direct Medical Oversight as promulgated by the Monroe-Livingston REMAC.

Physicians-in-training must have completed at least one year of post-graduate medical training in Emergency Medicine, have completed a course on providing Direct Medical Oversight as approved by the Monroe-Livingston Region, and be in the physical presence and under the supervision of a physician who meets all the requirements above.

Approved by the Monroe-Livingston REMAC 6/15/2026