

Medical Direction System Standards

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1. Standard Scope

This Standard establishes the requirements for the medical direction system for healthcare emergencies in Abu Dhabi, inclusive of medical direction for EMS services, commercial ambulance services, and the DOH's Center of Emergency Preparedness and Response (CEPAR) medical director. The intent is to establish integrated healthcare systems that meet international norms, standards, and best practices. These standards are recognized as critical to developing, maintaining, and sustaining a healthcare system able to provide the quality of care necessary to obtain optimal outcomes in pre-hospital emergency medicine; integrated with hospital-based and follow-on outpatient services; and defining the novel role of the Emirate medical director in an integrated ecosystem of healthcare emergencies.

The CEPAR at the Department of Health Abu Dhabi founded an initiative regarding governance of the Abu Dhabi healthcare emergencies ecosystem. This system expands the role of CEPAR beyond preparedness and modernizes and aligns the medical direction systems to international norms. The Abu Dhabi Medical Direction System defines the frameworks, roles, responsibilities, and authorities relevant to governance of the Abu Dhabi pre-hospital care system and pre-hospital emergency medicine. The healthcare emergencies ecosystem is described in the EMIRATES framework with the overarching medical journey of a patient experiencing an emergent medical condition from pre-hospital to definitive in-hospital care. The Ecosystem completes that cycle to include outpatient and rehabilitation services, centralized registry management with data abstraction, and feedback into prevention programs, mitigation, and process improvement across the entire Ecosystem.

This Standard requires transition from current requirements and practices, including development of new positions, qualifications, and authorities for Abu Dhabi pre-hospital care systems. Therefore, agencies shall have grace periods to implement the programs. Exemption requests for delay of implementation shall be specific, situational, at the discretion of the DOH, and shall be time-limited.

2. Definitions and Abbreviations

No.	Term / Abbreviation	Definition
2.1	911/ 998/ 999 Services	Internationally recognized phone numbers for direct access to public safety emergency services. Abu Dhabi currently uses #999.
2.2	Abu Dhabi Civil Defense Authority (ADCDA)	<ul style="list-style-type: none">• A government entity in the Emirate of Abu Dhabi that provides emergency services including (Rescue, Firefighting, Public Ambulance services and other supporting specialties such as search and rescue and CBRN).• ADCDA is responsible for operational EMS response in the Emirate of Abu Dhabi. ADCDA works with DOH to set Ambulance services licenses and operation requirements and standards.
2.3	Ambulance	Any mode of transport (ground, Air, Marine) operated by a licensed/authorized pre-hospital care service (PHCS) or agency utilized and equipped for clinical treatment and/or transport of a person requiring medical monitoring, assessment, or treatment outside of a hospital setting.
2.4	Ambulance Service	The practice of transporting and/or providing emergency and non-emergency medical care to the sick or injured by ambulance. Ambulance service is inclusive of emergency response, interfacility transfer, and standby.
2.5	Ambulance Service Provider	A healthcare provider engaged in the practice of transporting and/or providing emergency and non-emergency medical care to injured or sick by ambulance, including but not limited to transport to or from healthcare facilities, from non-health institutions to healthcare facilities, from home or roadside, or as a standby service.
2.6	Center of Emergency Preparedness and Response (CEPAR)	CEPAR maintains independent authority over healthcare emergencies, and shares authority with the appropriate DOH sectors including Healthcare Facilities, Workforce, Payers, and

		Legal. It is the combination of all of these authorities that delineate the medical direction system. The regulatory authorities reside with CEPAR and each of the sectors and shall be enforced through them.
2.7	Department of Health (DOH)	Department of Health - Abu Dhabi is the regulative body of the Healthcare Sector in the Emirate of Abu Dhabi and ensures excellence in healthcare for the community by monitoring the health status of the population.
2.8	Emergency Response	An activation to mitigate the impact of an incident on the public and the environment that would otherwise threaten public safety, health, and welfare of an individual or a group of people.
2.9	Emergency Medical Services (EMS)	Emergency Medical Services
2.10	Medical Direction System (MDS)	A system of physician-directed leadership, quality assurance, administrative and medical oversight that provides professional and public accountability for medical care provided in the pre-hospital setting.
2.11	Medical Directors Office	CEPAR-based clinical oversight or supervision of all Abu Dhabi-based healthcare organizations, services, groups, or individuals providing medical care to people, commonly in a hospital or a pre-hospital setting. Led by a medical director with appropriate qualifications in emergency medicine and EMS (pre-hospital emergency medicine).
2.12	Medical Emergency	Injury or illness that occurs suddenly or unexpectedly and poses an immediate risk/threat to a person's life, limb, body function or long-term health
2.13	Medical Operations Center (MOC)	A medical operations command center whose mission is to monitor, assist with, and coordinate emergency medical care and preparedness in the Abu Dhabi Emirate.
2.14	Off-line (Prospective and Retrospective) Medical Direction	Direction including the administrative promulgation and enforcement of accepted standards for out-of-hospital care accomplished through both prospective (e.g., training, testing and certification of providers, protocol development, operational policy and procedures development, and legislative activities), and retrospective methods (e.g., medical audit and review of care/ process improvement, direction of remedial education, and limitation of patient care functions)
2.15	On-line (Concurrent) Medical Direction	Direction provided directly to out-of-hospital providers by the medical director or designee, generally in an emergency, either on-scene or by direct voice communication by radio, telephone, or other means as technology develops, and including person-to-person communication of patient status, and orders to be carried out
2.18	Pre-Hospital Care Service (PHCS)	A licensed and integrated medical care delivery organization provides emergency and non-emergency medical care in a pre-hospital setting. Interchangeable with Emergency Medical Service (EMS)
2.19	Professional Qualification Requirement (PQR)	The PQR provides a base for the Authorities to assess credentials and relative documents submitted by applicants, in accordance with the UAE federal laws and benchmarked with international best practices.
2.21	Preparedness	A coordinated and continuous process of planning and implementation that relies on measuring performance and taking corrective action.

2.22	Public health emergency preparedness	The capability of the public health and health care systems, communities, and individuals to prevent, protect against, quickly respond to and recover from health emergencies, particularly those whose scale, timing or unpredictability threatens to overwhelm routine capabilities.
2.23	Special Program Pathways (SPP)	In time-critical healthcare emergencies, the potential clinical path patients take as part of their healthcare, defined by requirements for always available healthcare services meeting international standards and best practices for treatment. Each step along the way has specific criteria, actions, and tasks that occur and are tracked. Ongoing review processes ensure quality and performance improvement and ongoing development and refinement of the specific pathway and prehospital and hospital pathway services.
2.24	Time Critical Healthcare Emergency	Any emergency determined by the DOH to be time critical so that patient transfer to healthcare facility must occur within defined timeframes for optimal patient outcomes. These are defined in the Special Program Pathways and include, but are not limited to stroke, ST-elevation myocardial infarction, burn, and trauma.

3. Standard Requirements and Specifications

3.1. Administrative Requirements:

- 3.1.1. The CEPAR Medical Directors Office supports the Abu Dhabi Medical Direction System and framework in the roles and responsibilities relevant to the DOH governance of the Abu Dhabi pre-hospital care system (PHCS), the healthcare emergencies ecosystem as defined by the EMIRATES framework, and the overarching medical journey of a patient experiencing a time-critical, emergent medical condition. It upholds an administrative resolution and senior leadership commitment of hospital financial, human, and physical resources to treat all trauma and burn patients (and other healthcare emergencies) at the level of hospitals' capabilities, regardless of race, sex, nationality, place of residence, or insurance status.
- 3.1.1.1. Establishes and maintains governance of an effective Pre-Hospital Care System within Abu Dhabi.
 - 3.1.1.2. Contributes toward a long-term strategic plan for the development and governance of healthcare emergencies in Abu Dhabi.
 - 3.1.1.3. Develops Emirate-specific policies for safe and sustainable, high-quality pre-hospital and in-hospital emergency care within Abu Dhabi.
 - 3.1.1.4. Establishes and ensures adherence to the standards for the Pre-Hospital and in-hospital emergency care within Abu Dhabi licensed healthcare facilities.
 - 3.1.1.5. Establishes and ensures that pre-hospital and in-hospital emergency medicine in Abu Dhabi is in conformance with the most current clinical standards and international norms.
 - 3.1.1.6. Establishes a framework for pre-hospital medical direction and the physician practice of pre-hospital medicine in Abu Dhabi.
 - 3.1.1.7. Establishes a regulatory model for healthcare emergencies, integrating all aspects of emergency care across pre-hospital, in-hospital, and preventative sectors.
 - 3.1.1.8. Facilitates integration of care through the DOH Unified Medical Operations Command (MOC) and oversight of time critical emergencies through the Special Program Pathways.
 - 3.1.1.9. Establish the following components of the medical direction system: medical director integration with regulator, medical director Professional Qualification Requirements (PQRs), medical director roles

and responsibilities, clinical governance, audit, education, quality improvement, and implementation of medical direction framework.

3.1.1.10. Provide support to systems for mental health care for EMS and pre-hospital staff.

3.1.2. The Abu Dhabi Emirate medical director (Category 1, See Appendix 9.2) shall have authority over all clinical and patient care aspects of healthcare emergencies within the regulatory scope of CEPAR, in and outside of the hospital setting. This extends through the emergency healthcare ecosystem, including pre-hospital care, oversight of Special Program Pathways, integration with CEPAR Medical Operations Command, and hospital emergency care. The job description includes oversight of medical direction on all emergency medical services, in and out of hospital. None of the requirements prohibit employment of a deputy (assistant or associate) medical director who can assist the medical director in their duties and/or act on behalf of the medical director in their absence. Absences of prolonged periods will necessitate the appointment of new medical director. These services should be managed by physicians who have demonstrated the following qualifications:

3.1.2.1. Licensed emergency medicine consultants, able to obtain a license to practice EMS medicine in Abu Dhabi.

3.1.2.2. Familiarity with the design and operation of out-of-hospital and EMS systems.

3.1.2.3. Familiarity with design and operation of Emergency Departments and the practice of emergency medicine.

3.1.2.4. Experience in high acuity emergency and trauma hospitals.

3.1.2.5. Experience in the out-of-hospital and in-hospital emergency care of acutely ill or injured patients.

3.1.2.6. Experience in medical direction of out-of-hospital emergency units.

3.1.2.7. Experience or training in Emergency Department operations and leadership.

3.1.2.8. Experience or training in the instruction of out-of-hospital personnel.

3.1.2.9. Experience or training in the Emergency Medicine and EMS improvement process.

3.1.2.10. Knowledge of Emergency Medicine and EMS laws and regulations.

3.1.2.11. Knowledge of EMS dispatch and communications.

3.1.2.12. Knowledge of local mass casualty and disaster plans, including preparation for responding to terrorism and weapons of mass destruction.

3.1.2.13. Knowledge and training in specialty EMS including critical care transport, aeromedical transport, tactical or military medicine, event and mass gathering medicine, and remote medical care.

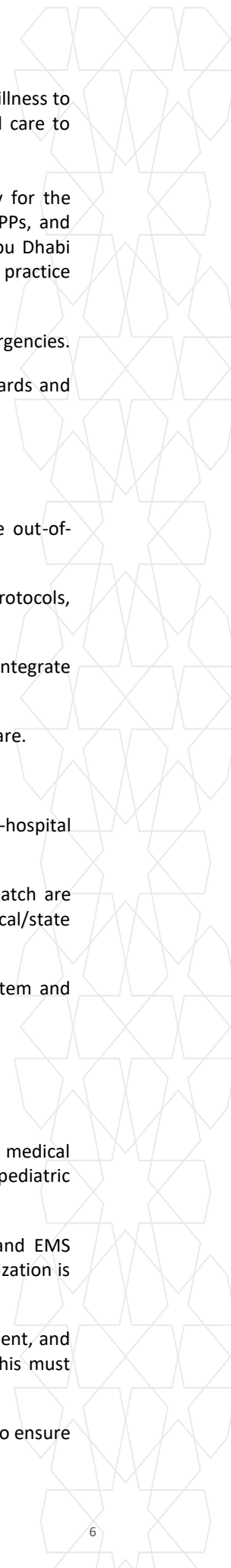
3.1.2.14. Board certification in emergency medicine from an accredited national medical board.

3.1.2.15. Completion of an EMS Medical Director training course.

3.1.2.16. EMS fellowship training.

3.1.2.17. Prior experience as an EMS medical director.

3.1.3. In order to optimize the medical direction of all in-hospital and out-of-hospital emergency care and emergency medical services, physicians functioning as medical directors should, at a minimum:

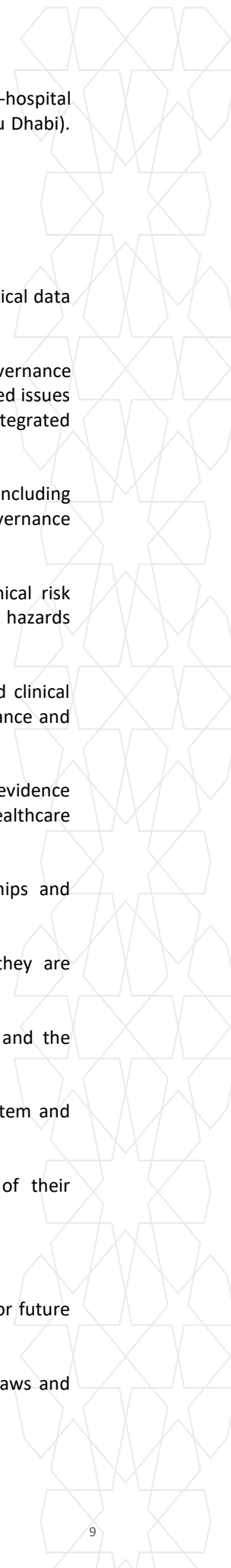
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- 3.1.3.1. Serve as patient advocates in the emergency healthcare ecosystem from point of injury or illness to point of resolution of emergency condition, across the ecosystem of emergency medical care to include CEPAR Special Program Pathways (SPP) and CEPAR MOC.
 - 3.1.3.2. Coordinate with CEPAR and relevant DOH sectors to assure unified efforts and strategy for the development of the “system of systems” for time critical healthcare emergencies and SPPs, and actively liaise with preparedness sectors and the MOC. Set and ensure consistency in Abu Dhabi Emirate patient care standards, including communications standards, dispatch, and clinical practice guidelines or protocols.
 - 3.1.3.3. Provide regulatory continuity of healthcare across systems for patients with healthcare emergencies.
 - 3.1.3.4. Set and ensure compliance with patient care standards, including communications standards and dispatch and medical protocols.
 - 3.1.3.5. Serve as an advocate for the PHCS system in governmental relations.
 - 3.1.3.6. Develop and implement the protocols, guidelines, and standing orders under which the out-of-hospital care provider functions.
 - 3.1.3.7. Work with local pre-hospital care sector medical directors to develop and implement the protocols, guidelines, and standing orders under which the out-of-hospital care provider functions.
 - 3.1.3.8. Work with area emergency departments and subspecialty emergency care specialists to integrate emergency care.
 - 3.1.3.9. Develop and assist healthcare facilities in implementing standards for emergency medical care.
 - 3.1.3.10. Develop and implement the process for the provision of concurrent medical direction.
 - 3.1.3.11. Provide oversight of retrospective, prospective, and concurrent medical direction of pre-hospital care and EMS agencies.
 - 3.1.3.12. Ensure the qualifications of out-of-hospital personnel involved in patient care and dispatch are maintained on an ongoing basis through education, testing, and credentialing as the local/state authorities have determined.
 - 3.1.3.13. Develop and implement an effective process improvement program for continuous system and patient care improvement.
 - 3.1.3.14. Develop and maintain training programs for emergency medical care in all settings.
 - 3.1.3.15. Promote Emergency Medicine and EMS research.
 - 3.1.3.16. Serve as a focal collaboration point for the healthcare ecosystem surrounding emergency medical conditions, notably emergency medicine, trauma, burn, stroke, STEMI, ECMO, pediatric emergencies, maternity labor, and other emergencies.
 - 3.1.3.17. Interact with regional, state, and local emergency departments, healthcare facilities, and EMS authorities to ensure that standards, needs, and requirements are met, and resource utilization is optimized.
 - 3.1.3.18. Arrange for coordination of activities such as mutual aid, disaster planning and management, and hazardous materials response, including weapons of mass destruction and terrorism. This must include training of providers in these areas.
 - 3.1.3.19. Interact with GCC, UAE, and Abu Dhabi Emirate EMS and emergency medicine authorities to ensure that standards, needs, and requirements are met, and resource utilization is optimized.

- 3.1.3.20. Function as a core medical authority within DoH CEPAR, subject matter expert in healthcare emergencies.
- 3.1.3.21. Develop and implement an effective Abu Dhabi Emirate process improvement program for continuous system and patient care improvement.
- 3.1.3.22. Provide for coordinating activities such as mutual aid, disaster planning and management, and hazardous materials response.
- 3.1.3.23. Assist in the development and modernization of the 999 system, interfacility transport system, and specialty EMS systems (HEMS, mass gathering, etc.).
- 3.1.3.24. Provide expertise over clinical oversight to the MOC.
- 3.1.3.25. Maintain currency in medical knowledge and practice as appropriate for a medical director with oversight of both emergency medical care and emergency medical services.
- 3.1.4. Authorities for medical director shall include regulatory oversight authority over all clinical and patient care aspects of the emergency healthcare ecosystem, within the regulatory remit of CEPAR, to be inclusive of commercial, government, and quasi-governmental pre-hospital and emergency care settings. This shall include authority to:
 - 3.1.4.1. Establish, implement, revise, and authorize the use of system-wide protocols, policies, standards, and procedures for all patient care activities from dispatch through triage, treatment, transport, and/or non-transport, emergency department, and subsequent healthcare facility emergency care, and enforce recommendations to relevant agencies.
 - 3.1.4.2. Adjudicate licensure, re-licensure, and de-licensure of out-of-hospital personnel to the appropriate facility or agency in coordination with DOH licensing authorities.
 - 3.1.4.3. Establish criteria for level of minimal initial emergency response (e.g., EMT, Paramedic, Critical Care).
 - 3.1.4.4. Establish standards, quality and performance metrics and indicators, and registries for all emergency medical care within the scope of CEPAR authority.
 - 3.1.4.5. Establish training programs for healthcare providers caring for patients with time sensitive emergencies.
 - 3.1.4.6. Establish and chair advisory group to ensure the practice of EMS and emergency medicine in Abu Dhabi are current and aligned with international standards and best practices, as well as Task Forces and advisory groups associated with Special Program Pathways.
 - 3.1.4.7. Advise the certifying body on required education and testing to the level of proficiency approved for all personnel within the pre-hospital system.
 - 3.1.4.8. Implement and supervise an effective Abu Dhabi Emirate level process improvement program, and have access to all relevant records and data systems needed to accomplish this task.
 - 3.1.4.9. Establish and approve standards for equipment used in patient care throughout the system.
 - 3.1.4.10. Review and approve supplemental or exceptional protocols submitted by pre-hospital care service medical directors to meet specific needs or practice within their organization.
 - 3.1.4.11. Establish criteria for determining patient destination in a non-discriminatory manner.
 - 3.1.4.12. Ensure the competency of personnel who provide on-line medical direction to out-of-hospital personnel, including, but not limited to, physicians, EMTs, and nurses.
 - 3.1.4.13. Establish the procedures, standards, or protocols under which non-transport of patients or transport to alternative destinations (non-ER) may occur.
 - 3.1.4.14. Require education and testing to the level of proficiency approved for the following personnel within the pre-hospital system: community first responders, community volunteers, EMTs and Paramedics (all levels), nurses involved in pre-hospital emergency or transport care, doctors involved in pre-hospital, transfer, and emergency care, emergency medical dispatchers and operations call center staff, educational coordinators, off-line and on-line physicians.

- 3.1.4.15. Establish care guidelines for emergency medical care in all patient care settings within the regulatory scope of CEPAR.
- 3.1.4.16. Establish a quality assurance and clinical investigations system for healthcare emergencies within the regulatory scope of CEPAR.
- 3.1.4.17. Assist the DOH in investigations of clinical care and provider complaints in pre-hospital agencies and healthcare facilities, in all cases related to healthcare emergencies. Issue and enforce regulatory sanctions on providers or operators where appropriate and allowable by DOH regulatory authority.
- 3.1.4.18. Remove a provider from medical care duties for due cause, using an appropriate review and appeals mechanism.
- 3.1.4.19. Implement and supervise a process improvement program.
- 3.1.4.20. Maintain oversight of pre-hospital emergency system quality programs.
- 3.1.5. The healthcare sector regulator has the obligation to provide the medical director with the resources and authority commensurate with the responsibilities outlined herein, including the following:
 - 3.1.5.1. Compensation as necessary for time required and commensurate with the requirements of the position.
 - 3.1.5.2. Necessary material, equipment, and personnel resources.
 - 3.1.5.3. Protected, non-administrative time for medical practice, in person oversight and assessment, and opportunities for professional development and continuing medical education.
 - 3.1.5.4. Necessary time, resources, and mechanisms for maintenance of medical currency in emergency and pre-hospital emergency medicine.
 - 3.1.5.5. Licensure as required for the above.
 - 3.1.5.6. Liability insurance for duties/actions performed as medical director.
 - 3.1.5.7. Written agreement that delineates authorities, responsibilities, and system obligations to the medical director.
 - 3.1.5.8. Access to all relevant records, databases, systems, facilities, and venues needed to accomplish the above responsibilities.
 - 3.1.5.9. Medical directors must obtain continuing medical education as per existing requirements for specialist or consultant physicians, respectively.

3.2. Medical Directors (Categories 2-4):

- 3.2.1. Medical Directors for pre-hospital healthcare systems, agencies, commercial services, 999/998 services, and all other services providing pre-hospital emergency care shall possess a Medical Director according to the categories of the Medical Direction System and per figures.
 - 3.2.1.1. Category 2 Medical Director is defined as medical director for frontline response pre-hospital care services (999/998), medical director for critical national infrastructure, medical director for critical care transport and/or helicopter transport programs. (See Appendix 9.3)
 - 3.2.1.2. Category 3 Medical Director is defined as large private or commercial pre-hospital care service medical directors (greater than 25 response vehicles or >50 clinical staff in Abu Dhabi). (See Appendix 9.4)

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- 3.2.1.3. Category 4 Medical Director is defined as small and medium sized private or commercial pre-hospital care service medical directors (less than 25 response units, less than 50 clinical staff in Abu Dhabi). (See Appendix 9.5)
- 3.2.1.4. Medical directors for Category 2-4 must meet the PQRs in figures.
- 3.2.2. The responsibilities of Category 2-4 medical directors shall include:
- 3.2.2.1. Advise the DOH and CEPAR of all clinical matters within their organization and provide clinical data and documentation when requested.
 - 3.2.2.2. Contribute to their organization's corporate decision making, strategy development, and governance activities, so that professional expertise and understanding of clinical services and associated issues are directly available to their facility or agency, strategies for clinical service delivery are integrated and aligned with best practices and corporate management processes.
 - 3.2.2.3. Develop systems and processes which support the maintenance of clinical performance, including audit, professional practice, governance, and work closely with system leadership and governance committees.
 - 3.2.2.4. In partnership with all relevant clinical and managerial leads ensure that effective clinical risk management processes are developed and implemented to eliminate or reduce potential hazards and safeguard security of clinical services.
 - 3.2.2.5. Working with senior and executive management teams to ensure development of sound clinical performance management, clinical performance management systems, and quality assurance and improvement oversight.
 - 3.2.2.6. Provide leadership to ensure appropriate research and development activity to underpin evidence based clinical service development and delivery in collaboration with CEPAR and other healthcare entities.
 - 3.2.2.7. Develop and maintain effective relationships with stakeholders to promote partnerships and professional interaction.
 - 3.2.2.8. Provide professional leadership for staff within clinical service delivery and ensure they are appropriately developed to ensure delivery of safe and high-quality care to patients.
 - 3.2.2.9. Maintain a role in communicating clinical issues and topics to the public, the media, and the government in accordance with existing rules and regulations.
 - 3.2.2.10. Ensure the organization has appropriate medicine, medication management, and a system and strategy for safe and compliant prescribing and medication administration.
 - 3.2.2.11. Lead clinical input and buy-in to assist in the development and implementation of their organization's vision.
 - 3.2.2.12. Lead service design in clinical decision making, support, staffing, and eHealth.
 - 3.2.2.13. Lead clinical input and act as subject matter expert for development of business cases for future service delivery.
 - 3.2.2.14. Assist their leadership to ensure all clinical data management follows data protection laws and regulations.

3.2.2.15. Ensure providers and nurses meet all requirements (i.e., continuing education, required certifications, etc.) and adhere to institutional and Department of Health (DOH) standards of practice.

3.2.2.16. Work across departments and/or other administrative units to address deficiencies in care.

3.2.2.17. The authorities for Category 2-4 medical directors:

3.2.2.17.1. The Category 2-4 medical directors shall represent their facility or agency and report on all medical components of their system to the DOH, CEPAR Medical Directors Office, and shall:

3.2.2.17.2. contribute as part of the DOH's CEPAR advisory group, to discuss relevant issues and concerns, make recommendations to protocols, guidelines, policies, and standards within the terms of reference for the advisory group.

3.2.2.17.3. Implement and enforce clinical and patient care aspects of the pre-hospital healthcare system, advisory responsibility within their organization for clinical policy development, credentialing, funding, and workforce planning.

3.2.2.17.4. Adjudicate certification, recertification, and decertification decisions made in the respective layers of their pre-hospital system, with final authority over clinical matters within the organization.

3.2.2.17.5. Fully implement and ensure compliance with all protocols, guidelines, standards, procedures, and policies for patient care activities, from dispatch to triage, transport, and hand-off, and suggest recommendations and improvements when appropriate to improve the pre-hospital emergency system.

3.2.2.17.6. Advise the certifying body on required education and testing to the level of proficiency required for all personnel within their organization and the pre-hospital system.

3.2.2.17.7. Implement and supervise an organization level process improvement program, including quality assurance and improvement, and have full access to all relevant records needed to accomplish this task.

3.2.2.17.8. Implement standards for equipment used in patient care in their system, in compliance with relevant DOH regulations and standards.

3.2.2.17.9. Medical directors must obtain continuing medical education as per existing requirements for specialist or consultant physicians, respectively.

3.3. Collaborative Medical Direction and Medical Director License System:

3.3.1. With the Approval of the CEPAR, Category 4 medical directors and their organizations may apply for collaborative medical direction agreements with Category 2 or 3 agencies when required and on a temporary basis, the time of which is to be defined by CEPAR, to allow for Category 4 facilities or agencies to provide service for short or "one off" contracts that would otherwise require higher levels of medical direction. This method requires the agreement of a collaborating facility or agency and CEPAR.

3.3.2. To ensure consistency and quality of medical direction, the CEPAR shall be directly involved in the issuance of licensure of all medical directors within Abu Dhabi Emirate, and assist the relevant DOH sectors in making licensure, re-licensure, and de-licensure recommendations, and shall:

3.3.2.1. ensure performance and compliance of medical directors in the Abu Dhabi pre-hospital care sector.

- 3.3.2.2. establish a mechanism to maintain oversight of medical director licenses, as well as provide protection for medical directors in ensuring their authority and responsibilities are maintained within their respective organization.
- 3.3.2.3. collaborate with individual medical directors in corporate governance, quality assurance, clinical care oversight, and clinical guidance.
- 3.3.2.4. provide interim medical direction authority during times a pre-hospital healthcare system medical director has their license revoked or suspended, during periods of employment transition, or for other reasons as deemed appropriate by the CEPAR.
- 3.3.2.5. ensure continuity of medical direction service in any of the circumstances preceding.
- 3.3.2.6. maintain direct authority over license renewal, PQRs, CME requirements for maintenance of certification and license.
- 3.3.2.7. assist in all questions, concerns, or disputes related to pre-hospital provider licensure to the relevant DOH sector.
- 3.3.2.8. Exemption authority for all of the above licensure requirements shall rest with the DOH, and a report shall be made providing justification for all exemptions.
- 3.3.2.9. Facilities or agencies employing medical directors shall ensure protected time for physicians to maintain clinical and professional competency in emergency and pre-hospital emergency medicine and shall facilitate operational agreements and memoranda to allow practice in the appropriate venues.

4. Key stakeholder Roles and Responsibilities

- 4.1. CEPAR DOH manages regulatory authorities over healthcare emergencies and shares other authorities with the appropriate DOH sectors including Healthcare Facilities, Workforce, Payers, Legal, and Information and Cyber Security Office for managing service interruption due to information security incidents.
- 4.2. It is the combination of all these authorities that delineate the medical direction system. The regulatory authorities reside with CEPAR and each of the sectors and shall be enforced through them.
- 4.3. CEPAR supports the work of the Special Program Pathway Task Force or Advisory groups in maintaining the recommendations for updates to the policies. The TFs include technical and program management experts who represent the interests of the healthcare providers. This includes hospital, pre-hospital, and interfacility patient transport service providers.
- 4.4. CEPAR shall serve as a resource and authoritative information source regarding acceptability of qualifications for medical directors (i.e., suitability of medical director courses, experience, training, etc.).
- 4.5. Operations across the pre-hospital, hospital, and post-discharge care is monitored, facilitated, and optimized through the CEPAR Medical Operations Center. This includes operations during mass casualty incidents and disasters.
- 4.6. Clinical operations within CEPAR and within the medical direction system are maintained within the Medical Directors Office.
- 4.7. Licensed Healthcare Facilities provide medical care and rely on pre-hospital healthcare systems to facilitate patient access to facilities and transfer between facilities.
- 4.8. Pre-hospital healthcare systems include but are not limited to 999/998 operators such as ADCDA, private and commercial ambulance services, specialty care providers such as helicopter and marine transport systems, and emergency medical standby services used for large events.

5. Monitoring and Evaluation

- 5.1. The Medical Direction System ensures and oversees all clinical aspects of prehospital medical care, including the development and management of quality assurance and process improvement programs. Focused on the pre-hospital, EMS, and interfacility care of patients, and linked at the DOH level through a medical director with oversight of the full spectrum of healthcare emergencies in pre-hospital and hospital settings, this system integrates all aspects of patient care. A coordinated oversight mechanism will utilize the CEPAR Special Program Pathways, CEPAR medical director and supporting staff, and a robust quality reporting system to ensure the requirements of this standard are met. Further detail is included in Appendix 9.1.
- 5.2. The MDS stands as a ready resource to evaluate the clinical aspects of care in all aspects of CEPAR mission oversight and authorities.
- 5.3 The DOH will utilize a formal program for integration of pre-hospital and emergency department quality assurance, improvement, and compliance by linking healthcare providers and DOH CEPAR.

6. Enforcement and Sanctions

- 6.1. The DOH shall maintain the right to enforce sanctions, fines, or limit, suspend, or revoke the license and ability to operate of pre-hospital care providers, medical directors, and pre-hospital healthcare systems, in accordance with established DOH regulations and CEPAR standard operating procedures.
- 6.2. The CEPAR Medical Directors Office shall utilize a system to maintain oversight of clinical care for healthcare emergencies and ensure a fair and just process for evaluating quality, complaints, audits, and public reports.

7. Relevant Reference Documents

S. No.	Reference Date	Reference Name	Relation Explanation / Coding / Publication Links
1	2021;2(1):003–011	The EMIRATES Framework: Emergency Management Integrated Roadmap Aimed Towards Every Healthcare System. A conceptual framework	SJEM / 72-1600102703.pdf (ejmanager.com)
2	March 2019	Physician Medical Direction of Emergency Medical Services Education Programs	Physician Medical Direction of Emergency Medical Services Education Programs ACEP

8. Appendices

8.1. Medical Direction of Emergency Medical Services (EMS)

All aspects of the organization and provision of basic (including first responder) and advanced life support emergency medical services (EMS) require the active involvement and participation of physicians. Every out-of-hospital patient transport service that provides any level of life support or expanded scope of service must have a qualified, designated physician medical director at the local level who coordinates at the regional, state, or national level to ensure quality patient care. Additional responsibilities include involvement with the design, operation, evaluation, and ongoing revision of the system, including initial patient access, dispatch, out-of-hospital care, and/or delivery to an emergency treatment facility.

If medical direction is to be effective, the physician must have official authority directly over patient services. The medical director, therefore, must have a well-defined role with respect to the other components of the system, the responsibility to develop necessary medical policies and procedures, and the power to limit the activities of those under the medical director's supervision who deviate from the established clinical standards of care or do not meet training standards.

Physician direction of out-of-hospital care may be accomplished through a combination of off-line and on-line medical direction using prospective, concurrent, and retrospective methods.

OFF-LINE (PROSPECTIVE AND RETROSPECTIVE) MEDICAL DIRECTION:

Off-line medical direction includes the administrative promulgation and enforcement of accepted standards for out-of-hospital care. Off-line medical direction can be accomplished through both prospective and retrospective methods. Prospective methods include, but are not limited to, training, testing and certification of providers, protocol development, operational policy and procedures development, and legislative activities. Retrospective activities include but are not limited to medical audit and review of care (process improvement), direction of remedial education, and limitation of patient care functions if needed. Committees or groups functioning under the medical director with representation from appropriate medical and provider personnel can perform various aspects of prospective and retrospective medical direction.

ON-LINE (CONCURRENT) MEDICAL DIRECTION:

On-line medical direction is provided directly to out-of-hospital providers by the medical director or designee, generally in an emergency, either on-scene or by direct voice communication. The mechanism for this contact may be radio, telephone, or other means as technology develops, but must include person-to-person communication of patient status, and orders to be carried out. Ultimate authority and responsibility for concurrent medical direction rests with the medical director.

As pre-hospital emergency medicine evolves, the practice of concurrent medical direction will blend with the practice of pre-hospital medical care. Medical teams of the future will blend the capabilities of EMTs, Paramedics, and EMS physicians in an integrated care model that will closely approximate care delivery in emergency departments with the primary difference being the pre-hospital setting. Pre-hospital teams will allow for medical care by the most basic providers when appropriate, and by physician and paramedic providers when called for, in a tiered system that accounts for the rapid advancement, miniaturization of medical equipment, and integration of physician and non-physician providers in a manner that delivers the most modern and high-quality care possible.

Medical Direction is a system of physician-directed leadership, quality assurance, administrative and medical oversight that provides professional and public accountability for medical care provided in the pre-hospital setting. In a pre-hospital care system, the medical director provides the operational framework and authorization for pre-hospital care clinicians such as EMTs, paramedics, advanced care paramedics, critical care paramedics, EMS physicians, and others to provide emergency treatment outside the hospital. The role of the medical director in pre-hospital systems can be compared to the role of the Chief Medical Officer (CMO) in hospital systems, and the oversight of clinical practice demands a degree of organizational separation from operational command. In Abu Dhabi, the regulatory system of oversight for emergencies does not stop at the doors of the hospital, and the CEPAR shall assure high quality patient care to all patients experiencing healthcare emergencies regardless of location in the healthcare system.

The CEPAR will ensure that all clinical aspects of emergency care in Abu Dhabi align with the highest standards of care and the global CEPAR mission. The Medical Directors Office will be responsible for coordination of all

clinical aspects across the CEPAR regulatory mission space, inclusive of the all patient transport services, Special Program Pathways, and the MOC.

In a pre-hospital patient transport care system with a functioning medical direction system, the medical director retains the ultimate accountability, responsibility, and authority for patient care. As EMTs and paramedics work as an extension of the physician's practice, medical direction is an essential component of a pre-hospital care system. It ensures the quality and accountability of the care provided and thus provides a way of risk management for the system. As systems evolve and pre-hospital medicine expands in capability, the dividing line between in-hospital and pre-hospital emergency care will continue to blur. More advanced treatment will be pushed out to the pre-hospital setting, and telemedicine capabilities will extend hospital-based providers by linking with pre-hospital providers. By removing the silo between phases of patient care, the Abu Dhabi Medical Director will provide a patient centered model that focuses on the medical needs of the patient regardless of the setting. The Abu Dhabi Medical Director's Office will create the bridge that connects healthcare between pre-hospital and EMS providers and Emergency Departments and will be the point of connection between pre-hospital agencies' medical directors, emergency departments, and healthcare facilities. Figure 1 demonstrates this organizational model. The roles and responsibilities of systems level medical directors are further delineated by the Abu Dhabi Medical Direction System and the Medical Director PQRs. Pre-hospital systems' medical directors will have ultimate clinical responsibility within their facility or agency and will work closely with and report to the CEPAR to fulfil their duties and obligations as described herein. Figure 2. highlights the coordination mechanism. Figure 3. Outlines the tiering related to system role and size and PQRs for medical directors.

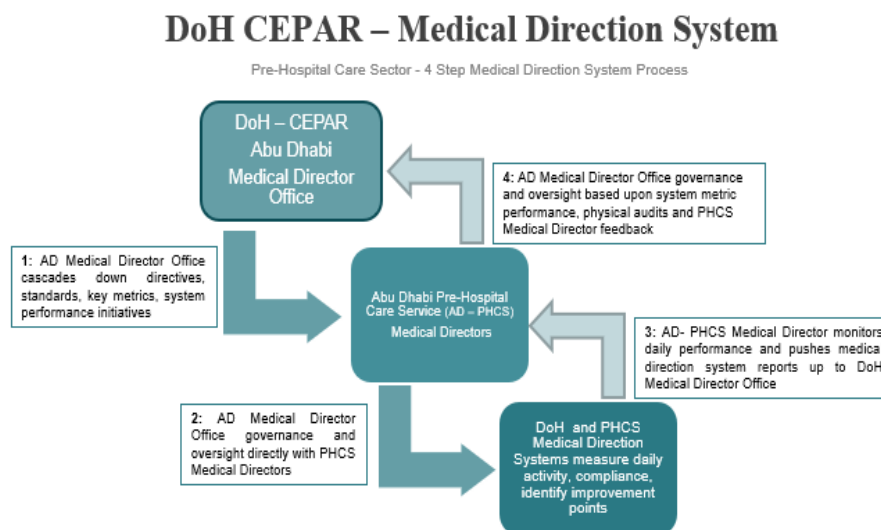


Figure 1. CEPAR Medical Direction System Organization and Function

DoH – CEPAR Medical Direction System

Core located Medical Direction System ensures connection, engagement and full spectrum governance throughout the Unified Healthcare Ecosystem

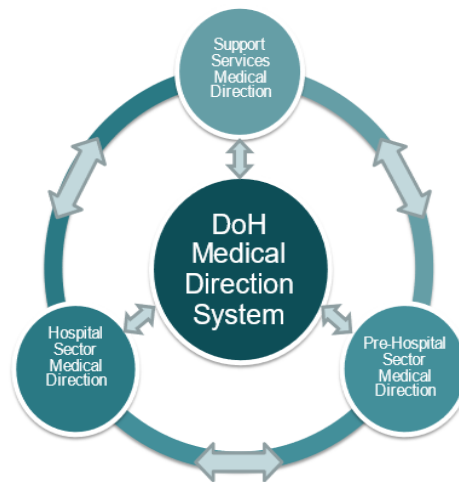


Figure 2. CEPAR Medical Direction System coordination

Medical Director PQR PYRAMID

Medical Director PQR based upon PHCS scope of work & organisation size

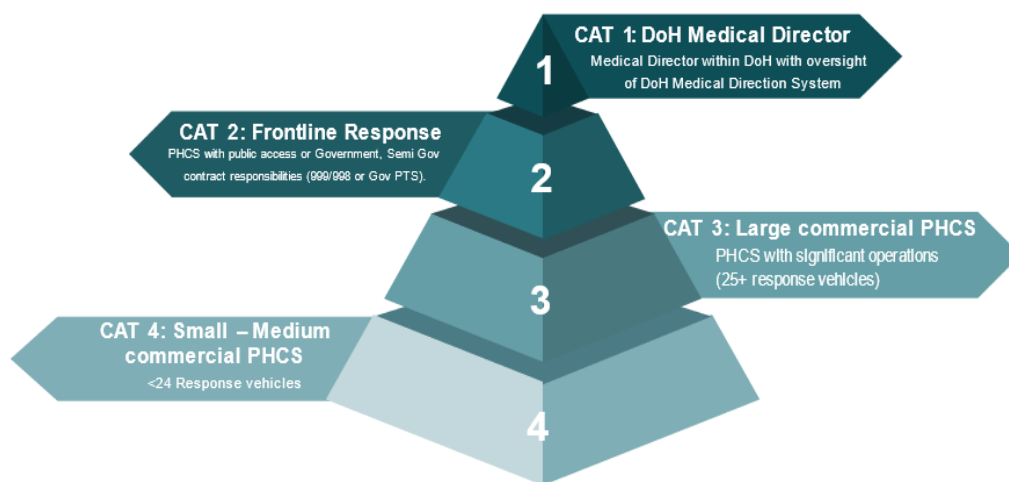


Figure 3. Tiering of Pre-hospital Care Systems

8.2 Category 1 - Medical Director PQRs:

Category 1: DoH, CEPAR Abu Dhabi Emirate Medical Director.

Role: Medical Director within DoH, CEPAR, Medical Director Office

Responsibility: oversight and governance of the DoH medical direction system within Abu Dhabi.

Qualifications: DoH, CEPAR Abu Dhabi Emirate Medical Director, should possess the following:

Required	Preferred
EMS Fellowship trained	Board certification in EMS medicine
Tier 1 Emergency Medicine Consultant as per DoH Physician PQR	Experience in the Abu Dhabi healthcare system
Emergency Medicine Board Certified with minimum 5 years clinical experience in high acuity ED or ICU, trauma center experience	Experience in specialty EMS systems (e.g. HEMS, TEMS, mass gathering)
Experience in high volume emergency (999/998/911) service	Formal training in incident management
Licensed to practice Emergency Medicine Ability to be licensed as an EMS Physician in Abu Dhabi	Experience in service design, analysis, and development of pre-hospital, interfacility and EMS systems

Pre-hospital emergency care experience (min 5 years), prior experience as an EMS medical director	Experience in a clinical leadership role, both EMS system and facility (emergency department or hospital)
Demonstrated commitment to evidence-based pre-hospital practice (at least 1 pre-hospital-oriented publication)	>5 publications in EMS, emergency, or critical care medicine or relevant subspecialty
Experience or training in the pre-hospital and emergency medicine process improvement process	Experience in hospital quality management and M&M processes
Experience with the design and operation of EMS systems	Experience in clinical guidance development and editing
Experience or training in medical direction of out-of-hospital emergency systems	Formal training in healthcare leadership, business management, or healthcare economics
Experience in the emergency department management of the acutely ill or injured patient	Familiarity with the variety of international systems and models of emergency medical services and in hospital emergency medical care
Knowledge of EMS dispatch and communications.	Experience or training in public policy, public administration, or public health
Knowledge of DoH laws and regulations, specifically in the pre-hospital and in-hospital emergency care sector.	Membership in national or international EMS professional society

8.3 Category 2 - Medical Director PQRs:

Category 2: Abu Dhabi Frontline Response Pre-Hospital Care Service Medical Director. (999 EMS Service, Gov or Semi-Governmental PHCS contractor, Critical National Infrastructure PHCS provider, Critical Care Transport, HEMS)

Role: Medical Director within a frontline response pre-hospital care service with direct access to care for the public (999/998) or fulfilling an Abu Dhabi government, semi-government PHCS contract, or a highly specialized EMS service (HEMS, Critical Care Transport, CNI)

Responsibility: Clinical oversight and responsibility of the organization's medical direction system by the DoH medical direction system requirements.

Qualifications: Category 2 - Medical Director should possess the following:

Required	Preferred
EMS Fellowship Trained	Tier 1 qualified Emergency Medicine Consultant as per DoH Physician PQRs
Emergency Medicine or Critical Care Board Certified with minimum 3 years clinical experience in high acuity ED or ICU, trauma center experience	Board certification in EMS medicine
Experience in high volume emergency (999/998/911) service	Experience in a clinical leadership role
Licensed to practice Emergency or Critical Care Medicine by DoH in Abu Dhabi Licensed EMS Physician in Abu Dhabi	Formal training in incident management
Pre-hospital Emergency Care Experience (min 5 years), prior experience as EMS medical director	Experience in service design, analysis, and development
Demonstrated commitment to evidence-based pre-hospital practice (at least 1 pre-hospital-oriented publication)	Experience in clinical governance
Experience or training in the pre-hospital care system process improvement.	Experience in emergency department or hospital leadership
Experience with the design and operation of out-of-hospital EMS systems.	Experience in clinical guidance development and editing
Experience or training in medical direction of out-of-hospital emergency units	Knowledge of Emirate mass casualty and disaster plans
Active participation or experience in the ED management of the acutely ill or injured patient.	Familiarity with the variety of international systems and models of emergency medical services and in hospital emergency medical care, relevant to their system type (999/998, HEMS, etc.)

Knowledge of EMS dispatch and communications.	Membership in national or international EMS professional society
Knowledge of DoH laws and regulations, specifically in the pre-hospital care sector.	Experience in the Abu Dhabi healthcare system

8.4 Category 3 - Medical Director PQRs:

Category 3 : Large private Prehospital care service Medical Director

Role: Medical Director within a large private PHCS operating within Abu Dhabi (>25 response vehicles, or >50 clinical staff)

Responsibility: Clinical oversight and responsibility of the organization's medical direction system by the DoH medical direction system requirements.

Qualifications: Category 3 –Medical Director should possess the following:

Required	Preferred
Licensed to practice Emergency Medicine or Critical Care in Abu Dhabi	Experience in service design, analysis, and development
Pre-hospital Emergency Care Experience (min 2 year)	Experience in clinical guidance development and editing
Experience in clinical governance	Evidence of partnership working
Experience or training in the PHCS process improvement process.	Experience in a clinical leadership role
Experience with the design and operation of out-of-hospital EMS systems.	Knowledge of EMS dispatch and communications.

Required	Preferred
Experience or training in medical direction of out-of-hospital emergency units	Formal Incident command training
Knowledge of DoH laws and regulations, specifically in the pre-hospital care sector.	EMS Fellowship Trained
Medical Direction training course (if not fellowship trained)	Licensed EMS physician in Abu Dhabi

8.5 Category 4: Small to medium size private pre-hospital care service Medical Director. (<25 response units, <50 clinical staff)

Role: Clinical oversight and responsibility of the organization's medical direction system by the DoH medical direction system requirements.

Qualifications: Category 4 – Medical Director should possess the following:

Required	Preferred
Licensed to practice Emergency Medicine or Critical Care in Abu Dhabi	Experience in service design, analysis, and development
Pre-hospital Emergency Care Experience (min 1 year)	Experience in clinical guidance development and editing
Experience or training in the PHCS process improvement process.	Experience in a clinical leadership role
Experience with the design and operation of out-of-hospital EMS systems.	Knowledge of EMS dispatch and communications.
Experience or training in medical direction of out-of-hospital emergency units	Experience in clinical governance
Knowledge of DoH laws and regulations, specifically in the pre-hospital care sector.	Formal Incident command training