

## Policy: Medical Director Qualifications and Job Descriptions

ORGANIZATIONAL: Affects two or more departments							
<b>Folder</b>	Organizational Choices: Medical Staff			<b>Sub-Folder</b> (If Applicable)	n/a		
<b>Original Effective Date</b>	10/27/2016	<b>Scope</b>	<i>What departments does this policy apply to? State "All" as is may apply to the entire organization.</i> <i>Anesthesia and Post-Anesthesia, Emergency Services, Hospice, Imaging, Laboratory and Pathology, Medical Staff Services, Nuclear Medicine, Obstetrics and Newborn, Pediatrics, Psychiatric, Rehabilitation, Respiratory, Specialized Inpatient Care Services, STEMI, Stroke, and Surgical Services</i>				
<b>Approved</b> (Approver/Date)	MDRC: 2/20/2020						
<b>Last Reviewed/ Revised Date</b>	2/20/2020	<b>OSHA Category</b> (If Applicable)	Not Applicable	<b>Standard</b> (If Applicable)	CMS COPs 418.102 (d); 482.22, .26, .27, .51, .52, .53, .55, .57; 19 CSR 30-40; TJC DSPR.1; Medicare 110.2.4	<b>Number of pages</b>	8

### PURPOSE:

To ensure medical direction is provided by appropriately credentialed, qualified, and approved physician members of the medical staff as required by accreditation and regulatory standards.

### GUIDELINES:

Medical directorships are appointed by the governing body and members of the medical staff presented for consideration must meet the definition(s) and qualification(s) specific to the service area.

Service areas included in CMS and State regulations as described in *Appendix B*: anesthesia and post-anesthesia, emergency services, hospice, imaging, laboratory and pathology, medical services, nuclear medicine, rehabilitation, respiratory, and surgical services.

Disease or Program specific certification guidelines may also require a Medical Director. (i.e.: Stroke and STEMI program certification)

Job Descriptions for Medical Directors in each respective area will include a job summary, essential duties and responsibilities, qualifications/requirements, definition of job relationships relative to organizational structure, as well as training and/or board certification and job requirements as applicable to the area of medical oversight and accountability.

Medical Directors' roles and responsibilities may include, but are not limited to, the following: monitor quality and appropriateness of medical care, serve as medical leadership representatives at standing medical staff meetings and on designated committees, oversee clinical peer review, develop and approve policies and procedures, manage physician relations and behavior/impairment issues, assist with clinical patient complaints, and provide performance improvement guidance and support.

The Medical Director will provide collaborative leadership with the program/service director/administrator/leader.

The Medical Executive Committee (MEC) will review the performance, attendance, and standings of all Medical Directors.

**PROCEDURE:**

*Appendix A* provides the template that respective department managers/directors are to use to develop individualized job descriptions. Individualized job descriptions will define the specific roles and responsibilities for the designated medical directorship.

Finalized job descriptions with original signature are located in Medical Staff Services office.

Job Description templates and signed copies are maintained by the director of the respective areas. Review and/or revision will occur on an annual basis by each respective department leader as directed by the MEC or Board of Directors.

**REFERENCES:** CMS Conditions of Participation, Joint Commission Standards, Missouri State Regulations, and/or Accrediting body requirements as defined below.

- *CMS CoP 482.52 - Anesthesia*
- *CMS CoP 482.52 - Post Anesthesia Services*
- *CMS CoP 482.55– Emergency Services*
- *CMS CoP 418.102(d) – Hospice*
- *CMS CoP 482.26 – Imaging Services*
- *CMS CoP 482.27 & 42CFR493.1449; College of American Pathologists – TLC.10100, TLC.10430-11485, GEN.53400 – Laboratory and Pathology Services*
- *CMs CoP 482.22 b– Medical Staff Services*
- *CMS CoP 482.53 – Nuclear Medicine Services*
- *Medicare 110.2.4 retrieved from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c01.pdf> on 11/26/19– Rehabilitation Services*
- *CMS CoP 482.57 – Respiratory Care Services*
- *Joint Commission Disease Specific Certification for Stroke- DSPR.1*
- *State Regulation 19 CSR 30-40.760 - STEMI*
- *CMS CoP 482.51 &– Surgical Services*

**Attachments:** (Label as Appendix A, B, C, etc.)

Appendix A: Medical Director Job Description template

Appendix B: Medical Directors – List of Regulatory Requirements



*Medical Director: Qualifications and Job Descriptions*

## JOB DESCRIPTION

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**TITLE: MEDICAL DIRECTOR**

**REPORTS TO: CHIEF MEDICAL OFFICER**

**LOCATION: SOUTHEAST HEALTH**

## JOB SUMMARY

**THE MEDICAL DIRECTOR SHALL BE RESPONSIBLE FOR THE DIRECTION OF ALL CLINICAL ASPECTS OF THE ASSIGNED DESIGNATED SERVICES. THE MEDICAL DIRECTOR WORKS COLLABORATIVELY WITH THE ORGANIZATION LEADERS OF THE SERVICE AREAS INVOLVED. THEY SHALL BE RESPONSIBLE FOR QUALITY, SAFETY AND SERVICE OF CARE PROVIDED AND ACTIVELY INVOLVED IN PERFORMANCE IMPROVEMENT INITIATIVES TO IMPROVE CARE, TREATMENT AND SERVICES AND MITIGATE THE RISK OF HARM FOR PATIENTS SERVED. THE MEDICAL DIRECTOR WILL PROVIDE INPUT TO COST CONTAINMENT INITIATIVES AND ASSURE THE PATIENT'S INTERESTS DRIVE PERFORMANCE IMPROVEMENT. THE MEDICAL DIRECTOR WILL PROVIDE LEADERSHIP FOR REGULATORY AND ACCREDITATION COMPLIANCE AS RELATED TO THE QUALITY AND SAFETY OF CARE DELIVERED.**

## ESSENTIAL DUTIES AND RESPONSIBILITIES

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- To plan, direct and supervise all activities of the service
- To provide oversight to the policies, procedures and protocols for the clinical care provided in the designated areas of service to assure care is delivered in a safe and well-organized manner.
- To implement the rules of the medical staff governing the quality and scope of care provided.
- Develops and approves an applicable continuous quality improvement program which includes monitoring and evaluation of clinical care activities and patient services with a timeline to assess the efficiency of corrective measures.
- Analyzes audit results to assure patient care meets the expected standards.
- Facilitates discussions related to ethical patient care issues, assisting to achieve satisfactory resolution to the patient care issue.
- Provides medical education and training to provide continuous learning opportunities.
- Enhances collaboration between Southeast Health and healthcare providers to promote teamwork and communication among the entire healthcare team.

- Builds a culture of respect, trust and professionalism among medical staff providers which is represented by fairness, integrity and nondiscrimination.

## QUALIFICATIONS/REQUIREMENTS

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- Doctor of Medicine or Osteopathy
- Member of the medical staff in good standing; demonstrates professionalism in all aspects
- Education, experience related to the specialty of care
- Highly skilled in written and verbal communication

## JOB RELATIONSHIPS/ORGANIZATIONAL STRUCTURE

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This job reports to:

- Chief Medical Officer
- Collaborative leadership with program director

Employees reporting to this person: None

- Additional Comments regarding organizational structure (please attach and official organizational chart):  
Appointed by the medical staff and the governing body

\_\_\_\_\_  
Authorized Management Signature

\_\_\_\_\_  
Medical Director Signature

Effective Date: \_\_\_\_\_

*For information on physical demands of the position, working environment and or possible accommodations under the ADA, please contact the Human Resources office at 573-651-5520.*

*For questions regarding specific job descriptions, contact Medical Staff Services at 573-651-5535.*

**Reviewed/Revised by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Name)

Appendix B: Medical Directors – List of Regulatory Requirements

\*Excerpts below have been obtained directly from the Regulatory Standards.

**Medical Directors**

Medical Director Per State/Federal Regulator	Regulatory Requirements: qualifications & responsibilities
<p><b>Anesthesia Medical Director (CMS)</b>  <b>§482.52 Condition of Participation: Anesthesia Services</b></p>	<p>§482.52 Condition of Participation: Anesthesia Services                      If the hospital furnishes anesthesia services, they must be provided in a well-organized manner under the direction of a <u>qualified doctor of medicine or osteopathy</u>. The service is responsible for all anesthesia administered in the hospital.</p> <p>Survey Procedures §482.52  <u>Determine that a doctor of medicine or osteopathy has the authority and responsibility for directing all anesthesia services throughout the hospital.</u>                      Look for evidence in the director’s file of the director’s appointment privileges and qualifications, consistent with the criteria adopted by the hospital’s governing body. Review the position description. Confirm that the director’s responsibilities include at least the following:                      - Planning, directing, and supervising all activities of the service;                      - Evaluating the quality and appropriateness of the anesthesia services provided to patients as part of the hospital’s QAPI program</p>
<p><b>Nuclear Medicine Medical Director (CMS)</b></p>	<p><b>Interpretive Guidelines 482.53 (a)</b>                      The hospital is required to have a director responsible for nuclear medicine services offered throughout the hospital. The <u>director must be a doctor of medicine (MD) or osteopathy (DO)</u> and must demonstrate through education, experience and specialized training that he/she is qualified in nuclear medicine.                      The hospital must describe in writing the qualifications it requires for the director of nuclear medicine services.</p>
<p><b>ED Medical Director (CMS)</b></p>	<p><b>Interpretive Guidelines §482.55(a)(1)</b>                      The hospital’s emergency services <u>must be</u> under the direction of a qualified member of the hospital’s medical staff. The hospital’s medical staff establishes criteria for the qualifications for the director of the hospital’s emergency services in accordance with State law and acceptable standards of practice. A single emergency services director must be responsible for the hospital’s emergency services.</p>
<p><b>Medical Director Respiratory Services (CMS)</b></p>	<p>§482.57(a)(1) - There <u>must be a director of respiratory care services</u> who is a doctor of medicine or osteopathy with the knowledge, experience and capabilities to supervise and administer the service properly. The director may serve on either a full-time or part-time basis.</p>
<p><b>Medical Director of Pathology and Medical Laboratory Services</b></p>	<p><i>See 42 CFR 493.1449 and College of American Pathologists – TLC.10100, TLC.10430-11485, GEN.53400</i></p>

<b>Medical Director Per State/Federal Regulator</b>	<b>Regulatory Requirements: qualifications &amp; responsibilities</b>
<b>Director of Radiology Services (CMS)</b>	<b><u>Interpretive Guidelines 482.26</u></b> Hospitals are expected to take a consistent approach in their policies and procedures for radiologic services safety and personnel qualifications throughout the hospital. This may be accomplished in several ways, including by having one organized radiologic service under the direction of the radiologist who supervises all ionizing radiology services, or by the governing body ensuring a uniform approach to radiologic services that are offered in multiple departments of the hospital.
<b>Medical Services Director</b>	CMS Interpretive Guidelines 482.22 b The members of the hospital's medical staff must select, in accordance with the medical staff bylaws, rules or regulations approved by the governing body, a single individual to lead the medical staff and be responsible for the organization and conduct of the medical staff. This individual must be a doctor of medicine or osteopathy, or, if permitted by State law where the hospital is located, a doctor of dental surgery, dental medicine, or podiatric medicine. Removal of the leader of the medical staff may only occur in accordance with medical staff bylaws, rules or regulations.
<b>Rehabilitation Services in Hospitals</b>  <b>Medicare Benefit Policy Manual 110.2.4</b>	Includes rehabilitation physician role in Inpatient Rehabilitation Facility (IRF) <a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c01.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c01.pdf</a>
<b>Surgical Services</b>	CMS CoP 482.51a The operating room (inpatient and outpatient) must be supervised by an experienced RN or MD/DO. The RN or MD/DO supervising the operating room must demonstrate appropriate education, background working in surgical services, and specialized training in the provision of surgical services/management of surgical service operations. The hospital should address its required qualifications for the supervisor of the hospital's operating rooms in its policies and the supervisor's personnel file should contain information demonstrating compliance with the hospital's established qualifications.
<b>Medical Director: Hospice (CMS)</b>	§418.102(d) Standard: Medical director responsibility. The medical director or physician designee has responsibility for the medical component of the hospice's patient care program. Interpretive Guidelines §418.102(d) The single individual who fills the role of the medical director assumes overall responsibility for the medical component of the hospice's patient care program. This responsibility, which extends to all hospice multiple locations, includes overseeing the implementation of the entire physician, nursing, social work, therapy, and counseling areas within the hospice to ensure that these areas consistently meet patient and family needs.

<b>Medical Director Per State/Federal Regulator</b>	<b>Regulatory Requirements: qualifications &amp; responsibilities</b>
<p>TJC DSPR.1</p> <p><b>19 CSR 30-40.730 Standards for Stroke Center Designation</b></p>	<p><b>Level II Stroke Center Medical Director</b> <b>Revised Standard DSPR.1</b></p> <ol style="list-style-type: none"> <li>1 The program identifies members of its leadership team.</li> <li>2 The program defines the accountability of its leader(s).</li> <li>3 The program leader(s) guides the program in meeting the mission, goals, and objectives.</li> <li>4 The program leader(s) identifies, in writing, the composition of the interdisciplinary team.</li> <li>5 The program leader(s) participates in designing, implementing, and evaluating care, treatment, and services.</li> <li>6 The program leader(s) provides for the uniform performance of care, treatment, and services.</li> <li>7 The program leader(s) makes certain that practitioners practice within the scope of their licensure, certification, training, and current competency.</li> <li>8 The program leader(s) monitors the performance of the program’s interdisciplinary team as it relates to achievement of the program’s mission, goals, and objectives.1. The stroke center shall maintain a stroke team that at a minimum shall consist of—       <ol style="list-style-type: none"> <li>A. A core team* which provides administrative oversight and includes:           <ol style="list-style-type: none"> <li>(l) A physician experienced in diagnosing and treating cerebrovascular disease (usually the stroke medical director)</li> </ol> </li> </ol> </li> </ol> <p>*Core team – a subunit of the hospital stroke team consisting of a physician experienced in diagnosing and treating cerebrovascular disease (usually the stroke medical director) and at least one other health professional or qualified individual** competent in stroke care as determined by the hospital (usually the stroke program manager/coordinator).</p> <p>**Qualified individual – a physician, registered nurse, advanced practice nurse, and/or physician assistant licensed in the state of Missouri who demonstrates administrative ability and shows evidence of educational and clinical experience in the care of cerebrovascular patients.</p> <p>Level II core team members of the stroke call roster shall complete a minimum of eight (8) hours of continuing education in cerebrovascular disease every year, and it is recommended that a portion of those hours be in stroke care. All other members of the stroke call roster in level II stroke centers shall complete a minimum average of eight (8) hours of continuing education in cerebrovascular disease every year. This continuing education shall be reviewed for appropriateness to the practitioner’s level of responsibility by the stroke medical director.</p>

Medical Director Per State/Federal Regulator	Regulatory Requirements: qualifications & responsibilities
19 CSR 30-40.176	<p><b>Level I STEMI Center Medical Director</b></p> <p>G. The STEMI center shall appoint a physician to serve as the STEMI medical director with appropriate qualifications, experience, and training. A STEMI medical director shall be appointed at all times with no lapses. (I-R, II-R, III-R, IV-R)</p> <p>1. Level I and II STEMI center medical directors shall be cardiologists or interventional cardiologists. It is recommended that the cardiologist or interventional cardiologist be board-certified or board-admissible in interventional cardiology or cardiology. (I-R, II-R)</p> <p>3. The STEMI center shall have a job description and organization chart depicting the relationship between the STEMI medical director and other services. (I-R, II-R, III-R, IV-R)</p> <p>4. Level I and II STEMI medical directors are recommended to be members of the catheterization lab team call roster. (I-R, II-R)</p> <p>5. The STEMI medical director shall meet the continuing medical education (CME) requirements as described in <b>section (4)*</b> of this rule.</p> <p>6. The STEMI medical director shall be responsible for oversight of the education and training of the medical and clinical staff in STEMI care. This includes a review of the appropriateness of the education and training for the practitioner’s level of responsibility. (I-R, II-R, III-R, IV-R)</p> <p>7. Level I STEMI medical directors shall participate in the STEMI center’s research and publication projects (I-R).</p> <p><b>*Section (4) CME requirements:</b></p> <p>(B) 1. Core team members of the STEMI call roster in Level I and level II STEMI centers shall document a minimum of ten (10) hours every year of continuing education in the area of acute coronary syndrome. All other members of the STEMI call roster shall document a minimum of ten (10) hours every year of continuing education in the area of cardiovascular disease. This continuing education shall be reviewed by the STEMI center medical director for appropriateness to the practitioner’s level of responsibility (I-R, II-R).</p> <p>(C) 1. Level I and II STEMI medical directors shall document a minimum average of ten (10) hours every year in the area of acute coronary syndrome.</p>