

REGION 7 EMS COUNCIL

REGIONAL OPERATIONAL MEDICAL DIRECTOR CONTRACT

Draft Contract – Effective July/August 2026

This Contract is entered into this ____ day of _____, 2026 by and between the Region 7 EMS Council, Inc. (hereinafter referred to as “Region 7”) and _____, MD (hereinafter referred to as the “Regional Operational Medical Director” or “ROMD”).

I. PURPOSE

Region 7 is the designated Regional EMS Council for OEMS Region 7 pursuant to §32.1-111.4:2 of the Code of Virginia and the Memorandum of Agreement with the Virginia Department of Health, Office of EMS.

The ROMD shall provide regional operational medical oversight, leadership, and consultation in support of the development and implementation of an efficient and effective regional EMS delivery system.

II. TERM OF CONTRACT

The initial term of this agreement shall begin on:

- July 1, 2026
- August 1, 2026

and continue through June 30, 2028 unless earlier terminated pursuant to this agreement.

The position shall be subject to:

- Annual performance review
- Annual contract renewal approval by the Region 7 Board of Directors
- Formal reappointment process at the conclusion of the term

The ROMD may serve no more than two consecutive terms.

III. COMPENSATION

Region 7 shall compensate the ROMD in the amount of:

\$12,000 annually
(payable as \$1,000 monthly)

Payments shall be made monthly in arrears following submission of any required documentation.

The ROMD shall serve as an independent contractor and shall be responsible for:

- Federal and state taxes
- Licensure maintenance
- DEA registration
- Professional continuing education requirements

IV. SCOPE OF SERVICES

The ROMD shall:

1. Provide focused medical leadership for Region 7 EMS system development.
2. Serve on the Region 7 Operational Medical Directors Committee.
3. Coordinate regional protocol review and development.
4. Serve as liaison with EMS agencies, hospitals, OEMS, and specialty care stakeholders.
5. Support implementation of whole blood initiatives, ultrasound programs, regional PI initiatives, and stroke and trauma system planning.
6. Participate in regional planning and MCI preparedness initiatives.
7. Assist with regional performance improvement efforts.
8. Represent Region 7 on state medical direction committees.
9. Promote evidence-based EMS practice across the region.
10. Provide interim consultation to agencies requiring temporary operational medical oversight when feasible.

V. QUALIFICATIONS

The ROMD shall maintain:

- Active unrestricted Virginia medical license

- Active DEA registration
- OEMS EMS Physician endorsement
- Experience as an Operational Medical Director

VI. GOVERNANCE ALIGNMENT

This position exists pursuant to the governance and medical direction requirements established within the OEMS Region 7 Memorandum of Agreement.

The parties acknowledge that the Region 7 Board maintains authority over appointment, renewal, and governance policies associated with this position.

VII. TERMINATION

Either party may terminate this agreement with sixty (60) days written notice.

Region 7 may terminate this agreement immediately for:

- Loss of medical licensure
- Loss of DEA registration
- Loss of OEMS endorsement
- Gross misconduct
- Material breach of contract

VIII. LIABILITY INSURANCE

Region 7 shall provide professional liability coverage associated with regional activities conducted within the scope of this agreement, subject to policy limitations and exclusions.

IX. INDEPENDENT CONTRACTOR STATUS

The ROMD is an independent contractor and is not an employee of Region 7.

Nothing in this agreement shall be construed to establish:

- Employment
- Partnership
- Joint venture
- Agency relationship

X. ENTIRE AGREEMENT

This Contract constitutes the entire agreement between the parties and supersedes prior understandings regarding the position of Regional Operational Medical Director.

Any modifications must be made in writing and approved by both parties.

SIGNATURES

FOR REGION 7 EMS COUNCIL:

David C. Long, MA, NRP
Executive Director

Date: _____

REGIONAL OPERATIONAL MEDICAL DIRECTOR:

Name, MD

Date: _____