

Education Committee

While the GCMCA is not required by law to provide the EMS community with education programs, the leadership of the organization recognizes that importance of assisting the provider community in staying informed on the latest trends in patient care. Therefore the GCMCA has established an Education Committee. The following is a brief outline of the membership and function of this committee:

1. Education Committee Membership:

- A. Appointments: Chairperson and members appointed by Medical Director.
- B. Term: 2 years.
- C. Meetings: Every other month with additional meetings as deemed necessary. Minimum of 3 meetings per year.
- D. Membership: Minimum requirements (5):
 - 1 - ALS public provider
 - 1 - ALS private provider
 - 1 - BLS provider
 - 1 - MFR provider
 - 1 - established hospital EMS education program

Other members may be appointed to the committee as deemed appropriate and/or necessary by the Medical Director. At least one member of the committee must be a licensed Instructor Coordinator.

- E. Chairperson: At the call of the Medical Director.
- F. Attendance: 75% required attendance with semi-annual assessment.
- G. Quorum: Greater than 50% of voting members.

The individual appointed to the committee may designate an alternate as long as that individual is from the same organization and of the same level of licensure (if the member is a licensed provider).

The appointed individual must attend 75% of the most recent eight meetings. If the member fails to meet the 75% requirement within the first eight meetings, a letter will be sent to the individual and their agency. Following that they must attend at least 75% of the next four meetings or the PSRO may take action to remove the member. If the member's alternate is in attendance, then that will count toward the member's 75% compliance.

2. Responsibilities:

A. Assessment of Educational Needs: On an ongoing basis the committee will assess the current Genesee County EMS system in an effort to identify areas of need

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for system education. This is most likely to focus on areas where education programs are not already available to the EMS providers, but they are not limited to these areas.

B. Education Program Implementation: The committee will: 1) offer direct education to providers on problem areas identified by PSRO or require the agency to educate their employees; 2) offer direct education to providers on new protocols or require the agency to educate their employees; 3) create and maintain a list of annual basic competency trainings to be done by EMS professionals by their agency; 4) create goals and objectives for agencies to use on programs required by the GCMCA.

3. **Reporting:** To GCMCA Advisory Committee and GCMCA Medical Director.

4. **Committee Actions:**

All education programs developed by the committee and approved with a majority vote of the members present at an official meeting will be forward to the GCMCA Advisory Committee and Board for final review and approval.