



Medical Directors: Roles, Duties and Responsibilities

Introduction

Serving as a medical director may be more challenging than most practitioners¹ realize and come with certain responsibilities that, if not well-understood, could bring a practitioner to the attention of the Washington Medical Commission. A medical director can work in a wide variety of environments, including chief medical officer for a large or small medical or hospital system, a single-specialty or multi-disciplinary clinic, a long-term care facility, a medical spa, an addiction treatment facility, a telemedicine venture, or an entity seeking to gain credibility by hiring a “medical director” in some nebulous role. The Commission has reviewed complaints that practitioners failed to meet the obligations inherent in the role of a medical director. Whether this arises from simple ignorance of the laws or a reckless disregard of appropriate standards, the result can be harm to patients or a violation of state or federal law. The Commission provides this guidance document to help practitioners understand the roles, duties and responsibilities of a medical director.²

Guidance

While the duties will vary depending on the type of facility, and the legal relationship between the medical director and the facility, the medical director is ultimately responsible for the medical care provided and the safety of the patients. Regardless of the particular circumstances, the Commission recommends that a medical director should:

1. Prioritize staff and patient safety;
2. Understand and be familiar with the practice standards required of the particular type of practice;
3. Supervise and provide guidance to all clinical staff, whether they are employees or independent contractors;
4. Ensure that each member of the clinical staff is properly licensed, trained and acts within their legal scope of practice;
5. Coordinate care within the facility to promote teamwork and communication among the entire healthcare team;
6. Clearly communicate expectations to the clinical staff;
7. Develop and update policies, guidelines and protocols for clinical staff to ensure compliance with current practice standards, as well as federal and state regulations;
8. Ensure that the clinician staff exercise independent clinical judgment, put the patient first, and are not influenced by financial interests;

¹ Practitioners includes physicians and physician assistants.

² This guideline is not intended to cover medical directors for health insurance carriers or EMS systems, which are covered by specific statutes. See RCW [48.43.540](#) and [18.71.212](#) *et seq.*

9. Respond to emergencies in a timely manner and address issues that can impact patient care;
10. Ensure that an appropriate medical record is kept for each patient, and that health care information is confidential and secure; and
11. Promote professionalism and ethical values.

By following these best practices, practitioners will reduce the likelihood of a bad outcome for patients and the likelihood of a complaint to the Commission.

The Commission advises practitioners to be wary of entering into arrangements with unlicensed persons. These relationships may entail legal risks involving aiding or abetting the unlicensed practice of medicine, the corporate practice of medicine, and violating fee-splitting, rebating or anti-kickback laws. The Commission advises practitioners considering these arrangements to seek legal counsel.

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