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Family and Medical Leave

Revised August 2022,
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current title

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Revised October 2006,
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titled “Family Leave of
Absence”

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1990 titled, “Parental Leave of
Absence”

To promote the health and well-being of emergency physicians, ACEP endorses the following principles regarding family and medical leave.

- The personal health and integrity of physicians’ relationships with their family are essential to physicians’ personal and professional well-being. The ability to respond to personal, medical, and family needs promotes work satisfaction and career longevity, which also contributes to higher quality patient care.
- The leaders of physician groups, residency programs, and employers should make these policies easily accessible and should help facilitate the process of utilization without undue delay, stigma, or administrative burden.
- Emergency medicine physician groups, employers, and residency programs should have written policies that support family, medical, and personal leaves of absence. These policies should apply to personal physical and mental illness, parental leave for the birth or adoption of a child, the care of an ill family member, and situations involving the safety or cohesion of the family.
- Such policies should include job security and continued availability of health plan benefits for a reasonable time period, at a minimum 12 weeks. This is the length of time required by the Family Medical Leave Act (FMLA) but should be used as a model for employers not legally bound by the FMLA law as well.
- ACEP supports paid parental and medical leave. Such leave should not expose the physician to fear of any negative professional repercussions nor place undue financial burden on the physician and his or her family. The decision of whether to use paid sick leave, vacation time, supplemental leave/disability, or other forms of leave should be left to the discretion of the physician.
- Flexible work schedules for parents before and after welcoming a new child should be made available whenever possible.