



American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

POLICY STATEMENT

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Emergency Physician Rights and Responsibilities

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The American College of Emergency Physicians (ACEP) believes that high-quality emergency care is best provided when emergency physicians practice in a fair and equitable environment. To provide guidance to physicians and others with respect to contractual arrangements involving the practice of emergency medicine in any setting, ACEP hereby adopts this statement of Emergency Physician Rights and Responsibilities.

Emergency physicians typically, but not exclusively, practice in a hospital-based setting. In nearly all cases, such practice is pursuant to a contractual arrangement on which practice at the hospital is based. The legitimate purpose of such contracts is to ensure the efficient and reliable staffing of the emergency department (ED) or other practice setting. However, such contracts may limit or eliminate physicians' rights under the medical staff bylaws and contain other provisions that may compromise the professional autonomy of physicians. Consequently, such contracts may harm the public interest.

This guidance should be of value to hospitals, physicians, and professional or business entities contracting with individual physicians or groups of physicians for the provision of emergency care in a healthcare facility. It is anticipated that these guidelines will benefit the profession and the public. These guidelines are not intended to dictate individual contracting practices; rather, ACEP members must make independent determinations regarding their employment and contractual relationships with hospitals, practice groups, and other entities based on their individual circumstances.

Rights of Emergency Physicians

1. Emergency physician autonomy in clinical decision making should be respected and should not be restricted other than through reasonable rules, regulations, and bylaws of his or her medical staff or practice group. This includes reasonable, good faith deviations from current, published ACEP Clinical Policies based upon the particular clinical situation in a given patient.

2. Emergency physician autonomy should not be restricted by cost-saving guidelines, rules, or protocols. The physicians must have the ability to do what they believe in good faith is in the patient's best interest at all time.
3. Emergency physicians and their patients have a right to expect adequate emergency physician, nurse and ancillary staffing and equipment to meet the acuity and volume needs of the patients seen at the facility and to have the facility management provide support to improve patient safety. Emergency physicians should be provided such support and resources as necessary to render high-quality emergency care in any practice setting and shall not be subject to adverse action for bringing to the attention of responsible parties' deficiencies in such support or resources, when done in a reasonable and appropriate manner.
4. Emergency physicians should be reasonably compensated for clinical and administrative services and such compensation should be related to the physician qualifications, level of responsibility, experience, and quality and amount of work performed.
5. Emergency physicians should not be required to purchase unnecessary, unneeded, or excessively priced administrative services from a hospital, contract group of any size, or other parties in return for privileges or patient referrals.
6. Emergency physicians should be provided periodic reports of billings and collections in their name and have the right to audit such billings, without retribution.
7. Emergency physicians should be accorded due process before any adverse final action with respect to employment or contract status, the effect of which would be the loss or limitation of medical staff privileges. Emergency physicians' medical and/or clinical staff privileges should not be reduced, terminated, or otherwise restricted except for grounds related to their competency, health status, limits placed by professional practice boards or state law.
8. Emergency physicians who practice pursuant to an exclusive contract arrangement should not be required to waive their individual medical staff due process rights as a condition of practice opportunity or privileges.
9. Emergency physicians should not be required to render anything of value in return for referral of patients by a healthcare facility (e.g., through the awarding of an exclusive contract) other than assurances of reliability and high-quality care; nor should emergency physicians receive anything of value in return for referrals of patients to others.
10. Emergency physicians, both independent contractors and physician employees, should be represented in the contract negotiation process between hospitals and those payers providing reimbursement for emergency services. Emergency physicians are entitled to fair rights and reimbursement pursuant to such contract agreements.
11. Emergency physicians should not be required to agree to any unreasonable restrictive agreement that limits the right to practice medicine for a specified period of time or in a specific area after the termination of employment or contract to provide services as an emergency physician. Such restrictions are not in the public interest.

Responsibilities of Emergency Physicians

1. Emergency physicians bear a responsibility to practice emergency medicine in an ethical manner consistent with contemporary, evidence-based emergency medicine principles.
2. Emergency physicians must maintain current emergency medicine knowledge and skills through independent study, continuing medical education (CME) activities and Maintenance of Certification (MOC) standards.
3. Emergency physicians should exhibit attributes of professionalism in the healthcare facility where their practice is based including: altruism, accountability, duty, honor, integrity, respect, and positive patient experience.
4. Emergency physicians should participate in medical staff and/or hospital affairs.
5. Emergency physicians should gain knowledge of the basic principles of documentation, coding and reimbursement, practice expense costs, and other applicable physician administration costs, to assist in

accurate billing for their services and to properly interpret practice revenue and expense information which they receive.

6. Emergency physicians should gain a working knowledge of national quality and performance measures and patient safety.
7. Emergency physicians must maintain knowledge of and compliance with major federal and state regulations that affect the practice of emergency medicine, such as the Emergency Medical Treatment and Labor Act (EMTALA) and the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Emergency physicians who are employees, contractors, or principals of a practice group, have certain duties and responsibilities to the group and are accountable to the best interests of the group. Efforts detrimental to the welfare of the group are inappropriate and may expose the individual to legal liability.