



American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

POLICY STATEMENT

Approved June 2019

Family and Medical Leave

Revised June 2019 with
current title

Reaffirmed April 2012

Revised October 2006,
September 1999, April 1994
titled "Family Leave of
Absence"

Originally approved June 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 time.

- The health and integrity of working physicians' relationships with parents, children, and family are essential to the physicians' well-being. The ability to respond to family needs promotes work satisfaction and career longevity which, in turn, contributes to higher quality patient care.
- The leaders of physician groups and residency programs, as well as employers, should support these policies actively by informing physicians of their availability and making such leave available without undue delay or administrative burden.
- Emergency physician groups, employers, and emergency medicine residency programs should have written policies that support family leaves of absence. These policies should take into consideration what can be done to support the individual financially, if needed, during the leave of absence. These policies should apply to personal serious physical and mental illness, both parents for the birth or adoption of a child, the care of a seriously ill family member, and situations involving the safety or cohesion of the family.
- Mothers, or primary caregivers of biological or adoptive children, should expect at least twelve weeks without work around the time of their child's birth or adoption; the other parent should expect four weeks at the minimum.
- Flexible work schedules for parents before and after welcoming a new child should be made available whenever possible without disrupting the availability of patient care.