



ACP Policy on Paid Family and Medical Leave

Approved by the Board of Regents on December 4, 2024

ACP revised the policy that first appeared in the position paper, [Women's Health Policy in the United States](#), to state:

ACP supports the goal of universal access to family and medical leave policies that provide ideally 12, but at a minimum, 6 weeks of paid leave and calls for legislative or regulatory action at the federal, state, or local level to advance this goal.

ACP also revised the policy that first appeared in the position paper, [Achieving Gender Equity in Physician Compensation and Career Advancement](#), to state:

ACP supports the goal of universal access to family and medical leave policies that provide ideally 12, but at a minimum, 6 weeks of paid leave and calls for legislative or regulatory action at the federal, state, or local level to advance this goal. Such legislation should include minimum paid leave standards and dedicated funding to help employers provide such leave. Paid leave policies should ensure that all employees have increased flexibility to care for family members, including children, spouses, partners, parents, parents-in-law, and grandparents.

- ACP opposes discrimination on the basis of reproductive status, for those who choose to have children biologically or via adoption and for those who choose not to have children.
- Family and medical leave and paid leave policies should be a standard part of physicians' benefit packages, regardless of gender.
- Residency and fellowship programs, academic medical centers, community hospitals, and physician practices should develop and implement paid leave policies to provide compensation to eligible male and female physicians and trainees for ideally 12, but at a minimum, 6 weeks to care for a newborn, newly adopted, or seriously ill child and to attend to other qualifying life events, such as care of seriously ill family members other than children.
- Medical schools and residency and fellowship training programs should publish and distribute their family and medical leave policies to all applicants.
- Accrediting bodies for medical education and training should establish policies regarding family and medical leave for students and trainees, supporting ideally 12, but at a

minimum, 6 weeks to care for a newborn, newly adopted, or seriously ill child and to attend to other qualifying life events, such as care of seriously ill family members other than children.

- Medical specialty boards should be flexible in their requirements for board eligibility in circumstances when trainees took family or medical leave.