

Department of Emergency Medicine Pregnancy and Parental Leave
Memorandum of Understanding

During Pregnancy:

Pregnant emergency physicians can request to modify their shift schedule as their pregnancy progresses.

- after 24 weeks, no shifts will be scheduled that end after 2400
- after 28 weeks, a part time line can be requested (please contact the scheduler BEFORE the schedule is made)
- after 34 weeks, no shifts will be scheduled that begin before 0700 or after 2000
- after 37 weeks, no shifts will be scheduled

Parental Leave:

All new parents (birth, adoptive or otherwise) can request leave of up to 63 weeks. All parental leave requests should be submitted to the Deputy Department Head (DDH). The DDH will liaise with Physician Resources Committee (PRC) and will help with return to work planning.

Parental leave can be requested by:

- Any new parent, whether biologic, adoptive or otherwise
- Both parents (if both parents work for the Department of Emergency Medicine) sharing the 63 weeks between them

Due to scheduling challenges unique to the emergency department, there are certain requirements to meet when requesting leave:

- Expectant parents will not be scheduled beyond 37 weeks gestational age. This is to minimize shift disruptions for an unexpected early delivery. This applies to both the delivering and non-delivering parent. If one chooses to remain on the schedule or picks up shifts beyond 37 weeks gestational age, then shifts during that period are the responsibility of the individual.
- If the leave requested is after the EDD, parental leave can start at any point after the adoption or birth of a child, but must be completed within 78 weeks of the date the baby is born or placed with the parents.
- If one decides to break up their parental leave, the second portion cannot include summer blocks or Christmas vacation.
- All leaves are to be requested as soon as possible but no later than **18 weeks** prior to leave start date. Otherwise the start date of the leave may be modified to accommodate scheduling. Once the leave is approved, it is the Emergency Physician's responsibility to alert the scheduler of the relevant start dates for their preferred schedule modifications.

Privileges will be maintained for 4 weeks following the last scheduled shift. (Due to requirements to follow up abnormal labs and diagnostic imaging in the weeks following the final ER shift.)

For physicians with administrative positions who wish to restart administrative work prior to restarting clinical work, privileges will be reinstated to reflect this.

Parental leaves will not affect a physician's entitlement to a regular scheduled summer vacation.

Return to work:

All physicians taking parental leave who have associate status with the Department of Emergency Medicine will be guaranteed to return to their previous line. All physicians taking parental leave who have locum status will be guaranteed to return to their previous FTE (site may change at Department discretion, based on need) to complete the time remaining on the original locum contract, unless specifically agreed to by the Physician Resource Committee. For example: a locum contract for 10 months is signed, extending from September to June. If parental leave is taken from October to March, the locum would still end in June. Locum contracts are designed to cover short term periods of departmental need, not to guarantee physician's non-sequential months of work experience. The decision to extend a locum or promote to associate status will not be influenced by the taking of parental leave.

Graduated return to work will be accommodated for the first six months as required. Physicians taking parental leave should advise the PRC (via the DDH) about their preferred % FTE far enough in advance that it can be appropriately scheduled.

If desired, buddy shifts can also be arranged. The ED Site Chief or DDH can help coordinate buddy shifts for up to the first four weeks of one's return to work.

The Site Chief/DDH will also help coordinate SIM cases if desired.

Physicians returning from parental leave will not be scheduled for night shifts in the first eight weeks back to work unless this is specifically requested.

To support the breastfeeding emergency physician, the department will make it a priority to identify, provide and maintain an adequate space for pumping. An adequate space entails a room with a door, a desk, a chair, a phone and a computer with SEC access. Physicians in need of such a space should discuss potential options with the site chief at the relevant sites as early as possible to facilitate identification of a potential space.