



Policy Number:	26-04
Policy Name:	Graduate Medical Education: Accommodations of Disability Policy
Authority:	ACGME Institutional Requirements effective September 3, 2025, section 3.2.g.5.f., 4.9.d
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PURPOSE

This policy describes how Behavioral Health and Recovery Services, San Mateo County (BHRS-SMC), as a Sponsoring Institution for ACGME-accredited graduate medical education (GME) programs, ensures that residents and fellows have access to accommodations for disabilities consistent with all applicable laws and regulations, in accordance with ACGME Institutional Requirement 4.9.d.

BACKGROUND

The Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements requires that the Sponsoring Institution have a policy regarding accommodations for disabilities consistent with all applicable laws and regulations. BHRS-SMC is committed to providing reasonable accommodations to qualified individuals with disabilities to ensure equal access to employment and educational opportunities, including participation in ACGME-accredited GME programs, while maintaining patient safety and the integrity of program requirements.

This policy establishes BHRS-SMC’s approach to disability accommodations for residents and fellows and describes the process for requesting, reviewing, implementing, and reviewing accommodations.

DEFINITIONS

Disability: A physical or mental impairment that substantially limits one or more major life activities, a record of such impairment, or being regarded as having such an impairment, as defined by applicable federal and state law.

Qualified Individual with a Disability: An individual who meets the requisite skill, experience, education, and other job-related requirements of the position or program and who can perform the essential functions of the position or meet the essential program requirements with or without



reasonable accommodation.

Reasonable Accommodation: A modification or adjustment to the work environment, clinical setting, schedule, policies, or procedures that enables a qualified individual with a disability to perform essential functions or meet essential program requirements, unless doing so would impose an undue hardship or pose a direct threat that cannot be mitigated.

Undue Hardship: Significant difficulty or expense in light of the size, resources, nature, and structure of the operations, as defined by applicable law.

Direct Threat: A significant risk of substantial harm to the health or safety of the individual or others that cannot be eliminated or reduced by reasonable accommodation, as defined by applicable law.

Interactive Process: A timely, good-faith communication process between the individual requesting accommodation and BHRS-SMC (through Human Resources and/or the designated disability accommodation office) to identify limitations and potential effective accommodations.

POLICY

I. Commitment and Legal Compliance

- A. BHRS-SMC will ensure reasonable accommodations to qualified residents and fellows with disabilities consistent with all applicable federal, state, and local laws and regulations.
- B. BHRS-SMC prohibits discrimination, harassment, and retaliation on the basis of disability. Residents and fellows will not experience retaliation for requesting an accommodation or participating in the accommodation process in good faith.
- C. This policy is intended to align with County-wide (for residency) and California Department of State Hospitals (CA-DSH) (for fellows) disability accommodation policies. Where a County or CA-DSH policy exists, it will apply to residents or fellows, and this policy clarifies how those processes are accessed and implemented in the GME setting.

II. Scope and Applicability

- A. This policy applies to all BHRS-SMC-sponsored ACGME-accredited residency and fellowship programs and to all residents and fellows in those programs.
- B. This policy applies to disability accommodations related to clinical duties, educational activities, and other program requirements, including access to facilities, technology, scheduling, and learning environments at BHRS-SMC and participating sites.

III. Roles and Responsibilities

- A. Residents/Fellows
 - 1. Residents and fellows are responsible for initiating an accommodation request when needed and for participating in the interactive process.
 - 2. Residents and fellows are responsible for providing timely documentation as required by applicable law and institutional procedure.
- B. Human Resources/Disability Accommodation Office



1. For psychiatry residents, the County/BHRS-SMC Human Resources or designated disability accommodation office is responsible for coordinating the interactive process, evaluating requests, and determining reasonable accommodations consistent with applicable law.
 - a. Details may be found here:
<https://www.smcgov.org/hr/ada-policies-and-procedures>
 2. For forensic psychiatry fellows, the California Department of Human Resources or designated disability accommodation office is responsible for coordinating the interactive process, evaluating requests, and determining reasonable accommodations consistent with applicable law.
 - a. Details may be found here:
<https://benefits.calhr.ca.gov/state-employees/>
- C. Program Directors and Participating Sites
1. Program Directors will work with Human Resources and the resident/fellow to implement approved accommodations, ensuring that accommodations support achievement of educational outcomes and patient safety.
 2. Participating sites will cooperate with BHRS-SMC and programs to implement approved accommodations applicable to the training environment.
- D. GMEC
1. GMEC will support institutional compliance by ensuring that residents and fellows have access to this policy and know how to initiate requests.
 2. GMEC may review de-identified, aggregate information about accommodation process barriers or systemic issues affecting the learning and working environment, as appropriate, while preserving confidentiality.

PROCEDURE/PROTOCOL

I. Requesting an Accommodation

- A. A resident or fellow who believes they need a disability accommodation should initiate a request as early as practicable by contacting:
 1. The entity defined in III.B above; and/or
 2. their Program Director for coordination of scheduling or operational impacts.
 - a. The Program Director does not determine eligibility but may assist with implementation planning.

II. Documentation and Interactive Process

- A. The Human Resources/Disability Accommodation Office listed in III. B. above or the designated disability accommodation office will engage the resident/fellow in an interactive process to:



1. clarify the functional limitations related to the disability; and
 2. identify potential accommodations that would enable the resident/fellow to perform essential functions and meet essential program requirements.
- B. Programs, through their accommodations office, may request reasonable medical or other documentation consistent with applicable law to support the request and to inform the interactive process.
- C. Programs will evaluate accommodation options, considering:
1. the essential functions of the resident/fellow role and essential program requirements;
 2. patient safety and supervision needs;
 3. feasibility within clinical and educational settings, including participating sites; and
 4. whether the requested accommodation would pose an undue hardship or direct threat that cannot be mitigated.

III. Determination and Implementation

- A. Human Resources' Accommodation Office or the designated disability accommodation office will provide the resident/fellow with written notice of the accommodation decision, including the approved accommodation(s) or the reason for denial.
- B. When accommodations are approved:
1. the Program Director and relevant operational leaders will coordinate implementation in the clinical and educational settings; and
 2. only the minimum necessary information will be shared with program faculty, staff, and participating sites to implement the accommodation, consistent with confidentiality requirements.
- C. If a requested accommodation is not approved, programs will consider alternative accommodations through the interactive process when feasible.

IV. Confidentiality

- A. Information related to a disability accommodation request, including medical documentation, will be treated as confidential and maintained separately from routine educational records, consistent with applicable laws and institutional policy.
- B. Disclosure will be limited to individuals with a legitimate need to know for purposes of evaluating or implementing the accommodation.

V. Review, Modification, and Ongoing Monitoring

- A. Accommodations may be reviewed periodically and modified as needed based on changes in the resident's/fellow's functional needs, program requirements, clinical setting, or effectiveness of the accommodation.
- B. Residents and fellows should promptly report if an approved accommodation is not effective



or cannot be implemented at a participating site so that alternative arrangements may be considered.

- C. Program Directors will monitor implementation to ensure the resident/fellow is able to participate in training and meet educational requirements, while maintaining patient safety.

VI. Concerns, Complaints, and Non-Retaliation

- A. Residents and fellows who believe they have been denied an accommodation unlawfully, that an accommodation has not been implemented, or that they have experienced discrimination or retaliation may report concerns through:
 - 1. Appropriate Human Resources or the designated disability accommodation office;
 - 2. BHRS-SMC institutional complaint or grievance processes; and/or
 - 3. other reporting mechanisms identified by BHRS-SMC.
- B. BHRS-SMC prohibits retaliation against any resident or fellow for requesting accommodations or reporting concerns in good faith.

VII. Policy Availability and Review

- A. GMEC will ensure this policy is available for review by residents and fellows at all times through the GME manual, BHRS-SMC intranet, or similar accessible location.
- B. This policy will be reviewed at least every year, or more frequently if ACGME requirements, County policies, or applicable laws change, to ensure ongoing compliance with ACGME Institutional Requirements and applicable legal standards.

SIGNATURES

Approved: _____ *Signature on File*
 Dr. Jei Africa, PsyD, FACHE
 BHRS Director

Approved: _____ *Signature on File*
 Tasha Souter, MD, FASAM
 BHRS Medical Director

Approved: _____ *Signature on File*
 Peter Dell, MD
 BHRS ACGME Designated Institutional Official



REVISION HISTORY

Date of Revision	Type of Revision	Revision Description