



Policy Number:	26-06
Policy Name:	Graduate Medical Education: Non-Compete Policy
Authority:	ACGME Institutional Requirement 4.13
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Policy Last Revised:	N/A
Attachments:	N/A

PURPOSE

This policy describes the requirements and processes by which Behavioral Health and Recovery Services, San Mateo County (BHRS-SMC), as a Sponsoring Institution for Accreditation Council for Graduate Medical Education (ACGME) accredited graduate medical education (GME) programs, ensures that neither BHRS-SMC nor any of its ACGME-accredited programs requires residents or fellows to sign a non-competition guarantee or restrictive covenant.

BACKGROUND

BHRS-SMC as a Sponsoring Institution is committed to ensuring flexibility of employment opportunities for all trainees. In support of this and in compliance with ACGME Institutional Requirements BHRS-SMC maintains this policy to ensure neither the Sponsoring Institution nor any of its ACGME-accredited programs will require a resident/fellow to sign a non-competition guarantee or restrictive covenant.

DEFINITIONS

Non-competition Guarantee (Non-compete): Any contractual provision that restricts or penalizes a resident’s or fellow’s ability to practice medicine, seek employment, or establish a clinical practice in a defined geographic area, within a defined time period, or in a defined practice setting after completion or separation from training.

Restrictive Covenant: Any contractual term or agreement that has the effect of limiting a resident’s or fellow’s future professional practice opportunities following completion or separation from the GME program, including but not limited to non-solicitation of patients, referral sources, or staff, when such terms are tied to the resident’s or fellow’s participation in training.

Agreement of Appointment: The written contract or letter of agreement between the Training Program and a resident/fellow that sets forth the terms and conditions of the GME appointment.



POLICY

I. Non-competition Guarantees and Restrictive Covenants

- A. BHRS-SMC, as the Sponsoring Institution, and all BHRS-SMC-sponsored ACGME-accredited programs will not require any resident or fellow to sign a non-competition guarantee or restrictive covenant as a condition of recruitment, appointment, reappointment, promotion, completion of training, or participation in any aspect of the GME program.
- B. No BHRS-SMC-sponsored ACGME-accredited program will condition access to educational experiences, clinical rotations, or other training opportunities on a resident's or fellow's agreement to any non-compete or restrictive covenant.
- C. If any BHRS-SMC participating site or affiliated entity employment or contracting template includes non-competition or restrictive covenant language, such provisions will not apply to residents or fellows in relation to their GME appointments or post-training practice decisions.
- D. Nothing in this policy prohibits reasonable and customary requirements related to professional conduct, confidentiality, protection of patient information, return of BHRS-SMC property, or compliance with applicable laws and regulations.

II. Scope and Applicability

- A. This policy applies to all BHRS-SMC-sponsored ACGME-accredited residency and fellowship programs, all Agreements of Appointment for residents and fellows, and any supplemental agreements related to GME activities.
- B. This policy applies to all BHRS-SMC clinical and administrative departments, any County departments or agencies involved in issuing GME-related agreements, and all participating sites that host BHRS-SMC residents and fellows under Program Letters of Agreement.

PROCEDURE/PROTOCOL

I. Review and Approval of GME Agreements

- A. The Designated Institutional Official (DIO) and/or BHRS-SMC GMEC will review standard Agreement of Appointment templates and any GME-related contract language at least annually to ensure that no non-competition guarantees or restrictive covenants are included.
- B. Any proposed revisions to resident/fellow Agreements of Appointment or related GME documents that could affect future practice opportunities will be reviewed and approved by the DIO prior to implementation.

II. Implementation at Program Level

- A. Program Directors will ensure that residents and fellows are not asked or required to sign any document containing a non-compete or restrictive covenant in connection with their GME appointment, promotion, or continuation in training.
- B. At the time of recruitment and appointment, programs will provide residents and fellows with the Agreement of Appointment and, upon request, direct them to this policy to clarify that



non-compete and restrictive covenant requirements are not permitted as a condition of training.

III. Handling Potential Non-compliant Documents

- A. If a resident or fellow is presented with a document that appears to contain a non-compete or restrictive covenant related to their GME appointment, the resident/fellow should promptly notify their Program Director or the DIO.
- B. The Program Director or DIO will review the document in consultation with BHRS-SMC Human Resources and/or County Counsel as needed. Any identified non-compete or restrictive covenant language related to GME will be removed, or written confirmation will be provided to the resident/fellow that such language is not applicable or enforceable with respect to their GME appointment or post-training practice.
- C. Residents and fellows will not suffer retaliation or adverse consequences for raising concerns about potential non-compete or restrictive covenant provisions.

IV. Education and Communication

- A. The DIO and BHRS-SMC GMEC will ensure that this policy is available to residents, fellows, Program Directors, and relevant administrative staff.
- B. Program Directors will be informed of this policy and their responsibilities under it at least annually through the GMEC or other institutional GME communications.

V. Policy Review

- A. This policy will be reviewed annually, or more frequently if ACGME requirements or applicable laws change, to ensure ongoing compliance with ACGME Institutional Requirements and applicable County policies.

SIGNATURES

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

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

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



REVISION HISTORY

Date of Revision	Type of Revision	Revision Description