



Policy Number:	26-13
Policy Name:	Graduate Medical Education: DIO Responsibilities Policy
Authority:	ACGME Institutional Requirements effective September 3, 2025, section 1.2.
Original Policy Date:	April 10, 2026 Effective Date: 04/10/26
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Policy Last Revised:	N/A
Attachments:	N/A

PURPOSE

This policy describes the authority and responsibilities of the Designated Institutional Official (DIO) for 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, in accordance with ACGME Institutional Requirement 1.2.

BACKGROUND

The Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirement 1.2 requires the Sponsoring Institution to identify a Designated Institutional Official (DIO). This policy establishes how BHRS-SMC defines, assigns, and operationalizes DIO responsibilities.

DEFINITIONS

Designated Institutional Official (DIO): The individual identified by BHRS-SMC who has the authority and responsibility, in collaboration with GMEC, for the oversight and administration of each BHRS-SMC ACGME-accredited program and for ensuring compliance with ACGME requirements.

Graduate Medical Education (GME): The period of didactic and clinical education in a medical specialty, subspecialty, or sub-subspecialty that follows completion of undergraduate medical education (i.e., medical school) and that prepares physicians for the independent practice of medicine in that specialty, subspecialty, or sub-subspecialty. Also referred to as residency or fellowship education.

Graduate Medical Education Committee (GMEC): The BHRS-SMC GMEC, which serves as the institutional oversight body for GME and carries out responsibilities related to GME administration and compliance.



Participating Site: An organization providing educational experiences or educational assignments for residents/fellows of a BHRS-SMC-sponsored ACGME-accredited program under a Program Letter of Agreement.

Program Letter of Agreement (PLA): A written document that addresses GME responsibilities between an individual accredited program and a site other than the sponsoring institution at which residents or fellows have required educational experiences. This agreement defines the relationship between a program and a participating site, including resident/fellow assignments, supervision, educational content, and responsibilities.

Annual Update: The required ACGME submission(s) for the Sponsoring Institution and for each program, including required data elements and attestations, submitted through ACGME's designated system.

Program Complement: The approved number of resident/fellow positions for a program, including permanent complement levels.

POLICY

I. Identification of the DIO

- A. BHRS-SMC Medical Director will identify and maintain an appointed DIO responsible for institutional oversight of ACGME-accredited GME programs.
- B. The DIO will have sufficient authority, access, and administrative support to fulfill the responsibilities described in this policy and in applicable ACGME requirements.

II. Oversight and Administration of ACGME-Accredited Programs

- A. In collaboration with GMEC, the DIO will have authority and responsibility for the oversight and administration of each of BHRS-SMC's ACGME-accredited programs.
- B. The DIO will ensure compliance with:
 1. ACGME Institutional Requirements;
 2. ACGME Common Program Requirements;
 3. specialty-/subspecialty-specific Program Requirements; and
 4. ACGME Recognition Requirements, as applicable.
- C. The DIO will provide institutional leadership and coordination for GME, including:
 1. facilitating communication between BHRS-SMC administration, GMEC, Program Directors, and participating sites;
 2. supporting GMEC's performance of its required responsibilities including completion of GMEC minutes; and

III. Approval of Program Letters of Agreement (PLAs)

- A. The DIO must approve PLAs that govern relationships between each program and each participating site providing a required assignment for residents/fellows.



- B. The DIO will ensure that PLAs:
1. identify the faculty members who will assume educational and supervisory responsibility for residents
 2. specify the duration and content of the educational experience
 3. specify the responsibilities for teaching, supervision, and formal evaluation of residents; and
 4. align with ACGME requirements and BHRS-SMC GME policies.
 5. are renewed at least every 10 years.
 6. state the policies and procedures that will govern resident education during the assignment

IV. Oversight of ACGME Submissions: Annual Updates

- A. The DIO must oversee submissions of the Annual Update for BHRS-SMC as the Sponsoring Institution and for each ACGME-accredited program.
- B. The DIO will ensure that Annual Updates:
1. are completed accurately and submitted by required deadlines;
 2. reflect current program and institutional structures, sites, and leadership;
 3. include required attestations and supporting documentation; and
 4. are consistent with institutional records and GMEC oversight activities.

V. Oversight of Additional ACGME Submissions Following GMEC Approval

- A. After GMEC approval, the DIO must oversee the submission of:
1. applications for ACGME accreditation and recognition;
 2. requests for voluntary withdrawal of accreditation and recognition; and
 3. requests for changes in residency and fellowship program complements.
- B. The DIO will ensure that such submissions:
1. are supported by required documentation and institutional commitments;
 2. are consistent with GMEC approvals and recorded in GMEC minutes; and
 3. are submitted through ACGME's designated system in accordance with ACGME requirements and timelines.

VI. Scope and Applicability

- A. This policy applies to the DIO, GMEC, Program Directors, and all BHRS-SMC-sponsored ACGME-accredited programs.
- B. This policy applies to all participating sites and institutional departments involved in GME oversight, PLA development, and ACGME reporting and submissions.



PROCEDURE/PROTOCOL

I. PLA Review and Approval Process

- A. Program Directors will submit new or revised PLAs to the DIO for review and approval prior to execution.
- B. The DIO (or designee) will verify that each PLA includes required elements and aligns with BHRS-SMC policies and ACGME requirements.
- C. The DIO will approve PLAs in writing (signature or electronic approval) and ensure that executed PLAs are retained in an accessible repository.

II. Annual Update Oversight Process

- A. GMEC will maintain an annual timeline for completion of Institutional and Program Annual Updates.
- B. Program Directors will prepare program Annual Update data and submit it to the DIO (or designee) for review in accordance with the established timeline.
- C. The DIO will review submissions for completeness, accuracy, and consistency with institutional records and will oversee final submission to the ACGME.

III. Oversight of Applications, Withdrawals, and Complement Changes

- A. Program Directors will submit proposals for new program applications, voluntary withdrawal, or complement changes to GMEC for review and approval in advance of any ACGME submission.
- B. After GMEC approval is documented, the DIO will oversee preparation and submission to the ACGME, ensuring completeness and alignment with GMEC action.
- C. The DIO will maintain records of submissions and ACGME correspondence and will ensure that relevant outcomes are communicated to GMEC and program leadership.

IV. Policy Availability and Review

- A. GMEC will ensure this policy is available for review by residents/fellows, Program Directors, and relevant administrative staff 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 institutional and County standards.



SIGNATURES

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

Approved: _____ *Signature on File*
 Tasha Souter, MD, FASAM
 BHRS Medical Director
 BHRS ACGME Designated Institutional Official

REVISION HISTORY

Date of Revision	Type of Revision	Revision Description