



Policy Number:	26-14
Policy Name:	Graduate Medical Education: Discrimination Policy
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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, maintains policies and procedures prohibiting discrimination in employment and in the learning and working environment, consistent with all applicable laws and regulations, in accordance with ACGME Institutional Requirement 4.9.e.

BACKGROUND

The Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirement 4.9.e requires the Sponsoring Institution to have policies and procedures, not necessarily GME-specific, prohibiting discrimination in employment and in the learning and working environment, consistent with all applicable laws and regulations.

BHRS-SMC is committed to a professional, fair, respectful, and civil learning and working environment that supports patient safety and high-quality care, and that is free from discrimination. Discrimination undermines educational outcomes, patient care, and workforce well-being and is prohibited.

DEFINITIONS

Discrimination: Unlawful unequal treatment of an individual or group in employment, education, training, patient care assignments, evaluation, or other terms/conditions of the learning and working environment based on a protected characteristic, as defined by applicable law.

Protected Characteristics: Categories protected by applicable federal, state, or local law and/or County policy, which may include, but are not limited to: race, color, ancestry, national origin, religion, sex,



pregnancy, gender, gender identity/expression, sexual orientation, marital status, age, disability, medical condition, genetic information, military/veteran status, or other legally protected status.

Learning and Working Environment: The clinical and educational settings in which residents/fellows train and work, including BHRS-SMC and all participating sites, and including interactions with patients, faculty, staff, and other learners.

Complainant: The individual who reports or alleges discrimination.

Respondent: The individual alleged to have engaged in discrimination.

Retaliation: Any adverse action, intimidation, threat, coercion, or negative consequence directed toward a person because they reported discrimination, participated in an investigation, supported a complainant, or otherwise engaged in a protected activity.

Confidential Reporting: Reporting mechanisms that protect the identity of the reporter to the extent feasible and consistent with a fair investigation, applicable law, and institutional obligations.

POLICY

I. Prohibition of Discrimination and Legal Compliance (ACGME 4.9.e)

- A. BHRS-SMC prohibits discrimination in employment and in the learning and working environment.
- B. BHRS-SMC will maintain policies and procedures consistent with all applicable federal, state, and local laws and regulations, as well as County and Department of State Hospital (DSH) policies, that prohibit discrimination and support equitable treatment.
- C. This policy applies to all residents/fellows, faculty, staff, supervisors, leaders, contractors, vendors, patients, and visitors in the learning and working environment.

II. Safe, Non-Punitive Reporting and Non-Retaliation

- A. BHRS-SMC will provide processes for residents/fellows to raise discrimination concerns in a safe and non-punitive environment.
- B. Retaliation is prohibited. Residents/fellows will not be penalized for reporting discrimination or participating in complaint resolution processes in good faith.
- C. Reports of discrimination will be handled with confidentiality to the extent feasible and consistent with a fair process and legal obligations.

III. Access to Reporting and Resolution Pathways

- A. Residents/fellows may report discrimination concerns through program-level, institutional-level, participating-site, and County-level processes as appropriate.
- B. BHRS-SMC will coordinate discrimination complaint handling with the appropriate County Human Resources, Equal Employment Opportunity (EEO), compliance, appropriate bargaining units, or legal processes as required by law and County and/or Department of State Hospital (DSH) policy.



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- C. Supportive measures may be implemented during review of a complaint to protect safety and the learning environment, consistent with program requirements and patient safety needs.

IV. Policy Availability

- A. GMEC will ensure this policy is available for review by residents/fellows at all times through the GME manual, BHRS-SMC intranet, or similar accessible location.

PROCEDURE/PROTOCOL

I. Immediate Safety and Urgent Concerns

- A. If a resident/fellow believes there is an immediate safety risk, they should contact:
1. site leadership and/or security per participating site procedures; and/or
 2. the supervising physician/attending on duty; and/or
 3. emergency services as appropriate.
- B. Residents/fellows may also notify the Program Director and/or DIO/GMEC as soon as practicable.

II. Reporting Discrimination Concerns

- A. Residents/fellows may report discrimination concerns through one or more of the following channels:
1. Program Director (or designee);
 2. DIO and/or GMEC;
 3. participating site reporting mechanisms (e.g., HR, civil rights/EEO office, compliance, ombuds, or similar);
 - a. For San Mateo County:
 - i. County Equal Employment Opportunity (EEO) complaint procedures:
<https://www.smcgov.org/hr/eo-complaint-procedures>
 - ii. County Whistleblower Program for unethical behavior, internal control failures, fraud, or other serious concerns:
 - Whistleblower hotline: 855-387-2497
 - Website: <https://www.smcgov.org/hr/whistleblower-program>
 - b. For Department of State Hospitals:
 - i. Equal Employment Opportunity - CalHR Website:
<https://www.calhr.ca.gov/about-calhr/divisions-programs/equity-accessibility-management-services/equal-employment-opportunity/>
 - ii. Concerns involving unethical behavior, internal control failures, fraud, or other serious concerns may also be reported through the Whistleblower Program



- Whistleblower hotline: 800-952-5665
 - Whistleblower brochure: https://www.auditor.ca.gov/wp-content/uploads/2025/06/whistleblower_brochure.pdf
4. anonymous reporting mechanisms maintained by BHRS-SMC, when available.
- B. Reports may be verbal or written; written reports are encouraged for clarity.
- C. Reports should include, when possible:
1. a description of the conduct/decision/incident;
 2. date(s), time(s), and location(s);
 3. individuals involved and any witnesses (if known); and
 4. any relevant supporting information (e.g., messages, emails, screenshots, relevant documentation).

III. Intake, Triage, and Assignment

- A. The receiving entity (Program Director/designee, DIO/GMEC, HR/EEO, or participating site office) will:
1. acknowledge receipt when feasible;
 2. assess whether immediate supportive measures are needed;
 3. determine the appropriate investigative or resolution pathway consistent with applicable laws and County policy; and
 4. identify and manage conflicts of interest (recuse and reassign as needed).
- B. Complaints involving alleged discrimination based on protected characteristics will be referred to or coordinated with County HR/EEO processes as required.

IV. Investigation and Resolution

- A. Investigations will be conducted by qualified personnel in accordance with applicable laws, County policies, and participating site procedures.
- B. BHRS-SMC will aim to address complaints in a timely manner and will communicate process steps to the extent feasible, recognizing that timelines may vary based on complexity, required coordination, and legal requirements.
- C. Outcomes may include education, coaching, mediation (when appropriate), corrective action, or other remedial measures consistent with County policy and due process requirements.

V. Non-Retaliation and Monitoring

- A. Retaliation against any individual who reports discrimination or participates in an investigation or resolution process is prohibited.
- B. Residents/fellows who believe retaliation is occurring should report it promptly through any of the channels listed in Procedure/Protocol II.



- C. Programs and GMEC will monitor for potential retaliation concerns affecting the learning and working environment and will coordinate with HR/EEO as appropriate.

VI. Documentation and Records

- A. Records related to discrimination complaints will be maintained in accordance with applicable laws and County record-retention requirements and will be handled confidentially consistent with legal requirements.

VII. Policy Review

- A. 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
 BHRS ACGME Designated Institutional Official

REVISION HISTORY

Date of Revision	Type of Revision	Revision Description