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<b>Policy Name:</b>	<b>Graduate Medical Education: Grievances Policy</b>
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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, provides procedures for submitting and processing resident/fellow grievances at the program and institutional levels in a manner that minimizes conflicts of interest, consistent with ACGME Institutional Requirement 4.5.

**BACKGROUND**

The Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirement 4.5 (Grievances) requires the Sponsoring Institution to have a policy that outlines the procedures for submitting and processing resident/fellow grievances at the program and institutional level and that minimizes conflicts of interest. BHRS-SMC is committed to a learning and working environment in which residents and fellows can raise concerns and provide feedback without intimidation or retaliation, and to fair, consistent processes for resolving grievances.

**DEFINITIONS**

**Resident/Fellow (Trainee):** An individual enrolled in an ACGME-accredited residency or fellowship (specialty or subspecialty) program sponsored by BHRS-SMC.

**Grievance:** A concern, complaint, or dispute raised by a resident/fellow regarding the training program or learning and working environment, including but not limited to supervision, evaluation, educational content, work conditions, professionalism, mistreatment, or alleged violations of institutional or program policy or non-compliance with accreditation or recognition requirements, that the resident/fellow requests to be formally reviewed.



**Program-Level Grievance:** A grievance initially submitted for review within the program (e.g., to the Program Director or a designated program grievance reviewer) using the process described in this policy.

**Institutional-Level Grievance:** A grievance submitted to BHRS-SMC through GMEC or the Designated Institutional Official (DIO) for institutional review, including grievances escalated from the program level or submitted directly at the resident/fellow's request.

**Conflict of Interest:** A circumstance in which a reviewer or decision-maker has a personal, supervisory, evaluative, or other relationship that could reasonably be perceived to bias their review. Conflicts of interest must be disclosed and managed by recusal and/or reassignment to an impartial reviewer/panel.

**Retaliation:** Any adverse action, intimidation, or negative consequence directed toward a resident/fellow because they raised a concern, filed a grievance, participated in an investigation, or used reporting channels in good faith.

## **POLICY**

### **I. Non-Retaliation and Confidential Reporting**

- A. BHRS-SMC will provide a learning and working environment in which residents and fellows can raise concerns and provide feedback without intimidation or retaliation.
- B. Retaliation is prohibited. Residents/fellows will not be penalized for raising concerns or filing grievances in good faith.
- C. Residents/fellows may report concerns confidentially to:
  - 1. their Program Director and/or Associate Program Director; and/or
  - 2. the DIO and/or BHRS-SMC Medical Director; and/or
  - 3. GMEC through contacting a current GMEC member including peer-selected trainees or via anonymous reporting form.
  - 4. Through the periodic forums available to trainees to express concerns.
- D. Programs will make good-faith efforts to address concerns promptly and may anonymize concerns when needed to protect confidentiality and support a safe learning environment.
- E. Anonymous reporting options may be maintained by BHRS-SMC (e.g., anonymous feedback survey). (Example link currently used: <https://www.surveymonkey.com/r/6R9T3YX>)

### **II. Grievances**

- A. BHRS-SMC will maintain procedures for submitting and processing grievances at both the program and institutional level.
- B. These procedures will minimize conflicts of interest by:
  - 1. requiring disclosure of conflicts by reviewers/decision-makers;



2. requiring recusal when conflicts exist; and
  3. providing an institutional review pathway outside the program when needed.
- C. Residents/fellows are encouraged to attempt informal resolution when appropriate; however, informal resolution is not required to file a grievance.

### III. Discrimination, Harassment, and External Reporting Pathways

- A. Concerns involving discrimination may also be reported through County/State Equal Employment Opportunity (EEO) processes and/or external state and federal agencies:
1. For San Mateo County:
    - a. County Equal Employment Opportunity (EEO) complaint procedures: <https://www.smcgov.org/hr/eoo-complaint-procedures>
    - b. County Whistleblower Program for unethical behavior, internal control failures, fraud, or other serious concerns:
      - i. Whistleblower hotline: 855-387-2497
      - ii. Website: <https://www.smcgov.org/hr/whistleblower-program>
  2. For Department of State Hospital:
    - a. Equal Employment Opportunity - CalHR Website: <https://www.calhr.ca.gov/about-calhr/divisions-programs/equity-accessibility-management-services/equal-employment-opportunity/>
    - b. Concerns involving unethical behavior, internal control failures, fraud, or other serious concerns may also be reported through the Whistleblower Program
      - i. Whistleblower hotline: 800-952-5665
      - ii. Whistleblower brochure: [https://www.auditor.ca.gov/wp-content/uploads/2025/06/whistleblower\\_brochure.pdf](https://www.auditor.ca.gov/wp-content/uploads/2025/06/whistleblower_brochure.pdf)
- B. Use of EEO or Whistleblower processes does not limit the resident/fellow's ability to use the grievance process described in this policy, as appropriate.
- C. Collective Bargaining Units
1. San Mateo County resident/fellow physicians are covered, in part, in the Union of American Physicians and Dentists (UAPD). The current San Mateo County / UAPD contract is here: <https://www.smcgov.org/media/155037/download?inline=>
    - a. Residents are "Unclassified" employees. More information about unclassified employees can be found here: <https://elr-smcgov.org/category/er-handbook/classified-unclassified-employment/>
  2. Department of State Hospital (DSH) resident/fellow physicians are covered, in part, in the Union of American Physicians and Dentists (UAPD), Bargaining Unit 16. The current DSH / UAPD contract is here: <https://www.uapd.com/members/in-california/state-of->



[california/state-of-california-bu-16/](#).

- a. Section 6 of that contract covers Grievance and Arbitration rules specific to DSH employment.

## **PROCEDURE/PROTOCOL**

### **I. Program-Level Concerns and Informal Resolution (Optional)**

- A. Residents/fellows are encouraged, when appropriate, to raise concerns directly with the Program Director.
- B. The Program Director will:
  1. acknowledge receipt of the concern;
  2. address the concern promptly; and
  3. ensure the concern is addressed without intimidation or retaliation, anonymizing as appropriate.

### **II. Submitting a Formal Grievance (Program Level)**

- A. A resident/fellow may submit a grievance in writing to the Program Director (or designated program grievance reviewer) and should include:
  1. a brief description of the concern;
  2. relevant dates and individuals involved (if known);
  3. any supporting documentation; and
  4. the remedy requested (if any).
- B. If the grievance concerns the Program Director, or the resident/fellow believes program-level review creates a conflict of interest or risk of retaliation, the resident/fellow may submit the grievance directly to the DIO and/or GMEC (see Section III).

### **III. Submitting a Formal Grievance (Institutional Level)**

- A. A resident/fellow may submit a grievance to the DIO and/or GMEC at any time, including:
  1. when the resident/fellow believes the issue is not being addressed at the program level;
  2. when the grievance involves intimidation, retaliation, or a conflict of interest; or
  3. when the grievance alleges serious patient safety, professionalism, or learning-environment concerns.
- B. GMEC will acknowledge receipt and determine the appropriate review pathway, which may include assignment to an impartial reviewer or panel.

### **IV. Review, Investigation, and Resolution of Grievances**

- A. The reviewer (program-level or institutional-level) will:



1. identify and manage conflicts of interest (recuse and reassign as needed);
  2. gather relevant information (e.g., statements, documents, schedules, evaluations, policies);
  3. provide the resident/fellow an opportunity to clarify or add information; and
  4. determine findings and recommended actions.
- B. The resident/fellow will receive a written outcome notice that includes:
1. the determination (substantiated, unsubstantiated, or unable to determine);
  2. any actions to be taken (as appropriate); and
  3. information on how to request institutional review if the grievance was handled at the program level.
- C. BHRS-SMC will coordinate grievance handling with the appropriate County Human Resources, Equal Employment Opportunity (EEO), compliance, or legal processes as required by law and County and/or Department of State Hospital (DSH) policy.
- D. Records will be maintained consistent with institutional confidentiality and record-retention practices.
- E. Program Directors will report on the number of grievances filed at each GMEC meeting and the status of any outstanding grievances.

**V. Policy Availability and Review**

- 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.
- 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  
 BHRS ACGME Designated Institutional Official



**REVISION HISTORY**

Date of Revision	Type of Revision	Revision Description