SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Policy Number:	**26-18**
Policy Name:	**Graduate Medical Education: Supervision Policy**
Authority:	ACGME Institutional Requirements, Section 3.2.d, 4.10, ACGME-approved interim revision September 3, 2025; ACGME Common Program Requirements, Section 4.2.c. , 6.6, 6.7, 6.8., , 6.9, 6.10, 6.11, and , ACGME-approved interim revision September 3, 2025; effective September 3, 2025
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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 appropriate supervision and accountability for residents/fellows to support patient safety, quality of care, and educational outcomes. This policy implements ACGME Institutional Requirements 3.2.d (Supervision and Accountability) and 4.10 (Supervision).

BACKGROUND

Graduate medical education must occur in a learning and working environment that emphasizes excellence in patient safety and quality of care. Appropriate supervision ensures safe, effective patient care and supports progressive responsibility aligned with a resident's/fellow's level of training, demonstrated competence, and patient complexity.

ACGME Institutional Requirements provide that:

1. the Sponsoring Institution must maintain an institutional supervision policy;
2. the Sponsoring Institution must ensure each ACGME-accredited program establishes a written, program-specific supervision policy consistent with the institutional policy and ACGME requirements;
3. the Sponsoring Institution must oversee supervision consistent with institutional and program-specific policies; and
4. the Sponsoring Institution must oversee mechanisms for residents/fellows to report inadequate supervision and accountability in a protected manner free from reprisal.

This policy establishes BHRS-SMC's institutional expectations for supervision and the required mechanisms for protected reporting and institutional oversight.

DEFINITIONS

Supervising Physician: An appropriately credentialed and privileged physician (or licensed independent practitioner as specified by the applicable ACGME Review Committee) who provides supervision to residents/fellows.

Attending Physician of Record (Accountable Physician): The identifiable, appropriately credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable ACGME Review Committee) who is responsible and accountable for a patient's care.

Direct Supervision: The supervising physician is physically present with the resident/fellow during critical portions of the patient encounter; or the supervising physician is concurrently monitoring patient care through appropriate telecommunication technology.

Indirect Supervision: The supervising physician is not physically present but is immediately available to the resident/fellow for guidance and able to provide direct supervision if necessary.

Oversight: The supervising physician reviews clinical care after it has been delivered and provides feedback and guidance regarding performance and future encounters.

Progressive Authority and Responsibility (Conditional Independence): A graduated increase in resident/fellow responsibility and autonomy assigned by the Program Director and faculty based on training level, demonstrated competence, Milestones (as applicable), and patient complexity and acuity.

Inadequate Supervision: A situation in which the level, timeliness, availability, or quality of supervision is insufficient to ensure patient safety, support appropriate clinical decision-making, or meet educational needs.

Protected Reporting: A reporting mechanism that allows residents/fellows to raise supervision concerns without intimidation, retaliation, or reprisal, and with confidentiality protections to the extent feasible and consistent with a fair review process.

POLICY

I. Institutional and Program Responsibilities

A. BHRS-SMC will maintain an institutional supervision policy applicable to all BHRS-SMC-sponsored ACGME-accredited programs.

B. BHRS-SMC will ensure that each ACGME-accredited program establishes and maintains a written, program-specific supervision policy consistent with:

1. this institutional policy; and
2. the ACGME Common and specialty-/subspecialty-specific Program Requirements.

C. GMEC, under the leadership of the DIO, will oversee program compliance with supervision

expectations and will review supervision-related trends and concerns as part of oversight of the learning and working environment.

D. Program Directors, in collaboration with teaching faculty, are responsible for determining and documenting the level of supervision required for residents/fellows at each stage of training and for ensuring supervision is consistently available.

II. Patient Care Accountability and Role Clarity

A. Every patient must have an identifiable Attending Physician of Record (or licensed independent practitioner as specified by the applicable ACGME Review Committee) who is responsible and accountable for that patient's care.

B. The identity of the Attending Physician of Record must be available to residents/fellows, faculty, other members of the health care team, and patients, consistent with site procedures.

C. Residents/fellows and supervising faculty must inform patients of their respective roles in the patient's care when providing direct patient care, consistent with site practice expectations and patient communication standards.

III. Levels of Supervision

A. Supervision must be appropriate to:

1. the resident's/fellow's level of training and demonstrated competence;
2. patient complexity and acuity; and
3. the clinical setting and procedure risk.

B. Programs must utilize and define supervision using the following classifications:

1. Direct Supervision;
2. Indirect Supervision; and
3. Oversight.

C. PGY-1 residents must begin training under Direct Supervision with the supervising physician physically present, except as otherwise permitted under applicable ACGME Review Committee-defined circumstances for indirect supervision.

D. Each program must define circumstances and events requiring mandatory communication with the supervising physician, including (as applicable to the program and clinical setting):

1. unexpected clinical deterioration or patient safety concern;
2. transfer to a higher level of care (e.g., emergency department or intensive care unit);
3. end-of-life decisions and goals-of-care changes;
4. high-risk medication decisions or restraint/seclusion decisions (as applicable);
5. significant diagnostic uncertainty with potential for harm; and
6. other events specified by the program and participating site.

IV. Progressive Authority, Responsibility, and Accountability

A. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident/fellow must be assigned by the Program Director and faculty members.

B. Faculty supervising physicians must delegate portions of care based on:

1. the needs of the patient;
2. the skills of the individual resident/fellow; and
3. the resident's/fellow's progress toward independence.

C. Senior residents/fellows may serve in supervisory roles for junior trainees as appropriate, with attending oversight, based on patient needs and trainee competence.

D. Each resident/fellow must know the limits of their scope of authority and the circumstances under which they are permitted to act with conditional independence.

V. Effective Supervision Expectations

A. Supervising physicians are expected to:

1. set clear expectations, including when/how residents/fellows should contact supervisors and the resident's/fellow's role in patient care;
2. create a safe learning environment in which asking questions and seeking help is expected and supported;
3. be accessible and responsive to pages/calls and establish planned communication when appropriate;
4. balance supervision and autonomy to support learning while protecting patient safety; and
5. model professionalism and respect and avoid demeaning or retaliatory behavior;
6. be clear about coverage when the attending physician is unavailable (e.g., during time off).

B. Residents/fellows are expected to:

1. request supervising physician presence at any time when needed for patient safety or clinical uncertainty;
2. follow program policies regarding when to contact supervisors;
3. contact a supervisor whenever uncertain or when patient status changes;
4. provide accurate, complete information and disclose limitations in examinations/assessments; and
5. provide constructive feedback regarding supervision when appropriate.

VI. Protected Reporting of Inadequate Supervision and Accountability

A. Residents/fellows must have protected mechanisms to report inadequate supervision and accountability free from reprisal.

B. BHRS-SMC prohibits retaliation for good-faith reporting of supervision concerns.

C. Reports of inadequate supervision may be made through confidential channels and will be addressed promptly with patient safety as the highest priority.

D. GMEC will oversee institutional mechanisms for protected reporting and review supervision-related concerns and trends to support program improvement and accreditation compliance.

PROCEDURE/PROTOCOL

I. Program-Specific Supervision Policies

A. Each program will maintain a written, program-specific supervision policy that:

1. incorporates the definitions and supervision classifications in this institutional policy;
2. defines required levels of supervision by rotation, setting, and/or activity as applicable;
3. specifies circumstances requiring mandatory supervisor notification/attendance;
4. addresses supervision for procedures, handoffs/transitions of care, and high-risk clinical decisions as applicable;
5. describes how supervision is provided after hours, including on-call structures if applicable; and
6. includes protected reporting mechanisms for inadequate supervision.

B. The program-specific supervision policy will be:

1. incorporated into the Program Manual;
2. reviewed with residents/fellows and faculty during orientation and as needed; and
3. reviewed at least annually as part of the program's ongoing evaluation activities.

II. Supervisor Availability and Call Structure

A. Programs and participating sites will structure faculty on-call schedules to ensure that supervision is consistently and readily accessible to residents/fellows while on duty.

B. Programs must define when physical presence of a supervising physician is required.

III. Protected Reporting Pathways for Inadequate Supervision

A. Immediate Safety First

1. When patient safety is at risk, the resident/fellow must seek immediate assistance through the on-call attending/supervising physician and applicable participating site escalation processes.

B. Confidential Reporting Escalation Pathway (Free from Reprisal)

1. Report to the Program Director or Associate Program Director.
2. If the Program Director/Associate Program Director is unavailable, report to the relevant service/department leadership as designated by the program (e.g., Department Chair, Service Chief, or equivalent).
3. If unresolved, or if there is concern for retaliation/conflict of interest, report to the DIO and/or GMEC.
4. If needed, the DIO (or designee) will ensure immediate supervision coverage while the concern is reviewed.

C. Anonymous Reporting

1. BHRS-SMC may maintain anonymous reporting mechanisms (e.g., anonymous feedback survey) for supervision and learning-environment concerns.

D. Non-Retaliation

1. Residents/fellows who report inadequate supervision in good faith are protected from reprisal.

IV. Review and Response to Inadequate Supervision Reports

A. Initial Review

1. The Program Director (or designee) will acknowledge the report, assess immediate patient safety risk, and take prompt corrective action as needed.
2. If the report involves the Program Director or presents a conflict of interest, the DIO and/or GMEC will assign an impartial reviewer.

B. GMEC Oversight

1. Significant supervision concerns or patterns of inadequate supervision will be reviewed through GMEC processes, including ad-hoc review when warranted.
2. A documented pattern of inadequate supervision may trigger a GMEC-directed Special Review of the program.

C. Feedback and Improvement

1. Outcomes and improvement actions will be communicated to relevant stakeholders while maintaining confidentiality to the extent feasible.
2. Programs will implement corrective actions and track completion and effectiveness.

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 institutional 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