



Policy Number:	26-22
Policy Name:	Graduate Medical Education: Promotion, Appointment Renewal and Dismissal with Appeals and Due Process 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 Accreditation Council for Graduate Medical Education (ACGME)-accredited Graduate Medical Education (GME) programs, establishes institutional requirements for promotion, appointment renewal, and dismissal of residents/fellows, including required written notice of intent for non-renewal, non-promotion, and dismissal, and due process for suspension, non-renewal, non-promotion, and dismissal. This policy outlines the implementation of ACGME Institutional Requirement 4.4 (Promotion, Appointment Renewal and Dismissal).

BACKGROUND

The Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements require that:

1. the Sponsoring Institution have a policy requiring each ACGME-accredited program to determine criteria for promotion and/or renewal of a resident’s/fellow’s appointment;
2. the Sponsoring Institution ensure each program provides a resident/fellow with a written notice of intent when the agreement will not be renewed, when the resident/fellow will not be promoted to the next level of training, or when the resident/fellow will be dismissed; and
3. the Sponsoring Institution have a policy providing residents/fellows with due process relating to suspension, non-renewal, non-promotion, or dismissal, regardless of when the action is taken during the appointment period.

The Program Director has responsibility for resident recruitment and selection, evaluation, and promotion of residents and disciplinary action. BHRS-SMC programs evaluate residents/fellows for promotion and renewal on an ongoing basis and at least semi-annually, using multiple measures of



performance and progress. Promotion decisions must reflect whether the resident/fellow has achieved the knowledge, skills, and attitudes necessary for advancement and whether any identified deficits can be addressed within an overall educational plan.

This policy establishes the institutional framework that all BHRS-SMC ACGME-accredited programs must follow. Program-specific criteria and processes must be consistent with this policy and with applicable laws and State/County policies.

DEFINITIONS

Appointment: The resident's/fellow's contractual appointment to a program for a defined period, typically an academic year, as stated in the Agreement of Appointment/Contract.

Promotion: Advancement of a resident/fellow to the next level of training (e.g., next PGY level) based on program-defined criteria and satisfactory progress.

Renewal (Reappointment): Continuation of a resident's/fellow's appointment for a subsequent appointment period (e.g., renewal for the next academic year) based on program-defined criteria and satisfactory progress.

Non-Promotion: A decision not to advance a resident/fellow to the next level of training.

Non-Renewal: A decision not to renew/reappoint a resident/fellow for a subsequent appointment period.

Dismissal: Termination of a resident's/fellow's appointment from the program prior to completion.

Suspension: Temporary removal from clinical and/or educational duties, with or without pay, consistent with applicable policies and laws, based on patient safety, professional conduct, or other institutional/program considerations.

Educational Performance Improvement Plan: A documented plan to address identified performance deficits, which may include coaching, increased supervision, remediation, monitoring, or other interventions designed to support satisfactory progress.

Written Notice of Intent: Written notice to the resident/fellow that the program intends to pursue non-renewal, non-promotion, or dismissal, including the basis for the intended action and the process available to the resident/fellow.

Due Process: A fair procedure that includes timely written notice of the action and its basis, an opportunity for the resident/fellow to respond, and a defined institutional review/appeal mechanism that minimizes conflicts of interest.

POLICY

I. Program Criteria for Promotion and/or Renewal

A. BHRS-SMC requires each ACGME-accredited program to determine and maintain written criteria for:

1. Promotion to the next level of training; and/or



2. Renewal (reappointment) for a subsequent appointment period.
- B. Program criteria must be:
1. Year-specific, when applicable to the program's structure;
 2. Anchored to ACGME Competencies or specialty-specific Milestones, with oversight by the program's Clinical Competency Committee.
 3. Communicated to residents/fellows at orientation and/or in the program handbook/manual;
 4. Applied consistently and fairly; and
 5. Aligned with ACGME requirements, institutional policies, and applicable laws.
- C. Programs' Clinical Competency Committee must evaluate resident/fellow performance on an ongoing basis and at least semi-annually using established assessment processes and provide residents/fellows with regular feedback regarding progress toward promotion and renewal criteria.
- D. Multiple factors may be considered in promotion and renewal decisions, including, as applicable:
1. Academic performance, including faculty/supervisor evaluations and standardized examinations;
 2. Patient care skills and clinical performance, including supervisor evaluations and clinical skills verification or equivalent measures;
 3. Professional manner, maturity, and ethical standards, as evidenced by evaluations and observed behavior;
 4. Quality, timeliness, and accuracy of required documentation;
 5. Satisfactory completion of required clinical rotations and educational experiences;
 6. Didactic attendance and participation, when required by program policy;
 7. Compliance with institutional, program, site, and legal requirements; and
 8. Other program-specific criteria identified in the resident/fellow handbook or program manual.
- E. Residents/fellows will be promoted to the next level of training if, and only if, they have achieved the knowledge, skills, and attitudes necessary for promotion.
- F. Specific deficits in one or more performance areas will not necessarily preclude promotion or renewal in every case, but such deficits must be addressed as part of the resident's/fellow's overall educational plan and must not be inconsistent with safe patient care or satisfactory advancement.



II. Program Review and Approval of Promotion/Renewal Decisions

- A. Promotion and renewal decisions must be approved through the program's established review process, such as their Clinical Competency Committee with final authority provided to the Program Director
- B. Programs must document the basis for promotion and renewal decisions in accordance with institutional and program record-retention practices.

III. Written Notice of Intent for Non-Renewal, Non-Promotion, Suspension, or Dismissal

- A. BHRS-SMC will ensure that each program provides a resident/fellow with written notice of intent when:
 - 1. the resident's/fellow's agreement will not be renewed;
 - 2. the resident/fellow will not be promoted to the next level of training;
 - 3. the resident/fellow will be suspended; or
 - 4. the resident/fellow will be dismissed.
- B. The written notice of intent must include, at a minimum:
 - 1. the intended action (non-renewal, non-promotion, or dismissal);
 - 2. the primary basis for the intended action;
 - 3. the effective date (or anticipated effective date) of the action;
 - 4. the resident/fellow's opportunity to respond and any timelines;
 - 5. the due process and appeal pathway available under institutional policy; and
 - 6. where applicable, any conditions or remediation expectations that were considered and the resident's/fellow's current status in those processes.
- C. For Non-Renewal of Contract, the resident/fellow must be notified, in writing, ideally no later than four (4) months prior to when the next academic year contract was expected to start (i.e., for a July 1 start date the last day of notification would be February 28). However, this may be delayed by other pending academic and/or disciplinary actions or ongoing improvement/remediation work with the Trainee.

IV. Due Process for Suspension, Non-Renewal, Non-Promotion, and Dismissal

- A. Regardless of when the action is taken during an appointment period, BHRS-SMC will provide residents/fellows with due process relating to:
 - 1. Suspension;
 - 2. Non-renewal;
 - 3. Non-promotion; and
 - 4. Dismissal;



- B. Due process will include, at a minimum:
 - 1. an opportunity for the resident/fellow to provide a written response and supporting information;
 - 2. an institutional-level review process that minimizes conflicts of interest; and
 - 3. a defined appeal pathway consistent with Procedure/Protocol below.
- C. Due process for these actions will be provided consistent with applicable laws, State and/or County Human Resources procedures, and any applicable State, County or BHRS-SMC policies governing employee relations and resident/fellow discipline.
- D. Where a program has a program-specific policy addressing performance and conduct problems, that policy must be consistent with this institutional policy and may provide additional procedural detail.
- E. Nothing in this policy limits BHRS-SMC's, or its ACGME-accredited programs', ability to take immediate action when required to protect patient safety, maintain a safe workplace, or comply with law; however, due process procedures will still apply.

V. Appointment Terms and Other Governing Documents

- A. Reappointment and continuation of training are also governed by the resident/fellow's Agreement of Appointment/Contract and any applicable State and/or County labor agreements or memoranda of understanding.
- B. In the event of a conflict among documents, BHRS-SMC, County, and legal requirements will control, and the DIO/GMEC and County Human Resources/County Counsel may be consulted as needed.

VI. Non-Retaliation

- A. Retaliation is prohibited. Residents/fellows will not be penalized for participating in due process or appeal processes in good faith.

VII. 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. Program Documentation and Communication of Criteria

- A. Each program will document promotion and renewal criteria in the program handbook/manual and provide it to residents/fellows.
- B. Programs will provide residents/fellows with regular performance feedback and will inform residents/fellows of concerns that may jeopardize promotion or renewal in a timely manner.



- C. Semi-annual assessment of resident/fellow performance will occur on an ongoing basis and will include review of multiple factors relevant to promotion and renewal.

II. Issuance of Written Notice of Intent

- A. When a program intends non-renewal, non-promotion, suspension, or dismissal, the Program Director will prepare written notice of intent and provide it to the resident/fellow.
- B. The Program Director will notify the DIO/GMEC that notice has been issued to ensure institutional oversight and access to due process procedures.
- C. Notices will be retained in accordance with institutional record-retention practices.

III. Resident/Fellow Opportunity to Respond

- A. The resident/fellow may submit a written response within thirty (30) days including any supporting documentation and may request an opportunity to be heard consistent with the institutional review/appeal process.
- B. A resident/fellow may request a meeting with the Program Director; however, this does not replace or limit the institutional review/appeal pathway.

IV. Institutional Review

- A. GMEC and/or the DIO will oversee an institutional-level review process that minimizes conflicts of interest.
- B. The institutional review will occur within sixty (60) days of the issuance of written notice of intent.
- C. The institutional reviewer/panel will not include individuals with direct supervisory/evaluative conflicts that could reasonably be perceived as biasing the review.
- D. The institutional review will consider:
 - 1. the stated basis for the action;
 - 2. relevant evaluations and documentation;
 - 3. the resident/fellow's response;
 - 4. any remediation, educational plan, or other prior interventions; and
 - 5. whether applicable policies and procedures were followed.
- E. The resident/fellow will receive a written outcome after institutional review, including any next steps and applicable deadlines.

V. Appeals

- A. A resident/fellow may appeal a decision relating to suspension, non-renewal, non-promotion, or dismissal by submitting a written request for appeal within fourteen (14) days of receipt of the written outcome of the institutional review.



- B. Appeals will be reviewed by an impartial institutional panel of three GMEC members designated by the DIO and/or GMEC.
- C. Conflicts of interest will be minimized through disclosure and recusal by GMEC members.
- D. Once the appeals panel has been determined the trainee will be notified of the composition of the panel and has the option to object to a member of the panel with cause within five (5) business days of notification.
- E. The appeal decision will be provided within forty-five (45) days of the appeals request and will be provided in writing to the trainee. This appeals decision will constitute the final institutional decision, unless otherwise required by applicable law or County policy.

VI. 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