

## Record Retention in GME Programs

UTRGV Graduate Medical Education Policy	Effective: July 1, 2018
	Reviewed: April 10, 2018 Original Date: July 1, 2016

**Purpose:** To provide GME programs and their leadership regarding retention of records.

**Policy:** GME programs, in the process of administration and education, will produce many documents. The following serve as guidelines for record retention.

1. Applications to GME programs: Materials collected as part of the selection process
  - A. Files for selected applicants will be moved into their program's individual personnel files.
  - B. Files for those applicants not selected/matched may be destroyed two (2) years after the end of academic year in which application is made.
  
2. Residents (trainees) files: Created at the beginning of enrollment in the GME program and continues through duration of training. Programs must review these files at least twice a year for completeness.
  - A. Contain evaluations, licenses, certificates and other materials related to education and training of the individual resident.
  - B. Evaluations:
    1. *Formative*: May include individual and multi source evaluations. Must be retained throughout duration of training and may be deleted at the end.
    2. *Summative*: Created usually upon completion of an academic year. Must be retained for at least 5 years after the individual has completed training (or left the program for other reasons).
    3. *Final Evaluation*: Prepared by the Program Director at the end of training and addresses residents' performance and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently in the specialty he trained. This final evaluation must be part of the resident's permanent record maintained by the Institutional Office.
  - C. All records must be retained for five (5) years for AMG and ten (10) years for IMG after the end of training or dispute resolution, whichever occurs later.
  - D. Evaluations and documents from residents who are subject to any disciplinary action or academic remediation must be permanently retained by the residency program and copies sent to the GME Institutional Office.
  - E. Documents needed for credentialing and verification must be kept permanently.

3. Assignments/schedules: Information regarding rotations that may have been used in creation of IRIS report. These should be retained either on paper or electronically, for ten years after end of training, in order to provide primary verification of rotations in the event of a Medicare audit of prior training years.
4. Program-specific Policies and Procedures: They address matters such as resident selection and appointment, evaluation, moonlighting, supervision and others specific to each program and which are also distributed to residents and faculty, should be kept until they are superseded plus 5 years.
5. Accreditation records: These include ACGME accreditation, correspondence, response to citations, progress reports; GMEC correspondence, action plans, annual reviews and others. These are to be kept permanently.