



San Antonio Uniformed Services Health Education Consortium San Antonio, Texas

Retention and Verification Policy for Graduate Medical Education Records/Training Files

I. **Purpose.** This policy is established to provide guidance in maintenance and retention of the Graduate Medical Education (GME) documents used in the process of administration at both the institution and residency program levels and for the purpose of meeting Accreditation Council for Graduate Medical Education (ACGME) accreditation requirements. It also describes the process for completing verification of training request forms.

II. **Policy.** SAUSHEC GME files kept by individual training programs are governed under service-specific, specialty-specific or ACGME regulations. Files should be kept current and securely stored. All documents containing information of students, staff, and faculty must be properly destroyed when no longer needed and are ready to be discarded.

III. Specific Requirements for Retention

A. **Program Accreditation files must be maintained for 3 years, the length of the program, or until the next self-study as indicated, to include:**

1. Completed annual written confidential evaluations of faculty by the residents (3 years)
2. Completed annual written confidential evaluations of the program by the residents (3 years)
3. Completed annual written confidential evaluations of the program by the faculty (3 years)
4. Policies and procedures for resident duty hours and work environment (3 years)
5. Policies and procedures for resident supervision (3 years)
6. Competency-based goals and objectives for each assignment, by educational level (3 years)
7. Sample documents offering evidence of resident participation in Quality Improvement and Patient Safety projects (3 years)
8. Minutes from Program Evaluation Committee meetings (3 years)
9. Minutes from Clinical Competency Committee meetings, **which must include a warning about being medical quality assurance records** (length of the program)
10. Minutes from each Annual Program Evaluation (self-study)
11. Program Action Plans (self-study)

B. Resident training files of program graduates must be maintained for 3 years or the length of the program, whichever is greater and include the following documents:

1. Personnel Data sheet
2. Medical School/Internship/Residency Certificate
3. ERAS/MODS application
4. Evaluation at the completion of each block rotation, signed by the resident and evaluator/mentor/or PD
5. Semiannual summative evaluations of performance with feedback (must be signed by resident and PD). This includes end-of year evaluations, which must verify the resident has successfully met the program's standards on all rotations, successfully completed all the requirements of the PGY level and demonstrating competence in the general competencies of the ACGME that make him/her eligible for promotion to the next PGY level.
6. A rotation schedule at the end of each academic year
7. When applicable, signed copies of all Academic Action plans (Probation and/or Extensions in Training due to Adverse Action) that were approved by the GMEAC.
8. When applicable, memos referencing Medical/Administrative Leave of Absence to include memo from the Office of the Dean endorsing the action.
9. Signed copies of memos from the Office of the Dean. If not signed, specific annotation stating why it was not signed.
10. End of training case procedure log (NO patient privacy information).
11. Final (summative) evaluation documenting performance during the final period of education and verifying that the resident has demonstrated sufficient competence to practice independently without direct supervision (must be signed by the resident and PD)
12. Certificate of Graduation
13. Credentialing paperwork (service specific)
14. Copy of exit orders
15. When applicable, all documentation leading to Program Level Remediation (PLR), which was not elevated to the Graduate Medical Education Academic Action Committee (GMEAC) for official Academic Action. These documents **must** be expunged from the training file upon completion of the training program.

C. Resident training files of residents who left the program prior to graduation must be maintained for 3 years or the length of the program, whichever is greater and include the following additional documents:

1. Training files for residents transferring to another program must include a copy of documentation of experiences and the summative competency based performance evaluation which was provided to the receiving program director.
2. Training files for residents that left the program due to resignation or termination must include a copy of documentation of experiences and all supporting documentation which led to the action.

D. SAUSHEC Permanent File.

The following documents will be collected by the Registrar and maintained in the SAUSHEC permanent training file for Army and Air Force residents for verification purposes.

- SAUSHEC Data Fact Sheet
- Orders (To and From 59MDW/BAMC)
- Postgraduate Training Certificates (Internship, Residency, Fellowship)
- Verification of Postgraduate Training Certificates
- Clinical Evaluations/Assessment – to include competency clause
- Interns – List rotations completed (memorandum format)
- Medical Privilege Lists (Do we add Army and AF form #s?)
- Medical School Diploma
- Verification of Education (Diploma PSV)
- GMEC related actions: These actions must be annotated on clinician's DA Form 5374 and AF 1562. All supporting documentation will be maintained in the clinician's permanent file.

E. Verification Process. All verifications of training should be routed through the service-specific Registrar for completion. Programs opting to complete the verification are still required to route through the GME office for final review. Most medical board verifications require the SAUSHEC institutional seal, which will only be available in the Registrar's office.

F. Document destruction. Documents no longer required will be destroyed either by shredding or disposal in authorized and locked pre-shredding containers. Programs must coordinate with BAMC and/or 59MDW verification officials (Registrar's office) to ensure that the files in the central offices contain all key documents required for verification of training and by service-specific policy prior to destroying program level files.