

UTHSCSA Graduate Medical Education Policies

Section 2	General Policies & Procedures	Effective:	March 2007
		Revised:	December 2009 September 2011 February 2012 December 2012 June 2016 March 2019
Policy 2.19.	Records Retention in GME Programs	Responsibility:	Designated Institutional Official

Records Retention in GME Programs

Purpose GME programs produce many records (documents) in the process of administration of the programs and in the training and education of their residents and fellows. A record may be in any media form, including, but not limited to paper; email; electronic file saved on a hard drive, DVD, thumb drive or other portable drive, or the Cloud, and any voice recording relative to the administration of the program, training and education of residents and fellows. The purpose of this policy is to provide guidance to the programs and their leadership regarding retention of those records.

Policy It is the policy of UTHSCSA to assign record retention times, as determined by the nature of the particular documents, institutional policy, and by government code.

The UTHSCSA Official Records Retention Schedule (RRS) is available on-line in a searchable format at <http://library.uthscsa.edu/RRS/forms/rrsGMERecords.pdf> and includes relevant amendments.

Records may not be destroyed if any litigation, claim, negotiation, audit, open records request, administrative review, or other action involving the record is initiated before the expiration of a retention period for the record or in the approved records retention schedule until the completion of the action and the resolution of all issues that arise from it, or until the expiration of the retention period, whichever is later.

For GME purposes, the academic year is defined as July 1st through June 30th. The fiscal year is defined as September 1st through August 30th.

The record retention times outlined below apply to all GME programs accredited by the Accreditation Council for Graduate Medical Education (ACGME), other nationally recognized entities such as ABMS Boards, and programs approved by the Texas Medical Board.

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Overview of retention schedule, by general categories of records, are as follows:

1. Applications to GME program – materials collected as part of the selection process.
 - a. Applicants who are selected for the GME program will have these materials moved into their individual personnel files (see below).
 - b. Files for United States Medical Graduates (USMG) applicants who were not selected/matched may be destroyed two years after the end of the academic year for which application is made. Thus, for an application made for training in the 2019-2020 year, records can be destroyed at end of June, 2020.
 - c. Files for International Medical Graduates (IMG), regardless of individual citizenship status, applicants who were not selected/matched may be destroyed ten years after the end of the academic year for which application is made. Thus, for an application made for training in the 2019-2020 year, records can be destroyed at the end of June 2030.

2. Individual trainee's file – created beginning at the time of enrollment in the GME program, continues through the duration of the program. This is a comprehensive record of all personnel actions affecting the trainee.
 - a. May include application materials, licenses, certifications, training certificates, training permits, summative evaluation, disciplinary records, board records, clinical experiences, leave records, correspondence regarding licensure or boards, anything of value in responding to requests for credentialing or verification.
 - b. All records must be retained for 5 years (USMG) or 10 years (IMG) after the end of training or dispute resolution, whichever occurs later. (A few exceptions are noted in some of the records below). Documents needed for credentialing or verification must then be kept permanently.
 - c. Formative and summative evaluations
 - i. **Formative evaluations** - created during the periods of training. These include multisource evaluations, such as
 - ii. peer and student evaluations, patient evaluations, patients' family members' evaluations, and evaluations completed by other providers, etc. These evaluations, which are generally formative in nature, should be retained throughout the duration of the individual's training and then must be destroyed.
 - iii. **Final Summative Evaluation** - The final evaluation is prepared by the program director at the end of the training program, and addresses the resident's performance during the final period

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of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently in that specialty. The final evaluation must be part of the resident's permanent record maintained by the institution. The Summative Evaluation records also include procedure logs necessary to assure the credentialing/accreditation process for future hospital privileges.

3. Assignments, schedules – information regarding rotation assignments, used in creation of IRIS report. These records (paper and electronic) should be retained for ten years after the end of the fiscal year in which the IRIS report was created, 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 – these policies, typically collected as Program Policies, and addressing such matters as resident selection and appointment, evaluation, moonlighting, supervision, etc., which are specific to the program, and which are distributed to trainees and faculty, should be retained until they are superseded, plus 3 years.
5. Accreditation records – Includes correspondence to and from accrediting agency (ACGME), Program Information Form (PIF) and Self-Study Documents for each site visit, program requirements by year, reviews by GMEC (Graduate Medical Education Committee) including Special Program Reviews, and correspondence by GMEC regarding those reviews, action plans developed to correct citations, correspondence with GMEC regarding action plans, residents' evaluations of rotations, and minutes of Program Evaluation Committee (PEC) and Annual Program Evaluations and Action Plans created by the PEC, and other similar materials. These records must be kept permanently.