

<b>Graduate Medical Education Policy</b>	Record Retention
<b>Facility/Sponsor</b>	CMC/GMEC
<b>Policy Origin Date</b>	March 2007
<b>Revision Date</b>	September 2025

## **PURPOSE**

Accredited residency and fellowship programs under the purview of the Sponsoring Institution, Carilion Medical Center, must maintain comprehensive resident and fellow files, documenting various aspects of their training and performance. These files, which can be paper-based or electronic, are essential for demonstrating compliance with Accreditation Council for Graduate Medical Education (ACGME) standards and facilitating program evaluation. The resident and fellow personnel files are crucial for verifying completion of program requirements and can be used for credentialing purposes.

## **SCOPE**

This policy applies to all Accreditation Council for Graduate Medical Education (ACGME), Council on Podiatric Medical Education (CPME), and Commission on Dental Accreditation (CODA) accredited graduate medical education programs sponsored by Carilion Medical Center (CMC).

## **DEFINITIONS**

**Trainee:** refers to all interns, residents, and fellows participating in graduate medical education programs at Carilion Medical Center and may be used interchangeably with the term resident and fellow.

**ECFMG:** the Education Commission for Foreign Medical Graduates is non-profit organization that assesses the qualifications of international medical graduates (IMGs) seeking to enter U.S. graduate medical education (GME) programs.

**In-Training Exam:** an in-training exam (ITE) is an annual exam designed to assess a trainee's knowledge and progress in their chosen specialty.

**USMLE/COMLEX:** The USMLE (United States Medical Licensing Examination) and COMLEX (Comprehensive Osteopathic Medical Licensing Examination) are licensing exams for medical students in the United States. USMLE is primarily for allopathic (MD) students, while COMLEX is designed for osteopathic (DO) students. Both exams assess a student's medical knowledge and clinical skills.

**ERAS:** ERAS, or the Electronic Residency Application Service, is an online, centralized application system used by medical students and graduates to apply to residency programs in the United States.

**NRMP:** The NRMP, or National Resident Matching Program, is a non-profit organization that coordinates the residency match for medical graduates in the United States. It's a centralized system that helps match graduating medical students with residency programs based on preferences submitted by both applicants and programs.

**Medhub:** MedHub is a web-based residency management system (RMS) used in healthcare education, primarily for graduate medical education (GME) programs. It helps streamline administrative tasks, manage resident data, track training progress, and facilitate communication within institutions.

**HIPAA:** HIPAA, the Health Insurance Portability and Accountability Act, is a US federal law enacted in 1996. It primarily focuses on protecting the privacy and security of individuals' protected health information (PHI). HIPAA sets national standards for handling sensitive patient data, ensuring it's used and disclosed appropriately.

## **PROCEDURE**

1. Retention of Files
  - a. Each accredited program functioning within the purview of the sponsoring institution will maintain a **permanent** personnel file for every trainee who enters the training program. Files may be kept in either paper or electronic format and may be kept on site or off-site at a secure storage facility. Programs may utilize the residency personnel management system, Medhub, to maintain and store trainee personnel files.
  - b. To maintain compliance with all federal and state laws, and in keeping with NRMP guidance, each accredited program functioning within the purview of the sponsoring institution will maintain application records (including but not limited to files from the program's centralized application service) for **all** prospective candidates applying to the program for a **minimum of two years**.
  - c. At no time may institutional or program staff, current or former trainees, or other parties remove or destroy key components of a resident or fellow personnel file.
  - d. Program Directors and Program Managers should review individual trainee personnel files for accuracy and thoroughness on an annual basis.
2. Key components of resident and fellow files as outlined by the ACGME, may include but are not limited to the following:
  - a. **Administrative documents:** including but not limited to application files, orientation documents, signed copies of annual employment contracts, requests for verification of training, Virginia Birth Related Injury Exemption Forms, student loan forms, etc.
  - b. **Personal information:** basic personal and demographic information about the trainee
  - c. **Education history:** details about previous education and training including a copy of the trainee's medical school diploma
  - d. **Licensure information:** documentation of required licenses and certifications
  - e. **Visas:** if applicable, documentation related to visas for international trainees
  - f. **ECFMG certification:** if applicable, documentation of verification that international medical graduates have met the necessary requirements to enter a U.S. GME program
  - g. **Rotation schedules and assignments:** records of all clinical rotations and other training experiences
  - h. **Evaluations:** summative and formative evaluations from faculty, peers, and other relevant sources
  - i. **Milestone evaluations:** assessments of resident and fellow progress against specific milestones within the six core competencies
  - j. **Procedural logs:** documentation of procedures performed during training
  - k. **Disciplinary actions:** if applicable, records of disciplinary actions taken against the resident or fellow
  - l. **Letters of recommendation:** letters from faculty or others who can attest to the trainee's performance and readiness for practice
  - m. **Summative evaluations:** comprehensive evaluations summarizing the trainee's overall performance that include the trainee's signature

- n. **Formative feedback:** evidence that formative evaluations were reviewed with the trainee, including the trainee's signature
  - o. **Attendance records:** if applicable, documentation of attendance at required educational activities and conferences
  - p. **Work hours:** records of clinical and educational work hours adhering to ACGME limits
  - q. **Other training documents:** including but not limited to USMLE or COMLEX score reports, in-training exam score reports, life support training certifications, quality improvement projects, and other research and/or scholarly activity
3. Final Evaluation of Training
- a. Per ACGME CPR 5.2.a.c, the Program Director must provide a final evaluation for each resident upon completion of the program including specialty-specific milestones, case logs if applicable, and verification that the trainee has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice. The final evaluation must become part of the resident's permanent record maintained by the institution and must be accessible for review by the trainee.
4. Verification of Training
- a. Primary verification of graduate medical education is important for credentialing physicians for further training and practice. Such verification must be accurate and timely. Per ACGME Common Program Requirements 2.6.j. and 2.6.k., the program director must document verification of education for all residents within 30 days of completion of or departure from the program and must provide verification of an individual resident's education upon the resident's request within 30 days.
5. Access and Confidentiality
- a. Resident files, whether physical or electronic, must be stored securely to protect privacy. ACGME policies align with HIPAA regarding the handling of protected health information including case logs. Case log records maintained in trainee files may not maintain protected health information.
  - b. Generally, trainee records will only be disclosed with the former trainee's written permission, especially for credentialing. Access to trainee files will be limited to authorized personnel only, including the trainee upon request. The Program Director and GME Administration may share records with those who have a legitimate need.
  - c. Per NRMP policies and participation code of conduct, programs participating in The Match may not disclose to candidates or matched trainees where they were ranked after the conclusion of The Match. Therefore, to maintain match integrity, programs should store applicant and match data separate from the portion of the personnel file that is accessible to the trainee.

Designated Institutional Official	Reviewing Committee	Date Approved
Daniel P. Harrington, MD	GMEC	March 2007
Daniel P. Harrington, MD	GMEC	January 1, 2012
Donald W. Kees, MD	GMEC	September 15, 2015
Donald W. Kees, MD	GMEC	October 16, 2018
Donald W. Kees, MD	GMEC	July 16, 2019
Arthur Ollendorff, MD	GMEC	October 18, 2022
Arthur Ollendorff, MD	GMEC	September, 2025