

**CAROLINAS MEDICAL CENTER  
DIVISION OF MEDICAL EDUCATION  
POLICY ON TRAINEE'S FILE CONTENT, ACCESS & RETENTION**

**Created:**            **October 20, 2009**

**Reviewed:**        **11/12**

*The contents of this policy are based on ACGME expectations and requirements as reported in 2005, 2007 & 2008 ACGME e-Bulletin publications available at <http://www.acgme.org>. Unless indicated, the term "file" in this document is not limited to paper formats. The resident/fellow files may be paper-based, retained in electronic storage or a combination of the two (see item 10 for additional details regarding storage media).*

1. Each graduate medical education program sponsored by the institution will maintain a file concerning each resident or subspecialty resident/fellow (trainee).

2. The minimum requirements for the trainee's file include:

- Written evaluations from the faculty and others;
- Periodic evaluations (at minimum every six months) by the Program Director, his/her designee and/or a resident evaluation committee;
- Records of resident physician's rotations and other training experiences, including surgical and procedural training as applicable;
- Records of disciplinary actions, as pertinent to the given resident; for residents engaged in moonlighting, a prospective, written statement of permission from the program director (as specified by the institutional requirements);
- Materials required by ACGME institutional and special program requirements; and
- Other content, as determined by the Program Director.

3. The file will be regarded as confidential, will be maintained in a secure location, and will be available only to the program director, the Vice President of graduate medical education, the program's evaluation committee, and designated administrative staff in the department of graduate medical education and in the applicable residency program offices. The following will be printed on the exterior of each paper file: *"This File Contains Confidential Information. Access to this File and the Information Contained Therein is governed by the Content, Access, and Retention Policy for Files of Residents and Subspecialty Residents/Fellows."*

4. The program director and the Vice President of graduate medical education may disclose the file, or portions thereof, to others whom they judge have a legitimate need for the information (e.g., for matters relating to the education of the trainee, the quality of education in the program, or the quality of patient care in the program). The program director and the Vice President of graduate medical education may also disclose the file, or portions thereof, to others as authorized in writing by the trainee.

5. On reasonable request, the trainee shall have access to his or her paper file under direct supervision of a designated staff member of the department of graduate medical education. Completed evaluations of the trainee should be accessible, whether paper- or electronic-based.

6. Upon completion of a training program, when the trainee will be recommended for board certification, the following should be maintained in the file:

- A summation of the resident's evaluations and/or the final letter by the program director;
- Records of resident physician's rotations, training experiences and procedures; and

- Documentation of disciplinary action, if any.

7. The file will then be maintained as a permanent record for a minimum of 7 years\*. The program director may exercise his or her discretion to retain other records for which there may be a need.

8. \*For residents who do not complete the training program or who complete the training program, but will not be recommended for board certification, the entire file will be maintained, indefinitely, as a permanent record.

9. For trainees who have transferred into the program, written verification of prior educational experience and performance is to be included in the file. At minimum, the following statement regarding the trainee's current standing as of 1-2 months prior to anticipated transfer is required: "*(Resident name) is currently a PGY (level) intern/resident in good standing in the (residency) program at (sponsoring institution). S/he has satisfactorily completed all rotations to date, and we anticipate s/he will satisfactorily complete her/his PGY (#) year on June 30, (year). A summary of her/his rotations and a summative competency-based performance evaluation will be sent to you by July 31, (year).*"

10. If the program maintains electronic files, it should also maintain a paper record of the final evaluation at completion of training for all trainees. For trainees with academic or other performance problems, there should be additional hard-copy records, because the electronic evaluation parameters may not be appropriate or sufficient in cases where remediation, probation, non-renewal or dismissal needs to be documented.

11. All files must be adequately stored to prevent loss of records. Electronic storage is backed up and recovery protocols are in place and consistently followed.



Mary N. Hall, M.D.  
DIO, Deputy Chief Academic Officer  
Division of Medical Education

12.4.12

Date

Spencer Lilly  
President, Carolinas Medical Center

Date