

PHARMACY RESIDENCY PROGRAM-
RESIDENT CORRECTIVE ACTION/DISCIPLINE POLICY

1. **PURPOSE:** To define policy and procedures for pharmacy resident corrective action and disciplinary issues.
2. **POLICY:** It is the policy of NWI Pharmacy Service to seek corrective action and performance improvement for all educational program enrollees. In the event this is not obtainable, the following procedures will be implemented.
3. **RESPONSIBILITIES:**
 - a. The Clinical Coordinator, Pharmacy Service is responsible for the oversight of this policy.
 - b. The Residency Program Director (RPD) is responsible for evaluating the ongoing performance of each pharmacy resident, including written progress reports to the residents.
4. **PROCEDURES:**
 - a. Resident Complaints
 - i. If a pharmacy resident, while currently in a NWI training program, has a particular problem or complaint, he/she should first attempt to resolve it on his/her own by consulting first with the Program Director, then with the Clinical Coordinator.
 - ii. If unable to resolve it at that level, the resident may present the complaint in written form to the Chief of Pharmacy or Assistant Chief of Pharmacy within a period of 10 days.
 - iii. The Chief or Assistant Chief will attempt to resolve the complaint, but if the complaint cannot be adjudicated, a committee of two Program Directors (from the other two sites) and a preceptor from another site will be appointed to hear the complaint. The decision of this appointed committee shall be final.
 - b. Observational Status
 - i. In the event a resident's clinical or educational performance is found to be unsatisfactory, the RPD should meet with the resident at the earliest possible date, outlining in writing the deficiencies, how they are to be corrected, and the time span in which this correction is to occur. Copies of this written plan will be sent to the Clinical Coordinator.
 - ii. If after the specified amount of time sufficient progress has not been made, the resident will be placed on probation.

c. Remediation

- i. Remediation follows when a resident is notified that his/her progress or professional development is poor and that continuation in the program is at risk.
- ii. Where there is concern that a resident's performance fails to meet the standards set for the training program, the resident may be placed on remediation status by the Chief of Pharmacy upon the recommendation of the RPD and Clinical Coordinator.
- iii. A resident may be placed on remediation at any time, does not require a period of prior observational status and cannot be appealed.
- iv. Notice of remediation and the reason(s) for the decision will be provided to the resident as follows:
 - 1) The notice will be hand delivered letter to the resident.
 - 2) The resident will sign an acknowledgment of receipt which will be kept in the resident's program file.
 - 3) The RPD will discuss the decision of remediation with the resident.
 - 4) There should be clear documentation with the specific area(s) of concern that have been identified, and the RPD will outline, to the degree possible, a specific plan of action for the resident to act upon to correct the problem(s).
- v. The RPD will provide both a time and mechanism for re-evaluation.
 - 1) As a general rule, a minimum of 30 calendar days will be allowed for the resident to correct the identified deficiencies.
 - 2) Remediation periods may be arranged for shorter or longer periods of time appropriate to the situation.
- vi. Once the remediation period ends, the RPD will determine whether the resident has corrected the identified deficiencies
 - 1) If the RPD is satisfied that the resident has corrected the identified deficiencies (and any other deficiencies which may have arisen during the remediation period), then the resident will be notified in writing that the remediation status has been lifted.
 - 2) If the resident has not sufficiently corrected the deficiencies, the RPD may elect to dismiss the resident from the program.
 - a. When this decision is reached, the Dismissal procedures will be followed.

d. Suspension

- i. The RPD may suspend a resident from the training program with concurrence of the Clinical Coordinator and the Chief of Pharmacy.

- ii. The suspension may include assignment to alternate duties dependent upon the circumstances and at the discretion of the Chief.
- iii. Situations suitable for suspension include (but are not limited to):
 - 1) A serious professional charge is brought against the resident
 - 2) There is concern that the resident's performance of duties is seriously compromised.
 - 3) The resident constitutes a danger to patients.
- iv. Once a resident is placed on suspension, an investigation will be initiated within 7 working days, with a goal for disposition to be determined within 14 days.
 - 1) This timeframe allows the department time to investigate the matter and determine appropriate action.
- v. Notice of suspension and the reason(s) for the decision will be provided to the resident as follows:
 - 1) The notice will be a hand delivered letter to the resident.
 - 2) The resident will sign an acknowledgment of receipt which will be kept in the resident's program file.
 - 3) The RPD, Clinical Coordinator and Chief of Pharmacy will discuss the terms of the suspension with the resident when the letter is delivered.
- vi. The suspension will be lifted when the investigation is complete, unless it becomes necessary to extend the investigation beyond 14 days.

e. Dismissal

- i. Upon recommendation of the RPD, Clinical Coordinator and approval by the Chief of Pharmacy, a resident may be dismissed during the term of the residency for unsatisfactory performance or conduct.
- ii. Situations suitable for dismissal include (but are not limited to):
 - 1) Performance which presents a serious compromise to acceptable standards of patient care or jeopardizes patient welfare
 - 2) Unethical conduct
 - 3) Illegal conduct
 - 4) Excessive tardiness and/or absenteeism
 - 5) Unprofessional conduct
 - 6) Job abandonment
- iii. A written recommendation for dismissal shall be submitted by the Clinical Coordinator to the Chief of Pharmacy, and will outline the areas deemed unsatisfactory and the reasons for dismissal.
- iv. Dismissal in these situations implies poor performance or malfeasance and is subject to appeal process.
- v. Job abandonment, defined as three (3) days Absent Without Leave (AWOL), may result in termination and is not subject to appeal.

- vi. The Chief of Pharmacy will confer with Human Resources, and send a copy of the resulting decision to the following:
 - 1) Resident (certified mail, return receipt requested or hand delivered with written acknowledgment of receipt/delivery),
 - 2) RPD
 - 3) Clinical Coordinator
- vii. Upon remitting a Letter of Dismissal to the resident, the dismissal recommendation will be formally communicated to Human Resources unless the decision is appealed within 5 working days.
- viii. The Chief of Human Resources will review the recommendation to terminate the resident's VA appointment and take final action. All compensation and benefits will end as of the date of termination.

f. Appeal Process

- i. A resident who has received a written recommendation of dismissal from the program shall have the right to appeal. In each appeal of dismissal, the issue will be determined by an equitable procedure, affording protection to the rights of the resident and to the interest of the institution. Salary and insurance benefits will be provided during the appeal process, provided the resident has not exhausted sick and/or annual leave time, not to exceed 45 calendar days from the receipt of the request of appeal.
- ii. The appeal must be submitted in writing to the Chief of Pharmacy within 5 working days of receiving notice of action. Failure to appeal within the prescribed 5 days shall constitute waiver of the option of appeal and acceptance of the dismissal of the resident.
- iii. Upon receipt of written notice of appeal by the resident, the Chief of Pharmacy shall appoint an ad hoc Appeal Review Subcommittee which shall consist of three pharmacists from another site within NWI. The subcommittee cannot consist of any of the following: Chief, Pharmacy Service; Assistant Chief, Pharmacy Service; Clinical Coordinator, Pharmacy Service; or an RPD.
- iv. The Appeal Review Subcommittee shall set a time and place for a hearing on the appeal at the earliest practical date. The hearing date shall not be more than 20 calendar days after the date of the resident's request for an appeal. Prior to the hearing, the resident shall, upon request, have access to and be entitled to a copy of his/her Department file (at the resident's expense) which shall contain all reports, evaluations and recommendations related to the action taken. The Appeal Review Subcommittee members shall each receive copies of said files, the letter of appeal, and any other relevant documents at least 5 working days prior to the hearing. All documents shall be deemed confidential and returned to the department office after a decision is rendered.
- v. At the hearing by the Appeal Review Subcommittee, the resident shall have the right to appear in person. The institution may have a

representative from the Office of the General Counsel in attendance. The resident shall have the right to address the committee, but may not be required to do so, and may introduce in his/her behalf all evidence which he/she considers to be relevant material to the case. This material should be provided to the appeals committee chair no later than 5 days prior to the hearing.

- vi. The institution maintains the right to legal counsel from the Office of General Counsel.
- vii. All evidence offered must be reasonably related to the facts and statements concerning the reasons for dismissal and the resident's appeal. Failure of the resident to appear at any appeal hearing constitutes dismissal of appeal. The Appeal Review Subcommittee shall submit a report and recommendation to the Chief of Pharmacy no later than 7 calendar days from the end of the hearing.
- viii. The Chief of Pharmacy shall review the subcommittee recommendation and make a final decision, which shall be communicated in writing to the following:
 - 1) Resident (certified mail, return receipt requested or hand delivered with written acknowledgment of receipt/delivery),
 - 2) RPD
 - 3) Clinical Coordinator
 - 4) Human Resources

**Remedies and procedures contained herein must be exhausted in their entirety prior to resort by the resident to any other forum.

References: ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs. American Society of Health-System Pharmacists Home Page. URL: <http://www.ashp.org/DocLibrary/Accreditation/ASD-PGY1-Standard.aspx>

Rescission: PHARM-105, dated May 1, 2011.

Follow-up responsibilities:

Clinical Coordinator, Pharmacy Service

Needed Concurrences:

ACOS-Education

Human Resources Management

Pharmacy Service

/s/

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Chief, Pharmacy Service