**Residency Remediation/Disciplinary Policy Examples**

Each of the examples below is fully compliant with Standard 2.6 of the *ASHP Standards for Accreditation of Postgraduate Pharmacy Residencies.* If a program chooses to use an example policy, the exact wording should be used to ensure full compliance. However, if a program makes any modifications to the policies below, or chooses to use their own, the criteria at the end of this document should be utilized to ensure compliance with the Standard. Any dismissal/remediation policy, including the examples below, should be reviewed by your organization’s Human Resources Department or other applicable organizational body prior to implementation.

**Example 1**

Residents are expected to complete all requirements of the Residency Program based on the ASHP Residency Standards and Competency Areas, Goals and Objectives for their specific program. Only those residents who complete the residency requirements set forth will receive their residency certificate. Evaluation of the resident's progress in completing the residency completion requirements is documented as part of the quarterly review process.

The residency program director (RPD), in conjunction with residency advisory committee (RAC), will continually assess the ability of the resident to meet the residency requirements by established deadlines. If a resident is failing to make progress in any aspect specific to the residency program completion requirements [e.g., “Needs Improvement” (NI) for the same objective on more than one summative evaluation, multiple NI’s for a single summative evaluation, not meeting progression expectations during a learning experience, not meeting deadlines], or if there is a concern with other behaviors related to performance (e.g., unprofessional behavior, plagiarism) the following steps shall be taken.

The RPD will provide the resident verbal coaching for any initial issues identified. If the identified issues continue, the resident will be placed in a resident corrective action plan. The plan will provide specific action steps to address the behavior or performance concerns. The plan will indicate the criteria for successful remediation and will have a timeline for remediation of no longer than 4 weeks.

* If the resident meets the criteria for successful remediation, the resident must not regress for the duration of the residency to receive a certificate of completion.
* If the resident is not successful in completing the action steps, yet makes progress, a second resident corrective action plan can be executed. The second resident corrective action plan will be no longer than 4 weeks.

* If the resident does not meet the criteria for successful remediation in the second plan, the resident will be dismissed from the program and will not receive a certificate.

Residency-related conduct or actions that may be grounds for immediate dismissal include, but are not limited to, plagiarism.

Residents also must abide by the organization’s code of conduct.

If a resident completes 52 weeks of the residency but does not fulfill all residency completion requirements, a certificate will not be issued. No extensions will be granted for residents who have failed to meet residency completion requirements.

**Example 2**

**Policy:** The Residency Program Director (RPD), Residency Advisory Committee (RAC), and preceptors will follow a corrective action process based on and oral and documented corrective action counseling when one or more serious deficiencies in a resident's performance is noted. The corrective action process will be used when addressing areas of resident performance and/or behavior requiring improvement or elimination. It is intended to initiate action that will assist the resident in correcting problems and improving performance and behavior. Failure to improve performance as addressed by the corrective action process within the specified time frame(s) will result in the resident not receiving a certificate of successful completion and may result in involuntary dismissal. However certain behaviors or actions will be considered immediate grounds for dismissal and the corrective action process will not apply. Corrective action process procedures and grounds for dismissal are outlined below.

Corrective action may be imposed if the resident fails to meet their obligations and responsibilities inherent to successful completion of the residency-training period. This includes, but is not limited to, progress toward achievement of learning experience objectives, completing assignments and meeting deadlines, progress towards completion of the residency project, completion of the program's requirements and deliverables as outlined in the completion requirements policy, and completion and submission of all program evaluation materials. Corrective action process may also be imposed if the resident acts in a manner contrary to the professional obligations (e.g., unprofessional behavior, plagiarism) and responsibilities of a pharmacist.

**Procedure:** The RPD will conduct a thorough investigation, including meeting with the resident to investigate the concern and offer the resident an opportunity to provide information relevant to the identified deficiencies. The following are examples of concerns, performance, or actions that may prompt an investigation to determine the need for corrective action (this list is not comprehensive):

1. Failure to make progress towards achievement of an educational objective in more than one learning experience.
2. Failure to meet required deadlines.
3. Failure to complete assigned work.

Following an investigation, the RPD, in conjunction with the RAC will review the results of the investigation to determine the need to impose corrective action. The RPD shall inform the Resident of the results of the review regardless of the final decision. In addition, the RPD will contact Human Resource (HR) personnel, as appropriate.

When the RPD, in conjunction with the RAC, determines that corrective action is necessary, corrective action will begin with oral counseling followed by, if necessary, a written corrective action plan.

1. Oral Counseling will include a discussion of the issues identified. The Resident will also be provided with suggestions for improvement, progression expectations, and the expected timeline for meeting progression expectations or issue resolution that is no longer than four weeks. The Resident will also be notified that the Oral Counseling discussion will be documented in the resident’s personnel file. The RPD and Resident’s preceptors will closely monitor the resident’s performance to determine if expectations for progression/issue resolution are being met.
2. A Corrective Action Plan will be initiated if the RPD and Residency Advisory Committee determine the Resident has not met progression expectations or corrected identified issues by the end of the expected timeline. The purpose of the Corrective Action Plan is to document specific, measurable, achievable, repeatable and time bound (SMART) goals for a pharmacy resident who has failed to correct identified issues and/or displays behavior that is not conducive to achieving the predetermined objectives of the residency program. Corrective Action Plans will include the following components:
   1. Description of the issues that must be corrected.
   2. Timeline that does not exceed four weeks.
   3. Criteria for successful resolution of the corrective action plan.
   4. Date and signatures of the resident and RPD.
3. Within five working days of the agreed upon timeframe for evaluation, the RPD and the Residency Advisory Committee will assess the performance of the resident relative to the plan and discuss the updated performance with the resident.
4. If the resident was able to successfully complete the corrective action plan, no further action is necessary.
5. If the resident was NOT able to successfully complete the performance improvement plan, the resident will be dismissed from the residency program and employment terminated.
6. If the resident is making progress but has not achieved all criteria for successful resolution: The RPD/RAC, may provisionally extend the Corrective Action Timeline, up to four weeks if, based on their assessment, the resident can successfully complete the plan in this time frame. Progression and duration of the extension will be documented in the Corrective Action Plan with a copy provided to the resident. At the end of any extension, the resident will be dismissed from the residency program and will not receive a certificate of completion if all criteria for resolution have not been met.

**Dismissal:** Grounds for immediate dismissal from the residency program include but are not limited to:

1. Failure to obtain pharmacist licensure within 120 days of the residency start date.
2. For PGY2 residents, failure to provide their PGY1 certificate of completion within 30 days from the residency start date.
3. Knowingly or negligently places a patient, employee or any other person in danger.
4. Falsifying information on a document.
5. Committing plagiarism as determined by the RAC after review of the materials suspected of plagiarism.

The resident is also subject to the Hospital’s Performance Improvement Policy

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| **Residency Remediation/Disciplinary Policy Criteria** |
| Defines: |
| * Resident failure to progress |
| * Resident-specific behaviors that trigger the disciplinary policy (e.g., plagiarism) |
| Defines the procedure that will be followed when the resident fails to progress |
| * When will the certificate be withheld |
| * When will the resident be dismissed |
| * When the program will be extended |
| Programs that offer an extension in their policy includes: |
| * Status of salary and benefits during extension |
| * Maximum duration of extension allowed |
| Policy should be consistent with organization’s HR policies |
| Requirements are objective and clearly written with little left to interpretation |
| Documentation ensures uniform application of requirements |