



Department of Pharmacy Services

Policy and Procedures for Dismissal from the Residency Program

I. BACKGROUND

Responsibility for judging the competence and professionalism of residents and fellows (hereinafter "residents") in medical, dental, psychology, chaplaincy, and pharmacy graduate education programs rests principally with department chairs and program directors. These educators are guided in their judgment of resident performance by the American Society of Health-System Pharmacists, by certifying and licensing Boards, by ethical standards for their professions, and by applicable policies of the University of Virginia and the University of Virginia Health System. Residents are associated with the institution in an educational and training relationship. Residents are compensated as employees of the University of Virginia, which encompasses the teaching hospital of the University of Virginia. The resident's employment relationship with the University of Virginia is derivative of and dependent upon his or her continued enrollment in a graduate (medical, dental, psychology, chaplaincy, or pharmacy) training program of the University.

II. PREFACE

It is expected that all residents will be licensed by the first clinical rotation of the residency program (last Monday in July). Residents who are not licensed pharmacists in the Commonwealth of Virginia by September 1 may be dismissed from the program.

The following Policies and Procedures for the Assessment of Performance of Residents in Graduate Medical Education (hereinafter "Performance Policy") apply to all residents enrolled in graduate pharmacy education programs at the University of Virginia. The Performance Policy governs the qualification of residents to remain in training as well as their completion of residency certification requirements, and its provisions apply in all instances in which such qualification and/or certification is at issue.

III. RESIDENCY PROGRAM ASSESSMENT STRUCTURE AND PLAN

The program director for each residency program has primary responsibility for monitoring the competence and professionalism of program residents, and for initial counseling, probation, or other remedial or adverse action. Residents will be evaluated on individual specialty requirements as well as program requirements. All residents are expected to be in compliance with University and Health System policies, as they are amended from time to time, which include but are not limited to: the Compliance Code of Conduct and other policies on federal health care program compliance, sexual harassment, moonlighting, infection control, and completion of medical records. The Residency Advisory Committee (RAC) may assist a program director in these functions. Where circumstances warrant, the membership of the RAC may be altered to avoid a potential conflict of interest, or to protect the privacy of the resident. The chair of a department may or may not exercise the option to become a member of the RAC or to serve as the final departmental decision-maker in response to the committee or program director's recommendations. Each program's assessment structure and plan must be in writing.

IV. PERFORMANCE REVIEWS

Each resident receives a written summative evaluation within 1 week of the conclusion of each rotation. Quarterly summative evaluations are provided for longitudinal residency requirements (ie, medication use evaluation, research project, weekend distributive functions, and practice management). Criteria-based formative evaluations ("snapshots") are provided to assess performance relating to presentations and Code

12 response. All evaluations are signed by the resident, preceptor of record, and the residency program director. It is recommended that a review of the resident's experience and competence in performing clinical procedures be included in the evaluations when appropriate. Quarterly reviews of the residents' annual training plans are performed by the residency program director and are signed by the resident, residency advisor, and the residency program director.

In addition, requirements of the residency include meeting all deadlines and demonstrating a professional attitude. All pharmacy staff members provide feedback to the residency director(s) regarding timelines and professionalism. Failure to comply will result in disciplinary action.

V. PROBATION

- A. **Initial Probation:** If, after documented counseling, a resident is not performing at an adequate level of competence, demonstrates unprofessional or unethical behavior, engages in misconduct, or otherwise fails to fulfill the responsibilities of the program in which he/she is enrolled, the resident may be placed on probation by the program director. Residents are entitled to a full hearing that includes the residency program director, the Director of Pharmacy Services, the resident's advisor, and departmental staff and rotation preceptors, if deemed appropriate. The resident must be informed in person of this decision and must be provided with a probation document which includes the following:
 1. A statement of the grounds for probation, including identified deficiencies or problem behaviors;
 2. The duration of probation which, ordinarily, will be at least 1 month;
 3. A plan for remediation and criteria by which successful remediation will be judged;
 4. Notice that failure to meet the conditions of probation could result in extended probation, additional training time, and/or suspension or dismissal from the program during or at the conclusion of the probationary period; and
 5. Written acknowledgement by the resident of the receipt of the probation document.
- B. **Extended Probation:** The status of a resident on probation should be evaluated periodically, preferably every month, but at a minimum, every 3 months. If, at the end of the initial period of probation, the resident's performance remains unsatisfactory, probation either may be extended in accordance with the above guidelines (V.A.1.-V.A.5.) or the resident may be suspended or dismissed from the program (hereinafter "adverse action").

VI. SUSPENSION AND DISMISSAL

- A. **Suspension:** A resident may be suspended from clinical activities or any program related activity or duty by the residency program director, Director of Pharmacy Services, or the Associate Dean for Graduate Medical Education. Recommendations for suspension may be proposed by residency preceptors and departmental supervisors to the residency program director. This action may be taken in any situation in which continuation of clinical activities by the resident is deemed potentially detrimental or threatening to University of Virginia Health System operations, including but not limited to patient safety or the quality of patient care, a suspension or loss of licensure, or debarment from participation as a provider of services to Medicare and other federal programs patients. Program suspension may be imposed for program-related conduct that is deemed to be grossly unprofessional, incompetent, erratic, potentially criminal, noncompliant with the Compliance Code of Conduct, federal health care program requirements, Corporate Compliance Agreement or University policies and procedures ("noncompliance"), or that is threatening to the well-being of patients, other residents, faculty, staff, or the resident. Unless otherwise directed, a resident suspended from clinical activities may participate in other program activities. A decision involving suspension of a resident must be reviewed within 3 working days by the department chair (or his or her designee) to determine if the resident may return to clinical activities and/or whether further action is warranted (including, but not limited to, counseling, probation, fitness for duty evaluation, or summary dismissal). Suspension may be with or without pay at the discretion of institution officials.
- B. **Dismissal During or at the Conclusion of Probation:** Probationary status in a residency program constitutes notification to the resident that dismissal from the program can occur at any time during or at the conclusion of probation. Dismissal prior to the conclusion of a

probationary period may occur if the conduct which gave rise to probation is repeated or if grounds for Program Suspension or Summary Dismissal exist. Dismissal at the end of a probationary period may occur if the resident's performance remains unsatisfactory or for any of the foregoing reasons. Prior to dismissal, the Medical Staff and Residency Office must be notified of the dismissal of any resident during or at the conclusion of a probationary period.

- C. **Summary Dismissal:** For serious acts of incompetence, impairment, unprofessional behavior, falsifying information, noncompliance, or lying, or if a resident is listed as excluded on the Department of Health and Human Services Office of the Inspector General's "List of Excluded Individuals/Entities" or on the General services Administration "List of Parties Excluded from Federal Procurement and Non-Procurement Programs") or is discovered to have been convicted of a crime related to the provision of health care items or services for which one may be excluded under 42 USC 1320a-7(a) (an "excludable crime", i.e. criminal offenses related to governmentally financed health care programs, including health care fraud; criminal abuse or neglect of patients; or felony controlled substance convictions related to the provision of health care), a department chair may immediately suspend a resident from all program activities and duties for a minimum of 3 days and, concurrently, issue a notice of dismissal effective at the end of the suspension period. The resident does not need to be on probation, nor at the end of a probationary period, for this action to be taken.
- D. **Notification of Suspensions and Dismissals:** The resident must be notified in writing of the reason for and terms of suspension and dismissal, have an opportunity to respond to the action before the dismissal is effective, and be given a copy of the GME Appeals Process. Prior to the dismissal, the Medical Staff and Residency Office must be notified of any dismissal of any resident during or at the conclusion of a probationary period.

Approved by the Residency Advisory Committee, May 2008
Updated March 2009