



University of Kentucky / UK HealthCare Policy and Procedure	Policy # PH09.03.085
Title/Description: Corrective Action, Failure to Achieve Certification and Involuntary Dismissal Policies – Pharmacy Residents and Fellows	
Purpose: To define the procedure for the dismissal of pharmacy residents and fellows	

All pharmacy residents and fellows training in programs offered by UKHealthCare will be treated with fairness and respect. The director of pharmacy services, program directors, preceptors and chief pharmacy resident will follow a corrective action process based on counseling and a warning system when a serious deficiency in a resident/fellow’s performance is noted. The corrective action process will be used when addressing areas of resident/fellow performance and/or behavior requiring improvement or elimination. It is intended to initiate action that will assist the resident/fellow in correcting problems and improving performance and behavior. Failure to improve performance as addressed by the corrective action process within the specified schedule(s) will result in the resident/fellow not receiving a certificate of successful completion of the training program 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 PROCESS

Appropriate corrective action will be taken if a resident fails to:

- A. Obtain licensure to practice pharmacy in the state of Kentucky on or before 60 days from the start of the residency year
- B. Present him/herself in a professional manner at all times.
- C. Present ethical behavior and conduct at all times.
- D. Follow all guidelines, policies and procedures of UK Healthcare and the department of pharmacy at UK Healthcare and entities associated with the residency program.
- E. Make satisfactory progress on any and all residency goals and objectives as determined by the Residency Advisory Committee (RAC), the resident’s RPD, the resident’s preceptor, manager, director or executive director of pharmacy services
- F. Make satisfactory progress towards the completion of all residency requirements (e.g. demonstrated competence in staffing, longitudinal and concentrated rotational progression, research project progression and meeting all residency related deadlines).
- G. Make up time absent from the program beyond the allotted vacation/sick/leave days.

Procedures

- I. The director of pharmacy services or designate, prior to initiating corrective action, will conduct a thorough investigation, including meeting with the individual resident/fellow to investigate the concern and offer the resident/fellow an opportunity to provide information relevant to the identified problem.
- II. Following an investigation, initiated as outlined above, the director of pharmacy services alone or in conjunction with an ad-hoc committee will review the results of the investigation to determine the need to initiate a corrective action process. The director of pharmacy services shall inform the resident of the results of the review regardless of the final decision.
- III. The corrective action process consists of the following:
 - A. Verbal and written counseling including specific expectations for improved performance or behavior.
 - B. Issuance of verbal and written warnings of the duration of the probationary period associated with the corrective action process.
 - C. Issuance of a schedule for any additional verbal and written reviews deemed necessary, of performance/behavior expectations during the probationary period associated with the corrective action process.
 - D. A verbal and written statement issued at the end of the probationary period associated with the corrective action process stating the final evaluation of the resident's performance therein. The final evaluation shall fall into one of three categories:
 1. Successful improvement and achievement of required program performance and or professional behavior by the resident/fellow.
 2. Partial, yet inadequate, improvement in, or unsuccessful achievement of, required performance or behavioral expectations. If this applies to an inability of the resident/fellow to successfully complete any requirement for certification of completion of residency/fellowship training, this is to be accompanied by a request for resident/fellow voluntary termination.
 3. Continued demonstration of performance or behavior requiring corrective action without improvement. This is to be accompanied by issuance of an involuntary termination letter.
- IV. When the director of pharmacy services, alone or in conjunction with an ad-hoc committee, determines that corrective action is completed, he/she will write a letter or memo to the resident/fellow. All such documents will be kept in the resident/fellow's personnel file and a copy of each document must be given to the resident.

FAILURE TO OBTAIN LICENSURE

- V. If a resident fails to obtain licensure to practice pharmacy in the state of Kentucky within 60 days of the start of the residency year, an ad-hoc committee consisting of the Residency Oversight Committee (ROC) and the resident's RPD will be formed.
 - a. An evaluation of the circumstances will occur by this committee and a final decision will be made following appropriate investigation. Actions may include, but are not limited to:
 - i. Adjustment of residents staffing schedule, but no modification to program length if licensure appears imminent and all program requirements can be met.
 - ii. Place on probation for maximum of 30 days and adjust the end date of the residency to facilitate all requirements.

GROUND FOR IMMEDIATE DISMISSAL

- VI. Just cause for dismissal includes failure to perform the normal and customary duties of a pharmacy resident/fellow, substantial or repetitive conduct considered professionally or ethically unacceptable or which is disruptive of the normal and orderly functioning of the hospital. Specific concerns, behaviors or actions fulfilling these requirements are listed below.
 - A. The resident fails to obtain licensure within 90 days of the start of the residency year, and maintain valid licensure as a pharmacist in the Commonwealth of Kentucky throughout their program and all requirements of such licensure (continuing education, moral character, legal status, etc.)
 - B. The resident/fellow knowingly or due to negligence of action places a patient, employee or any other person in danger.
 - C. The resident/fellow displays acts or threats of violence toward any other person including aggressive behavior or stalking.
 - D. The resident/fellow is found to be using alcohol, illegal substances or other recreational substances at any time during work and non-work hours with which use of these substances interferes with their ability to perform work duties in a professional, responsible and safe fashion.
 - E. The resident/fellow is found to carry, possess or use any weapon on Medical Center property.
 - F. The resident/fellow falsifies information on a document.
 - G. The resident/fellow commits plagiarism determined by a majority decision of an ad-hoc committee called to review the materials suspected of plagiarism. This committee must

consist of the director of pharmacy services, the resident/fellow's program director, and a clinical specialist in the appropriate area of practice and others designated by REC.

- H. The resident/fellow is absent from work beyond allotted personal time off and is unwilling to make up this time.
- I. The resident/fellow sexually harasses a patient, employee or any other person while in performance of their duties as a resident/fellow.
- J. The resident/fellow commits an act vandalism or theft of Medical Center property.

Subsequent to receiving notification of an occurrence from the list above, the director of pharmacy services will conduct a thorough investigation, including meeting with the individual employee to investigate the concern and offer the employee an opportunity to provide information relevant to the identified problem or occurrence.

- VII. Following an investigation, the director of pharmacy services, alone or in conjunction with an ad-hoc committee, will review the results of the investigation to determine one of the following recommendations; 1) Need for Immediate Dismissal or 2) Need Immediate Corrective Action – Involuntary Dismissal May Result. The corrective action process shall meet all of the requirements for such a process listed above in III A-D and IV. In addition the director of pharmacy services will inform such licensing or regulatory bodies, as is pertinent to the resident/fellow involved, in detail of the event/s.

The director of pharmacy services shall inform the resident of the results of the review.

Persons and Sites Affected	
<input type="checkbox"/> Enterprise <input type="checkbox"/> Chandler <input type="checkbox"/> Good Samaritan <input type="checkbox"/> Kentucky Children's <input type="checkbox"/> Ambulatory <input checked="" type="checkbox"/> Department	
Policies Replaced	
<input checked="" type="checkbox"/> Chandler PH20-15 <input type="checkbox"/> Good Samaritan <input type="checkbox"/> Kentucky Children's CH <input type="checkbox"/> Ambulatory KC <input type="checkbox"/> Other	
Effective Date: 4/30/2015	Review/Revision Dates: 9/2012, 4/15, 4/30/2015, 11/26/2018, 6/20/19
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