

Policy Title: Pharmacy Resident Dismissal	Version Number: 6.0
Search Words: Pharmacy, Resident, Dismissal	
Approved By Signature below:	Date: July 2020, Jan 2022, March 2023, January 2024, March 2024, December 2024, April 2026
Melanie Massiah-White, BS Pharm, MHA VP, Chief Pharmacy Officer	

Purpose:

Define the guidelines for pharmacy resident dismissal from a program

Applies to:

All pharmacy residents within the Inova Health System (IHS). This applies to both Post Graduate Year 1 and 2 (PGY1&2).

Definitions:

- Dismissal – termination from the residency program.
- Severely deficient or failing to progress – a goal/objective with a score of 1 at any time or a score of 2 in quarters 2 through 4 (unless the objective is being evaluated for the first time in quarter 2 or 3)
- At risk of not achieving – a goal/objective with scores that do not necessarily meet the definition of severely deficient or failing to progress but are at risk of not meeting the program criteria for “achieved for residency.”

Policy Description:

1. While every effort is made to ensure the success of a resident throughout the residency program, the resident must meet minimum standards and complete certain tasks in order to remain within the program.
2. For discussions of dismissal from the program, pharmacy leadership and a human resources representative will be included as needed.



3. Pharmacy residents are expected to comply with the terms of their residency contract. Any violations of the contract may subject the resident to dismissal from the program. In addition, the following criteria must be met or it will result in dismissal:
 - a. Virginia Board of Pharmacy licensure by September 1
 - b. Proof of the following training:
 - i. Certificate of PGY1 completion (for incoming PGY2 residents only) -within 7 days from the start of the residency program (will be verified by PGY2 program director via graduate tracking in PharmAcademic).
 - c. Completion of orientation (dates subject to modification due to extenuating circumstances)
 - i. Pharmacy orientation by September 1
 - ii. Sterile compounding by August 1 if required by the program (refer to program manual)
 - d. Progression through the program as outlined below:
 - i. The resident is expected to improve and progress throughout the residency year.
 - ii. The resident is expected to meet the minimum requirements that have been established for each ASHP goal/objective assigned to the residency program as outlined in their program-specific addendum to the Pharmacy Resident Requirements for Certificate Policy.
 - iii. If the resident is severely deficient or failing to progress or at risk of not achieving, a performance improvement plan (PIP) must be developed. All PIPs should be reviewed and approved by the resident's direct manager (pharmacy leadership) and human resources. This plan should be documented in PharmAcademic as part of the resident's development plan and include specific activities and outcomes to be measured (see Addenda).
 - iv. The RPD should directly inform current/upcoming preceptors of the resident's PIP and discuss steps to be taken to help the resident successfully comply with the plan.
 - v. If a resident fails to demonstrate compliance with the goals and timelines established within the PIP or has additional identified areas for which an action plan needs to be developed, a second PIP will be instituted.
 - vi. No more than two PIPs will be implemented prior to resident dismissal from the program.



- e. Completion of all scheduled staffing shifts, including make-ups secondary to unscheduled PTO occurrences.
 - f. Compliance with all hospital, pharmacy department and residency policies. All policies may be found on PolicyStat.
 - i. Inova Health System Progressive Discipline Policy:
<https://inova.policystat.com/policy/16096297/latest>
 - g. Maintain academic integrity
 - i. Plagiarism includes but is not limited to improper use of AI-generated content without appropriate citation or acknowledgment
4. Residents dismissed from the program will not receive a residency graduation certificate.



Performance Improvement Plan

Team Member's Name: _____

Manager's Name: _____

Department: _____

Date of Issuance: _____

Date of Completion: _____

Performance Deficiency(ies):

(List specific Performance Deficiencies/areas of concern)

Performance Improvement Timeframe (Indicate whether PIP will last 30, 60, or 90 days)

Performance Improvement Guidelines/Suggestions: (List specific activities that will lead to the improved performance stated above i.e. training classes, supervisor/team member coaching meetings and their frequency, etc.)



Your effort and progress in implementing corrective action steps will be assessed during the next days. If at any time during this period it is determined that satisfactory progress is not being attained, disciplinary action may be taken immediately, which could include termination. While this Plan is designed to have you focus on areas that are deficient, nothing in this Plan changes the at-will nature of your employment. Therefore, at any time during this Performance Improvement Plan, Inova may take any action it deems appropriate, up to and including extension of this Plan or further written disciplinary action, immediate suspension, or termination. You must show immediate improvement, and sustain improved performance on an on-going basis beyond the assessment period of this Plan. Recurring or additional performance issues will result in action up to and including termination of employment without further coaching or notice.

I wish you success in meeting these requirements, and I am available to assist you in achieving the goals.

My signature indicates this document has been reviewed and discussed with the team member on the date indicated below.

Manager/Supervisor Name Date

Your signature acknowledges your discussion regarding this plan, your receipt of a copy of this Performance Improvement Plan and your understanding of what has been presented to you in this Performance Improvement Plan. It does not indicate agreement or disagreement with this Plan.

Team Member Signature Date

Note to Manager: If the team member refuses to sign this document, the manager should indicate the same here:
