PROCEDURE H-1.5

Subject: Termination of a Pharmacy Resident
Applies to: Houston Methodist Hospital
Originating Area: Pharmacy Services

Effective Date: May 1998
Date Revised/Reviewed: June 2019
Target Review Date: June 2022

I. GENERAL STATEMENT

The American Society of Health-System Pharmacists requires that accredited residency programs have in place a policy to fairly evaluate and process information necessary for the termination of a pharmacy resident.

II. DEFINITIONS

A. Pharmacy resident - A pharmacist who participates in an organized, directed, postgraduate training program centering on development of the knowledge, attitudes, and skills needed to pursue rational drug therapy.

III. PROCEDURE

Pharmacy residents shall comply with all policies and procedures of the Department of Pharmacy Services and Houston Methodist Hospital and are subject to performance management in accordance with HMH Policy HR01. If a resident is terminated as an employee of Houston Methodist Hospital, the resident will also be released from the residency program. If a resident leaves or is released from a residency program, the resident will also be terminated as an employee of Houston Methodist Hospital. Situations in which a resident may be subjected to corrective action and/or result in termination are outlined below:

A. Pharmacy residents are responsible for all didactic and experiential assignments during the course of the residency as specified in the job description. The pharmacy resident shall document consistent progress in the accomplishment of goals, objectives, reports, and evaluations. If the pharmacy resident is not making sufficient progress in fulfillment of the program’s goals and objectives as determined by the residency program director, the matter shall be discussed with the respective residency preceptor(s). If the matter cannot be resolved, residents may then be subject to progressive correction in accordance with HMH procedure HR01, which may result in termination of the resident. See also Pharmacy Services policy H.1.6, Rotation Requirements for Pharmacy Practice Residents.

B. Based on previous experience, 4 or more consecutive days of absence taken for any reason can significantly hinder a resident’s ability to meet the expectations of a rotation. For this reason, these requests may only be granted after providing an
explanation of the extenuating circumstances and receiving approval from the Residency Program Director (RPD) and manager. (Note: Residents are encouraged to limit the number of scheduled PTO days to 5 during each half of the program year for a total of 10 days for the entire year.)

In the event that an unexpected situation causes an employee/resident to be unavailable for work without proper notice, this time would be covered by unscheduled PTO. However, residents are expected to accrue no more than 3 incidents of unscheduled PTO during their residency year. Unscheduled PTO incidents of 5 or more may result in release from employment and the program. Anytime an unscheduled PTO is utilized, the resident must inform at least the RPD, manager, and preceptor of their absence by 8 AM Monday through Friday. If the resident has any meetings or assignments due, then the appropriate people should also be informed and proper arrangements made.

For weekends, the resident should call in at least 2 hours before his or her scheduled shift begins. The person to contact at that time would be the Pharmacy Manager on Call (PMOC).

C. Pharmacy residents must become a licensed Texas pharmacist by the Texas State Board of Pharmacy within 90 days of hire. Failure to attain this licensure within the specified time frame shall result in immediate termination.

D. Pharmacy residents must become familiar with and abide by all hospital and department policies currently in place. Violation of such policies may result in corrective action.

E. For PGY2 programs, at the start of the residency year, the PGY1 residency certificate or a letter of completion is required. If a letter of completion is provided, the residency certificate must follow within 90 days.

IV. **NAME OF APPROVING DIRECTOR:** Alex Varkey, PharmD, MS, FAPhA  
**TITLE:** Director of Pharmacy

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V. **NAME OF APPROVING EXECUTIVE:** Daniel Metzen, Pharm.D. MBA  
**TITLE:** System Director Pharmacy Services

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**Revision History** As required by ISO9001, document the

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