



Licensing of Pharmacy Residents

PGY1 Residents:

1. The resident must have a NYS Pharmacy Intern Permit prior to commencement of the residency program.

PGY2 Residents:

2. The resident must utilize reciprocity to obtain licensure if their current license is outside of New York. The MPJE must also be taken.
3. The resident must have a NYS Pharmacy Intern Permit prior to commencement of the residency program if the reciprocity process will not be completed prior to their start date.

All Residents:

4. The resident is required to be licensed as a pharmacist (in New York) within 120 days of starting their residency program to ensure they are practicing as a licensed pharmacist for at least 2/3 of the residency program.
5. Failure to achieve this goal will result in their dismissal from the program.

Pharmacy Residency Remediation / Disciplinary / Dismissal Policy

Residency Training Enhancement

Residents who are not meeting program expectations based on:

- the standards of the residency program
- unsatisfactory performance
 - Receiving NI (needs improvement) on an objective in two consecutive learning experience evaluations
 - Receiving two or more NI (needs improvement) within one learning experience evaluation
 - Failure to meet deadlines on more than one assignment within one learning experience
- not abiding by the KH Time & Attendance Policy (HR. 305)
- evidence of plagiarism

must be immediately notified and a written corrective action plan developed. Examples of corrective action plan include: special assignments or repeating rotation(s).

The Residency Program Director along with the resident's primary preceptor has the authority to initiate a corrective action plan. The corrective action plan must:

- describe the specific deficiencies in required competencies
- identify the resident's additionally required activities
- list restrictions or conditions placed on the resident during this period (i.e., denial of PTO)
- provide written feedback about the resident's performance status on a mutually agreed upon time frame (i.e., 1 – 2 months)
- outline consequences of not fixing the deficiencies in the allotted time frame

Residents are given the opportunity to remediate their deficiencies and must provide written response to their primary preceptor and the Residency Program Director throughout this corrective action plan process.

Dismissal

Dismissal will be considered for residents who fail to meet objectives outlined in their corrective action plan. The Residency Program Director along with the primary preceptor shall provide to the resident written notice of a resident's unsuccessfully corrected performance problems prior to dismissal.

Leave Policy

- Residents are able to accrue up to 31 PTO (Paid Time Off) days. These may be used for vacation, holidays, sick days, interviews, or long weekends.
- Extended vacations will not be approved.
- Requested days off must be approved by rotation preceptor, then Primary Preceptor, then Site Director/Manager.

- All approvals are tentative pending completion of all outstanding assignments by time PTO is to be taken.
- At most, three (3) PTO days may be used per rotation.
- Residents may NOT use PTO for the last day of the residency program.
- All residents will be allowed four (4) professional days to attend the ASHP Mid-Year Clinical Meeting and two (2) professional days to attend a resident platform presentation conference. PGY2 residents will be allowed up to four (4) professional days to attend an additional conference in their area of interest.
- Residents may not exceed a total of 37 training days away from program.

Refer to Kaleida Health Policy: Leave of Absence (HR.203). According to this policy, to be eligible for a family and medical leave of absence (FMLA), an employee must have worked at least 1,250 hours during the twelve (12) month period immediately preceding the leave request.

ASHP Residency Standards may necessitate an extension of the training period upon the residents' return to work in order for the resident to qualify for certification.

If the resident misses greater than 31 days (PTO days), the residents will need to complete the missed weeks by extension of the residency up to 12 weeks. This extension will be completed by the resident as a volunteer within Kaleida Health.

If the resident misses more than 12 weeks they will be dismissed from the program.

Duty Hours

The Kaleida Health Residency Programs support a work environment which is conducive to learning. The program follows the regulations for duty hours set forth by the ASHP to ensure such an environment for learning. See ASHP document "Pharmacy Specific Duty Hours Requirements.[[Duty-Hour Policy \(ashp.org\)](http://ashp.org)]

Key features of the regulations which apply to all Kaleida Health Residency Programs are as follows:

- Resident responsibilities shall not exceed an average of eighty hours per week averaged over a four week period.
- Adequate rest periods between scheduled on-duty assignments should consist of eight non-working hours and at least one twenty-four hour non-working period shall be scheduled weekly.
- The expectation is that residents will not be employed outside the hospital.
- Residents will not be allowed to pick up open shifts as a pharmacist at any Kaleida Health facility (i.e. "moon-light").

PGY2 Residents – Verification of Completion of PGY1 Program

All PGY2 residents must submit to the RPD a copy of their PGY1 certificate for having completed their PGY1 residency program and a signed letter from their PGY1 RPD verifying their completion of the PGY1 program. This must be submitted by July 31st of the year starting their PGY2 program. Failure to submit the certificate within this time frame will result in dismissal.