

**Henry Ford Hospital  
Pharmacy Residency Program  
Policies on Leave, Duty Hours, Licensure, and Dismissal**

**Resident Leave Policy**

Residents are allowed **up to** 15 days of paid time off (PTO) from the residency program. This leave is to be used for illness, personal reasons, interviews, etc.

All planned leave **MUST** be approved. Approval must be obtained by sending an email requesting the day off to ALL of the following: **the affected rotation preceptor, the RPD for your program, and the monthly and weekly schedule writers (Lerlean Brown and Pat Long)**. Failure to follow this process for requesting time off may result in denial of your request.

For unplanned leave (due to illness, etc), the resident **MUST** call into Central Pharmacy (16-5087) and tell a pharmacist. **This must occur for unplanned leave during BOTH rotation days and weekend staffing days.** If unplanned leave is occurring on rotation days, the resident must also notify his/her preceptor and the weekly schedule writer (Pat Long) via email.

**Meetings and discretionary leave:** If a resident has used all 15 days of PTO, additional leave approved by the RPD may not exceed 22 days (in addition to 15 days of PTO above). This leave **MUST** be approved by the RPD and the resident's current preceptor *at least 2 weeks prior to the dates requested*.

**Personal/Leave due to illness:** In extraordinary circumstances, residents may request a leave of absence for illness or personal reasons. For leave of 3 months or less, the resident will be permitted to "make up" time missed in a paid extension of their residency initiated after the original program end date. If a leave of absence of greater than 3 months is necessary, the RPD and Resident will work the Director of Pharmacy and Human Resources to determine a plan for the leave and may consider dismissal. A leave of absence of greater than 12 months will not be permitted.

**Duty Hours**

**Duty Hours:** Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care, in-house call, administrative duties, scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours do not include reading, studying, and academic preparation time for presentations, journal clubs; or travel time to and from conferences; and hours that are not scheduled by the residency program director or preceptor.

- Duty hours are documented by the resident using the PharmAcademic attestation statement monthly.
- Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.
- Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks).
- Residents should have 10 hours free of duty between scheduled duty and must have at a minimum 8 hours between scheduled duty periods.
- Continuous duty periods of residents should not exceed 16 hours.

### **Work Outside of the Residency Program**

**Moonlighting:** Voluntary, compensated, pharmacy-related work performed outside the organization (external), or within the organization where the resident is in training (internal), or at any of its related participating sites. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

**Internal Moonlighting** is the only type of Moonlighting that is permitted for PGY1 or PGY2 Henry Ford Hospital Residents. No more than one 8-hour internal moonlighting shift will be permitted per week. Moonlighting must be APPROVED by the RPD prior to being scheduled and must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program. Any moonlighting must be counted towards total duty hours (see above).

#### *Internal Moonlighting – Reporting Hours*

- Internal moonlighting hours worked by a resident will be monitored during the biweekly Kronos payroll approval process and in the Pharmacademic attestation. The RPD will be notified if the resident is moonlighting greater than one shift per week.

#### *External Moonlighting – NOT PERMITTED*

The RPD will ensure that discussion of the potential impact of moonlighting on resident performance is part of the monthly review of each resident at the PGY1 or PGY2 Residency Advisory Committee (RAC) meetings. If moonlighting impacts performance, the RAC will determine whether internal moonlighting hours should be limited or eliminated for the resident.

### **Licensure and Grounds for Resident Dismissal**

Pharmacy residents are required to be licensed pharmacists in the state of Michigan by no later than September 1<sup>st</sup>. Failure to obtain a pharmacist and a controlled substance license may result in alteration of the residency program structure at the discretion of the RPD and director of pharmacy. Alterations may include modification or removal from current learning experience until licensure is obtained, a paid extension of residency training program duration, or dismissal. Minimum of 2/3 of residency is to be completed as a pharmacist licensed to practice in the program and a paid program extension will occur to meet this 2/3 requirement. **This paid extension is limited to 30 days. Therefore, if a resident is not licensed by November 30<sup>th</sup>, termination is required per Henry Ford Human Resource Policies. Alteration will not be an option after this date.**

Entering PGY2 pharmacy residents who completed a PGY1 Pharmacy Residency at another institution are required to provide a certificate of PGY1 completion by no later than the end of orientation. The PGY1 certificate will be uploaded in Pharmacademic under resident files. Failure to produce a certificate may result in alteration of the residency program structure at the discretion of the RPD and director of pharmacy. Alterations may include removal from learning experiences until the certificate is provided, or dismissal.

Pharmacy residents are employees of the Henry Ford Health. Similar to pharmacists and other exempt (overtime ineligible) professional staff, pharmacy residents are considered “at will” employees and may be subject to termination based on violation of the Standards of Conduct (See attached policy) or unacceptable work performance.

Violation(s) in the Standards of Conduct (depending on the nature and severity of) and poor work performance can generally be corrected quickly, based on the resident's goals and objectives and plan to meet them (co-developed and mutually agreed upon by the residency program director [RPD] and resident) established at the beginning of the residency, monthly rotation evaluations, and other ongoing evaluations

which are used to judge the resident's performance and progress. A mutually agreed upon plan will be documented and tracked in Pharmacademic to correct the identified problem. Generally, these remediation measures are successful in helping the resident "get back on track" to allow successful completion of the residency and allow certification. However, there may be instances where the resident has progressively failed to meet expectations outlined by the mutually agreed upon plan or has seriously violated the Henry Ford Health Standards of Conduct. In these cases, after further consultation with the Residency Advisory Committee, Director of Pharmacy Services and Human Resources, the RPD and Human Resources may dismiss the resident from the program and terminate employment with Henry Ford Health.

**References:**

Duty Hour Requirements for Pharmacy Residencies (ASHP; 8 March 2020): <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx>

Tier 1: Termination of Employment: <https://henryford.policystat.com/policy/13586165/latest>

**Henry Ford Health Vaccine Requirements**

Residents must comply with the Henry Ford Health Tier 1: Mandatory Vaccines Policy. Henry Ford Health requires proof of vaccination for seasonal influenza and COVID-19. In addition, proof of immunity and/or vaccination is required for Measles, Mumps, Rubella, Tetanus, Diphtheria, and Pertussis.