

Pharmacy Residency Policy - Licensure in Ohio

Target Group: Cleveland Clinic Akron General Medical Center - Pharmacy		Original Date of Issue: Not Set	Version 2
Approved by: AGMC Board Policy Committee	Date Last Approved/Reviewed: 03/17/2021	Prepared by: Nathaniel Russell (Manager Pharmacy Operations)	Effective Date 03/17/2021

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Purpose

This document outlines the Ohio Pharmacy Licensure requirements for all pharmacy residents during post-graduate year 1 (PGY1) and post-graduate year 2 (PGY2).

Policy Statement

All pharmacy residents must successfully be licensed by the Ohio State Board of Pharmacy in a timely manner, including reciprocity.

Definitions

Cleveland Clinic Akron General Medical Center: Includes Akron General Main Campus and any and all Akron General provider-based locations.

ACPE - Accreditation Council for Pharmacy Education

NAPLEX - North American Pharmacy Licensure Examination

MPJE - Multistate Pharmacy Jurisprudence Examination

Policy Implementation

1. All pharmacy residents must have graduated from an Accreditation Council for Pharmacy Education (ACPE) accredited School of Pharmacy, and be licensed in the State of Ohio.
2. Residents should contact the Ohio State Board of Pharmacy as soon as possible after the match to determine licensure requirements. Residents are responsible for determining and completing Ohio intern hour requirements necessary to be eligible to sit for Licensure Examinations.

3. Residents must obtain an Ohio Pharmacy Intern License if currently does not hold a Pharmacist License in Ohio or in another state.
 - a. Residents do not need an Ohio Intern License if they hold a current/active Pharmacist License in another state while waiting for reciprocity to be determined by Ohio State Board of Pharmacy.
 - i. Reciprocity should be done as soon as possible (July of residency year)
4. Residents must maintain an Ohio Pharmacy Intern License until obtaining a Pharmacist License in Ohio.
 - a. Failure to obtain or maintain Ohio Pharmacy Intern License while waiting for Ohio Pharmacist License will result in suspension from work/residency.
5. Until the resident is licensed in Ohio, they must work under the direct supervision of a licensed pharmacist.
6. All pharmacy residents should obtain their Ohio Pharmacy License prior to orientation or as soon as possible after starting orientation.
7. Residents must be licensed within the first 90 days of start date.
 - a. Residents should complete initial licensure examinations by July 15 and shall complete no later than July 31, to allow adequate time for re-testing in the event the resident does not pass the initial examinations. If a resident has a delayed start that is approved, the resident should complete initial licensure examination within 15 days of their start date, but no later than 30 days from start date.
 - b. For NAPLEX, after a failed attempt, there is a 45 day waiting period for next attempt at the NAPLEX.
 - c. For MPJE, after a failed attempt, there is a 30 day waiting period for next attempt at the MPJE.
 - d. If a resident fails to pass either licensing exam, the Ohio Board of Pharmacy must be contacted ASAP and the process initiated to obtain a new Authorization To Test (ATT) from the board. The resident should schedule their next attempt at the soonest possible opportunity after the waiting period has elapsed.
 - e. Failure to obtain license within the first month of residency may impact resident's staffing and clinical rotations (e.g., decrease in number of electives, attendance at local, state, and national conferences), and may extend the residency program length to meet requirements as outlined in the [Pharmacy Residency Successful Completion Policy](#).
8. Failure to pass Ohio State Board of Pharmacy Licensure requirements within in first 90 days of start date or two failed attempts of the same examination (i.e., NAPLEX or MPJE) occurring within the first 90 days of start date of the residency will result in termination from the residency program. Exceptions (e.g., medical leave) will be considered on an individual basis and required program extension will be determined by the director of pharmacy (or designee).
9. Managers or designee are responsible for performing primary source verification of a resident's license within first 90 days of start date.

- a. Manager or designee is responsible for performing primary source verification of renewal no later than the expiration of the credentials.
 - b. Manager or designee will retain a copy of the website screen print, dated no later than the expiration date in the resident's departmental file, and submit to Human Resources.
10. PGY2 pharmacy residents must show proof of certificate of completion for a postgraduate Year 1 (PGY1) residency within the first 30 days of hire. Failure to produce certificate of completion for a post-graduate Year 1 (PGY1) residency will result in dismissal from the residency program.
- a. PGY2 residents must bring in a copy of the certificate of completion for a postgraduate Year 1 (PGY1) residency (e.g., graduation certificate).
 - b. Pharmacy manager or designee will contact PGY1 residency program to verify the primary source.
11. Residents are responsible to maintain current licensure, certification, and/or clinical competencies as required by their position as outlined in the [Licensure/Certification/Clinical Competency Policy](#). Continued employment is contingent upon maintaining current credentials.

Regulatory Requirement/References

Ohio Licensure as a Pharmacist by Examination. Available from <https://pharmacy.ohio.gov/Licensing/Pharmacist.aspx> (Accessed Oct 08, 2019).

NAPLEX - <https://nabp.pharmacy/programs/naplex/> (Accessed Oct 08, 2019).

[Licensure/Certification/Clinical Competency Policy](#)

Oversight and Responsibility

The Department of Pharmacy is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

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8. Failure to pass Ohio State Board of Pharmacy Licensure requirements within in first 90 days of start date or two failed attempts of the same examination (i.e., NAPLEX or MPJE) occurring within the first 90 days of start date of the residency will result in termination from the residency program. Exceptions (e.g., medical leave) will be considered on an individual basis and required program extension will be determined by the director of pharmacy (or designee).
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- a. PGY2 residents must bring in a copy of the certificate of completion for a postgraduate Year 1 (PGY1) residency (e.g., graduation certificate).
 - b. Pharmacy manager or designee will contact PGY1 residency program to verify the primary source.
11. Residents are responsible to maintain current licensure, certification, and/or clinical competencies as required by their position as outlined in the [Licensure/Certification/Clinical Competency Policy](#). Continued employment is contingent upon maintaining current credentials.

Regulatory Requirement/References

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NAPLEX - <https://nabp.pharmacy/programs/naplex/> (Accessed Oct 08, 2019).

[Licensure/Certification/Clinical Competency Policy](#)

Oversight and Responsibility

The Department of Pharmacy is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

Pharmacy Residency Successful Completion Policy

Target Group: Cleveland Clinic Akron General Medical Center - Pharmacy		Original Date of Issue: 10/31/2013	Version 4
Approved by: AGMC Board Policy Committee	Date Last Approved/Reviewed: 03/20/2024	Prepared by: Christopher Ensley (Manager Medication Safety)	Effective Date 03/20/2024

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Purpose

To outline the graduation requirements for all Cleveland Clinic Akron General (CCAG) pharmacy residents.

Standard 2 (Program Requirements and Policies), number 2.13 of the American Society of Health-System Pharmacists (ASHP) Pharmacy Residency Standards states, “a Residency Program Director (RPD) will award a certificate of residency only to those who complete the program’s requirements.”

Policy Statement

A Resident must meet all program requirements in order to receive a residency certificate.

Definitions

Cleveland Clinic Akron General Medical Center: Includes Akron General Main Campus and any and all Akron General provider-based locations.

Acceptance Letter (ASHP Residency Standard 2.9): A letter that is sent to the resident candidate after the National Matching Service results or early commitment that outlines requirements for successful completion of the residency program. The letter is signed and dated by both the resident and the Residency Program Director (RPD). The letter also includes a start date and end date of the residency program. The letter will be postmarked no later than 30 days following receipt of the Match results or acceptance of an early commitment offer by the applicant.

Policy Implementation

A resident must meet the following in order to successfully complete the residency and be awarded a residency certificate. A resident must:

1. Obtain pharmacist licensure in the State of Ohio (as described in the CCAG Pharmacy Resident Licensure Policy).
2. Completion of all required core areas of patient care experiences, including direct patient or non-direct patient experience (as applicable), as defined in the appendix of the Required Competency Areas, Goals, and Objectives for the applicable pharmacy residency program (See Appendix section below).
3. Have all assigned resident evaluations (in PharmAcademic) completed.
4. Meet the following:
 - a. PGY1 Pharmacy (includes first year Health System Pharmacy Administration and Leadership): A resident must achieve for the residency (ACHR) all goals in domain R1. A resident may have only 1 goal in any one of the following domains R2, R3, and R4 that is not achieved for the residency (ACHR). By the end of the residency there can be no objectives that are rated as Needs Improvement that have not been specifically addressed in the resident's Development Plan followed by evaluation demonstrating at least Satisfactory Progress.
 - b. PGY2 (includes all PGY2 programs except Health System Pharmacy Administration and Leadership): A resident must achieve for the residency (ACHR) all goals in R1 (or specific "R" domain for patient care). A resident may have 2 goals in other domains that are not achieved for the residency (ACHR). By the end of the residency there can be no objectives that are rated as Needs Improvement that have not been specifically addressed in the resident's Development Plan followed by evaluation demonstrating at least Satisfactory Progress.
 - c. PGY2 Health System Pharmacy Administration and Leadership: A resident may have 2 goals that are not achieved for the residency (ACHR). No domain(s) specified. By the end of the residency, there can be no objectives that are rated as Needs Improvement that have not been specifically addressed in the resident's Development Plan followed by evaluation demonstrating at least Satisfactory Progress.
5. Complete research or project(s) as outlined by the specific residency program (as outlined in Acceptance Letter).
6. Complete a project manuscript that is suitable for publication.
7. Present a project (poster or podium) at assigned conferences (e.g., Ohio College of Clinical Pharmacy (OCCP), ASHP Midyear, Regional Residency Conference, CCAG Scientific Session, or others as assigned).
8. Complete all staffing requirements (as outlined in Acceptance Letter); including on-call program if applicable. The staffing component may vary from year-to-year but will be no more frequent than every other weekend and will include up to three (3) national holidays.
9. Complete all presentation requirements (e.g., case presentations, pharmacotherapy conference, medication use evaluations (applicable to PGY2), research project proposal and findings) (as outlined in Acceptance Letter). Presentations may be repeated if necessary to demonstrate proficiency.

10. Complete assigned certificate program (e.g., Teaching Certificate, Leadership Certificate), as outlined in Acceptance Letter.
11. Participate in required hospital committees (e.g., Pharmacy and Therapeutics Committee, Pharmacy Residency Subcommittee, other meetings as determined by the RPD) as outlined in the acceptance letter.
12. The following deliverables, specific to the PGY2 HSPAL resident will be required for graduation:
 - a. Oversees internship program as leader/manager role and performs an annual evaluation of our internship program by surveying all interns and develops a plan for continuous quality improvement.
 - b. Attends all House Staff Senate meetings and/or provides the necessary follow-up required (when attendance not possible).
 - c. Completes leadership/Secretary Position responsibilities for a Pharmacy and Therapeutics Committee meeting.
 - d. Creates two 8-week pharmacy operations schedules and is responsible for primary management of one of the 8-week schedules.
 - e. Pharmacy Administrator at-home on-call coverage (Monday through Sunday) 1 out of 6 weeks.
 - g. Completion of research project that also fulfills University of Cincinnati Master's Degree Program requirements.
 - h. Serves as Chief Resident with associated responsibilities as outlined in residency program.

The RPD and the resident's advisor will collaborate throughout the year to determine if the resident is on target to graduate. Resident progress toward accomplishing specific requirements and the resident's Development Plan will be presented quarterly to the Residency Advisory Committee by the resident's advisor or designee.

Regulatory Requirement/References

ASHP Accreditation Standard For Postgraduate Pharmacy Residency Program
<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/examples/ASHP-Accreditation-Standard-for-Postgraduate-Residency-Programs-effective-July-2023.pdf>

Oversight and Responsibility

The Pharmacy Residency Committee is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

Appendix

REQUIRED COMPETENCY AREAS, GOALS, AND OBJECTIVES FOR POSTGRADUATE YEAR ONE (PGY1) PHARMACY RESIDENCY
<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/required-competency-areas-goals-objectives>

REQUIRED COMPETENCY AREAS, GOALS, AND OBJECTIVES FOR POSTGRADUATE
YEAR TWO (PGY2) CRITICAL CARE PHARMACY RESIDENCIES

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pgy2-newly-approved-critical-care-pharmacy-2016.pdf>

REQUIRED COMPETENCY AREAS, GOALS, AND OBJECTIVES FOR EMERGENCY
MEDICINE POSTGRADUATE YEAR TWO (PGY2) PHARMACY RESIDENCIES

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pgy2-emergency-medicine-cago-2018.pdf>

Pharmacy Residency Duty Hours Standard Operating Procedure

Target Group: Cleveland Clinic Akron General Medical Center - Pharmacy		Original Date of Issue: 07/01/2008	Version 5
Approved by: AGMC Board Policy Committee	Date Last Approved/Reviewed: 01/17/2024	Prepared by: Christopher Ensley (Manager Medication Safety)	Effective Date 01/17/2024

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Purpose

To outline duty hour requirements for all pharmacy residents during post-graduate year 1 (PGY1) and post-graduate year 2 (PGY2).

Definitions

Cleveland Clinic Akron General Medical Center: Includes Akron General Main Campus and any and all Akron General provider-based locations.

Duty Hours: Defined as all hours spent on scheduled clinical and academic activities, regardless of setting, related to the pharmacy residency program that are required to meet the educational goals and objectives of the program.

- Duty hours includes: inpatient and outpatient patient care (resident providing care within a facility, a patient's home, or from the resident's home when activities are assigned to be completed virtually); staffing/service commitment; in-house call; administrative duties; work from home activities (i.e., taking calls from home and utilizing electronic health record related to at-home call program); and scheduled and assigned activities, such as conferences, committee meetings, classroom time associated with a master's degree for applicable programs or other required teaching activities and health and wellness events that are required to meet the goals and objectives of the residency program.
- Duty hours excludes reading, studying, and academic preparation time (e.g. presentations, journal clubs, closing knowledge gaps); travel time (e.g., to and from work, conferences); and hours that are not scheduled by the residency program director or a preceptor.

Continuous Duty: Defined as assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

Moonlighting: Defined as any voluntary, compensated work performed outside Cleveland Clinic Akron General (CCAG) (external), or within Cleveland Clinic Akron General (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.

Instructions

RPD will assess Duty Hours Attestation in Pharmacademic or other documentation forms for tracking duty hours on a monthly basis. If an infraction occurs, then any of the following actions can be taken:

1. Remove ability to moonlight,
2. Modify resident schedule to reduce duty hours to be in compliance with policy,
3. Permit additional time off as applicable to be in compliance with policy, and
4. Assess resident duty hours more frequently (weekly or every other week).

Pharmacy residents must not violate duty hour requirements approved by the American Society of Health-System Pharmacists (ASHP) Commission on Credentialing.

A. Maximum Hours of Work per Week and Duty-Free Times

1. Duty hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of internal and external moonlighting.

B. Mandatory Duty-Free Times

1. Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks).
2. At-home call cannot be assigned on these free days.
3. Residents must have at a minimum of 8 hours between scheduled duty periods.
4. Residents are not permitted to work more than two consecutive weekends in a row (i.e., both Saturday and Sunday).
 - a. Before a resident trades/switches weekend staffing with another resident, it must be approved by the respective Residency Program Directors (RPD). Once the RPD approves the trade/switch, the schedule can then be updated by responsible party.

C. Continuous Duty

1. Continuous duty periods for residents should not exceed 16 hours.

D. Tracking of Compliance with Duty Hours

1. Programs must have a method in place to track compliance with the Duty Hour Requirements for Pharmacy Residencies Policy (See Appendix 1 for how Cleveland Clinic Akron General will track duty hours).
2. Review of tracking method must be completed on a monthly basis.
3. Any instances of non-compliance with this policy identified should be assessed and actions taken, as needed, to avoid future instances of non-compliance.

At-Home or In-House Call Activities

Cleveland Clinic Akron General Medical Center does not have an on-call service that our residents support.

Moonlighting

- A. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the education goals and objectives of the residency program and must not interfere with the resident's fitness for work nor compromise patient safety.
 1. It is at the discretion of the residency program director (and/or Residency Committee) whether to permit or to withdraw moonlighting privileges.
 - a. The RPD may, at any time and without notice, prohibit the resident from moonlighting if his/her assessment indicates that resident performance is being compromised or the moonlighting arrangement is in violation of this procedure or the Duty Hours standard.
 2. All moonlighting hours must be counted towards the clinical experience and educational work 80-hour maximum weekly hour limit averaged over a four-week period and included in the tracking of hours.
 3. Programs that allow moonlighting must have a documented structured process that includes at a minimum (See Appendix 1 for what Cleveland Clinic Akron General allows for moonlighting):
 - a. The type (internal only, external only, or both) and maximum number of moonlighting hours allowed by the program per week, pay period or month.
 - b. Requirement for the resident to receive approval for moonlighting hours and to inform the RPD of their completed moonlighting hours:
 - i. If the resident elects to pursue moonlighting activities, he/she will be required to get approval by RPD prior to accepting the moonlighting activity (i.e., extra internal shifts or external shifts).
 - ii. The RPD will only approve the moonlighting activity if the resident is satisfactorily meeting all residency program goals and objectives, and if the activity is not in violation of the Duty Hours standard.
 - iii. For extra internal shifts, the RPD will contact the appropriate Pharmacy Manager/ Director with decision (approval or denial of extra internal shift).

Statement on Well-Being and Resilience

- A. Residents are at an increased risk for burnout and depression due to the nature of the healthcare environment and psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient pharmacist.

- B. As part of the development of the resident, it is the responsibility of the pharmacy leaders to ensure residents are educated on wellness and resilience, including education on burnout syndrome, the risks, and mitigation strategies as part of the orientation to the residency.
- C. It is also the responsibility of pharmacy leaders to ensure preceptors are educated on burnout syndrome, including the risks and mitigation strategies, in order to help identify and provide resources for at-risk residents, and to recognize when it may be in the best interest of patients to transition care to another qualified, rested pharmacist.
- D. As part of promoting a culture of wellness, pharmacy leaders must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise residents' fitness for duty and endanger patient safety. However, as members of the healthcare team, residents may be required to participate in departmental coverage in times of unusual circumstances/state of emergency situations (e.g., mass-casualty, downtime, and natural disasters, pandemic) that go beyond the designated duty hours for a limited timeframe.

Regulatory Requirement/References

American Society of Health-System Pharmacists (ASHP)

Pharmacy Specific Duty Hours Requirements for the ASHP Accreditation Standards for Pharmacy Residencies.

Available from: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>. Accessed July 01, 2023.

Oversight and Responsibility

The Pharmacy Department is responsible to review, revise, update, and operationalize this standard operating procedure to maintain compliance with regulatory or other requirements.

Appendices

Cleveland Clinic Akron General Pharmacy Residency Duty Hours

Appendix 1: Moonlighting					
Hospital	Internal Moonlighting (Y/N)?	External Moonlighting (Y/N)?	3rd shift/overnight Moonlighting (Y/N)?	Duty Hour Moonlighting Cap/Week (Hours)	Mechanism for tracking
Akron General	Yes	No	No	16	Duty Hour Attestation in Pharmacademic
Updated June 2022 (for 2022-2023 Residency Year) Note: Per communication from ASHP, military reservist hours are counted toward duty hours.					

Pharmacy Residency Leave of Absence Procedure

Target Group: Cleveland Clinic Akron General Medical Center - Pharmacy		Original Date of Issue: 10/22/2013	Version 4
Approved by: AGMC Board Policy Committee	Date Last Approved/Reviewed: 02/15/2023	Prepared by: Christopher Ensley (Manager Medication Safety)	Effective Date 02/15/2023

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Purpose

To support the [Leaves of Absences- Including FMLA, Medical, Worker's Compensation, Personal, Military and Departmental Policy](#), this document outlines the leave of absence procedures for all Cleveland Clinic Akron General Medical Center pharmacy residents during post-graduate year 1 (PGY1) and post-graduate year 2 (PGY2).

Pharmacy residents must follow Human Resources policies and procedures for Leave of Absence requests.

Definitions

Cleveland Clinic Akron General Medical Center: Includes Akron General Main Campus and any and all Akron General provider-based locations.

Procedure

Leave of Absence Requests

1. Per residency year, each resident has 14 “time-off” days.
 - a. “Time-off” days may be used for 1) illness or personal time, 2) licensure requirements [reciprocity hearing or taking the North American Pharmacist Licensure Exam (NAPLEX) and/or jurisprudence exam(s) for licensure in Ohio], or 3) interviewing for PGY2 residencies or jobs.
2. Each Resident can take up to 12 weeks for leave of absence.
 - a. All requests for Leave of Absence must be submitted in writing to the respective Residency Program Director (RPD) and Human Resources. The RPD shall notify the appropriate Pharmacy leadership (e.g., Pharmacy Manager, Pharmacy Director,

- etc.). Please refer to individual Human Resources Policies and Procedures for specific processes and documentation requirements based on type of leave.
- b. The resident will need to apply to take unpaid leave up to 12 weeks, unless eligible for Short Term Disability pay, per Human Resources Benefits eligibility guidelines.
 - c. If the Leave of Absence is approved, and the resident has used all “time-off” days, the below will be followed to ensure the residency program is a minimum of 12 months in length (per American Society of Health-System Pharmacy Residency Standards).
 - i. Residents taking leave greater than paid leave allowed (i.e., 14 “time-off” days) cannot be awarded a residency certificate unless additional leave is made up.
 - ii. For example, if a resident needs to take a leave of absence and they have 10 days of “time off” remaining out of the 14 “time-off” days, they use the 10 “time-off” days remaining and then will need to make up the remaining days taken on the leave of absence [i.e., a resident takes 4 weeks leave or 20 work calendar days leave of absence, they will be required to make up 10 work calendar days for the residency at the end of the year and any required staffing shifts missed (e.g., weekends)]

Make-up Time for Absences

1. Leave(s) of absence may extend the training period to reach an acceptable level of performance in order to graduate from the program. The resident must complete 12 months of residency.
2. Leave of absence time must be completed within 6 months of the date the program was scheduled to be completed, or the resident forfeits the privilege of receiving the Certificate of Completion of the program and is dismissed from the residency program. In other words, for a leave of absence, the residency position will be held for 6 months after the end date of the residency in the Acceptance Letter.
3. When returning from a leave of absence, all Successful Completion Requirements must be met in order to obtain a residency graduation certificate. For example, the resident must complete all required rotations as outlined in the Successful Completion Requirements; therefore, any required rotations and deliverables missed during the leave of absence would need to be made up upon the residents return and done within the allowable period of the extension.
4. Upon returning from leave, hours will be paid and must be worked under the guidance of a preceptor, equal to the hours missed, and used to complete the requirements not yet achieved.

Regulatory Requirement/References

Family and Medical Leave Act (FMLA)

Cleveland Clinic Akron General - Human Resources Policies and Procedures:

- [Bereavement Leave Policy](#)
- [Jury Duty Witness Duty Leave Policy](#)

- [Leaves of Absences- Including FMLA, Medical, Worker's Compensation, Personal, Military and Departmental Policy](#)

Cleveland Clinic Akron General has its own Successful Completion Requirements.

Oversight and Responsibility

The Pharmacy Residency Committee is responsible to review, revise, update, and operationalize this procedure to maintain compliance with regulatory or other requirements.