



Pharmacy Manager Policy

Note on Definitions

For the purposes of this Policy, with the exception of “Satellite Pharmacy” the following phrases have the meaning ascribed to them in *The Pharmacy and Pharmacy Disciplines Act*, SS 1996, c P-9.1 [*PAPD Act*], as it may be amended from time to time.

Within this Policy, “Satellite Pharmacy” has the meaning ascribed to it in the SCPP Regulatory Bylaws, subsection 10(1) of Part J, as it may be amended from time to time.

DEFINITIONS

“**Council**” refers to the council of the Saskatchewan College of Pharmacy Professionals.

“**Manager**” means the licensed pharmacist who has been designated by the proprietor of a proprietary pharmacy to have authority over and be responsible for the operation of the pharmacy **and who is named in the permit issued for the pharmacy as the manager**.

Note: if the proprietary pharmacy is a corporation, then the Manager must also be listed as a Director with the Information Services Corporation (ISC) Corporate Registry, or if the pharmacy is a co-operative, then the pharmacy must satisfy the requirements of *The Co-operatives Act*, 1996. (See *PAPD Act*, subsection 19(1)).

“**Pharmacy**” means a place where drugs are prepared, compounded, dispensed or sold by retail.

“**Proprietary Pharmacy**” means a retail pharmacy that is not a publicly operated pharmacy (also referred to as “community pharmacy.”)

“**Satellite Pharmacy**” means a pharmacy for which a permit has been issued to operate in rural Saskatchewan, in compliance with the guidelines as prescribed by Council.

GLOSSARY OF ACRONYMS

CCCEP – Canadian Council for Continuing Education in Pharmacy

CPDPP – Continuing Professional Development for Pharmacy Professionals, College of Pharmacy and Nutrition, University of Saskatchewan

PAPD Act - *The Pharmacy and Pharmacy Disciplines Act*, SS 1996, cP-9.1

SCPP – Saskatchewan College of Pharmacy Professionals

1. PURPOSE

The Pharmacy and Pharmacy Disciplines Act, subsection 2(o), holds pharmacy managers responsible for the operations of the pharmacy. This means that pharmacy managers are accountable for all professional activities within the pharmacy and holding staff (both regulated and non-regulated) accountable for professional performance consistent with the standards of practice.

Due to the large-scale impact that pharmacy managers have on the delivery of quality pharmacy services across the province, the SCPP Regulatory Bylaws have been amended to address risks identified for the role, through:

- Increased eligibility requirements for pharmacy managers,
- Limitations and criteria on the number of pharmacies that a pharmacist may manage consistent with the spirit and intent of the *PAPD Act*,
- Requirements for interim pharmacy managers to ensure proper oversight, and
- Continuing professional development opportunities specific to the pharmacy manager role and to stay current on requirements impacting pharmacy professionals and pharmacy operations.

The SCPP bylaws provide the Registrar discretion with respect to certain regulatory and statutory safeguards. This policy provides clarification on the bylaws, including the criteria and circumstances that guide Registrar discretion when deemed reasonable (See Appendix A - Considerations that Inform the Registrar's Discretion in this Policy). However, to avoid unnecessary disruptions in the delivery of quality pharmacy services to the public, the SCPP strongly encourages that pharmacy managers and proprietors take steps to mitigate risks related to the pharmacy manager position. (See Appendix B – Mitigating Risks Due to Pharmacy Manager Absences.)

This policy applies to all pharmacy managers of proprietary pharmacies. Apart from the legislation and Regulatory Bylaws, it is complemented by the [Pharmacy Manager Responsibilities](#) document, which outlines specific responsibilities of pharmacy managers and proprietors, and the [Reference Manual Document – Suggested List for Pharmacy Managers](#). These standards must be taken together as a whole.

2. REQUIREMENTS TO BECOME A PHARMACY MANAGER

As noted in subsections 11(1)(a), (b) and (c) of Part I of the SCPP Regulatory Bylaws, conditions, restrictions, disqualifications, or suspensions on a pharmacist's license impacts their ability to qualify or remain a pharmacy manager. (For more information see Appendix C – Conditions and Restrictions on the Pharmacist's License.)

Direct Patient Care Experience

- 2.1. In order for an exemption to be considered for Part I subsection 11(1)(d) (pertaining to the 2000 hours requirement as a licensed practising pharmacist in Canada within 36 consecutive months prior to application to become a pharmacy manager), the proprietor must demonstrate that all other options have reasonably been exhausted. The factors considered by the Registrar in exercising discretion on whether or not to grant an exemption to subsection 11(1)(d) of Part I includes, but are not limited to:
 - 2.1.1. Actions taken to fill the vacancy and to mitigate risks of pharmacy manager absences or vacancies;
 - 2.1.2. Whether there is a shortage of pharmacists either regionally, provincially or nationally that impacts the availability of qualified pharmacy managers, as determined by the Registrar, based on information from key stakeholders regarding health human resources planning (e.g., the Saskatchewan Ministry of Health, new pharmacy openings, expansion of store hours or services offered in the pharmacy);
 - 2.1.3. Whether there is a demonstratable increase in the demand for pharmacist services due to population needs or evolution of the profession leading to an increased demand for qualified pharmacy managers; or
 - 2.1.4. Whether an emergency situation exists, and all other options have been reasonably exhausted.

(See Appendix D – What are Emergency Situations? for additional clarification on the criteria that may be used by the Registrar.)
- 2.2. For any exemption request outlined in 2.1 the pharmacist must demonstrate, to the Registrar's satisfaction, that they possess the knowledge, skills and abilities needed to manage a pharmacy in compliance with pharmacy operation requirements.
- 2.3. The processes established by the Registrar to evaluate the requirements in 2.1 and 2.2 will be determined on a case-by-case basis and may include:
 - 2.3.1. written application,
 - 2.3.2. personal interview,
 - 2.3.3. contacting a former employer(s) or preceptor(s) to obtain information about experience, or
 - 2.3.4. other processes as deemed appropriate.
- 2.4. The Registrar may impose terms and conditions on the pharmacist to manage risks to public safety when granting an exemption request outlined in 2.1, such as:
 - 2.4.1. Submission of a management plan;
 - 2.4.2. Additional training; or

- 2.4.3. Limit the time they may be an interim manager.

Mentorship

The SCPP strongly encourages all new pharmacy managers to self-identify a mentor to support and guide them to optimally perform their role. This mentor should be a current or former pharmacy manager and in good standing with the SCPP (see Complaints and Discipline webpage [here](#)). (Also see [Pharmacy Manager Responsibilities](#) document.)

Required Training

Council-Approved Pharmacy Manager Training

The SCPP Code of Ethics requires that:

A member shall maintain a high standard of professional competence throughout their practice, through continuation of their education and professional experience.

In recognition that pharmacy managers have additional responsibilities for pharmacy operations, Council has approved specialized training developed around nationally accepted standards (Learning Objective Mapped CCCEP-accredited).

Even though only licensed practising pharmacists may apply to become a pharmacy manager, SCPP encourages all who impact pharmacy practice to take the manager training program. As part of risk management and succession planning, proprietors should encourage staff pharmacists to take the manager training, especially those who have a leadership role in the pharmacy.

Any licensed pharmacist or pharmacy technician may complete the training program in preparation for formal and informal leadership roles they may perform in the pharmacy.

This training will help existing and prospective managers in identifying knowledge gaps and familiarize themselves with the requirements of managing a pharmacy in the province of Saskatchewan.

- 2.5. The successful completion of educational programs and requirements approved by Council to demonstrate management competencies, as per subsection 11(1)(e) of Part I, include but are not limited to:
- 2.5.1. New pharmacy managers and interim pharmacy managers must complete a Learning Objective Mapped CCCEP Accredited pharmacy manager course (see [CCCEP- pharmacy manager competencies](#)), and the Saskatchewan-specific module, prior to the start date as pharmacy manager;

- 2.5.2. Current pharmacy managers must complete a Learning Objective Mapped CCCEP-Accredited pharmacy manager training and the Saskatchewan-specific module, as communicated by the Registrar;
- 2.5.3. Pharmacists who have completed a Learning Objective Mapped CCCEP Accredited pharmacy manager training in another jurisdiction will only be required to complete a Saskatchewan-specific module;
- 2.5.4. As part of continuing professional development, as per Council policy, the Registrar may specify additional training and education modules, that must be completed by all pharmacy managers when there have been significant changes to pharmacy practice in Saskatchewan (e.g., expanded scope of practice, major policy changes) or it is deemed appropriate to continuing pharmacy manager competencies; and
- 2.5.5. As part of their continuing education units and competency assurance, pharmacy managers shall take continuing education that is aligned to pharmacy manager competencies on an annual basis, as required by the SCPP's competency assurance bylaws. (Note: the SCPP's competency assurance bylaws are under development as part of the competency assurance framework.)

Self-Assessment and Working in Isolation

Research indicates the task of generating an “accurate” self-assessment is particularly challenging due to cognitive, sociobiological and social reasons (e.g., information neglect, memory bias, absence of adequate feedback from peers and supervisors). As well, for maintenance of competence efforts to be in any way meaningful, external feedback is essential.¹

Situational factors also impact one's ability to self-assess one's ability to perform safely. For example, working alone or in isolation has been identified as a risk by the literature as the individual does not have the external feedback that is necessary to enable accurate recognition of the limits of knowledge and skill.

The reality of the pharmacy landscape in Saskatchewan creates the risk of working alone or in isolation for many pharmacists. Tools such as the Council-approved Pharmacy Manager Training will provide a continuing professional development opportunity that includes a cycle of reflection, planning, action and evaluation (see CPDPP “Saskatchewan Pharmacy Professionals Learning Portfolio” here).

¹ [Journal of Continuing Education in the Health Professions, 2008. “I'll Never Play Professional Football” and Other Fallacies of Self-Assessment.](#)

3. MANAGING MORE THAN ONE PHARMACY

According to subsection 47(3) of *PAPD Act*:

A licensed pharmacist shall not be the manager of more than one pharmacy unless authorized by the bylaws.

Subsection 11(2) of Part I of the SCPP Regulatory Bylaws states that:

A licensed pharmacist may be the manager of more than one pharmacy at a time according to the policies, standards, or guidelines approved by Council.

Section 3 of this policy outlines the standards and guidelines approved by Council regarding managing more than one pharmacy. (See Appendix E - Managing More than One Pharmacy: Interpreting *The Pharmacy and Pharmacy Discipline Act* and the SCPP Regulatory Bylaws).

Owning versus Managing a Pharmacy

Managing a pharmacy is not the same as owning a pharmacy. Section 3.1 of this policy does **not** apply to the number of pharmacies a proprietor may own.

- 3.1 A licensed pharmacist shall not be named as the pharmacy manager, or interim pharmacy manager, of two pharmacies at a time, unless approved by the Registrar.

The following criteria must be met before the Registrar will exercise discretion on whether to approve a licensed pharmacist as the pharmacy manager, or interim pharmacy manager, for two pharmacies at a time:

- 3.1.1 One of the pharmacies is a satellite pharmacy, or
(See Appendix F - Application of Policy to Satellite Pharmacies.)
- 3.1.2 The licensed pharmacist is acting as an interim pharmacy manager; providing that the proprietor has demonstrated one of the following:
 - 3.1.2.1 Actions are being taken to fill the vacancy and to mitigate risks of pharmacy manager absences or vacancies
 - 3.1.2.2 There is a shortage of pharmacists either regionally, provincially or nationally that impacts on the availability of qualified pharmacy managers as determined by the Registrar, based on information from key stakeholders regarding health human resources planning (e.g., the Saskatchewan Ministry of Health);
 - 3.1.2.3 There is a demonstrable increase in the demand for pharmacist services, due to population needs or evolution of the profession, which impacts the availability of qualified pharmacy managers; or

- 3.1.2.4 An emergency situation exists, and all other options have been reasonably exhausted.

(See Appendix D- What are Emergency Situations? Also see [subsections 11\(3\) and \(4\) of the SCPP Regulatory Bylaws](#) for additional restrictions on approving an interim pharmacy manager.)

- 3.2 A pharmacy manager shall not be permitted to manage more than two pharmacies, on an interim or permanent basis.

See Appendix G – What is in the Public Interest when Denial of an Exemption Request may Mean a Pharmacy Closure?

Requesting to Manage Two Pharmacies

- 3.3 For the purposes of subsection 11(2) of Part I, considerations for managing two pharmacies, will only be given to applications from pharmacy managers whose existing pharmacy has met the SCPP requirements and standards for pharmacy practice and the profession, as determined through SCPP oversight and monitoring activities (e.g., Quality Improvement Review results, in-person visits, complaints and discipline).

(See Section 6 of this policy “SCPP Oversight and Monitoring.”)

- 3.4 In accordance with subsection 11(2) of Part I, in addition to the annual permit renewal process, pharmacy managers requesting to manage a second pharmacy must first submit a written request to the Registrar for approval, stating:

- 3.4.1 The reason for the request, as per section 3.2;
- 3.4.2 The length of time the pharmacist will be manager for more than one site;
- 3.4.3 That they agree to be physically present at each pharmacy they manage, as per the SCPP’s requirements, including the number of hours they will be physically present and commit to each location, and how they plan to be actively involved in the pharmacy workflow providing active oversight;
- 3.4.4 The distance between the two pharmacies and the plans in place to manage urgent or emergency situations if the pharmacies are not within close proximity;
- 3.4.5 Nature of the services offered at the pharmacy (e.g., complexity of services, volumes of services);
- 3.4.6 How the daily operations of the pharmacies will be managed in accordance with federal, provincial and SCPP requirements;
- 3.4.7 The plan to address situations where the pharmacy manager presence is needed in both pharmacies at the same time due to unexpected situations.

These situations may be beyond the capacity of the staff present to address, due to skills sets or inadequate staffing levels. For example:

- 3.4.7.1 Pharmacist-in-charge is not available on short notice as scheduled
 - 3.4.7.2 Violent incident in the pharmacy;
 - 3.4.7.3 Unplanned Health Canada inspection where staff must retrieve records while also providing pharmacy services; or
 - 3.4.7.4 Pharmacy premises are unsafe, unsecured or damaged.
- 3.4.8 Their commitment to actively participate in the SCPP's Quality Improvement Review process as required.

Managing the Pharmacy from Out of Province

The SCPP has received requests for a pharmacy to be managed by someone who is a licensed pharmacist in Saskatchewan but resides out of province.

While the SCPP does not require a pharmacy manager to be a resident of Saskatchewan (that is, hold a Saskatchewan Health Card, Saskatchewan Driver's License), it does require pharmacy managers to be physically present in the pharmacy and to provide active oversight of the dispensary, some of which are not possible to perform if attempting to do so from great distances across provincial borders.

4. ACTIVE PARTICIPATION IN DAILY PRACTICE AND MANAGEMENT OF A PHARMACY

Subsection 11(5) of Part I requires that a pharmacy manager actively participate in the day-to-day practice and management of the pharmacy. Active participation means being physically present on a regular basis to ensure that pharmacy operations and pharmacy professionals are delivering services in accordance with the requirements and expectations of the SCPP. Below are the expectations, as defined by Council, with respect to physical presence in the pharmacy and active participation in daily practice and management.

4.1 Active Participation in Daily Practice and Management

The pharmacy manager must practise in the pharmacy workflow, such that they are familiar with and can ensure the pharmacy environment (e.g., the dispensary and any areas used to provide pharmacy services) supports the safe delivery of pharmacy services, including but not limited to:

- 4.1.1. Monitoring pharmacy premises (interior and exterior) to ensure compliance with applicable requirements and standards. Situations that may expose

patients, staff or the public to inappropriate risk are identified and mitigated (e.g. compounding requirements, occupational health and safety, [violence workplace policy](#), municipal bylaws); See [Pharmacy Manager Responsibilities](#), for further details.

- 4.1.2. Ensuring certifications are up-to-date, and pharmacy professionals are practising within their competency and scope, and meeting training requirements (e.g., Advanced Method Certification with Standard First Aid and Cardiopulmonary Resuscitation, International Society of Travel Medicine certification for high-risk travel consultations). See [SCPP Training and Development](#) for further details;
- 4.1.3. Ensuring required equipment is available and in good working order (e.g., refrigeration, compounding tools, secured storage, clinical references);
- 4.1.4. Checking the pharmacy to ensure it is clean and organized in a manner that regular and relief staff are able to locate and use the resources necessary to provide safe pharmacy services;
- 4.1.5. Evaluating and adjusting communication and documentation processes to maintain patient confidentiality and information flow amongst all team members (e.g., bylaw and practice changes, program updates, medication incidents);
- 4.1.6. Overseeing the review and discussion of medication incidents and near misses with pharmacy staff, adjusting processes to eliminate repeat incidents; and communicating with patients and others as appropriate;
- 4.1.7. Observing pharmacy staff interactions with patients (regulated and non-regulated) and following up to ensure they support and/or uphold the [standards of practice](#) and other SCPP requirements for pharmacists and pharmacy technicians as they fulfil their scope of practice;
- 4.1.8. Auditing pharmacy team activities required to comply with federal and provincial programs, proprietor agreements, private insurance or any other contracts and address when required (e.g., Saskatchewan Proprietor Agreements, Non-Insured Health Benefits program, long-term care facility contract, Saskatchewan Medication Assessment Program (SMAPs), Seasonal Influenza Immunization Program, Pharmaceutical Information Program); and
- 4.1.9. Modelling and reinforcing professionalism with pharmacy staff (e.g., managing conflict respectfully and collaboratively). (See [NAPRA Principles of Professionalism](#))

4.2. Physical Presence in the Pharmacy

Regardless of size, operating hours or location of pharmacy, the pharmacy manager role is a critical position to ensure the safe operation of a pharmacy and quality pharmacy services. SCPP recognizes that physical presence of the manager required to maintain effective pharmacy operations is impacted by many factors. This policy

supports the professional autonomy and judgement of the pharmacy manager while also incorporating lessons learned based on discipline cases and SSCP observation as well as the occupational health and safety research on fatigue and extended work hours. (See Appendix H – Risks of Pharmacy Manager Working Extended Hours)

Pharmacy Manager is Considered a Full- Time Position

The pharmacy manager position is considered to be a full-time position (30 to 40 hours per week) in order to provide the active oversight (as per section 4.1) needed to provide quality pharmacy services. Some managers may also provide professional services during this time (e.g., injections, dispensing, prescribing).

It is also recognized that some managers, who are also the proprietor of the pharmacy, will work additional hours to perform the business functions (e.g., payroll, bookkeeping). Although these functions are needed for the pharmacy to operate, they are “business” functions, which are not covered under this policy.

Minimum Hours of Physical Presence

- 4.2.1. The pharmacy manager **must** be physically present for a minimum of half of the weekly operating hours of the pharmacy, up to 30 hours per week, whichever is less, actively supporting and overseeing the practice of pharmacy.
- 4.2.2. The pharmacy manager of **two** pharmacies **should** be physically present at each, in equal proportions, for a minimum of half of the total operating hours, up to 40 hours per week.
 - 4.2.2.1. As in single pharmacy management, pharmacy managers are expected to actively support and oversee the practice of pharmacy in both pharmacies and operate according to standards. However, it is recognized that a pharmacy manager may need to dedicate more time to one location over another, on occasion.

(See Appendix I - What does Half of the Weekly Operating Hours Look Like in Practice?)

Maximum Hours of Physical Presence

- 4.2.3. The pharmacy manager must not work (that is providing active oversight of the dispensary or professional services such as injections, dispensing, prescribing) in excess of 51 hours per week, on a regular basis. **Note: this does not include business obligations, as they are not covered by this policy.**

- 4.2.4. It is recognized that from time-to-time events occur (e.g., staff illness, sudden increase in prescription volume) that may require the pharmacy manager to be present in excess of 51 hours per week for a short duration (e.g., 2-4 weeks) with a foreseeable end. In these situations, pharmacy managers should consider modifying pharmacy operations or their oversight, to ensure quality pharmacy services, such as:
- 4.2.4.1. Limiting / reducing pharmacy services provided (e.g., injections);
 - 4.2.4.2. Referring to other health providers (e.g., travel health consultations);
 - 4.2.4.3. Deferring / rescheduling appointments if appropriate (e.g., medication assessments);
 - 4.2.4.4. Temporarily reducing pharmacy operating hours (see [Emergency Preparedness – Modifications to Pharmacy](#)).

Self-Assessment Tool to Recognize Your Ability to Perform Safely

The Canadian Patient Safety Institute (CPSI) (now a part of [Healthcare Excellence Canada](#)) is a not-for-profit organization funded by Health Canada, which provides safety leadership and implements programs to enhance safety in every part of the healthcare continuum.

The CPSI adapted a self-assessment tool created by the aviation industry to support safety awareness and to determine whether they are safe to report to service. The [I'M SAFE](#) checklist for the health care professional is used to determine their ability to perform safely.

This is especially relevant given the results from the Safety Attitudes Questionnaire (SAQ) administered to Saskatchewan community pharmacies in 2021. It assessed pharmacy professionals' stress recognition by asking questions about the impact of fatigue on their effectiveness and performance.

Despite the COVID-19 pandemic affecting many aspects of pharmacy practice when the survey was conducted, all other measurements remained the same or improved from 2018, except for stress recognition. The SAQ concludes the pandemic may have "dampened pharmacy professionals' ability to recognize stressors that could compromise staff wellness and patient safety."

See Appendix H – Risks of Pharmacy Manager Working Extended Hours.

5. PHARMACY MANAGER ABSENCES AND INTERIM PHARMACY MANAGERS

In addition to sections 10, 11(3) and 11(4) of Part I of the SCPP Regulatory Bylaws, which address “pharmacists-in-charge” and “interim pharmacy managers,” this section provides additional clarity on SCPP requirements and expectations. Regardless of their length of time in the role, a pharmacy manager will be held accountable for meeting all legislative and procedural requirements. As such, the SCPP encourages pharmacists to proactively take the pharmacy manager training for situations where they may need to fill the pharmacy manager role.

When Existing Pharmacy Manager is Absent

- 5.1. Pharmacy managers who are away from the pharmacy for 33 days or less (e.g., short-term absences like vacation, short-term sick leave) should delegate a “pharmacist-in-charge” (i.e., a licensed practising pharmacist) to oversee day-to-day operations of the pharmacy in their absence:
 - 5.1.1. The “pharmacist-in-charge” or designated licensed practicing pharmacist responsible should:
 - 5.1.1.1. Meet the criteria as per subsection 11(1) of Part I;
 - 5.1.1.2. Have a strong grasp of pharmacy operations and standards such that they can be relied upon by team members and the public as a primary representative of the pharmacy; and direct the pharmacy team when unique challenges arise.
 - 5.1.2. If the pharmacist-in-charge is a part-time or relief pharmacist, then it is expected that the pharmacy manager or another full-time pharmacist:
 - 5.1.2.1. Personally provides the proper orientation and training on pharmacy processes to maintain safe patient care
 - 5.1.2.2. Must be satisfied the part-time or relief pharmacist is sufficiently familiar and competent to be in charge
 - 5.1.3. The pharmacist providing the orientation and training should not be a part-time or relief pharmacist.

Permit Changes and Delegating Oversight of Daily Operations During Pharmacy Manager Absence

Pharmacy managers do not need to report the designation of a “pharmacist-in-charge” to the SCPP as this would not require a permit change.

Reporting to SCPP and [permit changes](#) are only required when an interim or new pharmacy manager is appointed.*

However, pharmacy managers who are absent for over 33 days and up to 12 weeks within a 52-week period, must be aware that if they do not appoint an interim pharmacy manager in their absence, they are still responsible for the operations of the pharmacy as their name remains on the permit.

* **Note:** When a licensed pharmacist assumes the designation of pharmacy manager, that pharmacist also assumes the duties and responsibilities of a Director of the Corporation as specified in subsection 19(1)(b) of the PAPD Act. See the “Pharmacy Manager/Director of the Corporation page on the SCPP website [here](#).

- 5.2. An **interim pharmacy manager** should be appointed when the pharmacy manager is on leave or absent for over 33 days and up to 12 weeks, in a period of 52 weeks.
 - 5.2.1. If an interim pharmacy manager is not appointed, then a pharmacist-in-charge must be designated. (See section 5.1.1.)
 - 5.2.2. The interim manager must meet the criteria as per subsection 11(1) of Part I.
- 5.3. If the pharmacy manager is on medical leave or otherwise absent from the pharmacy, for over 12 weeks in a period of 52 weeks, then an interim pharmacy manager must be appointed. See [Pharmacy Manager Change Guidelines](#).

When the Pharmacy Manager Resigns or is Dismissed

When a pharmacy manager resigns or is no longer employed with the pharmacy, an **interim pharmacy manager** must be appointed if a new pharmacy manager has not been recruited.

Proprietor Responsibilities When a Pharmacy Manager Leaves

Subsection 20(2) of the [PAPD Act](#) requires proprietors to provide the Registrar with the name of a licensed pharmacist who will be the new pharmacy manager at least 5 days prior, should the pharmacist on the permit cease to be the pharmacy manager.

According to section 65 of the [PAPD Act](#), proprietors must comply with the [Act](#) and [Bylaws](#). Failure to comply is grounds for proprietary misconduct as per 26 of the [Act](#).

Extending Interim Pharmacy Manager Term

- 5.4. The criteria applied by the Registrar in exercising discretion on approving an interim manager past the 180-day limit in subsection 11(3) of Part I include, but are not limited to:
 - 5.4.1. There is documentation that reasonable efforts have been made to recruit a pharmacy manager; or
 - 5.4.2. A pharmacy manager exists but is on work leave with an expected return date of no more than one year. Documentation of intended return date must be provided to the Registrar.

6. SCPP OVERSIGHT AND MONITORING

- 6.1 The Registrar must be satisfied that the pharmacist meets the criteria and will be able to fulfill the responsibilities of the pharmacy manager role and may develop additional processes and procedures to ensure that the pharmacy managers meet the professional development needs as identified by the SCPP. This may include but not be limited to the Quality Improvement Review process, in person visits and other re-certification processes.

Appendix A - Considerations that Inform the Registrar's Discretion in this Policy

As a statutory office holder, the Registrar must exercise discretion in good faith and act reasonably having considered relevant factors outlined in the applicable legislation. In practice, this means that the Registrar will use principles to assist with these deliberations, including:

1. Principle of Statutory Interpretation

These principles include those set out in *The Legislation Act, SS, 2019, cL-10.2* and as established in Common Law.

2. Evaluation Based on Reasonable Person

The Registrar evaluates criteria based on an objective, reasonable person, meaning.

- A person with the same degree of care, knowledge, experience, fair-mindedness, and awareness of the law and the practice of pharmacy that the community would expect of a hypothetical reasonable person.

3. Precedent Established by SCPP Discipline Committee¹

Findings of the SCPP Discipline Committee may be taken to account when exercising discretion is permitted under this policy. For example, in its deliberations, the SCPP Discipline Committee has reinforced the importance of the pharmacy manager role and established the following expectations that apply in all areas of the province:

- “A pharmacy manager is more than a title or name on the wall”;
- While the Committee is not in a position to assess whether a pharmacy closing or continuing services, is in the public interest, “it can and does conclude that it is improper to operate a pharmacy where public safety is put to serious risk”; and
- Professional incompetence, professional misconduct, and proprietor misconduct manifest themselves in many different ways and “in this case is not just an unfortunate consequence of practice in rural Saskatchewan.”.

The threats to public safety shown in these discipline cases are similar to those observed in both rural and urban areas when the pharmacy manager is not actively overseeing the pharmacy.

Public Interest

The Registrar will consider what is in the public interest when making decisions under this policy.

The SCPP has observed that those who anticipate and plan for the foreseen and unforeseen pharmacy manager absences, are better positioned to fill the pharmacy manager vacancy with qualified individuals. (See Appendix B - Mitigating Risks due to Pharmacy Manager Absences)

¹ Based on Decisions and Order at [2014 SKCPDC 1 \(CanLII\)](#) and [2014 SKCPDC 2 \(CanLII\)](#), pages 4&5.

Appendix B - Mitigating Risks due to Pharmacy Manager Absences

The pharmacy manager is responsible for the day-to-day operations of a pharmacy. *The Pharmacy and Pharmacy Disciplines Act*, SS 1996, cP-9.1 defines proprietors as a person who “controls the operation of a proprietary pharmacy.” The responsibilities of both roles work in concert with each other and sometimes overlap. Managing risks around pharmacy manager absences is one of those shared responsibilities.

The pharmacy manager fulfills a highly specialized and complex role. It oversees licensed professionals working in a regulated workplace (a permitted pharmacy) within a broader health system. Knowledge and experience are also required to understand all federal and provincial legislation, policies and standards of practice.

The requirements to operate a pharmacy do not end with the absence of a pharmacy manager. Discipline cases have revealed serious public safety risks that can arise from pharmacy manager absenteeism and lack of active participation.¹

Pharmacy manager absences must be anticipated. Due to the unique skillsets and experience this position demands, the SSCP strongly encourages proprietors and their pharmacy managers to anticipate planned and unplanned pharmacy manager absences, especially in locations challenged with recruitment and retention.

The role of the proprietor and pharmacy manager to address these risks cannot be underestimated. Some of the options to address health human resource risks identified in the [Saskatchewan's Health Human Resource Plan](#) (December 2011), point to designing health care service arrangements to make the practice attractive, by:

- addressing issues of work-life balance,
- providing opportunities for inter-disciplinary collaboration,
- creating a setting that provides professional support with time for family and
- supporting professional development.

This policy ensures that proprietors and pharmacy managers have a clear understanding of SSCP requirements and expectations. Supports, such as specialized training and the guidance provided in this policy, will assist with meeting them.

¹ The Decisions and Order are available for review at [2014 SKCPDC 1 \(CanLII\)](#) and [2014 SKCPDC 2 \(CanLII\)](#)

Appendix C - Conditions and Restrictions on the Pharmacist's License

Subsections 11(1)(a), (b) and (c) of Part I of the SCPP Regulatory Bylaws state:

11(1) To qualify to become and remain a pharmacy manager, a licensed practising pharmacist must:

- (a) have no conditions or restrictions on his or her licence arising from a decision of any Discipline Committee or like panel whose role is to determine professional misconduct or professional incompetence;
- (b) not be disqualified or suspended from acting as a pharmacist or as a pharmacy manager;
- (c) disclose whether or not he or she is the subject of or is currently engaged in any complaint or disciplinary procedure or proceeding in any jurisdiction.

Impact of Condition A on Licence

The Condition A is a label used at the SCPP for registration and licensing purposes, to confirm whether the person has taken the prerequisite training to administer drugs by injection. It is not a restriction that would be handed down by the Discipline or other committee dealing with professional misconduct or incompetence. Having AMC certification is not a requirement to become a pharmacy manager.

Note: Although the following are not “like panels” as outlined in or pursuant to section 11(1)(a) of the bylaws, the following is noted for informational purposes:

Impact of Restrictions on a Pharmacist by the Federal Minister of Health

Subsection 35(1) of the *Controlled Drugs and Substances Act* (CDSA) authorizes the federal Minister of Health to prohibit a pharmacist from doing certain functions permitted under the Act or any of its regulations. For example, under subsection 3(1)(a)(ii) of the *Narcotic Control Regulations* a pharmacist is authorized to possess a narcotic for the purposes of dispensing in a pharmacy, however, a subsection 35(1) interim order under the CDSA may prohibit it. A restriction such as this may prevent a pharmacist from fulfilling the pharmacy manager responsibilities as set out by the SCPP.

Impact of SCPP Council Terms and Conditions

A term or condition prescribed by the SCPP Council may also impact a pharmacist's ability to serve as a pharmacy manager, depending on the specific terms and conditions set. For example, under section 2 of Part E.7 Reinstatement of the SCPP Regulatory Bylaws, any person whose membership has been allowed to lapse for a period of more than one membership year, may only be reinstated as a member upon Council approval, so long as they meet the requirements in the SSCP Regulatory Bylaws and any other terms and conditions prescribed by Council.

Appendix D - What are Emergency Situations?

It is not possible to predict all of the situations that may impact the availability of pharmacists who meet the qualifications to become a pharmacy manager or the reasons proprietors and/or pharmacy managers may request an exemption to the requirements.

Shortage of Pharmacists

The following are some examples which may be considered “emergency situations” that may lead to a **shortage of pharmacists** who are qualified to be a pharmacy manager:

- Changes in the pharmacist workforce due to such factors as large out-migration from province or shorter work patterns.
- Unprecedented increases in the volume and range of activities demanded of today's pharmacist, such as sharp increase in number of prescriptions filled each year, increased use of prescription medications by population;
- Substantially expanded roles and responsibilities of pharmacists in both retail and institutional settings; and
- Increased access to health care and/or increased number of health care providers authorized to prescribe medications.

The following are examples that would **NOT** be deemed emergency situations:

- A shortage of pharmacists due to business decisions/factors such as market growth and competition among retail pharmacies resulting in increased pharmacist positions, expanded store hours, and new store openings.

Exhausting all Options

The following are some examples where **options may be considered exhausted**. Proprietors and pharmacy managers:

- With pharmacies in hard to recruit locations, steps have been taken to make the practice attractive such as addressing issues of work-life balance, providing opportunities for inter-disciplinary collaboration, creating a setting that provides professional support with time for family and actively supports professional development;
- With pharmacies that have high staff turnover, use a retention strategy that helps them assess the causes of turnover and find solutions to improve staff retention rates; and
- Have taken steps to anticipate potential pharmacy manager vacancies, developed multiple strategies to address and have exhausted all strategies.

The following are some examples where options will **NOT** have been considered exhausted. Proprietors and pharmacy managers:

- Have made minimal or no effort to anticipate risks (foreseen or unforeseen) of pharmacy manager absences/vacancies (e.g., in single-pharmacy communities, making alternate arrangements with local prescribers or Saskatchewan Health Authority facilities). See [Pharmacy Closures \(Temporary\): Model Regulatory Policy Due to Pharmacist Absence](#);
- Whose decisions or business practices have contributed to the vacancy challenge;
- Recruit pharmacy manager candidates who do not meet the SCPP pharmacy manager requirements and have multiple applicants denied by the Registrar because they do not meet the pharmacy manager competencies.
- Have taken few or no steps to address high staff/pharmacy manager turnover.

Note: Even though the Registrar may accept that an “emergency situation” exists, it does not mean that any candidate who applies to be a pharmacy manager will be granted an exemption. As a statutory office holder, the Registrar must be satisfied that the pharmacist meets the threshold for acting as a pharmacy manager, and the waiver would not be contrary to the public interest.

Appendix E - Managing More than One Pharmacy: Interpreting *The Pharmacy and Pharmacy Discipline Act* and the SCPP Regulatory Bylaws

According to subsection 47(3) of the *PAPD Act*:

A licensed pharmacist shall not be the manager of more than one pharmacy unless authorized by the bylaws.

Subsection 11(2) of Part I of the SCPP Regulatory Bylaws states that:

A licensed pharmacist may be the manager of more than one pharmacy at a time according to the policies, standards, or guidelines approved by Council.

Historical Context

SCPP historical records show that the precursor to this bylaw was first approved by the Government of Saskatchewan in 2003, to accommodate the shortage of pharmacists in the province. Pharmacists were leaving the province to seek jobs elsewhere, which left multiple Saskatchewan pharmacies without management. As a result, many new Saskatchewan pharmacists with no prior pharmacist experience or experience in Canada were, and still are, accepting positions as pharmacy managers.

While the circumstances in the province have changed substantially since 2003 (e.g., Saskatchewan population has grown steadily from 2006 at a rate more than the national average and described as the “strongest period of sustained population growth since the 1920s,”¹ the SCPP’s continues to receive requests for managers to manage more than one pharmacy in situations that do not align with intent behind the regulatory bylaws. Monitoring health human resource patterns (e.g., aging workforce) and business patterns (e.g., number of new pharmacies opening, expanded hours/services), in consultation with key stakeholders, such as the Ministry of Health will ensure that the spirit and intent of the Act is maintained. (See Appendix D – What are Emergency Situations? also see Appendix A - Considerations that Inform the Registrar’s Discretion in this Policy)

SCPP Interpretation

The SCPP interprets this to mean that:

- The **legislation** deems that it is in the public interest for managers to manage **only one pharmacy**. However, the Government of Saskatchewan recognizes that there may be situations in which exceptions may be acceptable for the public interest.
- The **SCPP Regulatory Bylaws** came into force based on the expectation that the Council policies, standards and guidelines would reflect the nature of the situations such as the shortage of pharmacists in the province due to outmigration. (See Appendix D - What are Emergency Situations? for examples of situations that are considered consistent with the spirit and intent of the legislation.)

- Precedent set by the **SCPP discipline committee** establishes the expectation that, it is improper to operate a pharmacy where public safety is put at serious risk².

The Council policy around Managing more than one pharmacy takes into consideration the spirit and intent of the legislation and the regulatory bylaws. It also reinforces the expectations established by the SCPP Discipline Committee that all pharmacies must provide pharmacy services at the same standards as all others in the province. As such, the deliberations of the Registrar assess the risks and barriers observed by the SCPP and the plans set by the proprietor and pharmacy manager to address those risks.

¹ Sources: Saskatchewan Population Dashboard (see [here](#)), Government Direction for 2012-13 Budget (see [here](#)), Government Direction for 2014-15 Budget (see [here](#)), Government Direction for 2018-19 Budget (see [here](#)) and Announcement of Saskatchewan's Growth Plan for 2020 (see [here](#)).

² See Appendix A - Considerations that Inform the Registrar's Discretion in this Policy and Decisions and Order [2014 SKCPDC 2 \(CanLII\)](#), pages 4&5.

Appendix F - Application of Policy to Satellite Pharmacies

Section of the policy	Does it Apply to the Satellite Pharmacies?
Direct Patient Care Experience - 2000 hours as licensed practising pharmacist in Canada within 36 consecutive months, no conditions/restrictions on licence. [Bylaws part I subsections 11(1)(a)(b)(c)] (Policy sections – Definitions, 2.1 and 2.2))	Yes. See Bylaws part J subsection 10(1) and Satellite Proprietary Pharmacy Permit Criteria .
Exemption to subsection 11(1)(d) of Part I pertaining to the 2000 hours. Policy sections 2.1, 2.2, 2.3 and 2.4.	Yes, if meet criteria as per policy.
Required training (CPDPP manager course) and continuing professional development (Policy section 2.5.)	Yes. Rationale: all managers should clearly understand expectations and requirements to operate all pharmacies to same standard.
Number of pharmacies managed (Policy section 3.1 – 3.2)	<p>Yes. Rationale: By definition satellite pharmacies are pharmacies. Satellite pharmacies are a means to address barriers around access to pharmacy services in a community in which there are no other pharmacy services.</p> <p>Satellite permit criteria: Satellite application will only be considered for a community in which there is no conventional pharmacy service at the time of application.</p> <p>Note: Satellites appear to be exempt from SCPP Privacy Officer permits policy which states, “A <i>practising pharmacist may be privacy officer in only one pharmacy and should be working mostly full-time hours.</i>” All satellites require a privacy officer, however, in practice, many managers are the privacy officer of both the base pharmacy and the satellite pharmacy.</p>
Requesting to manage two pharmacies (Policy section 3.3 and 3.4)	Yes. These criteria are used by the SCPP to assess the pharmacy manager request to manage two pharmacies, when one includes a satellite.

Active Participation in Daily Practice and Management (Policy section 4.1. list that ensures safe delivery of pharmacy services)	<p>Yes, as these are the behaviours and expectations of all managers to ensure <u>all</u> pharmacies are providing safe delivery of pharmacy services that meet regulatory standards. Aligns with how QIR treats satellites same as regular pharmacies, as well as precedent set by the SCPP Discipline Committee.</p> <p>(See Decisions and Order at 2014 SKCPDC 1 (CanLII) and 2014 SKCPDC 2 (CanLII).)</p>
Physical Presence in the Pharmacy (Policy section 4.2)	<p>Yes, applies to satellite pharmacies, with recognition that managers may take different approaches to ensuring active oversight (e.g., work in the satellite when the base pharmacy is closed, monthly visits instead of weekly). Need to address risk of absent managers without creating unnecessary barriers for pharmacy services in a community in which there are no other pharmacy services.</p>
Manager Absences (Policy section 5.0)	Yes.
SCPP oversight and monitoring (Policy section 6.0.)	<p>Yes. Satellite pharmacies are currently held to the same standards for practice in the SCPP Quality Improvement Reviews.</p> <p>Supports the principle established by SCPP Discipline Committee, that all pharmacy services fall under the same standards and the expectations of pharmacy managers to ensure safe delivery of quality pharmacy services in all settings.</p> <p>(See Decisions and Order at 2014 SKCPDC 1 (CanLII) and 2014 SKCPDC 2 (CanLII).)</p>

Appendix G - What is in the Public Interest when Denial of an Exemption Request may Mean a Pharmacy Closure?

It recognized that the denial of some exemption requests may result in the temporary closure of a pharmacy.

The SCPP Discipline Committee addressed this situation when hearing two linked discipline cases where a regional manager served as a pharmacy manager for two locations in rural Saskatchewan:¹

- The regional manager did not have enough time to devote to the pharmacy manager role, given other responsibilities with the organization;
- The regional manager admitted to putting their name on the license “just so we could keep the door open quite frankly;”
- The result was substandard and unsafe pharmacy care in two rural communities.
- The proprietor, when asked if consideration was given to shutting the pharmacy down, had responded that “the public interest was served by continuing services.”

In its deliberations, the SCPP Discipline Committee established that, while it was not in a position to assess whether a pharmacy closing or continuing services, was in the public interest, “it can and does conclude that it is improper to operate a pharmacy where public safety is put to serious risk.”

The Committee further pointed out that the actions of this proprietor and pharmacy manager amounted to professional incompetence, professional misconduct and proprietary misconduct. Not only did they provide substandard and unsafe pharmacy care, but they also caused harm by creating a serious lack of confidence amongst members of the health care team and the public in these communities.

In effect, public interest is served by access to quality pharmacy services, and the SCPP strongly encourages proprietors and pharmacy managers to take a proactive approach to anticipating and addressing pharmacy manager absences or vacancies (see Appendix B - Mitigating Risks due to Pharmacy Manager Absences.)

This proactive planning is especially important when the pharmacy is in a single-pharmacy community, where they must make alternate arrangements with local prescribers or hospital/health centres or pharmacies in nearby communities to ensure continued patient care should they be faced with a temporary pharmacy closure (See [Pharmacy Closures \(Temporary\): Model Regulatory Policy Due to Pharmacist Absence.](#))

¹ Based on Decisions and Order at [2014 SKCPDC 1 \(CanLII\)](#) and [2014 SKCPDC 2 \(CanLII\)](#), pages 4&5.

Appendix H – Risks of Pharmacy Manager Working Extended Hours

The Canadian Centre for Occupational Health and Safety (CCOHS) is Canada's national resource for the advancement of workplace health and safety. Its vision is to eliminate work-related illnesses and injuries.

One of the key areas of research by the CCOHS is the impact of extended workdays on health and safety issues. The [CCOHS](#) describes the extended workday and the differing views in this area:

“Extended workdays refer to work schedules having longer than normal workdays. However, there is no clear consensus about the length of the extended workday. Some sources consider it to be between 8 to 12 hours in length, while others insist that the term applies only when shifts are longer than 12 hours”.

While there are differing views on how to define an extended workday, there is consensus that workers lose touch with their operations, and that it creates fatigue which leads to a decline in safety and alertness.

According to the CCOHS fatigue is a message to the body to rest. It is not a problem if the person can and does rest, however, if rest does not occur, then it contributes to workplace incidents, many of which related to the ability to provide safe quality pharmacy care. Some of the risks of fatigue that are pertinent to the pharmacy manager role include:

- Reduced alertness, concentration, memory and other mental functions;
- Impaired judgement;

The CCOHS also notes that "jobs that demand sustained attention throughout the workday do not lend themselves well to extended workday schedules." By its nature, the pharmacy manager tends to have a high-pressure, high-acuity, and dynamic role that requires careful vigilance on many fronts, including overseeing other licensed pharmacists to dispensing prescriptions safely. In fulfilling their responsibilities, pharmacy managers may find themselves working more than a typical 40-hour work week.

In Saskatchewan, some employees are exempt from overtime provisions in the [Saskatchewan Employment Standards](#) including those employees who provide service of a managerial character. Therefore, to inform policy around extended work hours in the pharmacy, the SCPP has researched the policies of other professionals working in safety sensitive industries:

- **Air traffic controllers** – in recognition that the fatigue can impact safe landing of airplanes the limit in the United States is to 10 consecutive hours/24-hour and no more than 6 days in 7-day period with 8 hours off duty between shifts.

- **Airline Pilots** – The [Government of Canada](#) set limits on the amount crew members can be on the job due to the effects of fatigue. Maximum 9-13 hours based on start time of day/sector flown and total flight time of 112 hours in any 28 consecutive days.
- **Truck drivers** – by [regulation](#) are not permitted to drive no more than 13 hours of accumulated driving time per day with 8 consecutive hours of off-duty before driving again.
- **Medical Residents** – In Canada there is no national regulation around maximum hours medical residents may work, and there is a variability of maximum hours worked per week of 60-90 hours, with a limit of 24-26 hours of consecutive work except for Quebec which limits to 16 consecutive hours per day.

The airline industry is renowned for the paramount of importance it places on safety and its safety record. The medical community looks to the airline industry for many advancements in patient safety. The SCCP policy of 51 hours per week is consistent with that of air traffic controllers who would work approximately 60 hours per week.

Appendix I - What does Half of the Weekly Operating Hours Look Like in Practice?

Every pharmacy is different and pharmacy managers may fulfill their active oversight responsibilities in different ways based on the need of the pharmacy services offered and the staffing complement. Following are some scenarios of what would constitute half of the weekly operating hours:

Single Pharmacy Scenario:

Pharmacy A is open 60 hours per week:

- 9 am to 9 pm Monday to Friday, and
- Closed Saturday and Sunday.

The pharmacy manager must be physically present for 30 hours per week in the pharmacy.

Dual-Pharmacy Scenarios:

In addition to Pharmacy A above, a multi-pharmacy manager is also managing Pharmacy B, open for 98 hours per week:

- 8 am to 10 pm every day of the week.

The total operating hours of both pharmacies is 158 hours. The pharmacy manager must be physically present for a total of 40 hours, divided equally at each pharmacy (20 hours each pharmacy). It is recognized that, on occasion, the manager may need to dedicate more time to one location over another (section 4.2.2.1) or, work more than 40 hours in the week to ensure that the standards for pharmacy services and operations are maintained (see section 4.2.3).

Dual-Pharmacy (Satellite):

In addition to Pharmacy A above, a multi-pharmacy manager is also managing Pharmacy C, a satellite pharmacy open 16 hours per week:

- 9 am to 5 pm Tuesday and Thursday

The total operating hours of both pharmacies is 76 hours. The pharmacy manager must be physically present for a total of 38 hours, divided equally at each pharmacy.

However, it is recognized that satellite pharmacies enable access to pharmacy services in communities where it may not be viable to operate a full pharmacy. If the pharmacy manager assesses that their weekly presence at the satellite pharmacy is not necessary to support its operation, then they may choose to be physically present every 2 weeks.

Considerations when Using Discretion to Allocate Pharmacy Manager Hours

To ensure that the multi-pharmacy managers are providing comparable management and active oversight to that which is expected of single-pharmacy managers, this discretion would give consideration to such factors as:

- Ensuring that resource-intensive pharmacy services, such as medication assessments, are supported;
- Active oversight that requires a physical presence is maintained (e.g., monitoring pharmacy equipment and premises, observing pharmacy staff interactions with patients;
- Supporting pharmacy staff to accommodate different levels of experience and/or risks to working in isolation.