



**Neighbourhood
Pharmacy**
Association of Canada

Association canadienne
**des pharmacies
de quartier**

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VIA EMAIL (@) consultations@saskpharm.ca

Jeana Wendel
Registrar
Saskatchewan College of Pharmacy Professionals
1900 Albert Street, Suite 221A
Regina, SK S4P 4K8

Dear Jeana:

The Neighbourhood Pharmacy Association of Canada (Neighbourhood Pharmacies) appreciates the opportunity to provide this Submission Brief regarding the Saskatchewan College of Pharmacy Professionals (SCCP) proposed a new framework to “enhance control of pharmacies by pharmacists and restore professional autonomy of pharmacists”.

Neighbourhood Pharmacies represents Canada's leading pharmacy organizations who deliver high value, quality care to Canadians in all models including chain, banner, long-term care, specialty and independent pharmacies as well as grocery chains and mass merchandisers with pharmacies. Our members are home to the most trusted providers of drug therapies, pharmacy-based patient services and innovative healthcare solutions. We advocate for community based care through our members' high accessibility and proven track record of providing optimal patient care closer to where patients live, work and play. By leveraging the over 10,500 points of care with pharmacies conveniently located in every neighbourhood across Canada, Neighbourhood Pharmacies aims to advance sustainable healthcare for all stakeholders.

According to the Conference Board of Canada¹, the community pharmacy sector in Saskatchewan provides benefits to society by supplying products and services that improve health outcomes and support the creation of jobs. With about 365 community pharmacies in Saskatchewan, the total economic footprint of the sector is estimated at over \$558.1 million in GDP and 8,300 jobs. In addition, it was estimated that the sector generated a combined \$43.6 million in fiscal benefits to all levels of government in 2016. With a political focus on reducing red tape, we believe that changes that pose significant operational burden and costs on these critical economic drivers must have a solid evidentiary basis.

¹ Sutherland, Greg, and Thy Dinh. *The Pharmacist in Your Neighbourhood: Economic Footprint of Saskatchewan's Community Pharmacy Sector*. Ottawa: The conference board of Canada, 2018.

Neighbourhood Pharmacies believes that self-regulation is a privilege that must be protected, and one that requires the collaboration of all stakeholders involved. The balance of protecting, while also meeting the growing needs and expectations of the public is a delicate one. Ensuring right touch regulation is critical to allowing healthcare providers to apply their professional judgment to meet the various needs of the public while ensuring that guidelines and policies are in place to limit the scope and practice of the profession. We believe it is critical to ensure that the approach to professional regulation does not unnecessarily place a burden on professionals without a clear and evidence-based rationale to improve patient safety. The proposed impact on patient safety, seems to be based on anecdotal evidence from disciplinary committees as well as the 2016 study by Tsao et al. This study conducted qualitative surveys among pharmacists in British Columbia and although pharmacists reported what they perceived to be less than ideal working conditions, the study clearly suggested that “future research should determine if these self-reported workplace conditions actually translate into inferior patient care”. Without a clear causal relationship to the impact on public safety, the college proposing changes in response to the results of this survey of members of the profession, begs the question of whether the College is in fact acting on behalf of the public or whether it is acting on behalf of a subset of the members of the profession. The results of this single study do not make a direct correlation between workplace satisfaction and increases in medication errors or other risks to patient safety. As a result, this study should not be the evidentiary basis for regulatory change that would gravely impact the practice and business of pharmacy and the provision of frontline care to patients in the province of Saskatchewan.

While Neighbourhood Pharmacies and its member organizations support improved professional practice to ensure patient safety, we wish to highlight some of the unintended consequences of implementing the broad proposed changes, both to the delivery of care, as well as to the practice and business of pharmacy.

Although we agree with the spirit of the proposal and the continuous quality improvement of pharmacy practice through the implementation and enforcement of standards of practice; these proposed changes, in many cases will in fact create unnecessary barriers and red tape to practice and pharmacy operations in Saskatchewan – thereby limiting patient access to frontline care.

The consultation paper was initially released and distributed to SPCP members January 10, 2018 with a response required by February 2, 2018, giving stakeholders only three weeks to provide feedback. Despite the short consultation window, and the fact that only SPCP members were consulted in the process, there was significant concern from a variety of stakeholders, around the burden the proposed changes would pose on pharmacy operators, without a clear rationale relating to the protection of the public. A second consultation was then conducted with the Pharmacy Association of Saskatchewan. This third phase of the SPCP proposed regulatory bylaw amendment stakeholder consultation seems to be almost identical in its substantive nature to the first round, despite the concerns voiced by the various stakeholders in the first and second rounds, which leads us to question the reliability of the consultation process itself.

We have reviewed the consultation paper and the following encompasses our feedback on each of the proposed strategies for your consideration.

1. **Proposed bylaw changes to require provision of evidence demonstrating pharmacist control over pharmacy practice would necessitate providing the SPCP with broad based access to proprietors’ confidential corporate structures and agreements.**

The SSCP has proposed a regulatory bylaw change to allow the Registrar to obtain evidence from pharmacy permit applicants demonstrating pharmacist control over pharmacy practice in the pharmacy, including evidence of the pharmacist directors' "active involvement in the decision-making processes of the proprietor". The proposed changes are presumed to ensure that pharmacists are not encumbered in utilizing their professional judgment in the management of pharmacy operations. While we appreciate and agree with ensuring that patient care remain the focus of pharmacy practice, we do not believe that providing broad based access to proprietors' corporate structure and shareholder agreements will achieve this objective. The *Pharmacy and Pharmacy Discipline Act* already gives the College broad powers to make regulatory bylaws prescribing information to be furnished with respect to proprietary pharmacies and providing for the examination of those records. Additionally, defining what would constitute "active involvement" and "unencumbered" is potentially ambiguous and would provide the College with unrestricted access to proprietary business structures and operations. Finally, given the lack of evidence that current pharmacy practice and structures have any correlation to patient outcomes, we feel this proposed change is unwarranted.

II. **The proposed additional requirements for pharmacy proprietors and managers may limit access to pharmacies and pharmacists in the province of Saskatchewan.**

The SSCP proposes new pharmacy manager competency requirements of one year of patient care experience in Canada with mandatory training and mentorship. While we agree that these can be assets, they pose additional barriers to entry to the Saskatchewan pharmacy market, and do not necessarily guarantee better patient care. Additionally, these requirements are unique to Saskatchewan and would reduce labour mobility between provinces, as other provinces do not require such minimum competencies. This could potentially be in contravention to the New West Partnership Agreement and the Canadian Free Trade Agreement of which the Province of Saskatchewan is a signatory. We are concerned that this would disadvantage Saskatchewan in recruiting pharmacy talent as well as in promoting accessible care in the province. Additionally, it is difficult to reconcile the fact that the College is proposing that mentorship is required for management – which we believe falls under the purview of the employer, while it is not being required for matters of professional practice, which we feel would more clearly fall under the purview of the regulatory body.

III. **The proposed proprietor Code of Conduct aims to address issues that are already covered under Saskatchewan's labour standards and laws.**

The SSCP is proposing a proprietor's Code of Conduct to ensure appropriate length of shifts, breaks, rests, meals and sustenance periods for employees. These are all requirements addressed by *Saskatchewan's Employment Act*, which states that pharmacists are entitled to meal breaks and rest periods. Enforcing these laws is outside the purview and mandate of the SSCP. Further, while recommending that "adequate human resources are in place in the pharmacy", seems appropriate, determining what the level of resources deemed to be adequate is not a simple task and would have to take into consideration the variability in customer volumes at pharmacies. Finally, the Code of Conduct as it is set out, is vague and subject to interpretation by proprietors, and therefore does not accomplish the objective of standardizing and providing clarity on the requirements for pharmacy practice and operations. For example, it sets out that proprietors would not place pharmacists "in conflicts of interest", but does not define what comprises a conflict of interest. It sets out

that proprietors would not “impose quotas or other metrics without due consideration to meeting patient needs” but does not define what would comprise “due consideration”. It sets out that proprietors would ensure “appropriate shift overlap between pharmacists and pharmacy technicians to ensure safe and smooth transition in care”, but does not define what would constitute “appropriate shift overlap” or what would constitute “smooth transition”. While we support the development and adoption of best practices, both clinically and operationally, we feel that many of these standards are already outlined in NAPRA’s Standards of Practice for Canadian Pharmacists.

IV. The SCPP’s proposal regarding the optimal deployment of human resources does not effectively achieve its objective of integrating regulated pharmacy technicians.

With the relatively recent regulation of pharmacy technician and the expanding scope of pharmacy practice, change management is not-surprisingly an important component to achieving optimal workflow and human resources. While the SCPP’s Consultation Paper regarding the proposed framework recognizes the challenge in requiring the employment of a minimum number of registered technicians per pharmacist due to “significant variations amongst practice sites”, it nonetheless proposes integrating minimums through other strategies, such as the quality assurance program, to monitor the deployment of human resources. Mandating minimum standards in human resources is neither practical nor does it recognize the ebbs and flows in the practice of pharmacy. There is a wealth of evidence that suggests several factors contribute to medication errors and it is overly simplistic to suggest that a focus on workplace issues will result in reducing errors. While we fully support continuous quality improvement through incident reporting and the development of best practices to ensure optimal patient safety, we do not feel that the SCPP’s proposal to enforce human resource related corrective measures is warranted if causal relationship between human resources and patient safety is not well established. Proposing mandated staffing not only assumes a ready supply of pharmacists and technicians, but it also does not take into consideration the variations in customer volumes in the pharmacy, and has the potential for significantly increasing operating costs without any proven benefit.

V. The SCPP proposes to move an existing Standard of Practice into regulatory bylaws despite the comprehensive nature of the existing bylaws.

We feel that the current bylaws ensure that licensed pharmacists oversee the management and business conducted in the pharmacy and are unclear as to how moving the proposed Standard of Practice would provide any additional benefit.

VI. The SCPP’s proposal to expand existing Code of Ethics to include comprehensive protections for “whistleblowers” from discrimination, does not provide any additional protections over and above those currently in place.

The SCPP proposes that the Code of Ethics, which already exists within the bylaws, be expanded to provide more comprehensive protection for “whistleblowers” reporting inappropriate proprietor or affiliated entity influence. The SCPP proposes to protect whistleblowers from discrimination, and that such discrimination would trigger misconduct subject to discipline. Such discrimination in the workplace is already protected against through the employment standards, rendering the SCPP’s proposed inclusion of such protections in the regulatory bylaws redundant. Additionally, the proposed revisions to the Code of Ethics state that “a member shall not permit an unlicensed person to direct, influence control or participate in the management, operation or practice of the licensed pharmacy of which he is in charge of or employed at”. The breadth of the term “participate in” effectively prohibits any pharmacy

employee, who is not licensed by the college (ie. a pharmacist or technician) from participating in the operation of the pharmacy. Tasks such as but not limited to cash, inventory management, administration, book-keeping are all critical to the management and operation of a licensed pharmacy and it is not feasible or practical to individuals responsible for these tasks to be licensed.

- VII. **The SCPP proposes a self-funded Alternative Dispute Resolution process to enforce this new framework, which provides little to no additional value over the current process set out under the *Pharmacy and Pharmacy Discipline Act*.** The SCPP's proposal for an alternative dispute resolution process aims to encourage voluntary compliance through a neutral, unbiased process including a fair hearing. The current process for non-compliance, set out in the *Pharmacy and Pharmacy Discipline Act* through the College is also, in theory, unbiased, objective and fair. Developing a new process, which would be outsourced to the Dispute Resolution Officer within the Saskatchewan Ministry of Justice or similar agency, would involve additional costs which would inevitably come from member dues, licenses and permit fees.
- VIII. **The SCPP's proposal to use COMPASS continuous quality assurance program to inform the effectiveness of the proposed framework would more likely lead to a "shame and blame" culture rather than promoting a true quality improvement culture.**

In conclusion, while we fully support ensuring that pharmacists and pharmacies continue to be able to provide the highest quality patient care, we feel that proposed changes should be evidence-based, as they have the potential to cause significant challenges, increase red tape for businesses that are significant economic drivers in their communities as well as for the province of Saskatchewan. Moreover, we feel that the development of regulations and standards of practice is critical to guide members to exercise professional judgement and responsibility. These are indeed the fundamentals of professional self-regulation. We feel, however that employment standards, human resource requirements, and business management competencies are the responsibility of the employer and that, without evidentiary basis that these have any potential to negatively impact public safety, these are not within the jurisdiction of the regulator and interference in these matters has the potential to negatively impact the viability of pharmacy practice by significantly increasing red tape and operational and administrative costs. It is important to protect the viability of pharmacy in community to ensure access to frontline care to patients in Saskatchewan, particularly given that many of Saskatchewan's 365 pharmacies provide the primary point of care for patients in rural and remote areas of the province. We formally request that SCPP truly consider the feedback of pharmacy stakeholders and the potential impact of the proposal on the delivery of care in community pharmacies in Saskatchewan.

Sincerely,



Sandra Hanna
VP, Pharmacy Affairs