

Pharmacy Manager Responsibilities

DISCLAIMER

This document is not intended to serve as an exhaustive list of the pharmacy manager responsibilities. These responsibilities may change as the profession and regulatory framework evolves. **To ensure they practise legally and safely, pharmacy managers and all members are expected to monitor communication from SCPP (e.g., newsletters, emails, and website) to stay informed of expectations and requirements.** This document is complemented by the [Pharmacy Manager Policy](#) and the – [Pharmacy Manager - Suggested List of Reference Manual Documents](#). These standards must be taken together as a whole.

DEFINITIONS

“Manager” as per *The Pharmacy and Pharmacy Disciplines Act*, 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*.

“Member(s)” in this document unless the context indicates otherwise, “member(s)” includes licensed pharmacist(s) and pharmacy technicians(s).

“Proprietor” as per *The Pharmacy and Pharmacy Disciplines Act*, means a person who controls the operation of a proprietary pharmacy. In this context, “person” also includes a cooperative or a corporation to which a permit to operate a proprietary pharmacy is granted.

“Proprietary Pharmacy” as per *The Pharmacy and Pharmacy Disciplines Act*, means a retail pharmacy that is not a publicly operated pharmacy (also referred to as “community pharmacy”). For clarity, a publicly operated pharmacy may operate as part of or in conjunction with the operation of a hospital, community health centre special-care home or correctional institution if the pharmacy is operated by and within the requirements of the government of Saskatchewan, the government of Canada, the Saskatchewan Health Authority or an affiliate, as defined in *The Provincial Health Authority Act*.

Pharmacy Manager and Proprietor Responsibilities – Clarification and Practice Tip

The responsibilities for pharmacy managers and proprietors work in concert with each other and may overlap. The **manager** is responsible for the day-to-day operations of the pharmacy and accountable for all professional activities within the pharmacy. Whereas the **proprietor** “controls the operation” of a proprietary pharmacy. For example, this means the proprietor will:

- Ensure an appropriate level of safe, competent, and professional services are provided to the public consistent with the Act, bylaws, Code of Ethics and Standards of Practice.
- Implement processes and procedures to support the pharmacy staff and protect the public.
- Ensure that the pharmacy manager has authority over and is responsible for the operation of the pharmacy and enjoys professional autonomy in providing pharmacy services to the public consistent with the Code of Ethics and Standards of Practice.
- Ensure that each member working in the pharmacy is registered as a practicing member.

See: [SCOPE Newsletter March 2020, Page 11, Discipline Matters](#) and [Regulatory Bylaws Part I Section 9.](#)

Given the high degree of overlap between the responsibilities of pharmacy managers and proprietors, the SCPP expects that both will collaborate in the best interest of the patient and that proprietors will support pharmacy managers to fulfill their responsibilities. Towards this end, the SCPP encourages pharmacy managers to speak with their proprietor about joint areas of responsibility and address concerns if they see that the pharmacy is not following the requirements laid out in the Act, bylaws, standards, and policies. Following are some tips that have proven useful when addressing joint areas of concern:

- 1) Document areas of concern in writing.
- 2) Share written concerns to ensure clear communication.
- 3) Keep a record of the communication for future reference to review follow up taken to date and other avenues for exploration.

Also, as per section 65 of [The Pharmacy and Pharmacy Disciplines Act](#), **every member and every proprietor** shall comply with the Act and bylaws. This means that all are responsible for reading, understanding, and complying with relevant federal and provincial legislation, policies and standards of practice that apply to pharmacy operations. Failure to comply may be grounds for professional misconduct or proprietary misconduct as per sections 25 and 26 of the Act, respectively.

1. PURPOSE

Under authority of *The Pharmacy and Pharmacy Disciplines Act*, the Saskatchewan College of Pharmacy Professionals (SCPP) sets requirements and standards for the operation of proprietary pharmacies as well as the responsibilities of managers and proprietors.

The pharmacy manager has a high degree of responsibility in a complex role as they oversee licensed professionals and a regulated workplace within a broader health system.

The purpose of this document is to outline pharmacy manager responsibilities and SCPP expectations to support those who are currently performing the role; to inform those who are considering becoming a pharmacy manager, and to inform those who are recruiting and supporting a pharmacy manager in a proprietary pharmacy.

Manager Responsibility when Delegating Tasks

A proprietary pharmacy permit is issued to the proprietor in the name of the pharmacy manager. Although other individuals (e.g., district managers, lawyers) may assist the pharmacy manager in their role, it is ultimately the pharmacy manager who is responsible for upholding and meeting all requirements of the legislation. SCPP also expects proprietors to support managers in fulfilling these requirements.

The pharmacy manager may also delegate some of these responsibilities to other licensed pharmacists (e.g., designating an appropriately trained member as the Quality Improvement Coordinator). However, the manager remains responsible for ensuring all requirements are met (e.g., ensuring completion of a Medication Safety Self-Assessment every two years by all pharmacy staff).

2. GOVERNING LEGISLATION AND REGULATORY REQUIREMENTS

A licensed pharmacist assumes significant responsibilities as the manager of a pharmacy. A manager is responsible for establishing and maintaining written policies and procedures that guide and support pharmacy personnel to ensure compliance with federal and provincial legislation and regulations (pharmacy-specific and other), SCPP bylaws, policies and standards of practice, guidelines and professional ethics and contracts entered into by the pharmacy. This includes but is not limited to:

2.1. [Federal legislation](#) and regulations governing pharmacy practice:

- The [Food and Drugs Act](#) and [Food and Drug Regulations](#)
- The [Controlled Drugs and Substances Act](#) (CDSA) and [Narcotic Control Regulations](#) and [Benzodiazepines and Other Targeted Substances Regulations](#)
- The [Personal Information Protection and Electronic Documents Act \(PIPEDA\)](#)

- [Privacy Act](#)
 - The [Criminal Code](#) and [Regulations for the Monitoring of Medical Assistance in Dying](#)
 - [Cannabis Act](#) and [Cannabis Regulations](#)
 - [Canada Business Corporations Act](#) (if applicable).
- 2.2. [Provincial legislation](#) and regulations governing pharmacy practice:
- [The Pharmacy and Pharmacy Disciplines Act, 1996](#)
 - [The Drug Schedules Regulations, 1997](#)
 - [The Health Information Protection Act, 1999](#)
 - [The Business Corporations Act \(Saskatchewan\)](#) – for duties and responsibilities as a director of the corporation when a proprietary pharmacy is a corporation as per 19(1)(b) of [The Pharmacy and Pharmacy Disciplines Act](#)
- 2.3. [Provincial legislation](#) governing all workplaces:
- [The Saskatchewan Employment Act, 2013](#) and [The Occupational Health and Safety Regulations, 2020](#) which require pharmacies to develop written policy statements and prevention plans to deal with violence in the workplace (see [here](#))
 - [The Workers' Compensation Act, 2013](#) and related regulations
 - [The Saskatchewan Human Rights Code, 2018](#) – also see the [Conscientious Objection and Pharmacy Services](#) policy for SCPP expectations of the pharmacy manager;
- 2.4. SCPP bylaws, policies and standards governing pharmacy practice:
- [SCPP Regulatory Bylaws](#)
 - [SCPP Administrative Bylaws](#)
 - SCPP policies, guidelines, and standards (see [Reference Manual](#))
- 2.5. Pharmacy contracts with provincial or federal programs, private insurance, or other organizations (e.g., Saskatchewan Proprietor Agreement, Non-Insured Health Benefits program, Long-Term Care facility contract).

Understanding and Practicing According to Contracts and Agreements

It is important for pharmacy managers to take the steps needed to become familiar with all aspects of their role. The following is an example of a **discipline case where a pharmacy manager did not make sufficient inquiries to practice according to a contract**. The pharmacy manager and proprietor were found guilty of professional and proprietary misconduct respectively, for billing amounts which exceeded those stated in a contract with a Regional Health Authority. The decision and order stated that although poorly trained, “The onus was on the pharmacy manager as a professional to exercise due diligence. He needed to make sufficient inquiries to know and understand the rules for himself. As his signature was on the agreement with the Health Authority, he accepted responsibility for the contractual obligations in his role as pharmacy manager. Given this position, it was incumbent upon him to undertake correct billing practices.”

Source: [SCOPE October 2018, page 11-12 “Discipline Matters”](#) and [SCOPE July 2019, page 15 “Discipline Matters”](#).

3. NARCOTICS, CONTROLLED DRUGS, AND TARGETED SUBSTANCES

The pharmacy manager is ultimately accountable for record keeping, acquisition, storage and distribution of narcotics, controlled drugs, and targeted substances, according to the pertinent laws. As such, the pharmacy manager shall:

- 3.1. Designate which pharmacists may have signing authority for purchasing narcotics, controlled drugs, and targeted substances in a specific pharmacy.
- 3.2. Ensure all requirements for narcotics, controlled drugs, and targeted substances are met and maintained, including [record keeping](#), [reconciliation](#), [theft and loss reporting](#), [destruction](#), [forgeries](#), secure storage (e.g. time-delayed safes) and [delivery](#).
(See [SCOPE newsletter December 2019 page 6 “Narcotic and Controlled Drug Reconciliation”](#) highlighting of Health Canada “critical” inspection report notices.)
- 3.3. Ensure all requirements for Saskatchewan’s [Prescription Review Program \(PRP\)](#) are met and maintained.

4. PROPRIETARY PHARMACY PERMIT AND OPERATIONAL REQUIREMENTS

All pharmacies in Saskatchewan must adhere to operational requirements outlined in governing legislation, regulations, bylaws, and policies. To fulfill its responsibilities under [The Pharmacy and Pharmacy Disciplines Act](#) and its Regulatory Bylaws, the SCPP has developed processes and procedures to issue and oversee proprietary pharmacy permit and other operational requirements. These requirements must be met before the permit application will be approved, amended, and/or renewed.

Permit Application Process

(See Parts I and J of the Regulatory Bylaws, [Pharmacy Section](#) on the SCPP website, SCOPe newsletter October 2018 [Responsibility of Pharmacy Manager during Permit Renewal](#), and the [Pharmacy Manager Policy](#).)

Pharmacy managers play a critical role in the **permit process**, and their responsibilities include but are not limited to:

4.1. Ensuring all permit requirements, forms, fees, and documentation are received by SCPP within the required timelines. Pharmacy managers should be familiar with how to log into their **Pharmacy Manager Portal** on the SCPP website to complete forms. Note: a "[Failure to File Fee](#)" can be assessed for failing to file information required by SCPP.

4.2. Notifying SCPP and completing necessary preparations **prior** to the desired effective date of:

4.2.1. Opening a [new pharmacy](#) or a [satellite pharmacy](#), (see also [Lock and Leave](#) permit requirements, if applicable).

4.2.2. Proposed amendments to the pharmacy permit as per Section 20(1) of the Act including:

- [Proprietor name change](#)
- Pharmacy [name](#) (sometimes referred to as "trade name")
- [Pharmacy address change](#)
- [Pharmacy manager change](#) (including appointment of interim pharmacy managers)

Note: A permit amendment also requires an amended Data Sharing Agreement form to be submitted to ISMP.

4.2.3. Other changes within the pharmacy that are required by the Act and bylaws:

- Director(s) change (using ISC "Notice of Change of Directors" form and submit a copy to SCPP)
- [Share purchase](#)
- [Relocation](#) within the current premises (i.e., no address change)
- [Renovations](#)
- Employee updates (e.g., pharmacists, pharmacy technicians and assistants employed at the pharmacy)
- [Pharmacy closure](#)
- [Lock and leave permit amendments](#)

- [Modifying pharmacy hours of operation](#) as this information is relied upon by the public and health system partners who are seeking or planning continued care.

Importance of Updating Pharmacy Manager Changes with Information Services Corporation (ISC) and SCPP

Pharmacists who are no longer the pharmacy manager are responsible for updating the corporate registry at ISC and informing the SCPP of the appointment of the new or interim pharmacy manager.

The pharmacist who is named as the pharmacy manager on the permit, or the ISC Corporate Registry, is responsible for the oversight of the pharmacy and would remain accountable, including if there was a complaint.

Privacy Requirements

- 4.3.** Being responsible for the privacy of personal health information by ensuring that the pharmacy complies with federal and provincial privacy legislation and SCPP regulatory bylaws. This includes:

- 4.3.1** Designating a privacy officer for the pharmacy who meets/maintains the privacy training requirements and reporting any changes to the SCPP.

(See the following for detailed requirements: SCPP Regulatory Bylaws Part I Section 8 – Privacy Officer, SCOPe August 2018 [Privacy Officer Certification and Recertification, see the Pharmacy Privacy Officer Bylaw and Interpretive Guidelines, and the HIPA and PIPEDA – Preparing your Community Pharmacy and the Trustee Checklist for New HIPA Legislation](#)).

- 4.3.2** Ensuring that the terms and conditions of the respective Joint Service Access Policies for access to the Pharmaceutical Information Program (PIP) and eHR Viewer are being met (see [Accessing PIP and eHR Viewer](#)).

Policies and Procedures for Destruction of Personal Health Information

The Pharmacy Manager must ensure that the pharmacy complies with privacy legislation. The following is an example of a discipline case where a pharmacy did not develop, implement, or maintain written privacy policies and procedures for the destruction of personal health information. The manager and proprietor were found guilty of professional incompetence, misconduct and proprietary misconduct as defined in the Act after failure to follow proper disposal practices of biohazardous medications along with privacy breaches of patient medical information. The manager failed to have any appropriate policies, procedures, and practices to destroy personal health information contained on bottles returned by patients for destruction purposes.

Source: [SCOPE March 2020 Page 11 Discipline Matters](#). For full details of this case see Can LII website [2019 SKCPPDC 6](#).

Continuous Quality Improvement/COMPASS Requirements

- 4.4.** Ensuring that a system is in place to meet the requirements of the SCPP Regulatory Bylaws Part I Section 12 Continuous Quality Improvement and increasing the safety culture in community pharmacies through:
 - 4.4.1.** Mandatory participation in the [COMPASS](#) Quality Improvement Program (which includes safety related tools for development, documentation and monitoring of a continuous quality improvement plan and improvements);
 - 4.4.2.** Enrolling/maintaining enrollment with Institute for Safe Medication Practices (ISMP) for the Community Pharmacy Incident Reporting (CPhIR) program in support of anonymous reporting at a national level to an independent, objective third party organization;
 - 4.4.3.** Designating a COMPASS Quality Improvement Coordinator who meets membership and training requirements, and reporting changes to the SCPP;
 - 4.4.4.** Participating in no less than one Continuous Quality Improvement meeting per year;
 - 4.4.5.** Completing a [Medication Safety Self-Assessment](#) every 2 years by all pharmacy staff; and
 - 4.4.6.** Participating in the Quality Improvement Reviews as scheduled by the SCPP to review safety activities. This process includes completing Pharmacy Self Assessments, assessing the maturity of the safety culture in the pharmacy (i.e., Medication Safety Culture Indicator Matrix or MedSCIM); and meeting with the SCPP to assist pharmacy staff in their quality improvement efforts.

See [COMPASS](#) section of the website for complete information, and [Quality Improvement Reviews](#) in the reference manual, and [\[directions\] Newsletters](#).

Accountability for Quality Improvement in the Pharmacy

Although SCPP coaches pharmacy staff in their quality improvement efforts through the Quality Improvement Review (QIR) process, the observations and recommendations documented only address those areas of practice that have been reviewed during the QIR. They do not reflect on the areas of practice that have not been reviewed or discussed, and they do not absolve the pharmacy manager's responsibility for the day-to-day operations of the pharmacy and for all professional activities within the pharmacy.

The following is an example of an Ontario court case where a pharmacy manager felt he should not be held accountable for a serious error made by another registrant. In this case, if the other registrant had followed the policies and procedures in place in the pharmacy at the time, the error would not have occurred. The regulator imposed remedial measures on the designated manager because he had not used the error as an opportunity to review the policies and procedures to see whether improvements could be made to prevent future mistakes. The designated manager challenged the decision on the basis that he should not be held accountable for the human error of another registrant who had not followed existing policies. The Divisional Court upheld the remedial measures as reasonable. Designated managers are accountable for their own role where mistakes occur.

The designated manager also challenged the failure of the regulator to address in its reasons the generally favourable inspection report that was released contemporaneously with the incident in issue. The Court indicated that a regulator's reasons need not cover every point raised by the practitioner. The basis for the directed remediation was clear. The fact that the policies and procedures of the practice were generally acceptable did not detract from the need for the designated manager to respond appropriately to the error in this case.

Source: The case of *Jaffer v Ontario (Health Professions Appeal and Review Board)*, 2019 ONSC 6770, <http://canlii.ca/t/j3lh5> and <https://canliiconnects.org/en/commentaries/72235>

Emergency Preparedness

- 4.5.** Ensuring that comprehensive emergency preparedness plans are in place to ensure continued services to patients and safe storage of medications. Plans should include:
 - 4.5.1.** Procedures to manage a variety of risks for pharmacy staff, patients and the public (e.g., drug supply interruptions, severe staff shortages, power outages, natural disasters, fire, [pandemic](#), [robbery](#), [forgery](#), cyber-attacks, sudden vacancy of key staff positions);

- 4.5.2. Consideration of all tools available to manage the various risks, including alternate arrangements with local prescribers or hospital/health centres/pharmacies in nearby communities when needed. (See [Pharmacy Closures \(Temporary\): Model Regulatory Policy Due to Pharmacist Absence](#) or the [Emergency Preparedness Resource Kit for Pharmacists and Pharmacy Technicians](#).)
- 4.5.3. Emergency communication protocols among staff, the SCPP, and/or government officials, the Saskatchewan Health Authority, public health offices as needed to ensure frequent and clear direction on patient care, consistency of public messaging and meeting requirements for pharmacy operations;
- 4.5.4. Steps to ensure that all pharmacy staff are knowledgeable about the plan before an emergency occurs; and
- 4.5.5. Reference to the SCPP's [Code of Ethics](#) so that pharmacists are aware of the ethical obligations to provide care during an emergency along with protecting themselves, upholding the health and safety of the public, and the impact of their decisions on pharmacy professionals, other health care providers, health care facilities, and the public. (Also see [Ethical Duty during an Emergency, Disaster or Pandemic for Pharmacists and Pharmacy Technicians](#).)

5. CORPORATE DIRECTOR RESPONSIBILITIES

Under federal and provincial laws governing corporations, directors of the corporations or companies have other duties. As a director of the proprietary operating corporation, additional pharmacy manager duties include, but are not limited to:

- 5.1. Ensuring the manager is a director of the proprietary operating corporation during the valid dates of the proprietary pharmacy permit.
- 5.2. Ensuring the pool of directors of the proprietary operating corporation consists of a majority number of SCPP members versus non-members.
- 5.3. Submitting required ISC Corporate Registry documentation (e.g., ISC Notice of Change of Directors/Officers form). See [Pharmacy Manager Change Guidelines](#).

- 5.4. Notifying SCPP of amendments to directors (ceased or added as directors of the corporation) **prior** to the effective date of a permit.

Directors' Responsibilities

SCPP has had several complaint investigations where the member is not aware of their responsibilities as a "Director" of the proprietor's corporation as the pharmacy manager.

Pharmacy managers are more than an employee of a corporation. They have fiduciary and other obligations as outlined in Directors' Duties and Responsibilities, which can be found in the SCPP reference manual. The SCPP strongly encourages pharmacy managers to be knowledgeable of all their responsibilities and duties as they are accountable for them even if they are not aware of them.

Source: [SCOPE November 2019, page 8, "Directors' Responsibilities"](#)

6. HUMAN RESOURCES

- 6.1. It is the manager's responsibility to train staff, actively monitor, and develop a healthy, supportive working environment that promotes professionalism, quality patient care and professional development of staff members. Pharmacy managers are responsible to put processes and procedures in place to ensure that all staff can practice within the confines of the law and that they uphold the laws for pharmacy care in the province. This includes but is not limited to ensuring:
- 6.1.1. Professional services provided by members are within the member's competency and scope while adhering to program and certification requirements (e.g., Advanced Method Certification is up to date for those providing injections, following medSask guidelines for Travel Health services).
 - 6.1.2. Supervision and registration requirements are fulfilled as per member's licensing category. For example, see [Supervision of Pharmacy Interns](#) and [Registration Information for Pharmacy Professionals](#) for more information.
 - 6.1.3. An adequate staffing complement for a safe practice (e.g., it is a manager's responsibility to work with the proprietor to identify staffing needs based on workload volumes and patient care requirements).
 - 6.1.4. The dispensary is under the personal management, supervision, and control of a duly licensed pharmacist at all times and that coverage for temporary absences is managed in accordance with sections 4 and 5 of Part J, and the [Pharmacy Manager Policy](#)).
 - 6.1.5. All pharmacy staff members have a name tag with their professional designation, so the public is able identify the pharmacy professional (e.g., pharmacist, pharmacy technician, pharmacy assistant).

- 6.1.6. There is an orientation manual for all staff, including [relief](#) members to ensure a communication system is in place that supports consistency of care (e.g. see [Orientation to Practice Guide](#) and [Conscientious Objection and Pharmacy Services](#)).
 - 6.1.7. That pertinent documents are readily available for the interim pharmacy manager or next pharmacy manager to ensure continued operations (e.g., contracts, policies, procedures, manuals).
 - 6.1.8. That all pharmacy staff (regulated and non-regulated) are providing pharmacy programs and services to all patients in accordance with [The Saskatchewan Human Rights Code, 2018](#) and the SCPP [Conscientious Objection and Pharmacy Services policy](#), including situations in which a staff member objects
- 6.2. It is the manager's responsibility to work with the regulator to report any unethical or illegal conduct which may be encountered within the profession. This includes but is not limited to:
- 6.2.1. Responding to requests from SCPP regarding the operation of the pharmacy, practice situations and identify the member(s) involved in any matter under review (e.g., complaint investigation).
 - 6.2.2. Reporting to SCPP the termination of a member's employment, where the employer reasonably believes the cause is professional incompetence or professional misconduct as per section 59 of the Act.
- (See [Code of Ethics](#).)

7. DAILY OPERATIONS OF A PHARMACY

The pharmacy manager must practice in the pharmacy workflow, such that they are familiar with and can ensure the pharmacy environment supports the safe delivery of pharmacy services and that professional practices are carried out within the code of ethics and standards of practice for the profession.

(Also see the Pharmacy Manager Policy for additional requirements around active participation in day-to-day practice and management of the pharmacy in fulfillment of subsection 11(5) of Part I of the SCPP Regulatory Bylaws, including requirements for satellite pharmacies.)

Importance of Overseeing Pharmacy Operations

The following discipline cases have revealed serious public safety risks (e.g., numerous dispensing errors) that can arise from pharmacy manager absenteeism and lack of active participation in the dispensary.

Source: SCOPe March 2015, page 6, “Discipline Matters”. For full details of these cases see CanLII website [2014 SKCPDC 2](#) and [2014 SKCPDC 1](#).

7.1. Pharmacy Workflow/ Operations

The pharmacy manager is responsible for establishing policies and procedures to be followed by pharmacy staff which are in accordance with pharmacy law, acceptable pharmacy practice and professional standards. This includes, but is not limited to:

- 7.1.1. Areas where pharmacy activities occur are compliant with applicable legislation and situations that may expose patients or staff to inappropriate risk are identified and mitigated (e.g. [violence policy](#), [routine and advanced infection control](#), chaperone policy for sensitive procedures).
- 7.1.2. Ensuring advertising is in accordance with SCPP Regulatory Bylaws Part J Section 17 and the [Code of Ethics](#) (e.g. the correct use of the trade name of the pharmacy, prescription labels, telephone directory listing, website, interior and exterior signs, stationary) See also [SCOPe November 2019 Page 7 “Questionable Advertising Materials”](#).
- 7.1.3. Establishing a workflow that addresses mistake prone situations (e.g., decreasing interruptions).
- 7.1.4. Ensuring the pharmacy is clean, organized, and secure to provide safe services with an appropriate level of privacy for the patients (e.g., compounding, administering injections, prescriptive authority, needlestick injury policy, Opioid Agonist Therapy (OAT) standards).
- 7.1.5. Satisfying the requirements to be compliant with Level A, B or C of the NAPRA Model Standards for Pharmacy Compounding. See also [CompEx – Compounding Excellence](#) for more information on standards, guidance, and reporting requirements to the SCPP.
- 7.1.6. For those prescribing Level 2 authorized practices within a Collaborative Practice (Prescribing) Agreement (CPA), the pharmacy manager must ensure that all SCPP regulatory requirements are met, including those that are common to both Level 1 and 2 prescribing and those which guide the establishment of a safe and functional CPA. See [Prescriptive Authority](#) section of the website.

7.2. Patient Care and Safety

7.2.1. Building on the process improvements from the COMPASS requirements, the pharmacy manager is responsible to ensure the prescription processes, and patient care practices used by the pharmacy are designed to minimize error, protect the public and adhere to the [Standards of Practice](#) which include but are not limited to:

7.2.1.1. Establishing best practices for educating patients on medication safety warnings, drug recall notices, drug shortages (e.g., print a list of patients receiving that drug and flag them for a phone call or counselling).

7.2.1.2. Implementing a [patient identification verification](#) policy to ensure the right patient gets the right medication and to prevent medication diversion.

7.2.1.3. Establishing processes for patient follow-up and referral to another practitioner if needed (e.g., completing follow up for Minor Ailments prescribing according to medSask guidelines. See [Prescriptive Authority](#) for standards of practice that apply to all pharmacist prescribing).

7.2.1.4. Establishing processes to manage conflicts and resolve patient concerns as dictated by the circumstance and reinforces professionalism as they address patient needs.

7.3. Communication and Documentation System

Pharmacy managers are responsible for ensuring a system of communication, documentation and record keeping in the pharmacy that meet legislative, regulatory, and professional requirements and supports consistency of care, which includes:

7.3.1. Retention, storage, and destruction of all pharmacy records. The pharmacy manager is the trustee of the patient records and therefore must ensure compliance with all federal and provincial legislation and the practice standards. See [Record Retention](#), [Record Keeping Requirements for CDSA Drugs](#) and [Privacy and Disclosure documents](#).

7.3.2. Collaboration with other health care providers (e.g., PARs are being sent to the primary care practitioner).

7.3.3. A communication logbook for pharmacy staff in which relevant practice information can be documented and shared with all pharmacy staff (e.g., medication safety warnings and recalls).

7.3.4. Documenting pharmacist-patient interaction with each prescription and sales required by SCPP (e.g., [low-dose \(exempted\) codeine](#) product sales and other schedule II or III products)

7.3.5. Data in Pharmaceutical Information Program (PIP) is as accurate and complete

as possible. See [Accessing PIP and eHR Viewer](#) and [PIP QIP's Impact on Patient Safety and How Pharmacy Professionals Practice Pharmacy](#).

7.4. Dispensing and Evaluating Prescriptions

Pharmacy managers are responsible for evaluating and adjusting pharmacy processes to ensure safe, legal, accurate and appropriate prescription medication dispensing. This includes but is not limited to:

- 7.4.1.** Dispensing services comply with the requirements pertaining to the level of service offered in their pharmacy (e.g. [compliance packaging](#), [compounding standards](#), [OAT standards](#), [standards for Long Term Care facilities](#), [central fill policy](#), [depots](#), and [NAPRA Standards of Practice](#)).
- 7.4.2.** Storage, destruction, and inventory management of medications (e.g. [cold chain management for temperature-sensitive medications](#), expired medications, public access based on drug schedule, pharmaceutical waste program, time-delayed safes).
- 7.4.3.** Delivery service policies that ensure patient safety, confidentiality and medication integrity are maintained.
- 7.4.4.** Identifying equipment, facility, and maintenance requirements to support the services delivered (e.g. compounding standards, OAT standards, administration by injection, [fridges with thermometers](#), secure CDSA drug storage).
- 7.4.5.** Being familiar with, adhering to, and supporting patients to access federal and provincial health benefit programs (e.g. [Saskatchewan Drug Plan](#), [Non-Insured Health Benefits](#), [Veterans Affairs](#)).