Consultation Paper

Proposed framework to enhance control of pharmacies by pharmacists and restore professional autonomy of pharmacists

INTRODUCTION

One of the most important relationships in pharmacy practice exists between pharmacists, pharmacy technicians and their employers or pharmacy owners. We have reason to believe that the balance within this relationship is shifting where pharmacists and pharmacy technicians are losing more and more control over their practice. We are concerned that such trends compromise public safety. The purpose of this framework is to describe the strategies within our mandate that we propose to implement to re-balance this relationship so that:

1) *The Pharmacy and Pharmacy Disciplines Act*’s (the Act) public policy purpose of control of pharmacy practice by pharmacists is fulfilled;

2) The professional autonomy of the pharmacist in the practice of pharmacy is restored; and,

3) Pharmacy practice and its capacity to safely meet patient needs remain viable.

To summarize, the framework contains the following strategies:

1) Re-submit new regulatory bylaws to authorize the Registrar to obtain evidence from pharmacy permit applicants demonstrating pharmacist control over pharmacy practice in the pharmacy.

2) Add to the recently approved eligibility requirements for pharmacy managers (Appendix A), a process to evaluate management competencies supplemented with mentorship.

3) As a permit requirement, proprietors will subscribe to a code of conduct in support of the professional practice of the pharmacists and pharmacy technicians within the pharmacy;

4) Optimize the deployment of human resources in community pharmacy practice, especially the role of pharmacy technicians;

5) Move the prohibition on inappropriate unlicensed influence over the pharmacy to bylaws expanded to include influence over pharmacy practice.

6) Whistleblower protection for the reporters of inappropriate proprietor or other affiliated entity influence;

7) A self-funding alternative dispute resolution process to resolve such reports; and,

8) Amending the continuous quality assurance requirement for each pharmacy (e.g. COMPASS, or a program that meets the same standards) that can inform how these measures and other strategies affect patient and workplace safety.
AUTHORITY

The Pharmacy and Pharmacy Disciplines Act (the Act), Sections:

7(1) The council shall manage, govern and regulate the affairs and business of the college.
14(2) Subject to this act, regulatory bylaws may be made pursuant to section 13 for the following purposes:
(b) prescribing the requirements for the issuing of permits...
(x) respecting the establishment and closure of proprietary pharmacies...
(bb) prescribing requirements and standards for the operation of a proprietary pharmacy, including, but not limited to:
(i) use and supervision of support persons;
(ii) equipment and supplies to be used in the operation of a proprietary pharmacy;
(iii) physical requirements for premises;
(iv) name, signage and other forms of public identification of a proprietary pharmacy;
(cc) relating to the responsibilities of managers and proprietors of proprietary pharmacies...
(hh) prescribing other matters considered necessary for the better carrying out of this Act.
19 (2) An applicant for a permit must...
(c) provide any further information or material requested by Council.
20 (1) Every proprietary pharmacy permit is to contain the name of the proprietor of the pharmacy, the name and address of the pharmacy, and the name of the licensed pharmacist who is the manager of the pharmacy for which the permit is issued..............
(4) Every proprietor to whom a proprietary pharmacy permit is issued shall comply with the terms and conditions contained in the permit..............
47(1) Every pharmacy shall be managed by a licensed pharmacist.
65 Every member, every intern and every proprietor shall comply with this act and the bylaws.

DISCUSSION

Concerns about the erosion of pharmacy practice have been best summarized in a research study published in the Canadian Pharmacists Journal. An excerpt follows:

“Workplace stress that may compromise patient safety is a growing concern in community pharmacies in various countries, including Canada, the United Kingdom, the United States and Australia. Reasons for this increase in stress include the changing pattern of pharmacy ownership, with more corporate entities enforcing business-related demands on pharmacists, leading to reduced professional autonomy, provision of expanded scope and enhanced services without relaxation or delegation of traditional roles and insufficient or inefficient use of pharmacist extenders such as technicians. In addition, higher prescription volumes, lack of breaks, workflow interruptions and staffing levels were other issues identified as potentially contributing to dispensing errors.”

Whether or not these same conditions exist in Saskatchewan, we intend to pro-actively address them within the scope of our authority.

Regulatory Bylaws – Proprietor Accountability, Pharmacy Permit Requirements – Application and Information
Under Section 2 of the Act, “proprietor” is defined as “a person who controls the operation of a proprietary pharmacy,” which in turn is defined as “a retail pharmacy that is not a publicly operated pharmacy.” In addition “manager” is defined as “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.” Then, section 19(1) of the Act states:

“The council may issue a permit to operate a proprietary pharmacy to an applicant who meets the requirements of subsection (2) and who produces evidence establishing to the satisfaction of the council that the applicant:
(a) is a member;
(b) is a corporation, the majority of the directors of which are members, and that one of those directors is the manager of the pharmacy;
(c) is a co-operative incorporated, continued or registered pursuant to The Co-operatives Act, 1989;

All proprietors are either corporations or co-operatives. In many corporate situations, if not most or all, we have reason to believe that although the proprietor is designating the pharmacy manager, the proprietor is not in control of the operation of the pharmacy, nor does the manager have sufficient authority over and responsibility for the professional aspects of its operation. For example, we have further reason to believe that many of these corporations are “shell” entities established solely for the purpose of complying with section 19(1)(b) of the Act. They hold little or no assets to operate the pharmacy, they do not employ pharmacists or pharmacy technicians, the directors are nominal (i.e. in name only) but not in function as they do not meet and make decisions on the operation of the pharmacy. Because we do not inquire into the ownership, we suspect that some senior or parent entity owns these “shell” corporations, are the employer, hold assets and liabilities related to the operation of the pharmacy, and at least in every practical sense of the meaning of the term, operate the pharmacy. In those situations, there is usually a corporate official to whom the pharmacy manager reports if there is more than one pharmacy operated by the senior or parent entity.

To address these gaps, we propose to re-submit for the Minister of Health’s approval new regulatory bylaws to authorize the Registrar to obtain evidence from applicants demonstrating proprietor control over the operation of the pharmacy, and to achieve the public policy objective of the Act which is pharmacist control over pharmacy practice in the pharmacy. These bylaws would also clarify our expectations accordingly and allow the Registrar to evaluate whether this control exists and the statutory requirements for the granting of a pharmacy permit have been met. Specifically amongst other details, the amendments propose to:

a) Clarify the delegation of powers to the Registrar to, amongst other things, issue permits;
b) Provide specific minimum information requirements that must be provided in support of all applications for a pharmacy permit. They will also grant authority to the Registrar to request additional information in order to evaluate whether this control and the other statutory requirements for the granting of a pharmacy permit have been met;
c) Provide a mechanism to appeal decisions of the Registrar to Council; and

d) Ensure that:

i. holders of a pharmacy permit are in control of the operation of the pharmacy;
ii. directors of a corporate applicant are not encumbered from exercising their responsibilities related to the provision of pharmacy services; and,
iii. pharmacists who are the manager of a pharmacy have full responsibility to manage the pharmacy and are not encumbered from exercising their professional responsibilities related to the provision of pharmacy services.
For example, this might mean that the Registrar would be empowered to request evidence that the pharmacist directors are actively involved in the decision making of the proprietor.

The original version of the bylaws was approved by Council in 2010. The Minister did not approve them because of the almost non-existent feedback that we received. They were re-submitted in 2013, but not approved in an attempt to address the issues in our new legislation, and subsequently to more effectively engage stakeholders for consultation. The latter did not occur as the relevant legislative amendments did not proceed. This put us in the position to re-strategize how to approach these bylaws for which this framework provides additional context. While the text of the bylaws is not reproduced in this document, Appendix B represents the latest version of their interpretive guidelines for what would have been the bylaws.

**Pharmacy Manager Competency Requirements**

We propose to add to the recently approved eligibility requirements for pharmacy managers (e.g. 1 year patient care experience in Canada, of which 6 months is in Saskatchewan), a process to evaluate management competencies supplemented with mentorship.

This may proceed on the basis of a practice restriction on licenses. Pursuant to section 23(2) of the Act, a licensed pharmacist may perform on or all of the practices that are referred to in that subsection “subject to the terms, conditions and restrictions of that person’s license”. One specific practice area set out in subsection 23(2)(e) of the Act is to “supervise and manage drug distribution systems to maintain public safety and drug system security”. As this extends to the management of a proprietary pharmacy, the approach would be to restrict all members’ scope of practice as excluding management of a pharmacy unless the member demonstrates managerial competencies as established by Council.

The Canadian Foundation for Pharmacy has recently published “Pharmacy Management in Canada”. All of the topics in this text are relevant to Saskatchewan. Therefore it can be used as the reference for an examination that all new managers would be required to pass. We would work with CFP and the authors to develop representative questions. The exam would be standardized against the competencies reflected in this text.

If the standardization is too onerous for the purposes of this framework, an alternative might be to work with CFP to develop an accredited on-line course and assessment based upon the text. This may require funding.

Mentorship is known as an effective tool in transferring knowledge, including management. In addition to the competency assessment, we would ask new managers to identify a pharmacist with management experience as a mentor supplemented by receiving the consent of the mentor. We suggest that the mentorship relationship be aligned with the rationale for the aforementioned eligibility requirements.

**Proprietor Code of Conduct Permit Requirement**

We propose that as a permit requirement, proprietors subscribe to a code of conduct in support of the professional practice of the pharmacists and pharmacy technicians within the pharmacy. The proprietor, and, or on behalf of, any entity associated with the proprietor in the operation of the pharmacy, would acknowledge the operation of the pharmacy as a health care facility. The proprietor would also declare its support for the role of the pharmacist and pharmacy technician therein and, amongst other things:

1) Would not:
- place them in conflicts of interest;
- impair their ability to exercise independent professional judgment and provide care to the patient consistent with those decisions;
- expect, require or coerce them into doing anything that they regard to be unethical or otherwise unprofessional leading to professional misconduct;
- impose quotas or other metrics designed to increase business without due consideration to meeting patient needs or the needs to effectively plan and operate the business; and,
- engage in any behavior that undermines public trust in the profession.

2) Would:
- uphold the professional image of pharmacy;
- support their pursuit of lifelong learning, professional development and continuing education;
- support the deployment of quality assurance practices within the pharmacy;
- provide for a safe practice environment, including ensuring that the length of shifts are appropriate with appropriate break, rest, meal and sustenance periods;
- provide a practice environment that respects the privacy rights of patients;
- ensure that adequate human, material (including inventory) and financial resources are in place in the pharmacy to safely and effectively handle the volume of all services including prescriptions;
- appropriate shift overlap between pharmacists and pharmacy technicians to ensure smooth and safe transitions in care;
- ensure that adequate systems are available to support effective communications and their professional practice; and,
- promote quality products and services compatible with being a health care facility.

Section 26 of the Act defines “proprietary misconduct” to include, amongst other things, conduct that is “harmful to the best interest of the public or the members”, “…tends to harm the standing of the profession”, and “is a breach of this Act…………..relating to the preparing, compounding, dispensing, storing or selling of drugs”. The Code of Conduct provides greater clarity on what constitutes proper conduct.

Optimal Deployment of Human Resources
Now that we are regulating pharmacy technicians, we support their optimal integration within the pharmacy practice environment to in turn enable pharmacists to optimize their scope to practice. However, due to significant variations amongst practice sites we are challenged in requiring employment of a minimum number of pharmacy technicians in proportion to pharmacists. However, this strategy may be integrated with other strategies in the framework, such as for example:

- relying upon the quality assurance program discussed later to monitor the deployment of human resources, and to implement corrective measures when human resource discrepancies threaten patient safety.
- under the proposed accountability bylaws, the Registrar could be authorized to request human resource or quality assurance data from proprietors. This could include requests for plans for corrective measures.
In the meantime, we will either conduct or support research to develop human resources guidelines intended as a template for the safe and optimal deployment of human resources within pharmacy practice.

**Inappropriate Influence Over Pharmacy Practice**

Our April 2004 “Standards of Practice for Saskatchewan Pharmacists” states, in part:

“Professional Control

In accordance with the requirements of the Saskatchewan Pharmacy Act, Bylaws, Rules and Regulations, the dispensary shall be under the personal management, supervision and control of a duly licensed pharmacist at all times.

A pharmacist shall not permit an unlicensed person to direct, influence, control or participate in the management or operation of a licensed pharmacy of which he/she is in charge.”

We propose to move this prohibition into the regulatory bylaws expanded to include influence over pharmacy practice.

**Whistleblower Protection**

Our Code of Ethics within part H of our regulatory bylaws states, in part:

“A member shall observe the law, particularly those affecting the practice of pharmacy; uphold the dignity of the Profession; strive for its betterment; maintain a high standard of ethics; and report to the proper authority, without fear or favour, any unethical or illegal conduct which may be encountered within the Profession.”

We propose that these provisions be expanded within our regulatory bylaws to provide more comprehensive protection for “whistleblowers” who observe this ethical obligation. For example the bylaws could prohibit any person from discriminating in any way against a licensed pharmacist or pharmacy technician who reports inappropriate behavior as contemplated in our Code of Ethics, the proprietor Code of Conduct or within this framework. Such discrimination could trigger misconduct subject to discipline.

**Alternative Dispute Resolution**

We propose that, when we receive a report of non-compliance with this framework, the report be referred to a self-funding alternative dispute resolution process to resolve such disputes. In principle, the process should be neutral, unbiased, and objective and follow the other principles of procedural fairness including a fair hearing. The process would be structured to encourage voluntary compliance, but be binding when justified.

We are very satisfied with using the services of the Dispute Resolution Office within the Saskatchewan Ministry of Justice for complaint resolution as an alternative to discipline. We propose to explore with this office whether or not they are willing and able to play a similar role within this framework.

By self-funding we propose that the annual direct and indirect costs such as overhead be accounted for separately and then proportionally surcharged on the following year’s license and permit fees. Alternatively, a surcharge could be imposed to establish a fund to be restricted for this purpose and replenished through subsequent surcharges.
**Quality Assurance Program Requirement in Each Pharmacy**

With the implementation of COMPASS, our program that meets the continuous quality assurance requirements for pharmacies, we intend to explore how it can inform whether the measures in this framework and other strategies affect patient and workplace safety. We will be careful in connecting the program with this framework to avoid the appearance of a “shame and blame” culture. For example, the program might be helpful in informing the effectiveness of this framework, but not be used as a tool to enforce it.

**CONCLUSION**

We recognize the challenges in shifting the balance in the relationship between pharmacists and pharmacy technicians and pharmacy operators to achieve greater professional autonomy and control. However, we believe that any proprietary pharmacy operator who values licensed pharmacists and pharmacy technicians as health care professionals will embrace this framework. According to our policies we are committed to consult with stakeholders to understand the impact on proposed standards and bylaws before finalizing decisions. This includes a commitment to consult on this framework. While we may or may not take the advice received, we will ultimately make our final decisions based on what we consider to be in the best public interest, and best accomplishes the goals of:

1. Fulfilling the Act’s public policy purpose of control of pharmacy practice by pharmacists is fulfilled;
2. Restoring the professional autonomy of the pharmacist in the practice of pharmacy; and,
3. Retaining the viability of community pharmacy practice and its capacity to meet patient needs.

Respectfully submitted,

R. J. (Ray) Joubert, Registrar

Final Draft approved by Council for consultation October 30, 2017

**References**

Proposed Pharmacy Manager Eligibility Requirements

“That section 11 of Part I of the regulatory bylaws be repealed and replaced with:

Pharmacy Manager

11 (1) A pharmacy manager must

a. be registered and licensed as a practising pharmacist in Saskatchewan and have no relevant conditions or restrictions on his or her licence

b. have been practising direct patient care pharmacy in Canada a minimum of twelve months with any six of the twelve month period in Saskatchewan, or otherwise at the discretion of the Registrar

c. practice pharmacy in the pharmacy location where he or she is designated as the pharmacy manager

d. not be disqualified or suspended from acting as a pharmacist or as a pharmacy manager

e. 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 Canadian jurisdiction relevant to the practice of pharmacy.

11 (2) Subject to subsection (3) a licensed pharmacist shall not be the manager of more than one pharmacy at a time

11 (3) A pharmacist may act as a pharmacy manager of more than one pharmacy where:

a. In addition to the base pharmacy, one of the pharmacies is a telepharmacy or satellite pharmacy

b. He or she is acting as an interim pharmacy manager

11(4) If a pharmacy manager ceases to be a pharmacy manager and there is no replacement pharmacy manager a person who meets the requirements of clauses a, c and d of subsection (1) can be named as interim pharmacy manager for a maximum period of 60 days

11(5) An interim pharmacy manager will not be approved if another interim pharmacy manager has been approved at the same pharmacy within the preceding 60 days.”

Along with this bylaw, Council also approved the following criteria to be applied in exercising discretion on whether or not to grant an exception to 11(1)(b):

The onus is on the proprietor to demonstrate that:

1. He has reasonably exhausted all other options

2. There is a shortage of pharmacists either regionally, provincially or nationally that impacts on the availability of qualified pharmacy managers

3. There is a demonstrable increase in the demand for pharmacist services that impacts on the availability of qualified pharmacy managers

4. An emergency situation exists

5. Circumstances have arisen beyond the control of the proprietor, or,

6. Denial may mean temporary closure of the pharmacy placing patients at risk (e.g. patient access to alternative pharmacy services is not feasible, unreasonable or unsafe to disrupt the patient/pharmacy/pharmacist relationship).

In the event that the proprietor is dissatisfied with the Registrar’s discretion, he may appeal to Council.

The next draft of this bylaw will include a required process to evaluate management competencies supplemented with mentorship.
Appendix B

Saskatchewan College of Pharmacy Professionals
Interpretive Guidelines for Regulatory Bylaw Part NNN
Pharmacy Permit Requirements – Application and Information

Under The Pharmacy and Pharmacy Disciplines Act (the Act), Council may grant a permit to operate a proprietary pharmacy to an applicant when that applicant meets requirements under the Act and bylaws of the College. If the applicant for a proprietary pharmacy permit is a corporation, the majority of directors must be members, and one of those directors must be the manager of the pharmacy. The directorship requirement does not apply to co-operative associations and community clinics.

The requirements of the Act serve the important public policy of ensuring that pharmacy practice remains in control of pharmacists.

We have observed discrepancies with compliance with the proprietorship provisions of the Act. To summarize, we have, for example, reason to believe that there are instances where:

- the pharmacist who is designated as the manager of the pharmacy lacks the authority and accountability consistent with what is expected of a manager of the pharmacy and/or a director of the corporation holding the pharmacy permit; and/or
- the permit holder has diminished influence or accountability for the operation of that pharmacy, or otherwise is not in fact in “control” of the operation of the pharmacy.

These discrepancies appear to arise, at least in part, from a lack of understanding of what is required in order for a proprietor to “control” the pharmacy, and what is expected of a director of a corporation that controls a pharmacy, and of a member who is manager of a pharmacy.

In addition to fulfilling the objective of the Act, two additional circumstances make it important to ensure that the statutory requirements are met. The first is The Health Information Protection Act (HIPA) and the Pharmaceutical Information Program (PIP). Under HIPA, trustees include pharmacies, or pharmacists who are not employees of the pharmacy. Thus for the purposes of fulfilling all obligations of trustees such as executing data access agreements by PIP with trustees, and defining who the trustees are who can access the PIP medication profile viewer, it is necessary to be able to identify the accountable trustee.

The second is the Drug Plan agreement which is between the Crown and proprietors. It specifies the obligations of both parties for the operation of the Drug Plan, including payment for benefits and services. We understand that in many instances a corporate entity, other than the proprietor of record who holds the permit, receives payments from the Drug Plan.

Council has prepared amendments to the regulatory bylaws intended to clarify our expectations with respect to these matters and to allow the Registrar to evaluate whether the statutory requirements for the granting of a pharmacy permit have been met. Specifically, the amendments will:

1) Clarify the delegation of powers to the Registrar to, amongst other things, issue permits;
2) Provide specific minimum information requirements that must be provided in support of all applications for a pharmacy permit, with the authority granted to the Registrar...
to request additional information, in order to evaluate whether the statutory requirements for the granting of a pharmacy permit have been met; and,

3) Provide a mechanism to appeal decisions of the Registrar to Council.

By adopting these measures, Council hopes to ensure, to the extent reasonably possible, that:
(a) holders of a pharmacy permit are in control of the operation of the pharmacy;
(b) directors of a corporate applicant are not encumbered from exercising their responsibilities related to the provision of pharmacy services; and,
(c) pharmacists who are the manager of a pharmacy have full responsibility to manage the pharmacy and are not encumbered from exercising their responsibilities related to the provision of pharmacy services.

In addition to the information requested as part of the pharmacy permit application process, we are asking the applicant to declare that the corporation on behalf of which the applicant is applying for a permit controls the operation of the pharmacy and that the directors and pharmacy managers of that corporation are not encumbered from fulfilling their responsibilities. Should the office of the Registrar require validation of these declarations, a request will be sent to the applicant for additional information to be provided in a form suitable to the Registrar. This may include an opinion from a licensed Saskatchewan lawyer. Together the above would then constitute the application for a permit. More specifically, examples of additional information that may be requested include:

1) Current or intended permit holder is in control of the operation of the pharmacy:
   • Evidence that the holder has or will have control over the pharmacy premises and dispensary; Evidence that the permit holder has the unfettered ability to direct the pharmacists practicing within the pharmacy.

2) Directors are not encumbered from exercising their responsibilities related to the provision of pharmacy services (defined below):
   • Evidence that the directors are full voting members on the Board of Directors of the corporation;
   • Details respecting any unanimous shareholders agreements, or other delegations of directors' authority to direct the management and affairs of the corporation holding the pharmacy permit, or that otherwise encumbers them, or interferes with or impairs them from fulfilling these responsibilities;

3) Pharmacy managers have full responsibility to manage the pharmacy and are not encumbered from exercising his/her responsibilities related to the provision of pharmacy services. These responsibilities are described in the SCPP document entitled “Responsibilities of a Pharmacy Manager” that can be found in our Reference Manual at www.saskpharm.ca.

This document states in part that “The pharmacy manager is the licensed pharmacist designated by the proprietor of the pharmacy to have the authority over, and be responsible for, the operation of the pharmacy……………

D. Operational Requirements
The pharmacy manager is required to:………………
   c) be accountable to SCPP for all professional activities within the pharmacy……………”

To be assured that the pharmacy manager is not encumbered from exercising his/her full responsibility relating to the professional activities within the pharmacy the applicant may be asked to provide additional information to demonstrate that the pharmacy manager controls professional practices in the pharmacy so that they are safe for both
patients and staff or do not constitute misconduct or incompetence. Specifically and without limiting the generality of the foregoing, this includes:

a) Appropriate advertising;

b) Providing a working and practice environment that protects the health, safety and welfare of patients and staff which includes, but is not limited to:

i. Sufficient personnel to prevent fatigue, distraction or other conditions that interfere with a pharmacist’s ability to practice with reasonable competency and safety;

ii. Appropriate opportunities for uninterrupted rest periods and meal breaks;

iii. Adequate time for a pharmacist to complete professional duties and responsibilities including, but not limited to:

• Drug utilization review, medication assessment;
• Review of the patient’s medication profile in the Pharmaceutical Information Program;
• Review of other patient information in the Electronic Health Record Viewer such as the results of medical laboratory tests;
• Ordering, performing, accessing, using or interpreting medical laboratory tests;
• Administering drugs by injection and other routes;
• Patient education;
• Verification of the authenticity, accuracy and appropriateness of the prescription;
• Exercising prescriptive authority;
• Responding to self-care and minor ailments needs of patients; and,
• All other duties and responsibilities as specified in the latest edition of the National Association of Pharmacy Regulatory Authorities “National Model Standards of Practice for Canadian Pharmacists”.

iv. Not permitting external factors such as productivity or production quotas or other programs to the extent that they interfere with the ability to provide appropriate professional services to the public;

v. Not permitting incentives or inducements for the transfer of a prescription in the absence of professional rationale, or intended to disrupt the therapeutic relationship between the patient and another pharmacist;

vi. Systems, fixtures, furnishings and equipment that support the professional activities of the pharmacist; and,

vii. Appropriate continuous quality assurance policies and procedures.

c) Providing a practice and working environment that protects the privacy rights of patients under the Health Information Protection Act (Saskatchewan) and supports the ability of the trustee to comply with his/her obligations under this legislation.

The foregoing are intended to be examples of the types of information that may be requested by the Registrar’s office, and are not intended to restrict the scope of information that may be requested in order to allow the office of the Registrar to determine the qualification of any applicant to receive a permit. If after receipt of any requested information the Registrar refuses to issue the permit, the applicant will be given reasons for the refusal and be advised that the applicant may apply to the Council of SCPP to review the refusal. The application to Council
should be provided in writing and the applicant may ask for personal attendance before Council to present supporting arguments.

In the event of any discrepancy between this document and the bylaws, the text of the bylaw prevails.

Approved by Council Month/Day/Year