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REPUBLIC OF TRINIDAD AND TOBAGO

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15th Report

JOINT SELECT COMMITTEE ON

LOCAL AUTHORITIES, SERVICE COMMISSIONS AND STATUTORY AUTHORITIES *(INCLUDING THE THA)*

on an

Inquiry into the Current Systems and Procedures for Regulating the Operations of Pharmacies and the Practice of Pharmacy In Trinidad and Tobago

Fifth Session (2019/2020), 11th Parliament

Fifteenth Report

Of the

Joint Select Committee on Local Authorities, Service Commissions and Statutory Authorities (including the THA)

on an

Inquiry into the Current Systems and Procedures for Regulating the Operations of Pharmacies and the Practice of Pharmacy In Trinidad and Tobago

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ACRONYMS AND ABBREVIATIONS

ABBREVIATION	ORGANISATION
AMR	Antimicrobial Resistance
CDAP	Chronic Disease Assistance Program
MOH	Ministry of Health
NIPDEC	National Insurance Property Development Company Limited
RHA	Regional Health Authority

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EXECUTIVE SUMMARY

1.1 At its 32nd meeting held on Wednesday 24th April, 2019, the Committee resolved to inquire into the Current Systems and Procedures for Regulating the Operations of Pharmacies and the Practice of Pharmacy in Trinidad and Tobago and agreed that the following three (3) objectives would guide the inquiry:

i. **To examine the trends in the local pharmacy industry;**

ii. **To evaluate the efficiency and effectiveness of the Pharmacy Board/Council in executing its mandate; and**

iii. **To determine whether the resources, systems and procedures of the Pharmacy Council are sufficient to allow it to operate efficiently.**

1.2. To this end, the Committee agreed to meet convene public hearings with key stakeholders in the pharmacy industry including the Ministry of Health and the Pharmacy Board of Trinidad and Tobago to acquire ample data and information adequately inform its findings and recommendations.

1.3. The Committee obtained both oral and written evidence based on the objectives listed above. Some of the issues which were highlighted during the course of the inquiry included:

a. **The extent to which the Pharmacy Board/Council is effective in fulfilling its statutory responsibilities;**
b. **The financial and administrative challenges that are hindering the Board's operations. It was noted that the existing membership fee structure is inadequate to sustain the operations of the board.;**
c. **The lack of updated registration information for Pharmacists;**
d. **The comparatively inadequate remuneration packages for Pharmacists who operate in the public sector;**
e. **There has been an exponential increase in the Pharmacy Graduates over the period 2014 - 2019 and stakeholders were doubtful that the local industry could absorb these new practitioners;**

f. The protocols and procedures observed by pharmacies when transporting and Storing of drugs and items;

g. The reliance on foreign regulations and screening of imported drugs. While this is a usual practice in less advanced countries it was noted that Trinidad and Tobago had limited capacity to undertake pharmacovigilance;

h. There is anecdotal evidence which suggest that there are illegal practices associated with the importation of drugs i.e. a suitcase trade and possible strategies for curbing this practice;

i. Whether the number of pharmacies in Trinidad and Tobago per capita exceeds what is required;

j. The circumstances which contribute to the absenteeism of Pharmacists at Pharmacies;

k. The critical effects of Antimicrobial Resistance;

l. The adverse consequences patients may incur if they source drugs directly from wholesalers;

m. The lack of a formal complaint system for the channeling of complaints to the Pharmacy Board;

n. The level of efficiency of the current system used by the MoH to oversee the operations of pharmacies via its Drug Inspectorate;

o. The systems and procedures applied by the MoH and NIPDEC to regulate the Chronic Disease Assistance Programme (CDAP);

p. The importance of convening Annual General Meetings of the Pharmacy Board to facilitate the holding of elections for executive members of the council and to reestablish confidence in the organisation.

1.4. Based on the evidence received, the Committee has proffered recommendations which it believes will appropriately address the issues highlighted. A summary of these recommendations follow this Executive Summary.

1.5 We anticipate that the Parliament, the Ministry of Health, NIPDEC, the Pharmacy Board and all health stakeholders would give due consideration to the findings and recommendations contained in this Report with a view to improving the operations of pharmacies and the conduct of pharmacists. The Committee looks forward to reviewing the Ministry's response to this Report, which becomes due, sixty (60) days after it is presented to the Houses of Parliament.

SUMMARY OF RECOMMENDATIONS

The following are the main recommendations proposed by the Committee:

A. **The Committee strongly recommends that the three main health stakeholders namely the MOH, the School of Pharmacy and the Pharmacy Board engage in discussions with a view to investigating the feasibility of expanding pharmacy education to include post-graduate programmes;**

B. **A manpower assessment should to be performed prior to the issuance/consideration of work permits for pharmacist who are non-nationals;**

C. **The Committee recommends that there should be legislative amendments which provide that Pharmacists engage in continuing education on an annual basis;**

D. **The MoH must work with NIPDEC to continue to explore strategies for minimizing the wastage of drugs;**

E. **Notwithstanding the ability to rely on foreign based testing of drugs (i.e. Regulatory reliance)[2], state-run Labs should be equipped to handle an acceptable level of testing;**

F. **A robust system of evaluating international drug sources and drug distribution channels should also be developed and maintained;**

G. **There must be greater transparency and accountability by the state regarding the decision to approve and or reject drugs that are placed on the National Formulary;**

[22] According to the WHO, reliance is, "the act whereby the NRA in one jurisdiction may consider and give significant weight to—i.e. totally or partially rely upon—evaluations performed by another NRA or trusted institution in reaching its own decision.

H. The MOH should also seek to make its approval and registration process for drugs more efficient;

I. There is further need for advancement in the Pharmacy Industry to incorporate more online and electronic access methods to improve efficiency and increase accountability by the relevant oversight bodies[3];

J. As mandated by Section 19 of the Act, the Committee strongly recommends that there be strict penalties for failure to publish an updated list of Pharmacies and Pharmacists;

K. It is recommended that a formal complaints system be created to facilitate the submission of complaints by members of the public;

L. Subject to the necessary consultations with stakeholders, the Committee recommends that legislative reform occur to address the following issues:-

- **lack of formal oversight of the Pharmacy Board;**
- **increase membership fees; and**
- **imposing a restriction on the number of pharmacies within a geographical area;**
- **Permit ministerial intervention where the council of the Board has collapsed or is unable to convene meetings after a specified period has elapsed.**

M. Pursuant to Sections 11 (2) and 16 (1) (c) of the Act, we recommend that the Board/Council work assiduously to develop a Code of Conduct for Pharmacists in Trinidad and Tobago;

N. The Committee strongly recommends that measures be taken to strengthen the capacity of the Drug Inspectorate;

[3] This practice has been mainly utilized in Europe, the US, New Zealand and Australia. https://www.hiqa.ie/sites/default/files/2018-05/ePrescribing-An-Intl-Review.pdf

O. The MOH should determine the cost of implementing online or electronic access to drug information from pharmacies in real time;

P. The MoH must act as a Mediator between the President of the Board and its members to arrange for the urgent holding of free and fair elections for membership of the Council;

Q. The Pharmacy Council must address its inability to produce financial reports and or statements;

R. There should be a mechanism whereby a vote of no confidence in Council Members including the President can be initiated and executed.

INTRODUCTION

Background[4]

Regulatory Framework

2.1. Section 3 of the Pharmacy Board Act Chapter 29:52 established a Board which shall be a body corporate by the name of the Pharmacy Board of Trinidad and Tobago. According to Section 4 of the Act, the Pharmacy Board shall consist of all pharmacists, inclusive of those persons who were registered or licensed under the repealed Medical Board Ordinance, until such time as the Registrar has established a Register of Pharmacists. According to the Act, the Head Office of the Pharmacy Board shall be in the City of Port-of-Spain. Additionally, the Board is able to acquire, hold and enjoy any property, moveable or immoveable and may also sell or dispose of any property.

Appointment of the Pharmacy Council

2.2. In addition to the Board, the Act provides for the appointment of Council of the Board which shall consist of 10 members including:

i. two pharmacists, who shall be appointed by the Minister;
ii. six pharmacists, elected at a meeting of the Board duly convened for the purpose; and
iii. two medical practitioners appointed by the Medical Council.

2.3. Except as provided in sections 9 and 10, every member of the Council shall hold office for a term of two years but may from time-to-time be re-appointed or re-elected.

2.4. Additionally, the ten persons referred to above shall respectively be pharmacists and medical practitioners of not less than five years standing. Subject to the Act

[4] http://mbtt.org/index.htm

and the Regulations outlined, the Council shall have sole control and management of the property and affairs of the Board.

Conduct of the Inquiry

2.5. Two public hearings were held on Wednesday 22nd May 2019 and Wednesday September 29th 2019 respectively at which time the Committee interviewed the officials on issues relevant to the inquiry objectives. At these public hearing the following entities were present:

May 22 2019

a. Ministry of Health
b. National Insurance Property Development (NIPDEC)
c. The Pharmacy Board School of Pharmacy
d. Faculty of Medical Sciences, University of the West Indies, St. Augustine

September 29th 2019

a. Ministry of Health
b. The Pharmacy Board School of Pharmacy
c. Pharmaceutical Society of Trinidad and Tobago ("the Society"); and
d. SuperPharm Limited.

A detailed list of entities is attached at **Appendix I.**

2.6. The Minutes and Verbatim Notes relevant to the Committee's public hearing with the MOH, NIPDEC, the Pharmaceutical Society of T&T, the Pharmacy Board and the UWI, are attached as Appendix III and Appendix IV respectively.

Summary of Evidence Together with Findings and Recommendations

Objective 1: To examine the trends in the local Pharmacy Industry.

Growth in the Pharmacy Sector

Registration of Pharmacists

3.1.1. The growth in the pharmacy industry can be attributed to the continuous increase in the number of registered pharmacists in Trinidad and Tobago. As at May 22nd 2019, there had been 822 approved pharmacist reregistration applications. However, due to saturation in the field, the President of the Council of the Pharmacy Board stated that there were instances where registration was delayed in order to address the rapidly increasing number of pharmacists and pharmacies. Due to legal considerations, the Council no longer restricts the number of pharmacist licenses granted to applicants.

Increase in Graduates from UWI's School of Pharmacy

3.1.2. During the first public hearing, the MOH stated that the public and private sectors had sufficient capacity to employ graduates from the school of pharmacy. However, the eventual exhaustion of its capacity is imminent. There are concerns regarding the capacity of the public sector to provide adequate employment opportunities to new pharmacy graduates who are required to intern at RHA for three months prior to their full instatement as a Pharmacist I.

3.1.3. The following table represents the number of Graduates of the School of Pharmacy for the period 2014 to 2018:

TABLE 1: LIST OF GRADUATES OF THE SCHOOL OF PHARMACY

Year	No. of Students Graduated from BSc Pharmacy
2014	48
2015	56
2016	80
2017	48
2018	53

Source: School of Pharmacy, UWI (St. Augustine)

3.1.4. The School of Pharmacy trains approximately 50 to 60 students per year. In prior years, the student output was between 10 to 14 students annually. However, this was insufficient to supplement the demand for Pharmacists. Subsequently, the Pharmacy Board recommended a one-time increase to 50 pharmacists as a temporary measure to address a shortfall in Pharmacists. However, the UWI has continued to train 50 plus students annually which has resulted in a shortfall of employment opportunities in both the private and public sector.

3.1.5. As a result, there has been increased emigration of pharmacists seeking employment. Consequently, the local pharmacy programme is being transitioned from a four-year Bachelor's degree to a five-year PharmD degree to align with the US standards in order for locals to apply in other jurisdictions. A post-graduate programme is also being developed.

3.1.6. In spite of this development, outward emigration has been considered a lack of "return on investment" to Trinidad and Tobago, in light of the fact that the Pharmacy Degree is GATE funded.

Illegitimate Pharmacy Courses

3.1.7. As at May 20th 2019, the Pharmaceutical Society informed the Committee that, Pharmacy Assistants must be trained by Certified Institution, namely, COSTAATT. However, according to the l PSTT, uncertified providers have lured desperate persons to do Pharmacy Courses by promising training over shorter time frames. However, these persons are unable to register with the Pharmacy Board. A further disappointing practice, is that Pharmacists continue to employ untrained persons which has led to the unemployment of trained persons thereby exposing the public to danger.

Remuneration of Pharmacists

3.1.8. During the public hearing, the Committee was informed that it is difficult to recruit local pharmacists into the public health care system given that more favourable remuneration packages are offered in the private sector. The remuneration packages offered to pharmacists in the public sector is currently under review. At present there are eleven Cuban pharmacists were hired by the MoH. According to the submission of the Pharmaceutical Society of Trinidad and Tobago, wages in the industry have lagged behind the skill set available.

3.1.9. The remuneration packages for both local and foreign pharmacists employed in the MOH and RHA are as follows:

TABLE 2: REMUNERATION OF PHARMACISTS

Category of Pharmacist	Local Pharmacist	Foreign Pharmacist	Private Pharmacist
Pharmacist I	Basic Salary: $9456 - $11,802. COLA: $225 Gratuity 20% of basic salary		
Pharmacist II	Basic Salary: $11,219 - $12,227 Allowances: $2625 On-Call : $550 Gratuity 20% of basic salary		
Pharmacist III	Basic Salary: $11,848 - $13,263 Allowances: $2625 On-Call: $550 Gratuity 20% of basic salary		
Pharmacist		Basic Salary: $7400 Allowances: $4100 Gratuity 20% of basic salary	$13,000 to $28,000

3.1.10. In the MOH's written submission, a Pharmacist employed by the Regional Health Authorities (RHAs) can work outside of their normal working hours as a relief Pharmacist in a private establishment. However, Pharmacists employed in the Ministry of Health are not permitted to work in Private Pharmacies due to possible conflicts of interest.

3.1.11. Furthermore, the PSTT in its submission stated that there is significant underemployment in the Pharmacy Sector. Additionally, Pharmacies have employed Pharmacist Assistants to work independently without a Pharmacist which is illegal.

Accreditation of Foreign Degrees

3.1.12. During the public hearing on May 22nd 2019, President of the Pharmacy Board stated that there are adequate provisions in the Pharmacy Board Act to determine the credibility of pharmacy degrees held by foreign nationals employed locally. Accordingly, Section 18 of the Pharmacy Board Act states that a temporary licence may be issued to a CARICOM applicant whose has been awarded a degree in Pharmacy by an institution recognised by the Accreditation Council of Trinidad and Tobago (ACTT) and has received a certificate of registration. Additionally, the process further involves the Ministry of Labour and Small Enterprise Development who in collaboration with the Work Permit Advisory Committee (WPAC) of the Ministry of National Security has the responsibility for reviewing and issuing work permits. This is a fundamental requirement to obtaining employment as a foreign pharmacist. Moreover, this requirement has reduced the number of foreign pharmacists.

3.1.13. During the public hearing on May 22nd 2019, the Committee was informed by the CMO that due to the poor remuneration packages offered to local pharmacists by the Ministry many are unwilling to accept the posts in the public sector. Therefore, foreign pharmacists are brought in to fill the vacancies at salaries almost $3, 000 less than the salary offered to the local pharmacists.

3.1.14. Thus due to oversaturation registration has been on hold. As at May 22nd 2019, the Board shared the view that work permits should be restricted or reduced for the

foreign pharmacists which aligns with the Ministry of Labour and Small Enterprise Development's decision to restrict the number of work permits.

3.1.15. The number of non-nationals employed as pharmacists at the MOH as at June 21st 2019 are outlined in the table below:

TABLE 3: LIST OF NON NATIONALS

Regional Health Authority	Total
NWRHA	7
NCRHA	3
ERHA	4
SWRHA	8
THRA	4
Total	26

3.1.16. The number of nationals employed as Pharmacists in the public sector is 229, as at June 2019.

Transporting/Storage of Pharmaceuticals

3.1.17. NIPDEC has specified suppliers who are responsible for transporting drugs to NIPDEC's warehouse. Different items in transport require specific temperature controls and conditions to maintain the efficacy of the drug. This is done through the use of temperature guns and gauges in order to ensure the drugs are at the required temperature. Cold storage items require inspection upon arrival at NIPDEC's warehouse.

3.1.18. Furthermore, drugs are typically protected by two layers of packaging, which makes in-transit contamination unlikely. There are provisions within all health centres to maintain the temperature and proper storage of vaccines in the event of an electricity outage. Rejected drugs are either replaced by the suppliers or a credit is granted for the value of the drugs.

Redistribution of Drugs

3.1.19. The Drug Inspectorate Unit of the MoH, as mandated by Section 12 of the Dangerous Drugs Act as well as Section 3 of the Subsidiary Legislation Dangerous Drugs (Appointment of Inspectors) Order, is responsible for monitoring the distribution of antibiotics by pharmacists. NIPDEC monitors stock at private pharmacies and retrieves drugs nearing their expiration date. Unregistered medication found on the premises of a pharmacy is seized and destroyed by the Drug Inspectorate.

3.1.20. The Committee learned that drugs nearing expiration are redistributed to pharmacies with greater demand or, if unused, they are disposed of following a board of survey by the MoH. To reduce the wastage of drugs, monthly alerts are sent to RHAs informing them of the drugs that will expire over the following six months. This facilitates the identification of excess drugs that can be redistributed to other RHAs. When questioned, the MoH stated that they were aware of the fact that NIPDEC supplies close-to-expiry drugs to pharmacies with greater demand.

3.1.21. However, NIPDEC's policy indicates that all unused drugs are supposed to be returned to NIPDEC's warehouse if their shelf life has three months remaining. An expired drug must be quarantined for disposal. An agreement was reached with NIPDEC that the pharmacy is only required to pay for the drugs that are sold prior to the expiration date.

3.1.22. The expiration and wastage of some drugs is inevitable due to several factors including lengthy shipping times and the procurement of stocks for emergency situations which may not actually occur such as venomous infections.

Pharmacovigilance

3.1.23. During the process of registering imported drugs, the Drug Inspectorate refers to stringent regulatory authorities approved by World Health Authority (WHO).

3.1.24. The principle of reliance enables certain imported drugs that were already tested and approved by stringent regulatory authorities (e.g. The US Food and Drug Administration) to be exempt from local testing. This reduces wastage of local resources used in drug testing. As at May 22nd, 2019 the new Food and Drug Laboratory is expected to be opened in two phases, with the Drug Laboratory facilities to be opened by mid-2020. In addition to the testing of new imported drugs, pharmacovigilance requires periodic testing of approved drugs. This would entail the random testing of samples of stock in public and private sector pharmacies to measure their safety and quality.

Availability of Pharmacists

3.1.25. There are 24 hours in-patient pharmacy services for patients who are hospitalised at public health institutions. Pharmacists are also employed on call. The Emergency Department provides services to persons needing pharmaceutical care after business hours. In the private sector, owners have the discretion of determining the opening hours.

Chronic Disease Assistance Programme (CDAP)

3.1.26. As at May 22nd 2019, there were approximately 252 pharmacies participating in the Chronic Disease Assistance Programme (CDAP). It was estimated that for the period October 2018 to April 2019 the expenditure associated with the CDAP was $11.2 Million. The projected total cost of the CDAP provided by NIPDEC is likely to be an underestimation given an increase in the number of new pharmacies seeking to participate in the programme. It is expected that 25 additional

pharmacies which have submitted relevant applications will be added to the CDAP by the end of 2019.

3.1.27. The intention of the CDAP is to provide drugs that were otherwise expensive or unavailable in Pharmacies at the supplemented cost of the Government. CDAP is further used to track non communicable diseases by evaluating the drugs which are in demand. These statistics have informed the MOH public awareness campaign *TTMoves* which is geared towards promoting healthy living habits among the citizens of Trinidad and Tobago.

3.1.28. During the last five (5) years, the number of pharmacies involved in the dispensing of drugs under CDAP are as follows:

TABLE 4: NUMBER OF PHARMACISTS DISPENSING CDAP

Year	No. of Pharmacies Dispensing CDAP
2014	298
2015	291
2016	264
2017	265
2018	262
2019 (May)	252

Source: NIPDEC

3.1.29. The requirements to join the CDAP include the possession of a pharmacy license and a practicing certificate. After which the Pharmacy is monitored and approval is thereby granted. There was an initial CDAP application fee of $68,000, however, pharmacies in rural communities were unable to pay this fee and were unable to provide the CDAP service to the residents. NIPDEC as well as the MOH have stated that the fee imposed on pharmacies entering CDAP for the first time has been reduced from $68,000 to $35,000. These fees are for the installation of

hardware required for the inventory management system of the CDAP. Pharmacies that were on the old CDAP dual dial up system, are only required to switch/transition over to the new system. As such no fee is required.

3.1.30. The level of access to CDAP drugs is adequate except in the south-east and north-east regions of Trinidad. Efforts are being made to increase access in these areas through extended opening hours in public pharmacies.

3.1.31. During the last five (5) years, the number of clients registered/approved under CDAP are as follows:

TABLE 5: NUMBER OF REGISTERED CLIENTS USING CDAP

Year	No. of Registered Clients accessing CDAP
2014	267,743
2015	286,889
2016	232,252
2017	212,311
2018	195,243

TABLE 6: ANNUAL COST OF CDAP

Year	Dispensing Fees paid to CDAP Pharmacies	Other Admin Cost (Distribution and related consumables)	Total Annual Cost
2014	$35.0Mn	$4.1Mn	$39.1Mn
2015	$34.5Mn	$4.2Mn	$38.7Mn
2016	$33.3Mn	$2.5Mn	$35.8Mn
2017	$22.1Mn	$4.0Mn	$26.1Mn
2018	$26.9.Mn	$3.2.Mn	$30.1.Mn

Source: NIPDEC

The MOH advised that NIPDEC provides the contract management services on behalf of the Ministry of Health for the procurement, storage and distribution of Pharmaceutical and Non-Pharmaceutical items inclusive of CDAP. In particular, the CDAP Operating Manual updated as recent as 2019 is used to ensure registered pharmacies adhere to the terms and conditions of the contract/agreement.

3.1.32. After September 2018, the MoH increased the distribution of CDAP drugs to pharmacies from once every two months to a monthly cycle. Pharmacies can opt to reorder up to six drugs on an *ad hoc* basis between the official distribution cycles to maintain their stock levels.

Inspection of Pharmacies under CDAP

3.1.33. Direct oversight is executed through CDAP Monitors that visit pharmacies to ensure compliance with operational procedures inclusive of stock inventory and to investigate and report on complaints and breaches of Pharmacies. These monitors are assigned to the NIPDEC.

3.1.34. During the public hearing on May 22nd 2019 the CMO stated that the Drug Inspectorate inspects pharmacies two to three times per week to identify and address irregularities. However, pharmacies that participate in the (CDAP) are further monitored as each CDAP participating pharmacy is inspected approximately once every two months.

3.1.35. Furthermore, the MOH has the legal authority to sanction pharmacies in breach of the Dangerous Drugs Act and Antibiotics Act.

3.1.36. Monitors also inspect private pharmacies that offer the Chronic Disease Assistance Programme (CDAP). Furthermore, the Head of NIPDEC stated that Pharmacies applying to participate in CDAP are visited on five occasions over a three (3)

month period. The visits evaluate several areas stock storage conditions and stock management levels, thus evaluating its suitability to be on the program.

3.1.37. Furthermore, the Head of NIPDEC stated that Pharmacies **applying to participate in CDAP** are visited on five occasions over a three (3) month period to determine their eligibility for the CDAP. The visits evaluate stock storage conditions and stock management levels, thus determining their suitability to be on the program.

3.1.38. Over the past five years, 35 pharmacies were removed from the CDAP due to breaches in procedures. The MoH and NIPDEC have removed pharmacies from the CDAP after repeated breaches which may include inaccurate dispensing of medication and discrepancies in stock count. During the public hearing on May 22nd 2019, the CMO stated that pharmacies can be removed after several breaches such as missing pharmacists to dispense drugs whereby a warning letter is issued and removal from CDAP is imminent. A detailed list of Pharmacies removed from the CDAP can be found in **Appendix II.**

3.1.39. Pharmacies removed from CDAP are further referred to the Pharmacy Council as the Council has the responsibility of issuing licences to pharmacies and it has sole jurisdiction with respect to pursuing disciplinary action against pharmacists. After being removed from CDAP, pharmacies are allowed to re-apply after a three to four months have elapsed. After this, the initial inspection process is repeated before approval.

Advancing/Developing the local Pharmacy Industry

3.1.40. During the public hearing on May 22nd 2019, Prof. Dr. Rajiv Dahiya of the UWI St. Augustine recommended that the scope of pharmacy services offered locally should be expanded to include e-prescriptions and home deliveries, similar to services delivered in developed countries. The pharmacy industry has been restricted to pharmacy dispensaries in communities and hospitals. However, there is need to expand the industry, for example, by introducing local manufacturing

and marketing of pharmaceuticals. There is a need for specialized pharmacy training so that graduates can be employed in specialized fields, rather than being restricted to working in dispensaries.

Findings

Based on the evidence set out in this section, the Committee concluded the following:

i. It was evident that there is a surplus of pharmacists in this country. Whilst there are several benefits to this including a reliable supply of Human Resources to provide pharmaceutical services, the Board, MoH and the School of Pharmacy should collaborate to ensure that the demand and supply of this skillset is strategically managed. Stakeholders also cited the need for more advanced and diversified R&D expertise within this industry.

ii. The lack of industry advancement in technical expertise notwithstanding a steady growth in enrollment in tertiary level programmes was noted. However, the feasibility of pursuing pharmaceutical Research and development in Trinidad and Tobago needs to be investigated. No evidence was received which suggested that this country has a competitive advantage in this area.

iii. The lack of industry advancement in technical expertise notwithstanding a steady growth in enrollment in tertiary level programmes was noted. However, the feasibility of pursuing pharmaceutical Research and development in Trinidad and Tobago needs to be investigated. No evidence was received which suggested that this country has a competitive advantage in this area.

iv. It was noted that most foreign pharmacists serve in the public sector where the compensation rate is less that in commercially operated pharmacies. The Committee expects that the MoH will seek to arrange for the transfer of any specialist knowledge and skills these foreign pharmacists may possess.

v. The redistribution of close to expired drugs is one method used by the state to reduce the wastage of drugs.

vi. The reliance on the external testing and screening of imported drugs is a generally accepted practice. This is even more accentuated given that this country currently lacks the capacity to conduct adequate pharmacovigilance as the labs of the Chemistry and Drug Division remain inoperable.

vii. During the period 2014-2018 there was an incremental decline in the number of pharmacies dispensing CDAP drugs. This coincided with a decline in the number of Registered Clients accessing CDAP.

viii. While there appears to be a system to facilitate the inspection of pharmacies especially those involved in the dispensing of CDAP drugs, the frequency and consistency of these inspections need to be improved. Augmenting the human resource capacity of the drug inspectorate may assist in this regard.

ix. Further it was noted that under the Act the Pharmacy Board is mandated to inspect pharmacies to encourage compliance with rules and standards. However, the Board is unable to fulfill this responsibility due to several internal challenges including a lack of funds and administrative capacity.

x. Given the financial cost of the CDAP to the State, this Committee strongly believes that priority should be placed on the role and function of Inspectors as they are crucial actors in ensuring that Pharmacies adhere to legislative, moral and ethical principles

Recommendations

1. **The Committee strongly recommends that the three main health stakeholders namely the MOH, the School of Pharmacy and the Pharmacy Board engage in discussions with a view to investigating the feasibility of expanding pharmacy education to include post-graduate programmes culminating at the Doctoral level.**

2. **A manpower assessment should to be performed prior to the issuance/consideration of work permits. Additionally, it should be mandated that unemployed registered Pharmacists submit their information to the Ministry of Labour and Small Enterprise Development as a means of recording the real time quantity of local pharmacists available to address local demands.**

3. **The Committee recommends that there be legislative amendments which provide that Pharmacists engage in continuing education on an annual basis in order to maintain and increase the competence of Pharmacists as is practiced in Canada[5][6].The Committee strongly recommends that the Pharmacy Board and the MOH engage in a public awareness campaign with the aim of educating the public on the legitimate steps to becoming a Pharmacist. A list of the accredited schools through which this may be achieved should be provided. This is in an effort to reduce cases where citizens are unable to register as Pharmacists due to the pursuance of an illegitimate course.**

[5] Within the University of British Columbia in Vancouver, Pharmacists are required to complete a minimum of 15 hours of CE per year by submitting a minimum of 6 learning records to the College of Pharmacists of British Columbia. https://cpd.pharmacy.ubc.ca/programs/faqs. Furthermore in Part III Section 6, 3(b) of the Pharmacy Act continuing education is necessary for continuous registration as a Pharmacist. https://www.ontario.ca/laws/regulation/940202/v9

[6]

4. **The MoH must work with NIPDEC to continue to explore strategies for minimizing the wastage of drugs. While the redistribution of drugs nearing expiration is one existing method, we recommend that a database that captures the inventory of all pharmacies be implemented to assist with the management of stock. Given the relatively small size of our pharmacy industry such a database should be feasible.**

5. **Notwithstanding the ability to rely on foreign based testing of drugs (i.e. Regulatory reliance)[7], state-run Labs should be equipped to handle an acceptable level of testing. To start, the MoH may aim to develop the capacity to test samples of plant-based substances that are locally produced and sold in pharmacies.**

6. **A robust system of evaluating international drug sources and drug distribution channels should also be developed and maintained. Full participation in multilateral bodies such as the International Council on Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH) may be beneficial.**

7. **There must be greater transparency and accountability by the state regarding the decision to approve and or reject drugs that are placed on the National Formulary. The rationale for approving/rejection of imported and locally manufactured pharmaceuticals by the Minister of Health and or the Drug Advisory Committee should be published in an annual report which by the end of the first quarter of the following year. With regard to imported drugs, the public should be informed of the quality assurance body that evaluated the drug.**

[77] According to theWHO, reliance is, "the act whereby the NRA in one jurisdiction may consider and give significant weight to—i.e. totally or partially rely upon—evaluations performed by another NRA or trusted institution in reaching its own decision.

8. **The Committee endorses the following recommendation contained in a 2019 Pan American Network for Drug Regulatory Harmonisation Concept Note that it encourages member states to "*... use reliance to increase efficiencies and in particular, states with limited resources which are seeking fast improvements in regulatory capacities...*"**

9. **The MOH should also seek to make its approval and registration process for drugs more efficient. A review of the process should be examined with a view to eliminating efficiencies. This concern was also highlighted by another Joint Select Committee in its report on the efficacy of traditional medicine[8].**

10. **The Committee strongly recommends that the MOH and NIPDEC institute a mystery customer as a means of identifying the errant pharmacies which engage in this practice. Furthermore, the MOH should seek to create a public awareness campaign with a view to educating the public on the dangers of obtaining illegally imported drugs.**

11. **There is further need for advancement in the Pharmacy Industry to incorporate more online and electronic access methods to improve efficiency and increase accountability by the relevant oversight bodies[9].**

[8] http://www.ttparliament.org/reports/p11-s4-J-20190612-SSPA-R10.pdf

[9] This practice has been mainly utilized in Europe, the US, New Zealand and Australia. https://www.hiqa.ie/sites/default/files/2018-05/ePrescribing-An-Intl-Review.pdf

Objective 2: To evaluate the efficiency and effectiveness of the Pharmacy Board/Council in executing its mandate.

The Role of the Pharmacy Board

The Mandate of the Pharmacy Board

3.2.1. The Pharmacy Board of Trinidad and Tobago Act, clearly outlines the various responsibilities of the Board and its Council. It is the Regulatory Body for the profession of Pharmacy in Trinidad and Tobago. Consequently, the Board is responsible for the registration of all Pharmacists, which is mandatory prior to any person practicing as a Pharmacist in Trinidad and Tobago. The Pharmacy Board is also responsible for the granting of Licences to Operate a Pharmacy upon the inspection of the premises as stated in the Pharmacy Board Act. In this regard any complaint with respect to the operations of a Pharmacy or the Pharmacist is communicated officially to the Pharmacy Council for subsequent action.

3.2.2. A significant regulatory function of the Council is to ensure that the prescribed ratio of pharmacists to Pharmacy Assistants is in compliance with Section 24(4) of the Pharmacy Board Act. As stated in the MOH written submission.

3.2.3. During this first hearing the President of the Council of the Pharmacy Board informed the Committee that two licenses exist one for the Pharmacy and one for the Pharmacist. The President is of the view that the absence of a Pharmacist is not a patient/public safety issue and does not equate to improper pharmacy practice/ malpractice, which is the premise upon which a Pharmacist license may be revoked.

Composition of the Board

3.2.4. The current President of the Council has a tenure of 16 years. The membership of the Board is made up of registered Pharmacists. **In spite of its statutory requirement in Section 17 (6), the Committee noted with concern that the**

Pharmacy Council did not publish an annual list of registered pharmacists in spite of its statutory requirement.

3.2.5. The Committee enquired whether the "Pharmacy Board" was being dictated by one member that is the President of the Council and cited the adverse implications such a situation would have on the effective oversight of the Pharmacy Industry. In response the MOH underscored its inability to address the inadequacies and inefficiencies of the Pharmacy Board due to legislative restrictions as it pertains to oversight.

Complaints Management System of the Pharmacy Board/Council

3.2.6. By submission dated May 16th 2019 by the MoH, the Committee was advised that during the past five years, the MoH received 18 complaints about the operation of pharmacies, and 77 complaints concerning the conduct of individual pharmacists. The ministry claimed that of those complaints were submitted to the Pharmacy Board. Interestingly, the Ministry advised that it has not received a response from the Pharmacy Council regarding any of these complaints.

3.2.7. During the public hearing on September 25th 2019, the Drug Inspectorate reported 16 cases of breaches in pharmacies within the last 4 years to the Pharmacy Board.

Oversight of the Pharmacy Council

3.2.8. The Pharmacy Council is not obligated by law to submit any reports on the activities of the Ministry of Health. As a self-regulating body akin to the medical council and other similar bodies the Council reports to its members rather than an oversight body. However, according to the MOH's submission there is no formal legal reporting relationship between the Pharmacy Council and Ministry of Health (MOH). The MOH is able to provide limited oversight to protect the public's interest by virtue of having two (2) representatives on the Council. As at May 16th 2019, the most recent meeting between the MOH and the Pharmacy Board occurred on May 29, 2018 between the Minister, CMO, MOH team for the purpose

of discussing the management and operations of CDAP. There is little to no oversight of the Pharmacy Board due to the fact that the legislation is limited in the respect of reporting lines to the MOH. This situation was dubious because of the current vacuum in the leadership of Board due to the lack of a fully constituted council. Interestingly, during his appearance on May 22nd, 2019 the President of the Council underscored that participation in the Committee's inquiry was a courtesy to the Parliament due to the lack of formal legislative oversight over the Pharmacy Board.

Disciplinary Procedures

3.2.9. The Pharmacy Council has the legal authority under section 20 of the Act to sanction errant pharmacists through censure, reprimand, suspension or expulsion. Inquiries into alleged pharmacy malpractice must be preceded by a complaint from a customer otherwise no action would be taken by the Council. During the public hearing on May 22nd 2019, The President of the Pharmacy Board stated that customers are generally unwilling to provide information about errant pharmacists as they benefit from the pharmacists who dispense drugs without the required prescription which is a common practice. In response, the MoH stated that it engages in its monitoring practices and have submitted complaints to the Pharmacy Board addressing the absence of Pharmacists and the inaccurate dispensing of drugs, i.e. without prescriptions. **No action has been taken on this particular matter due to the fact that the Pharmacy Board requires information from the customer who is the recipient of this drug.**

Shortcomings of the Pharmacy Board

3.2.10. According to SuperPharm's written submission dated May 21st, 2019 the Pharmacy Board is operating at a low level of efficiency. The company reported that it has encountered challenges with accessing the Board's President who appears to be generally preoccupied. The submission also suggested that this has resulted in the conducting Pharmacy Board related business at his alternative job locations. This has affected the production of licenses and practicing certificates

for pharmacists due to the fact that the Office does not adhere to fixed hours. SuperPharm also indicated that the President of the Pharmacy Board/Council has expressed that he is overwhelmed due to the due to the lack of staff and finances of the Pharmacy Board.

3.2.11. In spite of the challenges faced by the President and the Council he disputed the claims by SuperPharm that he was unable to manage the responsibilities of his position

Inspectors of the Pharmacy Board

3.2.12. Although inspections by the Board are stipulated by Section 20 of the Food and Drugs Act, financial and administrative constraints have stymied the Board in executing this monitoring function. As a result, the Board depends on the inspections conducted by the MoH and NIPDEC.

The Absence of Pharmacists at Pharmacies

3.2.13. The most common errant practice by pharmacists is their repeated absence from the pharmacy during business hours or during visits by CDAP Monitors. Breaches which result in harm to patients are uncommon. The Pharmacy Board/Council exercises discretion in treating with breaches related to the temporary absence of the pharmacists from the premises. ‘

3.2.14. Submissions received claimed that only qualified pharmacists are always on duty during the opening hours of SuperPharm branches. In public health facilities only pharmacists and pharmacist assistants working under supervision, can dispense medication to patients. In private health facilities licensed pharmacists and registered pharmacists employed by licensed pharmacist, are allowed to dispense medication to customers.

Inspection of Pharmacies

3.2.15. The Drug Inspectorate Division, under the direction of the Principal Pharmacist, monitors most pharmacies through inspections conducted two to three times per week. The Drug Inspectorate is responsible for monitoring pharmacies' compliance with regulations and ensuring the quality and safety of imported drugs. According to the MOH's submission dated July 23rd 2019, record keeping has been reintroduced as a key component of the inspection process pursuant to the Food and Drugs Act and regulations.

3.2.16. The Committee questioned whether the Drug Inspectorate Division of the MoH had the capacity to inspect 350 pharmacies in the country within the required two-year period. In response the Principal Pharmacist (Ag.) of the MOH, during the hearing on Wednesday September 25th 2019, vaguely advised that "efforts are being made to ensure that the 350 pharmacies in the country are at-least once per year". The Ministry of Health through the Office of the Drug Inspectorate undertakes inspections of Pharmacies as a function of the department (approximately 2-3 times per week). Any irregularities identified are brought to the attention of the Pharmacist immediately followed by formal communication.

Human Resource constraints within the Drug Inspectorate

3.2.17. Challenges exist in succession planning and the recruitment of junior staff in the Drug Inspectorate. The staff shortages within the Drug Inspectorate are on account of a lack of succession planning. There are predominantly Pharmacists IIs and IIIs in the Drug Inspectorate. This is due to the fact that entry level pharmacists cannot come directly out of Pharmacy School into the Drug Inspectorate. As such there is not a pool of persons to draw from. As a mitigation strategy, the PS of the MOH has communicated with the Service Commission to open up applications to members of the Public.

3.2.18. Although there is a staff shortage in the Drug Inspectorate, the CMO stated, on September 25th 2019 during the public hearing, that there are sufficient numbers of inspectors in other divisions including the Chemistry, Food and Drug Division. In terms of filling the vacancies within the Drug Inspectorate the MoH is collaborating with the Service Commissions Department to expand the pool of potential candidates to include persons outside of the public service. In the interim, the human resource capacity of the Drug Inspectorate is being augmented through short-term employment.

Shortcomings in the Record Keeping of Pharmacists

3.2.19. In its submission on June 21st 2019, the MOH outlined several shortcomings in the record keeping of pharmacists. They are outlined as follows:

- Records were inconsistent with stock balances;
- The records were not completed in a timely manner;
- The records were not made available to the inspectors at the time;
- Medicines were also found for which no records exist; and
- Incorrect and incomplete entries according to the respective prescriptions/ records not kept in accordance to relevant regulations.

3.2.20. These shortcomings once identified are immediately brought to the attention of the Pharmacist requesting the immediate resolution of the matter. If this is not possible, the inspector requests that a written explanation be submitted with seven days for the shortcomings identified. In response, the Pharmacist may be issued a warning letter from the Office of the Drug Inspectorate. Any disciplinary action can only be taken by the Pharmacy Council.

3.2.21. The MOH also sought to highlight that in cases where Pharmacists have been irresponsible with Antibiotics, Sections (10) and (24) of the Antibiotics Act provide the basis of which a Pharmacist License may be revoked. Section 13 (a) and (b) of

the Dangerous Drug Act further highlights the consequences of missing import and inspection records. The Minister may also revoke and suspend a license or a permit for the violation of the provisions of the Food and Drugs Act and Regulations.

Undocumented Drugs

3.2.22. According to a submission by the MOH on July 23rd 2019, Pharmacists are given seven days to account for the undocumented drugs. In instances where there are unregistered drugs, the Food and Drugs Inspector has the authority to seize and remove any of these drugs to the Food and Drugs Division for further action. These drugs are usually destroyed according to manufacturer specifications where a certificate of destruction is sent to the respective pharmacist.

3.2.23. The Minister may send to the Registrar any information that he requires as stated within the Act. Furthermore, the Drug Inspectorate Division interfaces with the Pharmacy Board to get licenses for all pharmacies for narcotics and with pharmacies on an annual basis and the Chemistry and Food and Drugs to control the issuance of drug licenses. NIPDEC then communicates issues to the Pharmacy Board.

Wholesalers

3.2.24. According to the President of the Pharmacy Board/Council, the sale of drugs by wholesalers directly to patients is a threat to public safety due to the lack of labelling and counselling. In response to this issue, the President of the Board/Council indicated that a "legal document" was being prepared and that discussions have been held with wholesalers who engage in the aforementioned practice. However, no official correspondence on the issue was sent to the MoH by the Board/Council. The sale of drugs by wholesalers to customers tends to include highly demanded and high-priced drugs that are not readily available in pharmacies.

3.2.25. Given that wholesalers do not provide drug counselling or pharmaceutical care, risks related to dosage and administrating the drug may arise as stated by the President of the Pharmacy Board/Council stated during the public hearing on September 25th 2019. It is difficult to prosecute this practice given the legal loophole which allows wholesalers to supply drugs to individuals based on an order for "office use". Given the cost savings of purchasing directly from wholesalers, patients are unwilling to provide evidence against doctors who provide orders to wholesalers for dispensing drugs to patients for "office use".

3.2.26. The President of the Pharmacy Board/Council contended that some pharmacists resort to the "suitcase trade" to access drugs at lower costs to enable them to compete with the wholesalers who sell drugs to customers at cheaper rates. It was estimated that on a national level approximately 65-70% of patients engage in this practice. Some doctors encourage patients to purchase drugs directly from wholesalers. Pharmacies have high operating costs including labour and security, which hinder their ability to compete with the wholesalers as stated by SuperPharm.

3.2.27. In response the MOH refuted that the suitcase trade was as rampant as claimed by the President of the Pharmacy Board/Council. The CMO stated the suitcase imports by some pharmacies tend to include common drugs already sold on the local market, such as antibiotics. The CMO further stated that the 'suitcase' trade mainly occurs when a drug is new and or very expensive and difficult to obtain as well as drugs no longer sold locally. Increased inspections of pharmacies may mitigate the sale of illegally imported drugs from the suitcase trade.

Antimicrobial Resistance

3.2.28. In an attempt to increase awareness of antibiotic resistance and over prescription, the submission of the MOH dated June 21st 2019 stated that the general inspection includes an audit of records to observe prescribing trends of pharmacists. Should

a pattern be identified, this is communicated to the licensed pharmacist where there is a recommendation for increased vigilance and counseling to the general public. The final decision is still up to the prescribing Pharmacist.

3.2.29. In terms of sensitizing and educating practitioners about this issue, the committee noted that that in 2016 CARPHA held a conference for Pharmacists which focused on Antimicrobial Resistance (AMR). Furthermore, the MOH has an active Antimicrobial Resistance Committee which includes the Caribbean Public Health Agency (CARPHA) and the Pan American Health Organisation who provide significant support in strengthening the respective units through training and sensitization workshops. Furthermore, AMR is a component within courses provided by the UWI and COSTAATT.

3.2.30. The submission of the MOH dated July 23rd stated that the AMR Committee is assiduously working on a public campaign in time for AMR month in November 2019. Additionally, the AMR policy of the MOH was set to be finalized at the end of 2019.

Findings

Based on the evidence set out in this section, the Committee concluded the following:

i. The committee detected several internal shortcomings which have significantly militated against the efficient and effective operation of the Board. The apparent unilateral approach to administering the affairs of the Board/Council was also very concerning to the Committee. Additionally, it is contrary to the public's interest for such an important regulatory body to be financially and administratively stagnant. Notwithstanding, the current legislative provisions governing the reporting relationship between this Board/Council and the MoH, the Committee appeals for decisive action to be taken to strengthen the internal governance arrangements and operations of the Board.

ii. There are a number of "side effects which emanate from the current administrative challenges confronting the board. Those that were of particular concern included:

a. The absence of an effective complaints procedure that is transparent, responsive and adheres to the principles of natural justice. Undoubtedly this has undermined public confidence in the integrity and efficacy of the Board/Council as an oversight body for the practice of pharmacy in Trinidad and Tobago.
b. The effect exercising of disciplinary powers;
c. The complete absence of inspection activities by the Board/Council;
d. Inadequate record keeping and records management which has further translated into the absence of accounting records, financial statements and membership Registers for several years.
e. The creation of important subcommittees of the council which can assist in augmenting the Board's oversight capacity;
f. The execution of other oversight responsibilities under the Act.

iii. Based on a critical review of the provisions of the act, the committee has concluded that the Act (inclusive of Regulations) is relatively comprehensive. The deficit is in its implementation.

iv. Notwithstanding the fact that the Board is a self-regulating body, the MoH must develop a mechanism to evoke greater action from the Board based on complaints submitted. Scenarios where the Ministry submitted complaints to the board and received no feedback is contrary to the public interest and wellbeing and must be rectified immediately.

v. The staffing issues at the Drug Inspectorate have directly affected its ability to conduct the necessary oversight at the Pharmacies.

vi. While the Committee acknowledged the real life circumstances under which a

pharmacist may be required to be absent from an establishment, the timeframe of such absences must be minimized. Guidance in this regard, may be provided in a Code of Practice for Pharmacists.

vii. The Committee noted with concern that as at May 22nd 2019, the legal document addressing the sale of drugs directly from the wholesaler to the patient was not sent to the MOH. The critical effects of the misuse of drugs and medication should be addressed with great urgency.

viii. The existence of illegitimate Pharmacy courses may be indicative of a lack of a robust oversight system for this industry.

ix. It was instructive to note that there were no reported cases in which a pharmacy was disciplined by this current Board/Council. It is debatable whether this inability to detect any breaches of the law by pharmacists/pharmacies is indicative of a state of perfect compliance with standards and practices among pharmacists or rather an ineffective Board/ Council that lacks the capacity to effectively execute its oversight function.

Recommendations

A. As mandated by Section 19 of the Act, the Committee strongly recommends that there be strict penalties for failure to publish an updated list of Pharmacies and Pharmacists. The present danger of the dispensing of medication by an unregistered Pharmacist presents a great risk to public health. Therefore, the Board/Council should move with alacrity as it pertains to the publishing of this list.

B. It is recommended that a formal complaints system be created to facilitate the submission of complaints by members of the public. Persons may be more inclined to submit complaints if there is guaranteed anonymity and clear actions

to follow. This system must be transparent and adhere to the principles of Natural Justice.

C. Subject to the necessary consultations with stakeholders, the Committee recommends that legislative reform occur to address the following issues;

- **lack of formal oversight of the Pharmacy Board;**
- **increase membership fees; and**
- **imposing a restriction on the number of pharmacies within a geographical area;**
- **Permit ministerial intervention where the council of the Board has collapsed or is unable to convene meetings after a reasonable period (to be prescribed) has elapsed.**

D. Pursuant to Sections 11 (2) and 16 (1) (c) of the Act, we recommend that the Board/Council work assiduously to develop a Code of Conduct for Pharmacists in Trinidad and Tobago.

E. The Committee recommends that the MoH consult with the Pharmacy Board in order to provide the Parliament with a status update on the "legal document" (legal opinion) on the legality of the sale of wholesale drugs to patients. Furthermore, the Minister of Health should consider issuing regulations to treat with this matter as it appears that moral suasion may not be adequate in treating with this issue.

F. The Committee strongly recommends that measures be taken to strengthen the capacity of the Drug Inspectorate. In this regard, a short to medium objective should be to provide additional training to the current cohort of Inspectors in order to increase their competence in detecting and correcting issues within Pharmacies. Additionally, this training should be aligned with international standards utilized in the UK[10].

[10] https://www.pharmacyregulation.org/standards-for-pharmacy-professionals

G. The MOH should determine the cost of implementing online or electronic access to drug information from pharmacies in real time. The practice of e-prescriptions should be an adopted practice to allow for greater accountability through the use of electronic record keeping, particularly within a post Covid-19 scenario.

H. The MoH must act as a mediator between the President of the Board/Council and its members to arrange for the urgent holding of free and fair elections for membership of the Council.

Objective 3: To determine whether the Resources, Systems and Procedures of the Pharmacy Council are sufficient to allow it to operate efficiently.

Systems of the Pharmacy Council

Legal Provisions of the Pharmacy Board

3.3.1 According to the MOH submission, there exists a strong robust legal framework for the regulation of this industry. The provisions of the Pharmacy Board Act Chapter, 29:52, the Food and Drugs Act, Chapter 30:01, the Antibiotic Act Chapter 30:02 and the Dangerous Drug Act Chapter 11:25 and the Regulations thereunder are adequate to treat with the current realities of the pharmaceutical industry and advances in the practice of medicine. The MOH stated that no modifications were necessary to strengthen the provisions of this Act.

3.3.2 In its submission dated May 22nd 2019 Pharmaceutical Society of Trinidad and Tobago, there are no Handbooks or Procedures to supplement the provisions of the Act. The Society's representative also contended that the current president of the Pharmacy Board/Council, manages the organisation's affairs based on his interpretation of the Act. The Committee also noted that as at May 20th 2019, there has been no legal meeting of the Council since its election in February 2018. This has further affected the Council's ability to address any incoming issues or complaints.

Resources of the Council

3.3.3 No government subvention is provided to the Pharmacy Board given that it is a self-regulating entity. Numerous requests were made to the MoH to increase the annual fee paid by pharmacists. The last increase that was approved occurred 20 years ago when the fee was raised from $100 to $150 therefore, pharmacies contribute $800 annually to the Board. These fees are insufficient to cover the Board's administrative costs including hiring an auditor and pharmacy inspectors.

In cases of insufficient funds, the Board can submit a request for funding for an activity that must be aligned to the Ministry's health priorities for consideration.

3.3.4 The Act provides for the engagement of professionals outside the pharmacy industry to work on Board committees. However, there are insufficient funds to remunerate these experts.

Financial Statements

3.3.5 It is stipulated in Section 25 of the Act that Financial Statements should be laid at the AGMs. The Pharmacy Board has failed to produce financial statements for the past 6 years. This was one of the administrative shortcomings for which the committee expressed deep concern.

3.3.6 The Pharmacy Board is not obligated in law to provide any such reports to the MOH. However, if the Board request an increase in its fees or financial support from the Ministry the last audited financial report must accompany the request before it is processed.

3.3.7 According to the submission of the Pharmaceutical Society dated May 2019, the conservative estimated general annual income and expenditure of the Pharmacy Board is as follows:

Income

Pharmacy registration – 350 x $850 = $297,500

Retention fees – 700 x $150 =$105,000

Pharmacist registration – 40 x $200 =$8000

Total =$410,500

Expenditure

Administrative Assistant Salary and NIS - $70,000

Phone Bill - $12,000

Stationery -$10,000

Maintenance and Rental Fees - $192,000

Total =$284,000

Staffing Challenges

3.3.8 Resource and staffing challenges within the Pharmacy Council affect its efficiency, including its ability to execute the various responsibilities under the Act including the publishing of Registers, producing reports and monitoring compliance and effectively treating with complaints/breaches

Procedures of the Council

Convening Annual General Meetings / Elections

3.3.9 As stipulated in Section 14 of the Act and further underscored in Section 25 of the Pharmacy Board Act, the Pharmacy Board is mandated to convene an AGM **within** a stipulated period every year utilising the necessary notice methods to inform members. Further to this, elections should be conducted within a stipulated timeframe, every two years. The last election was reported to have been held in 2018.

3.3.10 One of the other disconcerting aspects of the board's affairs is the apparently inability to convene council elections which are now overdue. According to the Mr. Rahaman, there have been disruptions to the Annual General Meeting and a lack of co-operation which has resulted in the delay of the electoral processes.

3.3.11 Mr. Rahaman lamented that during Annual General Meetings (AGM) members have prematurely exited which resulted in the quorum (7 members) for the election of auditors not being attained. As a result, no auditor has been elected. Attempts to prioritize the election of auditors during AGMs have been unsuccessful.

3.3.12 It was also reported that AGMs are generally unproductive due to the conflict and disagreement caused by a small group of members. The President has claimed that those members have resisted attempts by the Chair/President to maintain order. The next Annual General Meeting was scheduled for February 2020.

Improving Pharmacy Board Procedures

3.3.13 The Pharmaceutical Society reported that prior to 2012, the Pharmacy Board/Council had documented procedures which provided detailed procedures and lists of fees which were to be paid for the services of the Council. This included all forms which included printed directions. More importantly, there were standard waiting times for all documents and members were assured that meetings would be held on stated days and stated times. This provided an opportunity for members of the Board and the public to seek redress. The Pharmaceutical Society further stated that carrying out duties prescribed by law by one man is to the detriment of the profession of Pharmacy.

3.3.14 The following recommendations were presented by the Pharmaceutical Society

a. The Regulations of the Pharmacy Board Act from 29 to 52 should be amended to provide penalties or sanctions for failure of the Members of the Council to carry out the mandate of the Act.
b. The election process should be amended to provide for an independent election committee as well as for ballots for voting by proxy be returned strictly by mail.
c. The President should step aside as Chairperson during the Election Meeting if he or she is on the ballot paper.
d. The law should be amended to provide for robust monitoring of OTC sales and issuance of annual licenses.
e. Schedule should be added to provide for Registration Certificate for Pharmacy Assistants.
f. Amendments should be made to provide for CE credits for Pharmacists and Pharmacy Assistants before Practising Certificates are issued.

Findings

Based on the evidence set out in this section, the Committee concluded the following:

i. The Pharmacy Council has been faced with various challenges most prominently resourcing issues. The inability of the Pharmacy Council to produce financial statements has further stymied its ability to access additional funding.

ii. A strong case was presented for a revision of the current fee structure of the board. However as mentioned above, in the absence of up-to-date financial statements MoH may be restrained to facilitate an amendment of the Act to increase the level of fees imposed by the Board/Council.

iii. The committee concurs with the MoH's that the existing legal framework governing the pharmacy industry appears to be adequate. The committee is convinced that what is lacking are the administrative arrangements and operational systems that are crucial to allow this regulating body to operate efficiently and in keeping with modern industry practices.

iv. The Committee also questioned whether the consistent internal challenges which have faced the Board/Council has significantly eroded the confidence of the Board's membership. There appears to be the need for a more fervent approach by the members of this organisation to demand a higher level of performance. We acknowledge the efforts and contributions of the Pharmaceutical Society and other stakeholders in highlighting what they perceived are some of the shortcomings within the current administrative framework.

v. The Committee was not clear about the reasons for the reported disruptions to the AGMs by members of the Board. However, it was very evident that urgent measures needed to be implemented to avoid a recurrence of chaotic meetings. Notwithstanding that the MoH is not mandated to intervene, we are of the firm view that the Ministry must act as a mediator or as a catalyst to facilitate dialogue

between the current members of the Council and those members with grievances or divergent opinions.

vi. The appointment of members to serve in key offices such a Secretary, Vice-President and Treasurer is an important requirement towards restoring stability in the operations of this Board.

Recommendations

i. **The Committee strongly recommends the Board/Council make efforts to strengthen its procedural arrangements through the drafting and circulation of documents which simplify or supplement the provisions of the act and its regulations.**

ii. **The Pharmacy Council must address its inability to produce financial reports and or statements. This is a core requirement under the principles of transparency and accountability. The Pharmacy Council should seek to collaborate with the MOH with a view to obtaining assistance from the Audit staff of the MOH and or external service provider.**

iii. **There should be a mechanism whereby a vote of no confidence in the members of the council including the President can be initiated and executed.**

iv. **Furthermore, a list of rules and procedures must be formulated to clearly stipulate the consequences for hindering the objectives of AGMS. This should be forwarded to all members.**

The Committee respectfully submits the foregoing for the consideration of the Parliament.

Dr. Varma Deyalsingh
Chairman

Ms. Ramona Ramdial, MP
Vice-Chairman

Mrs. Jennifer Baptiste-Primus
Member

Mr. Esmond Forde, MP
Member

Mr. Nigel De Freitas
Member

Ms. Khadijah Ameen
Member

Mr. Darryl Smith, MP
Member

Dr. Lovell Francis, MP
Member

June 08, 2020

Appendices

Appendix I

List of Entities

First Hearing

Ministry of Health

i.	Mr. Asif Ali	Permanent Secretary
ii.	Dr. Roshan Parasram	Chief Medical Officer
iii.	Ms. Bhabie Roopchand	Legal Adviser
iv.	Mrs. Anesa Doodnath-Siboo	Principal Pharmacist (Ag.)
v.	Mr. Farz Khan	Chief Chemist/Director, Chemistry Food & Drugs

National Insurance Property Development (NIPDEC)

i.	Mr. Terrance James	General Manager
ii.	Ms. Roseann St. Rose	Head, Pharmaceuticals
iii.	Mr. Akaash Mohan	Project Manager

The Pharmacy Board ("the Board")

i.	Mr. Andrew Rahaman	President, Council of the Pharmacy Board of T&T

School of Pharmacy, Faculty of Medical Sciences, University of the West Indies, St. Augustine

i.	Dr. Rajiv Dahiya	Director School of Pharmacy, UWI St. Augustine
ii.	Dr. Patricia Sealy	Lecturer in Pharmacy Practice School of Pharmacy, UWI St. Augustine

Second Hearing

Ministry of Health

• Mr. Asif Ali	Permanent Secretary
• Dr. Roshan Parasram	Chief Medical Officer
• Ms. Bhabie Roopchand	Legal Adviser
• Mrs. Anesa Doodnath-Siboo	Principal Pharmacist (Ag.)
• Mr. Farz Khan	Director, Chemistry Food & Drugs

The Pharmacy Board ("the Board")

• Mr. Andrew Rahaman	President, Council of the Pharmacy Board of T&T

Pharmaceutical Society of Trinidad and Tobago ("the Society")

• Mrs. Junia Forde Wallcott	Honorary President
• Mr. David Amoroso	Secretary

SuperPharm Limited

• Mr. Glenn Maharaj	Chief Executive Officer
• Ms. Sharon Thomson	Corporate Pharmacist

Appendix II

Pharmacies Removed from CDAP

During the past 5 years, the listing of pharmacies that have been removed/deregistered from CDAP for breaching any of the terms and conditions of the contract/agreement are as follows:

Pharmacy	Address
A & L Pharmacy	#1 Ben Gurion Avenue, Petit Valley
A & R Budget Drugs	Main Road, (opp. Mohammed's Gas Station) Fyzabad
Bhagan's Drugs (San Juan) Chaguanas	11 Main Road, Chaguanas
Bhagan's Drugs Tobago	Shop #34D Gulf City, Lowlands Mall, Lowlands, Tobago
Bhagan's Drugstore	48A Broadway Street, Arima
C.V.A Pharmacy – St James	149 Western Main Road, St. James
C.V.A. Health & Wellness Santa Cruz	#47 Saddle Road, Lower Santa Cruz
Capital Drugs Limited	PTSC Compound, Railway Building, City Gate, Port of Spain
Carissa's Pharmacy	225 Main Road, Longdenville, Chaguanas
Charran's Pharmacy	#3 Trial Street, Chaguanas
City Drugs Investments Ltd	42 Independence Square, Port of Spain
Complete Care Pharmacy	Cor. Eastern Main Road & Riverside Road, Curepe
Convenience Drug Mart Ltd	Cor. Eleanore Street & Southern Main Road, Chaguanas
De Fiar Pharmacy	40 Bonne Aventure Main Road, Gasparillo
De-Ann Drugs Ltd	1345 SS Erin Road, Penal
Diamond Vale Drugs	Diamond Vale Shopping Plaza, Diamond Vale, Diego Martin
Easi Pharm Ltd	61 Eastern Main Road, Valencia
Express Drugs	102 Western Main Road, St. James
Express Drugs	126 Aranguez Main Road, Aranguez
Farmacia Cruz Limited	#727 Papourie Road, Barrackpore

Feel Good Drugs Limited	Cor. 6th Avenue & 12th Street, Barataria
Freeport Drugs	16 Mission Road, Freeport

Pharmacy	**Address**
Health Plus Pharmacy	7 SS Erin Road, Duncan Village, San Fernando
Health Site Pharmacy	Main Road, Kelly Village, Caroni
Health Site Pharmacy	#2 Real Street, San Juan
Infinity (Mini Mart) Pharmacy	Unit 2, Globe City Plaza, Chase Village
Khan's Pharmacy	17 El Socorro Main Road, San Juan
KPR Pharmacy Co Ltd	44-45 Tumpuna Guanapo Road, Arima
Lisa's Drugmart	17A High Street, Siparia
Lyn's Pharmacy	242 Naparima/Mayaro Road, St. Julien Village, Princes Town
M & R Pharmacy	27 Katwaroo Trace, Sangre Grande
Maraval Drugs Ltd	111 Saddle Road, Maraval
Medac Drugs	102A Frederick Street (opp. Immigration Office), Port of Spain
New Age Pharmacy	254 Southern Main Road, Cunupia
New Grant Mart Pharmacy	587 Naparima Mayaro Road, New Grant
Omeara Pharmacy Limited	88 Eastern Main Road, Tunapuna
Parkway Pharmacy	La Pique Plaza, 6-8 Coffee Street, San Fernando
Parkway Pharmacy	6 SS Erin Road, Palmiste, San Fernando
Parkway Pharmacy	50 Cocoyea Village, Naparima Mayaro Road, San Fernando
Parkway Pharmacy	La Pique Plaza, 6-8 Coffee Street, San Fernando
Pennysavers Pharmacy	Carnbee Main Road, (next to Penny Savers Supermarkets) Tobago
Pharma-Choice Ltd	1A Jerningham Junction, Charlieville, Chaguanas
Pharmarx Pharmacy	31 Wilson Road, Scarborough
Prescription Plus Drugs Ltd	7 Lothians Road, Princes Town

R & Rs Drugs	St. Helena Junction, Piarco
Ready-Pharm Limited	LP24 Cor. Sultan Lane & El Socorro Road, San Juan
RMSL Pharmacy	142 Union Road, Marabella
Rousillac Drug Mart	444 Southern Main Road, Rousillac
Saddle Pharmacy	Cor. Santa Cruz Old Saddle Roads, Santa Cruz
Sinanan's Drugstore Ltd.	46 Mucurapo Street, San Fernando
Sixth Avenue Drugs Ltd	115 Eastern Main Road, Barataria
Tablet City Ltd	LP# 3 El Socorro Road, San Juan
The New Drug Store	Cor. Charlotte & Duke Streets, Port of Spain
Total Care Pharmacy	Shop #D03, Gulf City Shopping Complex, La Romain
Uptown Drugs	Main Street, Scarborough, Tobago
Verison Drugs Ltd	Cor. San Louis & Eastern Main Road, Guaico, Sangre Grande
We Care Pharmacy	3 Main Road, Montrose, Chaguanas
Whole Life Pharmacy Ltd	1 Haven Park, Maracas Royal Road, St. Joseph
Yogi Pharm	215A Union Road, Marabella
You & Us Pharmacy	2A Krishna Terrace, Santa Cruz

Appendix II

Minutes

To be inserted.

Appendix III

Verbatim Notes

VERBATIM NOTES OF THE THIRTY-THIRD MEETING OF THE JOINT SELECT COMMITTEE APPOINTED TO ENQUIRE INTO AND REPORT ON LOCAL AUTHORITIES, SERVICE COMMISSIONS AND STATUTORY AUTHORITIES (INCLUDING THE THA) HELD IN THE A.N.R. ROBINSON MEETING ROOM (EAST), LEVEL 9, TOWER D,

INTERNATIONAL WATERFRONT CENTRE, #1A WRIGHTSON ROAD, PORT OF SPAIN, ON WEDNESDAY, MAY 22, 2019 AT 10.30 A.M.

PRESENT

Dr. Varma Deyalsingh	Chairman
Ms. Ramona Ramdial	Vice-Chairman
Mrs. Jennifer Baptiste-Primus	Member
Mr. Nigel De Freitas	Member
Mr. Esmond Forde	Member
Mr. Julien Ogilvie	Secretary
Ms. Khisha Peterkin	Assistant Secretary
Ms. Terriann Baker	Graduate Research Assistant
Janelle Mills	Parliamentary Intern

ABSENT

Mr. Darryl Smith	Member
	Member
Ms. Khadijah Ameen	Member
Dr. Lovell Francis	

MINISTRY OF HEALTH

Mr. Asif Ali	Permanent Secretary
Dr. Roshan Parasram	Chief Medical Officer
Ms. Bhabie Roopchand	Legal Advisor
Mrs. Anesa Doodnath-Siboo	Principal Pharmacist (Acting)
Mr. Farz Khan	Chief Chemist/Director Chemistry Food & Drugs

NATIONAL INSURANCE PROPERTY DEVELOPMENT (NIPDEC)

Mr. Terrance James	General Manager
Ms. Roseann St. Rose	Head, Pharmaceuticals
Mr. Akaash Mohan	Project Manager

THE PHARMACY BOARD (TBC)

Mr. Andrew Rahaman	President, Council of the Pharmacy Board of T&T.

SCHOOL OF PHARMACY, UWI, ST. AUGUSTINE

Dr. Rajiv Dahiya	Director, School of Pharmacy, University of the West Indies
Dr. Patricia Sealy	Lecturer in Pharmacy Practice, School of Pharmacy

Mr. Chairman: Good morning, ladies and gentlemen. I am Dr. Varma Deyalsingh, Chairman of this Joint Select Committee on the Local Authorities, Service Commissions and Statutory Authorities. I welcome you all on behalf of myself and the members of my team. So welcome to the 33rd Meeting of this Joint Select Committee, and this session is being recorded for a subsequent broadcast. A little housekeeping rules that when we are—please, if you have your cell phones, please turn it off, and when you are speaking, you would turn the mike on and when you are finished you can take it off.

On this occasion, I have the pleasure of meeting with the representatives of the Ministry of Health, the National Infrastructure Development Company, the Pharmacy Board of Trinidad and Tobago, the School of Pharmacy, Faculty of Medical Sciences, UWI, St. Augustine. And I would like to now invite members of the Ministry of Health to please introduce yourselves.

[*Introductions made*]

Mr. Chairman: I would like members of the NIPDEC, the National Infrastructure Development Company to introduce themselves.

Mr. James: Good Morning. My name is Terry James. I am the General Manager—a correction, Chair, if you would permit me—of the National Insurance Property Development Company. Thank you.

[*Introductions made*]

Mr. Chairman: Would the member of the Pharmacy Board introduce himself? I think it is one member there.

[*Introduction made*]

Mr. Chairman: Members of the School of Pharmacy, Faculty of Medical Sciences, the University of the West Indies, please introduce yourselves.

[*Introductions made*]

Mr. Chairman: I would like to invite the members of my committee to introduce themselves, starting with my Vice-Chair.

[*Introductions made*]

Mr. Chairman: So I would like to remind all, the objectives of this enquiry are to assess the growth in the pharmaceutical industry, to evaluate the efficiency and effectiveness of the Pharmacy Board, or council, in executing its mandate and to determine whether the resource systems and procedures of the Pharmacy Council are sufficient to allow it to operate efficiently.

I would like to declare my interest before we proceed. I want to declare that I, in my professional capacity, am currently the President of the Medical Council of Trinidad and Tobago and under section 7(1) of the Pharmacy Board our council elects two members to serve—medical practitioners from our general membership—to serve on the Pharmacy Council which comprises 10 members.

At this stage, I would like to invite opening statements, please, not exceeding more than two minutes because we have a lot of questions to get this going. First, I would like to ask Mr. Asif Ali, Permanent Secretary, Ministry of Health, if he can give us some opening statements.

Mr. Ali: Thank you. Good morning again, Chair, members of the Committee, my colleagues from NIPDEC, School of Pharmacy and the Pharmacy Board, members of the viewing and listening public. I think we can all agree that pharmacists, in collaboration with other health care professionals, perform a critical role in ensuring

that patients properly take their medications as prescribed in seeking to improve and effectively treat their medical conditions. Pharmacies are also a key component of the national health ecosystem through counselling of patients during the prescription of drugs, providing drug information to their clients and through their participation in health promotion and programmes.

It is in this context that I take this opportunity, on behalf of the Ministry of Health, to reaffirm our commitment to the provision of quality pharmacy services in Trinidad and Tobago through the enforcement of the relevant regulations and legislation under the remit of this Ministry. We also do this through our relationship with NIPDEC which is responsible for the storage, procurement and distribution of pharmaceutical and non-pharmaceutical items, and secondly, through our collaboration with the Pharmacy Board which is the regulatory body for the profession. We look forward to today's proceedings with a view to providing suggestions and recommendations as we seek to improve and continue improving on the provision of pharmacy services nationally. Thank you, Chair.

Mr. Chairman: Thank you. Would Mr. Terrance James, General Manager of NIPDEC please give us some opening remarks?

Mr. James: Thank you very much, Chair and members, other colleagues and

members of the listening and viewing public. My name is Terry James. I am the General Manager of NIPDEC, the National Insurance Property Development Company. NIPDEC is a state investment vehicle as a subsidiary of the National Insurance Board of Trinidad and Tobago. Our purpose and our mandate is in the strategic procurement and delivery of built environment products and services and in the procurement, distribution and storage of pharmaceuticals for the public sector.

We do this in collaboration with all our stakeholders, and in this specific instance with the Ministry of Health with whom we seek constantly opportunities to

optimize how our people, our processes and our technology interact to give us the best outcomes. It is indeed a pleasure and a privilege to appear before you, the JSC, to aid you in your enquiry into the current systems and practices, and regulations and the operations of pharmacies and the practice of pharmacy in Trinidad and Tobago. Thank you very much.

Mr. Chairman: Thank you, Mr. James. Would Mr. Andrew Rahaman, President of the Pharmacy Board, give us opening remarks please?

Mr. Rahaman: Good morning everyone again, I am indeed—the pleasure is mine to be part of these proceedings, especially in relation to the practice of pharmacy and the dissemination of medication to the public and to address the concerns that I am aware that the public has. A lot of our regulations—in fact, all our regulations are actually enshrined in the law, so there is not much—meaning the Pharmacy Board Act and the Pharmacy Board Regulations. So in terms of discretion, there is not much discretion that we have in terms of activating the various policies and procedures in relation to the activities of the practice of pharmacy throughout the country. I am indeed, happy to be here to contribute to that process.

Mr. Chairman: Thank you, Mr. Rahaman. Would Dr. Rajiv Dahiya, Director of the School of Pharmacy, University of the West Indies, please give us some opening remarks?

Dr. Dahiya: At the School of Pharmacy we are training the graduates as pharmacists, and since ’95 we have produced more than 700 graduates. That is an average of 50 to 60 graduates per year. We work in collaboration with the Pharmacy Board and regional bodies like CAP, Caribbean Association of Pharmacists, the Pharmaceutical Society of Trinidad and Tobago, RHAs in terms of outreach activities. So our products normally are consumed in the hospital setting and communities, and we have limited exposure to pharma-manufacturing industries. We are currently in transition from BSc for a four-year programme to PharmD, a

five-year programme. And also we are working on the post-graduation programmes to train and polish more improved products. Thank you.

Mr. Chairman: Thank you. I think you all have elaborated the importance of coming here today, the needs that we have to look at, how to change this system. We have seen complaints we have gotten from pharmacists, you know, dispersing drugs like Cytotec which could cause miscarriages, giving medications, you know, errant pharmacists—you know, comes in that where you, a pharmacist dispersing drugs like Valium which can cause addictions. So we have cases like that.

We have situations and complaints where some pharmacists even have certain products that may have been coming in to suitcase traders. So all these are concerns we are looking at. We are looking at concerns from the Ministry in terms of drugs being—you know, persons want to bring in certain medications in the country and it is taking long for the administration to give that approval for certain medications. So all these issues we would look at and hope we can get some improvements, even the issue of generic drugs. You know, there are drugs coming in, and when the generic market opened up years ago it certainly helped bring

down the cost of drugs, but the quality is something that has to be looked at. Because even in America there were cases where the generic drugs—we

looked at it—they looked at certain studies. They looked at companies in India and it was mentioned in some studies that companies like Ranbaxy, Ipca and these companies, Dr. Reddy's, who presently have drugs here, you know, there were some red flags raised. So we will have to look at the monitoring system. And even cases where the late Prime Minister, Mr. Patrick Manning, when he got his stroke, his sister who is very esteemed in the medical profession, Petronella Manning, actually said that it was due to a generic inferior drug he got, Warfarin, which actually caused his stroke. It was in the newspapers. The Ministry came out and had some, you know, discussions about it. But all those are out there where you may have drugs out there

that people may not trust and we have to see: Are there ways of monitoring these drugs? Are there ways to see if the population is getting its money's worth?

Then we have a new problem now with fake or counterfeit drugs—not generic now—with low standards; fake drugs coming in where the drug companies are now challenged to put certain marks in place where they are knowing now that their drugs, you can go to the pharmacy and identify it is not a counterfeit drug available. So it is a problem we are having and we are hoping, with this discussion, we all could come to some conclusion that we can give a report which can really help the industry, right? So at this stage I would like to invite my Vice-Chair to open the lines of questioning.

Ms. Ramdial: Thank you very much, Chair. This question is directed to the President of the Pharmacy Board. Mr. Rahaman, why have there been no audited accounts for the last six years?

Mr. Rahaman: Initially, the issue started off with an accident that our management person—our management accountant—well, she is not an accountant. She kept the management accounts. We received all our funds in the months of November, December and January from pharmacists. There is no government input. We receive no funding whatsoever from the Government. And that period was a period where, based on the income that we have, where a pharmacist pays $12.50 a month to be a pharmacist, we could not, at that time, afford a replacement. I mean, a vagrant in front of Hott Shoppe gets that in half an hour. We have a problem getting that fee increased.

Mr. Chairman: Mr. Rahaman, is this $12.50 a year?

Mr. Rahaman: $12.50 a month.

Mr. Chairman: A month, okay.

Mr. Rahaman: Which is $150.00 a year. It was increased 20 years ago, from $100 to the large sum of $150.

Mr. Chairman: So do you get funding from any other—like the State? Do you get funding from the Government?

Mr. Rahaman: No, no. We have been in existence for 59 years and we have never received $1 from the State.

Ms. Ramdial: Mr. Rahaman, have you made requests to the Ministry of Health for additional resources over those years?

Mr. Rahaman: Yes. Even before my time, other—I mean, I have been President for almost 16 years now. So throughout that time there were numerous requests and even before, because the increase was about 20 years ago, and that $100 was in place approximately 30 years ago—so over a 30-year period. So the request is not for increased funding, because we do not necessarily wish to get funding from the State, but for increased contributions from the members, because we really would like to manage our own affairs.

Ms. Ramdial: What about requests for personnel to assist with respect to the accounting and bringing up the audited accounts to date? Have you made requests for personnel from the Ministry of Health, or assistance, with such?

Mr. Rahaman: No. Well, our Act prevents us from doing so. Our Act—that is why I am saying a lot of the direction I am seeing this going in, are things that are dealt with in our Act. Our Act requires us to appoint auditors; us, meaning at an AGM. We have also had the significant problem at AGMs where, I can only explain it as a—when certain persons do not see that the election—the AGM is held—let me rephrase it. The election is held at an AGM, and our Act directs us to appoint the auditors at that AGM. The quorum for such a meeting is 20 members and the quorum for an election meeting is seven members. So when results on many occasions in the

recent past have been about to be announced, people leave the meeting and make it inquorate, prior to us appointing auditors.

So we have a difficulty in appointing the auditors when we have not gotten to that point in an AGM and people walk out and make it inquorate, and they do not get to achieve the objectives because the election part that is attempted to be avoided remains quorate, because the law reduces that quorum to seven.

Mr. Chairman: Mr. Rahaman, before I allow member Baptiste-Primus to ask a question, I think the Pharmacy Board Act may need to be amended to get a greater amount of input. I think that may be something the Ministry may have to look at to see if they can improve that Act through some regulation that would allow your membership to increase their fee from $12.50 a month.

Mrs. Baptiste-Primus: Thank you kindly, Mr. Chairman. Mr. Rahaman, are you comfortable knowing that the board over which you are the President—and you have been there for quite some time. I think you said just now, 16 years? Are you comfortable with the fact that the board has not produced any audited accounts for the past six years? Is that a situation that presents you with any challenges?

Mr. Rahaman: Yes. Well, I explained the challenges are that we could afford—or at that time—to pay an auditor, but not the management accountant, the person who keeps the management accounts. And that person got into an accident for that period. And subsequent to that, the methods there were used to continue collecting the funding continued the way it continued when she was absent, to some extent. But the main problem has been—so I do not know how I can get audited accounts without the appointment of an auditor, and I do not know how I can get the appointment of an auditor when the law says to do it in an AGM and the members knowingly, in my mind, diminish the AGM to something that is not an AGM, by walking out of the meeting before.

Mrs. Baptiste-Primus: May I enquire, does the Act state how the items that would engage the AGM, the format of that agenda—is the format specifically outlined in the legislation?

Mr. Rahaman: No. In section 7(12) of the Act—there are many things that the Act outlines, but 7(12) authorizes the council to have conduct of its affairs. So we have attempted to move that to—well, one of the earlier items in—or one of the earliest items in the meeting.

Mrs. Baptiste-Primus: You mean the appointment of the auditor?

Mr. Rahaman: Yes. But the meeting is so disruptive that there is a constant bantering about the election. Now, the election itself was subject to court action—

Mrs. Baptiste-Primus: All right, okay. Wait. Mr. Rahaman, I am just trying to understand so that I, perhaps, based on my experience in organizations—similar organizations—can help. Because if the Act does not state the construct of the agenda, then the agenda is a predetermined activity, and if it is predetermined, then there is no need for you to rearrange the agenda at the meeting but to determine before the meeting, the run of the agenda. And I think you know it—anybody—if you are having problems with a particular item, you move it up so that you take the decision—that critical decision—and then have the elections as the last item.

Mr. Rahaman: No. No item gets completed because of the behaviour of the members, not a single item. The only thing that that meeting entertains until they make it inquorate is quarrelling about the election. No matter where in the agenda we put it: first, last, middle. The only thing that happens in that meeting is quarrelling about—and why I was just alluding, if I can be given a lil leeway—

Mrs. Baptiste-Primus: So, clearly, we do not want the entire session to be taken up with this issue. Clearly, the Pharmacy Board is in controversy, which is impacting on the efficacy of the organization, clearly. Because if you cannot

have—if at your AGM you cannot have a critical item which impacts on accountability issues, if that cannot be addressed, it means the organization is in turmoil and there may be need for some kind of intervention. I do not know what kind, but certainly, I am quite sure, Mr. Rahaman, you will agree the organization cannot continue as is.

Mr. Rahaman: Well, the part that I disagree with, the organization has 900-and-something members, and the persons that make this confusion, the number is no more than five, you know. So I am not extrapolating five out of 900-and-something unruly members—

Mrs. Baptiste-Primus: But they have been very effective so far, Mr. Rahaman, because you all have not been able to appoint auditors.

Mr. Rahaman: Accepted. But five out of 900-and-something, I do not accept that to be disruptive enough.

Mr. Chairman: Remember, members, we would like to focus more on the industry rather than the internal running—

Mr. Forde: Mr. Chairman, I just have one question I think I need to ask.

Mr. Chairman: Yes, sure.

Mr. Forde: Your Pharmacy Board reports to whom?

Mr. Rahaman: We are an Act of Parliament.

Mr. Forde: No. Who do you report to, your board?

Mr. Rahaman: No. We are the regulatory body for pharmacy. So we are the body that is the final arbiter of granting of licences— **Mr. Forde:** So you report to no one.

Mr. Rahaman: Well, we report to our members. We report to our members. They are the ones that contribute the funding and we report to them.

Mr. Forde: So for 16 years you have been at the head of this board—

Mr. Rahaman: Yes.

Mr. Forde:—have not been able to complete audit statements—

Mr. Rahaman: Not for 16 years.

Mr. Forde:—for the last six years and there is no one making an issue, no one has a concern of what is taking place with regard to—

Mr. Rahaman: Yes. Our members continue to express concerns.

Mr. Forde: But why would they then want to walk out of the meeting and leave it "unquorated", for want of a better word, and not ensure that the business of the board takes place?

Mr. Rahaman: Well, that five have chosen to ventilate the matters on Facebook, and as a professional body, I do not—I am not even on Facebook. **Mr. Forde:** So what happens to the other 895?

Mr. Rahaman: They have their concerns, but we have the loud ones.

Mr. Chairman: We would not want to go—we will be going off track. Now, before we go off track, very quickly, I think Ms. Ramdial has a question and Mr.

De Freitas has a question. But we will try to keep it—because we have other stakeholders there, and Mr. Rahaman, with his years of service, he may be able to provide us with other information.

Ms. Ramdial: Just very quickly, Mr. Rahaman, is there a process where these five disruptive members can be expelled or suspended from meetings, so that you can carry about your business effectively?

Mr. Rahaman: Well, we attempted on one occasion to have the police assist us.

Because they do not recognize the Chair in keeping the meeting in an orderly

fashion or a non-disruptive fashion.

Mr. Chairman: Member De Freitas.

Mr. De Freitas: Just quickly as we move forward in this enquiry. So you are saying that an election cannot take place. What election is that? Is it an election to the presidency? Or is that an election to members of the board? What election are you referring to?

11.00 a.m.

Mr. Rahaman: The election of the auditor.

Mr. De Freitas: Oh, the election of the auditor.

Mr. Rahaman: Yes. But in relation to the election of the members to the board, six members are elected by our peers and that election is demanded in the law to be every two years. So despite the attempted disruption, I cannot get into it, but the procedure for the election is not really at that meeting. That meeting is really merely to count the votes with the exception of—because you are permitted to vote before. So luckily, there is a facility where at no time it can ever be said that the members of the council are illegitimate members, because up to the last time when we were required to have elections which was in 2018, and every two years before that, we had elections. So the election, there is a good procedure that is not able to

be thwarted by the disruptive few and it is that inability that angers them so much to disrupt the actions.

Mr. Chairman: Okay, thank you, Mr. Rahaman. But as you are there in the seat, I want to ask you, there are allegations that there are errant pharmacists who may be giving antibiotics—because even antibiotics that are given out without a prescription, you have a horrendous situation where you get antibiotics resistance now and part of it, you are getting superbugs that are not being—we are not able to target. And the allegation made to certain pharmacies, you could go and get Amoxil or Augmentin, Cytotec that can cause miscarriages or abortions, you could get it from pharmacists; Valium. And when you have complaints like that or when, as a medical professional, you are getting that feedback, who is really responsible for looking at these pharmacists and saying, hey, you know, to somehow get them to get their act together or to prevent them from doing these acts? Is it your body who is a regulatory body or is it the Ministry would also have that function?

Mr. Rahaman: Well, we are a regulatory body in relation to the practice of pharmacy. There is a department in the Ministry called the Drug Inspectorate that monitors the antibiotics. That does not mean that we do not get involved in the errant practices, and we have disciplinary powers to discipline pharmacists under section 20 of the Act after an enquiry. However, it must be recognized that the persons who—for us to start an enquiry, we would require a complaint or information and the person who you would usually get that information from would be the recipient of the antibiotic. But the recipient of the antibiotic would not complain about getting the antibiotics because they saved the doctor's fee, so "we in ah kinda" Catch-22 situation where the persons who we have to get the information from are not willing to give the information because if they give it, the next time they need antibiotics, they will have to go to the doctor and pay $400 to

get a prescription first to get it.

But there is a monitoring system where it should be able to be picked up, that is, the abuse of giving out antibiotics through the monitoring system which is really coordinated by the Ministry of Health and they are very effective with it.

Mr. Chairman: Is it only the antibiotics or if you are prescribing certain medication that can cause addiction like Valium or giving out Cytotec that could cause problems. So even a few years ago, Dinintel which was a medication that was banned, it was only prescription and it was needed prescription-wise and they found a pharmacist was giving out these drugs and it was an investigation by an *Express* journalist who went in and purchased these medications and actually had an article about it.

You see, we have to clarify. Cases like that, could we have a system whereby a complaint system, either through the Ministry to whom we may direct that question after, not just for antibiotics but for other medication, abuse or you know? Who do we look at for a complaint and any sort of recommendations you might be able to give also?

Mr. Rahaman: Well, the same considerations apply equally to get the other items which they would usually require prescription for. The person who is the person to give us that information is the person who is benefiting from getting it. So whether it is antibiotics, narcotics, controlled drugs, Valium Dinintel or Cytotec, the persons who get it save approximately $400 on each occasion they need to get it and that process does not facilitate them coming to us to complain about getting it.

Mr. Chairman: Ministry of Health, you have any comments to make on that? Because if an *Express* journalist can go and purchase these drugs from a pharmacist or pharmacies, do you have a policing system whereby you go into pharmacies and try to get medication that are prescription only?

Dr. Parasram: There is a policing system, not to function in that manner. So when we would have gotten our questions received, how many complaints were received by the Ministry considering the operations of pharmacies, we had indicated to the joint select that we had 18 of those. In terms of pharmacist itself or himself, we had 77 over the previous period which is five years and it would have been varied. So some of them would have been covered already. For instance, pharmacists not being present at the time of visiting, pharmacists dispensing drugs without prescription, those sort of complaints. So the Drug Inspectorate of which the principal pharmacy is the head of the unit, inspects most pharmacies like about two to three times per week at the present schedule to try to pick up those irregularities. Outside of the antibiotics, there is also a system through the CDAP programme where CDAP monitors actually visit much more frequently than that all the pharmacies that do CDAP prescriptions. So that would probably be at least visiting a pharmacy once every two months or thereabouts

Mr. Chairman: So we may need a sort of sting operation to pick up those errant pharmacists and you probably could introduce a method from the Ministry. I think Member De Freitas and Member Baptiste-Primus would have questions directed.

Mr. De Freitas: Just one question in relation to the monitoring of the pharmacies, the procedure by which they dispense medication, you were indicating that through the CDAP programme, there is more monitoring taking place. I noticed in one of the responses that you would have given to the Committee, I counted it out, there were about 35 pharmacies. Now mind you, some of these pharmacies are just subsidiaries of a larger company but there were 35 pharmacies that were taken off the CDAP programme for breaches.

What happens after that? Because what you are talking about is the dispensing of medicine or the failure to follow a particular procedure that has

serious implications if that procedure is not followed. Is it that the licence is revoked then from that pharmacy when they do not follow that procedure or is it that you just take them off the CDAP programme or you give them a warning but they are still continuing to do whatever it is that they are doing?

Dr. Parasram: So the reason for the breach would lead to whatever course of action follows. So, for instance, if a pharmacist has been repeatedly warned for not being present at the time of your visit, the CDAP monitors would have gone once or twice or three times, they write them a letter. If it continues, then they can be removed from the CDAP programme quickly which is under the jurisdiction of the Ministry of Health and NIPDEC. We also do a report to the Pharmacy Board at that time. The Pharmacy Board has jurisdiction over the actual licence of the pharmacy and as Mr. Rahaman has said, there are disciplinary procedures in his Act that can be followed. So we refer those cases to the Pharmacy Board for further action, but as the Ministry of Health, we cannot take action against the pharmacist directly.

Mr. De Freitas: So let me ask the board: How many pharmacies have been removed? How may licences have been revoked because of bad procedure?

Mr. Rahaman: Well, there are two licences that are granted, which are the licence to the pharmacist and then there is a licence to the pharmacy. The usual—as far as I know, the only breach is not about anything to do with harm to the patient in relation to dispensing medication. The only breach is that they would have visited the pharmacy on three occasions and for those three occasions, they did not meet the pharmacist. So it is not a patient or public safety issue, it is the absence of a pharmacist. A pharmacist must go to lunch, he must have lunch. So I am saying that sometimes there is limited enquiry about the reason for absence. Things happen.

If we invite someone and they explain to us that on the first occasion, their mom fell down and they had to take them to the hospital, what do we do? And on the second occasion, their son got "ah buss head" in school and they have to go out. So I am

saying it is not a practice of pharmacy deficiency or problem for the society. It is an absence at the particular time, on admittedly, on three consecutive occasions that the CDAP monitor would have visited. Not to check on the medication or if they are giving out too much or if they are wrong dispensing, solely on the presence of the pharmacist.

And there have been complaints with some of the monitors that if a pharmacist arrives when they are leaving—so the pharmacist went next door that it is recorded—no, I think it is adjusted. But there was a time that the pharmacist would have been recorded as absent if they were walking in—the monitor spends five minutes. They spend a lot more now, they are doing a lot more work now. But at that time, that monitor comes to get the pharmacist to sign a lease. So if the pharmacist is next door, the Pharmacy Board does not view that as such a serious breach.

Mr. De Freitas: I understand exactly where you are coming from. So that begs the question: So the Ministry of Health that is doing the monitoring of these pharmacies and has the standards and procedures that need to be followed and the ones that, to a certain extent, would discover the breaches, what do you have to say to that? Because if I am seeing 35 pharmacies in breach of just CDAP alone and therefore, removed from that and then the pharmacy board is saying, well the threshold for removing or revoking a licence is very high, then it begs the question we have pharmacies in this country that are doing wrong things and have continued to do so.

Mr. Rahaman: I am saying that we have pharmacists that are absent.
Mr. De Freitas: Right, so the absence of the pharmacist—

Mr. Rahaman: Not in the practice of pharmacy eh, they are absent and they are absent sometimes to get lunch, to take their mom to the hospital and those things. What do we do? Do we suspend their licence because they have to go to the hospital with a parent?

Mr. De Freitas: No, no, that is fine but what I am saying is that there is a monitoring process involved for CDAP—I am just using CDAP as the example. So let us say one of the breaches is that you dispensed a wrong drug or you have a drug inside of the pharmacy that is not supposed to be there and therefore, that is sent to the Pharmacy Board and the Pharmacy Board, through yourself is saying that in order to revoke a licence of the pharmacist—I am assuming it is the pharmacist you are talking about—the only way that process takes place is if the pharmacist is not there three times in a row and you are giving valid excuses as to why a pharmacist may not be there.

What I am saying is that you have this monitoring taking place with different criteria and the only way to revoke a licence is if the pharmacist is not there. So I am saying there may be problems in a particular pharmacy and that would be allowed to continue because the pharmacist is there. You are dispensing the wrong drug or you find a drug that is not supposed to be there, the pharmacist is there. You cannot revoke her licence because the pharmacist is there. But the public is getting the tail end of that bad decision or bad action and that is why I am asking the Ministry of Health, what do you think about this?

Dr. Parasram: Yeah. So basically, I think there is a little misunderstanding. The Ministry of Health does not only monitor for absence of pharmacists, we monitor for everything in terms of dispensation of wrong drugs, the stock count at the pharmacy at the point in time, whatever it may be. What Mr. Rahaman is indicating is that under his Act he can only act in terms of the pharmacist licence if there are breaches in that regard. So we look at breaches beyond that. And I think NIPDEC can lend some assistance in terms of the types of breaches that we would have looked at over the years in regard to the CDAP in those 35 cases and give some examples of what we would have pulled them out of the CDAP programme for.

Mr. Chairman: You see, I have a problem there that if your monitors see that a pharmacy is not operating properly and you move your monitor, it means now they can get away with anything. It means now they are under no supervision again because you have now removed the monitor who would look into the fact that the pharmacist is not there. Even those pharmacies that do not have the CDAP programme, they may be there and there is now that lack of that monitoring system that the CDAP programme would allow. So somehow we have to get a system in place.

Dr. Parasram: Before NIPDEC answers, I think what we said before is that through the principal pharmacist, the monitoring outside of CDAP still occurs, right, so that will happen. That will continue to happen and I supposed more so if you have been removed from the CDAP programme.

Mr. James: Chair, thank you. Just to offer some clarity around how we do the monitoring so it will actually aid the Committee in reaching a determination in this matter. Over the past five years, we have actually had 35 pharmacies removed from the programme which is about seven a year on average, if we actually use that. And firstly, the way that the pharmacy would actually come into the programme is they would make an application and we would do them five visits in about three months just to make sure that everything is all right.

But in those five visits, we do not only check the pharmacy, we check the storage conditions where they are going to store the drugs, we actually check their issues around management, we check stock management levels. We check many other things about the suitability of the pharmacy to actually come unto the programme. When a pharmacy actually comes off the programme, for, let us say, breach of some part of the procedures that we have, they got to wait for about three to four months to come back on. When they come back on, they got to go through that five monitoring visits again in a specific period of time before they can come back on.

I just wanted to be able to share that so you have some kind of understanding of the rigour that is actually gone through, you know, the first to be able to take them off when we find a problem and secondly, to bring them back on.

Mrs. Baptiste-Primus: Thank you kindly, Mr. James. You have clarified a number of concerns that I had. Mr. Chairman, if you would permit me, we have had the benefit of submissions from SuperPharm, we have had the benefit of submissions from the Pharmaceutical Society of Trinidad and Tobago, we have had the benefit of submissions from Mr. Kendrick Cumberbatch who has been a pharmacist of many, many years standing. Throughout many of these submissions, there is a common concern and a common thread so that I need—this question would be directed to Mr. Rahaman and Mr. Asif Ali, you and your team at the Ministry of Health. For example, the Pharmaceutical Society advised us on what the Pharmacy Board Act provides for and some of the requirements are publishing the list of registered pharmacists every year. My question is to both you, Mr. Rahaman and the Ministry of Health: Is this done? Is a list of registered pharmacists published every year? Just a simple yes or no.

Mr. Rahaman: No.

Mrs. Baptiste-Primus: Another requirement: Convening an Annual General Meeting inside a specific time frame every year with specific methods of notice to

members; convening an election meeting every two years inside a specific time frame with specific methods of notice to members; laying financial statements to its membership in the AGM; providing audited statements of accounts in the AGM; convening meetings of the council of the Pharmacy Board at least once every quarter; provision of inspectors to audit pharmacies; formation of sub-committees to increase the efficiency and effectiveness of Pharmacy Board and Council in executing its mandate. In the past, there are at least four said sub-committees: the disciplinary committee, education committee, public sector committee, private

sector committee. What we were advised is that these have not functioned since 2012.

Another interesting statement made by SuperPharm and I want to put it into the records and my question will follow up to Mr. Rahaman and the Ministry of Health and I quote what SuperPharm said in part:

> "Most times in an effort to try and expedite the process and obtain current licensure the only recourse is to collect documents at various establishments where the President may be employed. By estimate, approximately 80% of Pharmacy Board business is handled externally.
>
> The President of the Pharmacy Board is responsible for processing all licenses and practicing certificates for Pharmacists however the office does not adhere to fixed hours and…"—there are no—"set office hours. In the President's own words he 'is overwhelmed with too much work'. His extremely busy schedule does not allow for him to process requests timely or adhere to any timelines established. They are grossly understaffed and by all indications inadequately financed. In fact no one is sure of the exact status of the Pharmacy Board's finances."

Now, my question is throughout these submissions, there are very grave concerns. My question to the Ministry of Health firstly: Is the Ministry of the view that the Pharmacy Board is adequately fulfilling its mandate?

Mr. Ali: Chair, through you, maybe I can have my Legal Advisor speak to that one?

Ms. Roopchand: Member, I am not sure that we are in a position to advise on that because they would be regulating pharmacies, giving out licences and be regulating licensed pharmacists. No report comes to the Ministry on those activities.

Mrs. Baptiste-Primus: So, Mr. Chairman, my question remains. What is the view of the Ministry with regard to the Pharmacy Board? Is the Ministry of the view that the Pharmacy Board is achieving its mandate, fulfilling its mandate, or no it is not because of certain challenges? The Ministry of Health must have that kind of oversight.

Mr. Ali: Thank you, Chair. I think we are speaking to an issue of governance here—thank you, member—in terms of what is the role of the Ministry as it pertains not just to the Pharmacy Board—it is a broader issue—in terms of the other regulatory agencies or bodies. We have the Medical Board, nursing Council and the Pharmacy Board and I think that is something that we have to take on board as a Ministry in terms of what is our role and to what extent do we provide oversight of these regulatory bodies.

Mrs. Baptiste-Primus: Chairman, permit me. It cannot be—okay, so we have been told earlier, one of my colleagues asked to whom does the Pharmacy Board report or accounts to. To whom? So is it, Mr. Rahaman, the Pharmacy Board does not account to the Ministry of Health, does not account to the Parliament, does not account to anyone?

Mr. Rahaman: We account to our members and I have looked at section 66 under which this Committee has been—and I wrote a letter actually to the administrative people saying that this Committee has jurisdiction over local authorities, which the pharmacy is not; service commissions, which the pharmacy is not; municipal corporations, which the pharmacy is not; and entities. And those entities are entities—

Mr. Chairman: Mr. Rahaman, excuse, at this Committee, we would like to more—I know the direction is going more to the internal runnings but I want to pull it back into the function of the board, the Ministry, NIPDEC into providing services for the population. So let us try and pull it back in, wheel it a bit in.

Mrs. Baptiste-Primus: But Chairman, Mr. Rahaman might be making a very valid point that would inform this Committee of the need for certain expansion. I am interested in hearing the fullness of his response.

Mr. Chairman: But the time is going so we will have to try to see if we could condense it and move on to the other stakeholders.

Mr. Rahaman: Right. I am happy for the opportunity to respond because a whole plethora of unsubstantiated allegations were made, some of which are attributed to my saying. I am not senile as yet. I have never said those things that SuperPharm is saying that I have said. But I am saying that the only other entity that this Committee had jurisdiction over were entities that were funded by the Government with more than two-thirds of its funding annually. In our 59 years of operation, we have received zero dollars, zero years.

And the other entity that the Committee has jurisdiction over is an entity in which the Government appoints the majority of its members. That is in section 66A of the Constitution. We are in a situation where, not the Government but the Minister of Health appoints two members out of 10, which is 20 per cent. So I am here, in my legal view, out of courtesy and respect for the Parliament because the

particular Joint Select Committee under which I am invited here is not in my legal view a committee that has jurisdiction over the Pharmacy Board. The jurisdiction over the Pharmacy board is by its members.

Mrs. Baptiste-Primus: Mr. Chairman, I would like to expressly thank Mr. Rahaman for the views he has just expressed. They are very instructive to this Committee. Thank you.

Mr. Chairman: One thing came out of the revelation from the society of pharmacists was the duty of the Pharmacy Board to also have inspectors in place to

monitor the pharmacies. So is that a duty you have to do also in part of your portfolio?

Mr. Rahaman: Well, I want to preface that by saying that all the society—well not all, the society members are those persons that make the council meeting unmanageable because they—

Mr. Chairman: Mr. Rahaman, so I understand that they had conflict. But you see, what I am trying to gather is, you know—I am looking at what sort of supervisory level we have, what sort of monitoring system we have. And I am happy to hear that NIPDEC has in place, the Ministry of Health has in place, meaning, you know you have your CDAP and your Drug Inspectorate. And now, if you get the adequate funding by actually approaching the Ministry of Health to change your Act to increase your membership fee and you are able to so afford these inspectors, I mean, is it under your portfolio also to have inspectors? So if you have the funding and you are able to hire that, there is another line of inspectors or persons which would be monitors because really speaking, we really need to monitor these pharmacies. So is that under your portfolio?

Mr. Rahaman: Yes. You answered it in three components that I have. One is at $12.50 a month, we cannot employ inspectors. Two is we piggyback on the inspections of the Drug Inspectorate, the Chemistry, Food and Drugs who would usually report any problems to us also, and also of NIPDEC. So we have three components from the Ministry while we are unable to employ inspectors of our own because of lack of funding or fees. And we "doh" really want it to be funding, we want it to be fees from our members.

Mr. Chairman: Sure. Ms. Ramdial has a question.

Ms. Ramdial: Thank you. To the Ministry of Health, now according to the Pharmaceutical Society, they are stating that foreigners are being hired before the

locals. How many non-nationals are serving as pharmacists in the Ministry of Health and the RHAs and what factors necessitated the recruitment of foreign pharmacists in our country?

Mr. Ali: Chair, I do not have the numbers. I will have to get that for you, I could submit that in writing, the number of non-nationals that are still employed in the public sector.

Mr. Chairman: Again, we had persons approach us and say that the Ministry of Health considered or have brought in pharmacists from Cuba. Is that a fact?

11.30 a.m.

Dr. Parasram: Yes, we would have brought in some pharmacists from Cuba recently and the numbers—11, Chair.

Ms. Ramdial: Just to cut in: Is it that we have a shortage of pharmacists in Trinidad and Tobago that we need to bring in these foreigners?

Dr. Parasram: I do not think there is a shortage. I think the issue lies in the remuneration packages that we offer in the public sector, versus what is paid in the private sector for a pharmacist, and the ability of the public sector to be able to retain and attract pharmacists coming out into the sector. So we have an issue in that regard, where we are looking at the packages and seeing where the analogy

lies with the private sector, and if need be, approaching CPO to see if the packages can be improved so we could actually get people into the system.

Ms. Ramdial: So can you tell us, Dr. Parasram, as an example of comparison, what is the remuneration in the public sector, as compared to the private sector?

Dr. Parasram: Right, so again, we would have to get the specifics of it and we would submit that in writing to you.

Ms. Ramdial: Mr. Rahaman, can you add any information to this?

Mr. Chairman: Mr. Rahaman, excuse, one minute, you were there years in this society and I remember when they first brought in the Cuban nationals is when there was a shortage of pharmacists years ago, under, I think it was Minister Rahael. You might be able to give us some of that history. But also, I would need to know the amount of pharmacists they have in Trinidad and Tobago and is there really a need for external sourcing, in the light of so many persons are asking for jobs in our market? So we would need to know that and then I would want to direct questions to the university about training of pharmacists and their need—best practice.

Mr. Rahaman: Yes, 50. It was not Cubans at that time. It was Philippine pharmacists. So 50 Philippine pharmacists were brought into the country and there was a definite shortage.

Mr. Chairman: That was—I think it was Minister Rahael at the time.

Mr. Rahaman: Yeah. I "doh" remember his exact year. And subsequent to that, I received a call from him for us to negotiate with the university an increased output of pharmacists. The output was supposed to be for one year. So I contacted the university. They said they could train 50. We used to train approximately 10 to 14 per year, 10 to 1-4. We increased that number to 50 that year. The university said they could train 50, we trained 50. The Pharmacy Board provided 50 to be trained.

That was supposed to be a temporary measure. Since that, the university has continued to train between 50 to 80 pharmacists annually. So we do have an excess of pharmacists, Trinidadian pharmacists, paid for by the Government of Trinidad and Tobago, who cannot get jobs—based on their complaints—in the public service.

Now, the remuneration is a little lower. It is not excessively lower because it has improved significantly. Because, under the PSA, we got pharmacists to be converted from the technical—Ms. Primus might be able to help me—cadre, I think,

to the professional cadre. And that was the source of a significant salary increase in the government service. So I am not sharing the view that we—what I do know is that there were certain problems some time ago, I think it has been resolved now, with local pharmacists' unwillingness to mix certain hazardous chemicals without the proper protective equipment. And we are talking about radiation cancer-causing things. And what had happened some years ago was that the foreign pharmacists were willing to assist. So that has been my membership's take on it; that it has to with ability to get some more duties done. Our pharmacists, local pharmacists, have not been complaining about doing it. They have been complaining about the risks to doing it without the proper protection.

Mr. Chairman: Well there are OSHA standards, and I mean they have to, when you are mixing those chemicals, it is dangerous. So I could understand. Mr. Rahaman, so if there is an excess of pharmacists in the country now, we have to ask the Ministry now: Why is there need? Is it as a cost factor? Another thing too, is there a language problem? Do they have to do some sort of an English proficiency test to see if they can understand what is happening here?

Mr. Ali: Chair, so, let me answer your second question first. Yes, there is an English proficiency test that we have to go through an English proficiency test to ensure that they can speak and write English. That is to answer your second question.

Your first question, it has been a challenge with regard to remuneration. The CMO is correct. That has been a challenge for us, in terms of, we would have advertised the positions and not gotten persons on board.

I just want to clarify one thing that the president spoke about with regard to the mixing of the chemotherapy drugs. It is not so much the protective equipment. Equipment is available. It is more an issue of the compensation for mixing. Right? It is not a safety issue of the equipment or the PPE. It is more an issue of the allowance to be paid for mixing of those drugs, just to clarify that.

Mr. De Freitas: So, just a question. I understand the remuneration package may not be enough to attract individuals. That is understandable. But then the university was saying you pump out 50 to 60 graduates a year. Does the private sector have that capability or that demand? So where are all these people going—50 to 60 a year in the private sector?

Dr. Parasram: If you look at the numbers for CDAP alone, we have on our books 252, I believe, as of 2019, in terms of number of pharmacies. The total number of private pharmacies is beyond that, way beyond that. So it would seem that we have the absorptive capacity in the private and public sector to retain all these people at this point in time. But there must become a point in the future that we have to look at to see that that capacity will be overshot and we would not be able to absorb those people.

Mr. De Freitas: One second, and that is why we always end up, Mr. Chairman, back at the board, because the board is the one issuing the licences to pharmacies and pharmacists. So let me ask this question: Is there a limit that you all have in mind, in relation to the number of pharmacies? Have we crossed a threshold whereby we have too many pharmacies in Trinidad and Tobago?

Mr. Rahaman: Well, based on proper regulation of our Act, if someone reads the Act and abides by the requirements to open a pharmacy and applies to the Pharmacy Board to open a pharmacy, we would find ourselves as a recipient of court action if they have fulfilled the requirements. We actually used to regulate at one time. In today's world that would have been illegal—regulate the quantity of pharmacists that were put out. So that has stopped. But we are at the point where, and the proof of it is in the fact that, through the RHAs, where students have to apply to do their pre-reg., students lose. I do not think students could afford three months' salary. They lose three months' salary by not being able to get preregistration employment in the private sector, and are forced to wait on the RHAs to employ them for

preregistration, who do not start their preregistration programme until three months late.

So, I think that is proof people will not just lose salary. Because if the private sector could have absorbed them, all of them who start their pre-reg. in September—they are supposed to start on the 1st of July—if that was so, then they will not be waiting on the government sector to get into an RHA. So, I am somewhat disputing the fact that the private sector can absorb them now. We cannot absorb them. There are still not enough pharmacies to employ all of them.

Mr. De Freitas: This whole thing is a wheel. So back to the university. What does that mean for your entry into the pharmaceutical programme, knowing or hearing here today that there is some saturation taking place?

Dr. Dahiya: Well, recently we had an issue. We had some students who were complaining they are not consumed. So I am thinking another way. Here in Trinidad, the pharmacy sector, we have concentrated on health only. Like either they are consumed in hospital setting or as community and the remaining is the government service, which is less preferred. But we are not thinking of the pharmaceutical industry, where a 50 per cent market is there. There is no scope there. We are nowhere in pharmaceutical marketing.

So, more plants should come there, some standard industries should come here and then—because in terms of the pharmaceutical industry I am finding nothing. In our training we are also lacking that. If we will train—we are going to develop the PharmD programme. We are going to develop the MSc programme, but where will the fellows be consumed? We are upgrading also. Since 18 years we are producing the graduates and they are going in the same—

Mr. Chairman: Excuse, me could you just speak a little slower for us because—a little slower in answering.

Dr. Dahiya: My thing was—I am from India, so I compare the market from there and here. So there are a large number of pharmaceutical industries where our graduates are consumed. Okay? So here I found, only in the pharmacy setting, there are community pharmacy and hospital setting. They are going measurably— so we are lacking a big sector where many practising chemists are not specialists which we can train and cannot be occupied because of the lack of pharmaceutical industries. So pharmaceutical industrial plants should be invited to Trinidad and Tobago so that such type of—and it will be an asset because we are nowhere near patents or clinical trials—in that field, we are not moving further.

Mr. De Freitas: The pharmaceutical industry in and of itself is pretty diverse and ours in Trinidad and Tobago is not as diverse. We do not have, as he is saying, the creation of drugs or the invention of drugs to solve certain problems. So as you are training graduates who could end up unspecialized in those areas and that is way that they could end up, as opposed to just going into a pharmacy or working in the hospital. I understand.

Mr. Chairman: I think Barbados has a line also, where they have a pharmaceutical industry where they actually make medication. So your level of looking at the future of the pharmaceutical industry is something you could look forward and probably liaise with the relevant Ministries.

Ms. Ramdial: So, is it that we have a percentage of our pharmacists migrating and leaving and sourcing jobs out of Trinidad and Tobago?

Dr. Dahiya: No, up till now it is okay. But now some cases are coming that "we are not getting jobs". So we have to think on that—how to train them further. If there will be additional options it will be good. It will not bear heavy on one particular sector.

Mr. Chairman: One question before. In terms of pharmacists coming in from abroad, be it India or Cuba, is there a level of certification or some sort of level to see if their degree is at the same standard that the university, or is it acceptable standard, Mr. Rahaman?

Mr. Rahaman: Yes, under section 18 of the Pharmacy Board Act, there is 18(1), (2), (3), and (4). Subsection (1) deals with people from Caricom, (2) deals with people not from Caricom and (4) deals with the UWI people. So, it is in our law, their degree has to be accredited by the Accreditation Council of Trinidad and Tobago, where they have to get a certificate of registration. So there is a reasonably extensive regime for registration. But generally speaking, our registrations have been on hold. I recall the Ministry of Labour, I think I am correct, having a committee to look at this issue of the quantity of foreigners we had here working as professionals—it was not for pharmacy only—and to correlate it with our reaching saturation point.

So, to be fair, or to be honest, we have not been entertaining too many. We explain it directly to them that there is a problem with the quantity of pharmacists in Trinidad. So there is a proper regime of registration, strict regime of registration. But we have not been entertaining that much now because of how many Trinidadians that the Government paid for, for primary, secondary and tertiary education and will not get employment because of somebody who the Government did not pay for from a foreign country.

Mr. Chairman: So then you are saying that Government spends money in probably GATE or whatnot to educate the pharmacists, but when they are coming in, they are not getting jobs and they are getting people from Cuba to come in?

Mr. Rahaman: Well, we have some that are taking a very long time to get jobs and some are—I have a lot of complaints now, who cannot get. We have quite a few

right now who are complaining about the length of time they are looking for jobs and cannot get.

Mr. Chairman: Okay. One question again. The Cuban pharmacists that are coming in, do they have to get a certification, some licence from your committee? How are they practising? Do they have to say, well I am a pharmacist but I have no work?

Mr. Rahaman: Yes, their applications have been sent to the council. It is a government application. We will do the process, but for other people we have been trying to dissuade them, because they now have to grapple with getting a work permit and if they cannot secure a work permit—that is what we have been telling them, because we have informed the work permits division of our issues with granting work permits to foreigners when so many—because I think we are party to some treaty—that work must be preserved for your citizens first. So, as far as I know, they have actually been refusing some. One of the few that would have gotten a renewal, a pharmacist, would have been because he was from Syria and was able to make a case about war there.

But there are quite a few who had work permits in the government service, left and came out in private and were refused work permits subsequently. Because one of the requirements of the ad is that—what used to happen is that the employers would come to the work permits division and say that we cannot find a local to fill the position, and the Ministry of Labour, in conjunction with national security put as a requirement in the ad that applicants must also send their application to the Ministry of Labour. There is a big name for it now. Excuse me for not knowing the full name. And that way, when employers come and apply for a work permit and complain that they cannot find a local, the Ministry of Labour is able to supply a plethora of people that would have applied for the job. So that has solved that problem.

Mrs. Baptiste-Primus: So permit me, Chairman. That is the point I was trying to get. You have to help me here Mr. Rahaman, because you have not published, the board has not published, a list of pharmacists, qualified pharmacists. So that my question is: Do you have a feel, in terms of how many pharmacists we have, qualified pharmacists in this country? Do you have a feel? If there is not, if the list—we know it is a fact you have admitted that no list is available. But what is the feel? Do we have 100, maybe in the region of 200/300 pharmacists? Is it that the market is saturated?

Mr. Rahaman: Yeah. I have an exact amount because annually pharmacists must apply for their—so we might not have a list that has been published because of funding, but we have the exact amount. This year, thus far, I think it is 822— **Mrs. Baptiste-Primus:** Registered?

Mr. Rahaman: Yes, would have applied for reregistration and were granted practising certificates. There are some who may not wish to practise in a particular year and they may not apply for it. There are some who may be in transition, going away.

Mrs. Baptiste-Primus: We are talking about 2019?

Mr. Rahaman: 2019, yes. I think that is my last figure.

Mrs. Baptiste-Primus: Based on the fact that your exact figure is 822, is it your opinion that 822 pharmacists—is that number, can that number satisfy the local needs?

Mr. Rahaman: Well, based on the quantum of complaints I have—I will judge it first from pharmacies. If we are approaching maybe, let us say 380 pharmacies, I have an exact figure too, which I have not checked recently; each pharmacy would require at least one. Well, they must have a responsible pharmacist assigned to that

pharmacy and we will grant licence to that responsible pharmacist. So we are looking at around 380/390.

Admittedly, they are open for long hours and they do require relief pharmacists. That might take the absorptive capacity of the private sector to be somewhere around, closer to 400 to 500. So there are well over 300 pharmacists available to the public sector, because quite a few of the pharmacies are pharmacist-owned, a good percentage. And those that are pharmacist-owned, they watch their business. If their pharmacy is open for 12 hours, they work for the 12 hours. So it is the non-pharmacist-owned, which might factor about 50 per cent, that require relief.

Mrs. Baptiste-Primus: So would you say that the Trinidad and Tobago market is saturated at this point in time?

Mr. Rahaman: Well, going to the quantity that I have, seeking my assistance to help them with employment, which never happened—within my first 12 years of the presidency, I have never, never, ever gotten a request—there were shortages, admittedly, for assistance with employment.

Over the last three to four years and maybe the last two years, I have been inundated with requests for assistance for employment.

Mrs. Baptiste-Primus: Mr. Chairman, that information is important, because as Mr. Rahaman quite correctly pointed out a short while ago, the Ministry of Labour and Small Enterprise Development plays a role in the granting of work permits for non-nationals. And many of those requests, I have sight of those requests for work permit, and in many instances the employer who would make the request must advertise, because we have a very grave responsibility to ensure that our nationals are not being left aside in favour of non-nationals. And hence the reason why I wanted Mr. Rahaman, as the President of the Pharmacy Board, to indicate if there is a saturation. Because then, I know that we at the Ministry, we are on the right path, in terms of—

very rare, very rare, do I agree as the line Minister, because I had a sense that we had sufficient pharmacists. But a sense is not really a scientific measurement of what the needs are.

I want to ask this question: Do you think there is need for national needs assessment of the pharmacy sector in Trinidad and Tobago?

Mr. Rahaman: In specific relation to the oversupply or—in relation to the oversupply, I think we are clear that there is an oversupply now. And at this point, the oversupply will be exacerbated from this year, with whatever is the quantity that the university has now and will continue—

Mrs. Baptiste-Primus: So as President of the Pharmacy Board, what would be your advice to me as the Minister of Labour and Small Enterprise Development presiding over those requests for applications for work permits for persons to come into Trinidad and Tobago to function, to work, as pharmacists? What would be your advice as the President of the Pharmacy Board?

Mr. Rahaman: Well, I am not in favour of the grant of it, because we have too many. I mean if they were even paying for themselves—that is, our locals—but for quite some time it is the Government who has been paying for their education. And I think that they should be given the opportunity to work here. We are also inundated at this point with requests for something called "good standing letters", for people to leave and go, eh. So the people that will be benefiting from the Trinidad Government's use of money for education—

Mrs. Baptiste-Primus: We are not getting a return on our investment.

Mr. Rahaman: Yes, yes. Now, and in the first place all that are applying will not get to go. But I am just saying the shortage of pharmacists for some years has been a worldwide problem. Every conference I attend, that has been a problem. So there

is some capacity to take them, and that capacity is also worldwide, because worldwide they have started training much more; when I go to the international conferences. So while some will go, many will remain without jobs, and those who go, we are still not getting the benefit of our expenditure on them, because they get the education free and then go and give the service to foreign countries.

Mrs. Baptiste-Primus: All right, I want to expressly thank you, Mr. Rahaman for that elucidation. My final question, because I am listening to you. The information flow is very much appreciated. But I keep hearing you saying we have done this and we have done that. Is the Pharmacy Board at this present point in time properly constituted? You are a lawyer, would you say you are properly constituted?

Mr. Rahaman: There has been a toing and froing, even in the public, about the difference between a quorum and the constitution. We have a quorum, because under section 7 of our Act, a quorum is five members, one of which must be an appointee.

Mrs. Baptiste-Primus: I am sorry Mr. Rahaman. What the question should have had included in it, in light of the fact that an AGM should have been held since

March this year, do you think, do you hold the view, that your board is properly constituted?

Mr. Rahaman: The board is all members, all pharmacists. So with the council.

Mrs. Baptiste-Primus: The council, I am sorry, yes.

Mr. Rahaman: Right. So the council at this point, I have heard that they have been appointed. I am saying that the constitution, it must be constituted. And at this point, we have the six elected members. We have the two members appointed by the Minister, but we do not have, and I am hearing that it is in the mill to come, the appointees of the medical board.

Mrs. Baptiste-Primus: So would you say, having said that, that the council is properly constituted at this point in time?

Mr. Rahaman: No, no.

Mrs. Baptiste-Primus: Thank you for your honesty.

Mr. Chairman: Mr. Rahaman, before we—and thank you, member. Per capita, have we made it in Trinidad and Tobago, in terms of the amount of pharmacists we have?

Mr. Rahaman: I have no idea. I am judging it solely on scarcity of jobs for people. But I do not know what is the international standard.

Mr. Chairman: And to the university representatives, we are getting the impression that you may soon be producing pharmacists that we may not have the needs for in Trinidad. Have you, in terms of when people are applying, are there a lot of persons applying every year? Do you have to refuse applicants? And again, is the standard of your pharmacy degree accepted in other countries that our persons here can go out and get a job; the accreditation?

Dr. Dahiya: Yeah, that is the only issue. That is why we are shifting the BSc Pharmacy four-year programme to a five-year PharmD programme, because,

especially in the States, if any person moves from here, their whole four-year course is converted into a five-year minimum course. So, our students at BSc level now are not able to write their exam. So, that is why we are moving to that.

Mr. De Freitas: Mr. Chair, just one observation. So we found out today that that particular industry is relatively saturated. We found out that individuals that have graduated would prefer to leave, remain in the industry. They would prefer to wait

until a private sector job comes up. And then we have also heard that there are jobs in the public sector.

Now, one of the reasons for this was remuneration. The question I want to ask, it might have been answered prior, but I just want to ask it again: Is the difference really that large, that somebody who does not have a job, who spent all of these years training, would prefer to stay unemployed instead of get a few dollars less? Is that what is happening?

Mr. Ali: Chair, maybe I can directly answer the question. We have advertised the positions and we have not been getting the applicants. Now, the reason might be the remuneration as you said, and even if they apply, they might not accept the job. **Mr. De Freitas:** The gap is that massive?

Mr. Ali: That might be relative, member. I mean, what is massive for me might not be massive for yourself, for somebody else. So, I am not sure. But as I said we have advertised the positions.

Mr. De Freitas: You understand my reasoning, right?

Mr. Ali: I do, yeah.

Mr. De Freitas: Because it is not to say, I mean you could get the job in the public sector, you are qualified, you are a pharmacist, you have gotten the licence from the board. And then if a private sector job comes up, or you want to open your own pharmacy, then you move to do that. My point is that you are literally, from what I

am hearing, saying that you rather stay unemployed, as in "not receive any money at all", than actually pick up a public sector job and I am wondering if remuneration is the only reason. That just seems a little bit weird to me. I am not saying that you have to stay in the public service job but—

12.00 noon

Mrs. Baptiste-Primus: Mr. Chairman, there is a wider question here. Mr. Rahaman said that based—822 pharmacists have been granted re-registration for 2019 and to his mind the market is saturated. Yet the university continues to churn out, and that is the point member Nigel De Freitas is making, yet the university continues to churn out numbers. So, clearly there is need of building some synergies here. Because if the market is saturated, then why are we training—are we training for the external markets? Then if that is what we are doing there must be a clear policy regarding such an approach.

Mr. Chairman: I agree because it is taxpayers' money going in to train these

persons who may be leaving. One question I would like to ask: The package that is offered in the public sector, do you have the figures available—in the public and the private sector.

Mr. Ali: Not on me, Chair.

Mr. Chairman: Could you please provide it to us?

Mr. Ali: Sure. Definitely we can.

Mr. Chairman: Member Forde would have a question.

Mr. Forde: Thank you. I would like to quote from one of the stakeholders that presented us with some information.

> Improper storage and transportation of drugs including cold chain could result in decreasing the potency of these drugs ultimately affecting patient care and positive outcomes.

And I want to go to NIPDEC, where you quoted in your discourse to us:

> Suppliers of tender drugs receive duty-free letters as approved by the Ministry of Health and are required to deliver the goods directly to NIPDEC's warehouse.

And that is on page 3 of your presentation. And the question is: What mechanisms do the Ministry of Health and NIPDEC employ to ensure that the quality of drugs imported are not contaminated during transit?

Mr. James: I would ask my Head of Pharmaceuticals to respond.

Ms. St. Rose: Okay. In terms of contamination, are we looking at cold storage items and in terms of maintenance of the cold chain? Those are two different things, so I am trying to understand, is it the maintenance of the cold—? **Mr. Forde:** Generally in terms of suppliers.

Ms. St. Rose: Our suppliers are responsible for transportation of the supplies to the warehouse. When the supplies, especially cold storage items are delivered, they are inspected. We would use our temperature guns and we would check the thermometers. The suppliers also have these temperature gauges that we can also download the information in terms of temperature throughout the whole transportation course so we can now track and determine whether it remained within the required storage temperatures. So that is one aspect of it.

In terms of contamination, based on the way in which these drugs are stored and packaged it is very unlikely for items to become contaminated. There is the external packaging and then there is also the internal packaging that forms additional protection for the items as they are transported to the warehouse.

If an item is for some reason compromised, then based on our contract with the suppliers we have the right to reject the items. So this forms part of our supplier's evaluation. So in terms of the delivery, the requirements for proper storage and

delivery of items, they are actually measured and this information is used in terms of our evaluation.

Mr. Forde: And you are basically satisfied with the outcome of the whole technology?

Ms. St. Rose: Yes, in terms of the system that is currently available. So any item that does not meet our specifications they are rejected and the supplier has to either replace the stock or provide a credit in that regard.

Mr. Chairman: But, Ma'am—go ahead.

Mr. Forde: Hold on. On another aspect. Again quoting from the document provided by NIPDEC:

> If short-dated drug items are utilized the items are quarantined for disposal until a board of survey is conducted.

And that is on page 4 of your document. How frequently does the board of survey meet at your institution?

Mr. Ali: Chair, through you. Member, maybe I can take that. The board of survey is done by the Ministry of Health on request from NIPDEC. We are currently doing a board of survey right now to treat with some of the expired drugs and the intention going forward is that we want to do it annually.

Mr. Forde: Is there any possibility of these expired drugs getting back into the market in any way?

Mr. Ali: So after the board of survey is done, the drugs are destroyed and that is a supervised process depending on the manufacturer's specifications it determines the method of disposal. So the drugs are destroyed.

Mr. Forde: Okay. One additional—just to follow up and to close off on that end. And again, NIPDEC monitors the stock at the private pharmacies and retrieves any stock that is nearing expiry. What are the systems in place in order to monitor these stocks at these private institutions, these private pharmacies? Is it done, how, and what basis is it—?

Mr. James: Earlier you did ask the question what our monitors do. It is one of the things that we do and we visit every pharmacy at least once every two months. When drugs are actually coming close by their expiry date, we take that back into service and try to redistribute them in fast-moving areas where they are likely to be dispensed. If drugs are not dispensed during that time we actually retain those and we dispose as is part of the disposal process as explained by my colleague earlier on by the board of survey.

Mr. Forde: Final question, Mr. Chairman. In terms of shortages of the CDAP drugs, again I do not know if it is for NIPDEC or from the Ministry of Health. You know, sometimes we have complaints of individuals not getting certain items and so on. What would be the main causes of absenteeism of those drugs on the market?

Dr. Parasaram: So because we have a wide network of pharmacies distributing CDAP drugs, we have 252/262. Prior to September of 2018 we would have distributed to pharmacies every two months. So the distribution from central stores going to the individual pharmacies was on a two-month cycle. There was a caveat that they could actually, if there were stock-outs at the individual pharmacies, they could order up to six items ad hoc, but that is at the discretion of the individual pharmacies. So there may be a perceived stock-out at the C40 level. In the recent past there has been no stock-out of the CDAP items. But there could be a perceived stock-out; for instance, if you visit one pharmacy and they ran out of one item for a period of time you may perceive as a patient that there is a stock-out of that drug, but it may be available at another pharmacy.

So to tighten it up we brought the dispensation process, so from two months we went to one month. So we are now delivering from—to every pharmacy at one-month cycles which we have seen; so great improvement in terms of the stock at the individual pharmacy based on it and we are trying to get the pharmacists even between the month, if they have stock-outs, to do their orders quickly based on the six-item so that we make sure that everybody has their stock.

Mr. Forde: And there is an easy system in terms of if you are dealing with Mt. Hope, you can you know, be referred to St. James or to Sangre Grande in order to collect.

Dr. Parasram: Right. So the process is for CDAP first. If they cannot complete the whole script they are supposed to refer you to another pharmacy to have your script filled. So that is the process in general and it occurs in the public sector as well.

Mr. Chairman: You mentioned that there is still destruction of drugs that have been expired. So then why is there wastage occurring at this time? Do you have an idea of the cost factor, how many—the cost of the drugs that have been destroyed? And if so, what have you put in place now to prevent that from happening in the future?

Mr. Ali: Chair, so let me just answer. Again, your second question first—well, the first one. The quantum of the drugs, it is approximately, I think it is about, 1.8 per cent of our overall annual drug budget. Globally, I think the standard is normally approximately 5 per cent or thereabouts, it is expired drugs in any system. All right. So currently we are about 1.8 per cent or thereabouts.

With regard to what we can do to minimize that even further I would let NIPDEC speak to the process they use in terms of monitoring the stock at the public sector pharmacies also, because it is not just CDAP.

Mr. Chairman: What about the hospitals? In the hospitals that medication is

supplied, not CDAP drugs. Do you have a system to monitor the pharmacies there?
Mr. Ali: We do and that is why I want, maybe NIPDEC could share a bit in terms of what process we utilize there?

Ms. St. Rose: In terms of the monitoring of expiration dates on the items, what we have been doing for the last few years, couple years, we would send an alert to the institutions. There is a monthly alert that is sent and this would then provide the institutions and the managers there with a six-month report on all items that are about to expire over the next six-month period. So it gives them the opportunity to rotate within the RHAs to utilize the items. And the policy is all items that are unutilized should be returned to the warehouse before three months shelf life is now passed.

So in terms of our opportunity to utilize those items once they are returned to the warehouse we would then recirculate, redistribute and try to have the items utilized. If for some reason there is no possibility of utilizing these items and they happen to expire on our hands we have to quarantine the items for disposal. But most of it is really being proactive in terms of providing data and information to the institutions so they can utilize the items before the items actually expire.

Mr. James: Chair, would you please allow me to add to that? One of the other things that I think we must realize as well is that there would always be a certain amount of drugs that would pass their use by date. And that accounts for, from time to time, you have to have a certain amount of drugs in the system to actually create for emergencies, a certain amount of drugs that you hope that you never use, like anti-venom drugs. And in addition to that some of our drugs come from quite far and sometimes take quite a long time to get here. So you need to stock a certain amount to make sure that the country could be adequately supplied just in case.

So there will always be some quantity of drugs in the system that you will not be able to use and will pass the use by date, but we are well within the national and international guidelines for that. At present, as my colleague just said, we are going at about 1.8, where the standard is about 5 per cent.

Mr. Chairman: Do we have excess of the flu vaccines available in the sense that we may have too much that may expire soon? Do you have any figures of that? **Dr. Parasram:** Yes. So the flu vaccine actually we used up when we ordered, and this is through the Revolving Fund, PAHO. So when we ordered this year we would have ordered 75,000 which is similar to last year and we actually had to buy 50,000 more thereafter. So we actually used up all 75 early on into the flu season and we had to buy some more. We used, out of the additional 50, we would have used more than half by now. So we are somewhere close to 100,000 doses of flu given out. We have about 25,000 left in the system. **Mr. Chairman:** And you think that would be used?

Dr. Parasram: Still going into the end of this flu season which is the end of May early part of June.

Mr. Chairman: May?

Mr. De Freitas: Thank you, Mr. Chairman. This is more of a statement than a question because of—in listening to the responses I realize there is a lot of information that the Ministry would have in relation to drugs, its usage and feedback it would get from pharmacies and maybe even doctors. So I am wondering if there is anything in the pipeline at the Ministry to utilize that information by way of a database for convenience for citizens. So, for example, you said monthly you are able to—this is for the CDAP programme—deliver drugs to the pharmacies. So therefore, if you had that database and that information packaged in a website form, it means a customer, which is a citizen of Trinidad and Tobago, could type in the prescription that the doctor has given and find out which

pharmacies carry it. That is just use of the database that you all would have, something that you are collecting that is just sitting there right now and used for the convenience of citizens of Trinidad and Tobago.

Another thing is the feedback that you would get by way of the health, general health, of citizens of Trinidad and Tobago. If you see diabetes drugs going up in demand, you know there is an increase in diabetes in the country. And you guys at the Ministry of Health by way of the usage of drugs would get a better indicator of the general health of the citizenry of Trinidad and Tobago and what diseases are trending upwards and which ones are trending downwards. It is that information that you all can put together, capture, and then put out into the public domain for educational purposes.

Mr. Ali: Through you, Chair. Member, that is exactly what we are doing. So, for example, you mentioned diabetes, you have hypertension, you have your cardiovascular diseases, which all are on CDAP, those are on CDAP and we see the numbers in terms of the uptake and the usage of drugs for those conditions and those are all what you call "non-communicable diseases", your lifestyle diseases. The Ministry has taken that on board because we currently have our NCD programme where we are educating the public about exercise, drinking water, eating healthy, it is called our TTMoves campaign. So that we have actually used that data to inform our public education campaign. So we have been doing that.

Mr. Chairman: Before, member. I would like to ask a question. Ms. St. Rose, you had mentioned that the cold chain is important for vaccines, because if you do not have proper storage of these vaccines, those are live attenuated viruses inside most of those vaccines, and if you do not have proper storage in terms of fridge to keep it at a certain temperature those vaccines could spoil, and be of no use. I want to direct the question to the Ministry. The health centres you have available, do they

give a generator in case there is a power outage and those vaccines could spoil?

Dr. Parasram: So, most of the newer health facilities that have been built in the recent past would have been built with generator capacity. Vaccines can—beyond electrical disruption they should be maintained between 2^{o}C and 8^{o}C. There are ways to transport them outside of that. So if there is a fail in a particular health

centre for instance, they can use the cold chain mechanism which they use for storage as a backup in the event that they need to store it for even a day or two. So they use certain types of packages in a certain way so that it stays within that limit until electricity comes back in the few that still do not have generators.

Mr. Chairman: So, have you ensured that your health centres have these packages available?

Dr. Parasram: Yeah. All of them do. And they can even piggyback on their neighbouring health centres. So they can move from one health centre to the next if it is a planned outage or a long period they can actually move it and go to their sister health centre.

Mrs. Baptiste-Primus: Chairman, permit me. And just to dovetail on the question you asked. Dr. Roshan, what happens if electricity goes at midnight? And the newer health centres, you said, they have a system in place. What about the older health centres, do they not carry these important drugs? **Dr. Parasram:** Yeah, they do. And basically—

Mrs. Baptiste-Primus: So what happens in the event?

Dr. Parasram: Right. So if electricity—with vaccines they are allowed a certain length if you have something in a refrigerated—most of them have a small refrigerator in terms of the size that they store their vaccines in. Generally speaking, if electricity goes overnight the internal temperature of the refrigerator— and they have packs within that as well—is usually maintained somewhat within—

somewhere around 24 hours. So the temperature would not—there would not be an excursion beyond 8^{o}C in that time frame by which time generally someone can come in and remove the vaccines and take them to another site.

Mr. Chairman: Is there a shortage of tetanus vaccines in the country?

Dr. Parasram: No.

Mr. Chairman: No. Because, I think the supplier—some doctors are complaining about that. So there—

Dr. Parasram: There has not been a national shortage.

Mr. Forde: Again, member, to NIPDEC. Again in your discourse, on the table on the first page with regard to indicate the number of pharmacies involved in dispensing drugs under the Chronic Disease Assistance Programme (CDAP) for the last five years. Up to April, 2019; we are estimated at 248. Could you give a projection on what we could end in terms of the other figures given from 2014 to 2018? You have a projected figure of what we could end at in terms of numbers?

Mr. James: Just seeking clarification, you are asking, at the end of 2019 how many pharmacies we are likely to have on the programme?

Mr. Forde: 248.

Mr. James: From the 248 where we can end up?

Mr. Forde: Right. Do you have a projected figure where you can end at 2019?

Mr. James: Yes. We have a project figure.

Mr. Forde: Could you share it with us?

Mr. James: We know we have about 25 pharmacies waiting to come on to the programme. We have suspended those pharmacies on the programme because we are doing a development of inventory management system. It has given us a little bit of a bother, but as soon as we fix them we are hoping to actually bring those pharmacies on.

Mr. Forde: Right. And then in table 3, same thing below there, 2018/2019 we are at 11.2 million. What is the estimated figure to end at 2019? **Mr. James:** Let me pass that one on, please.

Ms. St. Rose: Sorry, it would not go beyond 40.6.

Mr. Forde: And in terms of budgetary allocation with the Minister of Finance—well to your Minister of Health to the Ministry of Finance, you estimated to get that figure in order to ensure that CDAP would not fall, people would not be complaining, coming to the Member of Parliament's offices to ensure that, you know, they are not getting their CDAP.

Ms. St. Rose: We have already received that commitment.

Mr. Forde: Pardon?

Ms. St. Rose: We have already received that commitment.

Mr. Forde: You have received the commitment already.

Mr. James: Could I just add, if you would permit me through the Chair, that as far as financing for drugs is concerned we have not had a problem for at least in the past 12 months since I have been at NIPDEC.

Mr. Chairman: Mr. Rahaman you want to comment.

Mr. Rahaman: I just wanted to add that the projection could be much larger. There is an issue—we have had a proliferation of opening of pharmacies, maybe around 30 or so; that is apart from the persons that have been suspended. But there is a new procedure now, I am hearing it is reduced, where all pharmacies on the programme got everything free. And now there is a new prohibitive procedure where for all the

pharmacies that are open they cannot serve their community with CDAP because the cost is $68,000 to start the CDAP programme.

All pharmacies up to the date, which would have been 240 plus the 30 that have been suspended got everything free and even it is apparently a little

discriminatory that for people to start now, that is the new pharmacies, they have to find $68,000 to start, which they have been complaining that they cannot find after they have sent their money on stock. And what that is causing is that the pharmacies, whereas members of a community are supposed to get some relief because people are finding the nooks and crannies to open pharmacies. They cannot—the citizens cannot access CDAP from those pharmacies and have to continue going very far to get it because they cannot find $68,000 to start the programme.

Mr. Forde: Mr. Chairman, just one second. When you say "got everything free", for the listening public just identify—

Mr. Rahaman: Yeah. To start the programme, to apply for the programme, you apply, you send your pharmacy licence, you send your practising certificate, they monitor you for a little while, they approve you and you start getting a supply of pharmaceuticals to dispense. Now, when they are finished monitoring you, you need—that is the last we knew, you need to find $68,000 for them to say, "Okay, you are on the programme".

Mr. Forde: And that is clearly identified in a policy document, a procedural document I would presume—

Mr. Rahaman: It was more than policy. It is a requirement.

Mr. Forde: Right. No, but you see you made the statement in light that, you know, it is a problem or so. But once the Ministry of Health has clearly identified to the

pharmacy, to the pharmacy board and to the various pharmacies that, well, this is the procedure, free in the first instance and then after that the $68,000 will fall into play.

Mr. Rahaman: No.

Mrs. Baptiste-Primus: But is that not for the new entrants into the market?

Mr. Rahaman: Yes.

Mrs. Baptiste-Primus: Not the existing pharmacies?

Mr. Rahaman: Not the existing ones. Yes.

Mrs. Baptiste-Primus: Is that not so?

Mr. Chairman: But why is there a need? Could the Ministry explain for the benefit—why is there a need now to have that fee? Because as Mr. Rahaman said you have people opening pharmacies in little nooks and crannies and it will be a disservice if those persons are not able to get the CDAP drugs. Why is there a need for $68,000?

Mr. Ali: Chair, so the $68,000 speaks to the start-up cost which is basically for the hardware, the infrastructure. As Mr. James would have mentioned, we are implementing an inventory management system across the CDAP programme throughout all private pharmacies. That cost covers the hardware cost. The Ministry through NIPDEC would still be providing the drugs at no cost to the pharmacies, we will be meeting the Internet cost for the connectivity cost and the pharmacists are still paid the dispensing fees. So that fee that was being mentioned is really for the hardware to facilitate the inventory management system.

Mr. Chairman: So the old pharmacies would not have to pay that? Or do they have to come on board with some sort of fee in future.

Mr. Ali: No. They do not, because they would have had the old system, so they are being migrated across to the new system.

Mr. Rahaman: So, therefore, those who exist and are going to get—if the cost is to be allocated to this new system then the existing ones are going to get this new system also, free of charge, whereas others have to pay.

Dr. Parasram: If I may. The pharmacies, if we want to call it "old pharmacies" that were using the system, they were using a dual system. So they were using a dial-up module and they were using the newer system, what we are calling the newer systems. So they had it already. What we are passing to new pharmacies to come on board with is to actually purchase the hardware and software related to the new module, because we are in the process of doing a migration. We are going to terminate the old dial-up system once we completed all aspects with Mr. James alluded to of testing. So the older pharmacies that are coming away from the analogue system and they are going strictly to a wireless, the new system. So persons that are coming onto it will be buying the same hardware that the old pharmacies would have already and would have been given to them— **Ms. Ramdial:** So they will be paying the 68,000?

Dr. Parasram: The new pharmacies.

Ms. Ramdial: No. The old ones coming onto the new system.

Dr. Parasram: They would have had that from the inception as well.

Ms. Ramdial: I find that somewhat unfair.

Mr. Chairman: Well not only unfair. It is unfair to the population who are depending on the CDAP drugs, you mean.

Mrs. Baptiste-Primus: Mr. Chairman, I disagree. Why is that unfair? You have new entrants coming into the market—

Mr. Chairman: New entrants coming in, but then you see it is really for—

Mrs. Baptiste-Primus: Because if they do not pay that, am I not correct the

Government has to assume that cost?

Dr. Parasram: That is correct.

Mr. Ali: That is correct.

Mr. Chairman: But you see it was a government initiative to provide the CDAP drugs for the underprivileged—

Mrs. Baptiste-Primus: Correct.

Mr. Chairman:—you may now prevent, you know, certain areas as Mr. Rahaman said from, you know, not getting the CDAP drugs. It is an initiative from the Government, "Hey we are providing these drugs at this, you know, no cost". So some of—you may be preventing certain areas. So I think, you wanted to make some comments.

Mr. Forde: Mr. Chairman, but as Mr. Rahaman mentioned, it means now that every individual going into the pharmacy business now. Yes, you are a registered pharmacy, you are going to open up the thing in order to guarantee. So as he said we have to monitor, as you said, control and then go forward and again. Yes we know that the Government would have provided the subvention then. Again, all things being equal now, I think everything has to be reviewed and assessed in going forward.

Mrs. Baptiste-Primus: We have resources constraints.

Ms. Ramdial: Well, make it applicable across the board.

Mrs. Baptiste-Primus: No. Chairman, Mr. Chairman. I am not here to argue any case on behalf of the Ministry or NIPDEC. But from where I sit as a citizen of this country. if you—the Government is engaged in providing CDAP. You have a number of pharmacies already in train delivering that service. If you are changing your system, the Ministry of Health is looking at cost containment. If this is a piece of hardware that is required by pharmacies coming into the system, you need this piece of hardware, why should the Government pay for that piece of hardware?

Dr. Parasram: If I may add. The programme was started because of lack of access to CDAP drugs or drugs related to those programmes, cardiovascular programmes, way back then. That was the rationale for starting the programme. We have begun the process through the CDAP steering committee to look at the accessibility of these drugs to the population at large. Looking at the public sector as well, when it started at the inception, we would have had much less public sector pharmacies to deliver drugs. We have quite a lot more over the number of years. I think it would have started in this iteration way back when, 2004 thereabouts.

So over that period of time we have a lot more public sector capacity. We have the spread when we look at the geographic information systems, mapping of the public sector and private sector pharmacies, we think at this point that the access to the population is adequate. So at this point going forward and adding to the programme is not to the benefit, I believe, in terms of the population, when we look at the maps there are two areas that stand out with accessibility; there is the south-east and the north-east of the country that lack access. Those are the rural areas and some of them do not even have private pharmacies there. So we are trying to beef up the public sector response in those areas. But to the most part at this point we think that the CDAP is doing what it started out to do. If people want to come on

now, because of the constraints, financially and otherwise and the sustainability of the programme, we have to offer it that the hardware is borne by the pharmacist or the pharmacy up front and we can support otherwise.

Mr. Ali: Chair, if I may just add to that. As the CMO said, those government pharmacies that are in rural areas we have extended the pharmacy hours, so they are not just closing at four o'clock anymore. We have extended the pharmacy hours beyond 4.00 p.m. so persons can still access the pharmacies. So that is also something we have been putting in place.

Mr. James: If you would allow me please, Chair?

Mr. Chairman: Sure.

Mr. James: The cost is not $60,000, we have managed to negotiate that to $35,000 so it is much lower than was originally intended.

Mr. Chairman: Mr. Forde.

Mr. Forde: I think just from the communication process that we have seen this morning, in terms of collaboration among health, NIPDEC, the Pharmacy Board in terms of this particular aspect, you all communicate in terms of going forward, correspondence, verbally, however? What sort of communication you all have along the lines? Each head could give me a little feedback.

Mr. Rahaman: Under our Act, the Minister has a facility to send to the Registrar for any information he requires. So that is utilized on a reasonably ongoing basis. Secondly, we communicate with the Drug Inspectorate Division of the Ministry, because we have to get licences for all pharmacies, antibiotics and narcotics, annually. So there is a significant interaction. We interact with the Chemistry, Food and Drug for control drug licences and then—well, NIPDEC in relation to any

problems that might happen, they do communicate and tell us when pharmacies have been having problems on the system. So, I think we have a reasonably good rapport.

12:30 p.m.

Mr. James: In respect of NIPDEC, part of our strategy—or part of our overall strategy, we talk about business relationships, and we do four key things: We collaborate with our stakeholders; we try to improve our networking; we create productive partnerships; and we try to increase our brand loyalty, specifically with respect to the Ministry. We manifest that by having regular meetings with the Ministry, and with the Minister as well, to try and deal with the issues that we have. We work very collaboratively to actually bring about results and improvements in the CDAP system, that we have some responsibility for in working in partnership with the Ministry of Health.

Mr. Forde: And that is across the board? Not only when there is a financial problem or anything like that, generally?

Mr. James: Across the board, I meet with the Minister in the Ministry of Health on a monthly basis. I also meet from time to time with the chief executives of the regional health authorities to try and understand what is happening there. I actually have people in the regional health authorities as monitors, as well, to check what is actually happening there as well; and indeed, we actually have the monitors with pharmacy, and we report that back out on a regular basis. Any problems we find, we try to resolve them amicably.

Mr. Forde: PS?

Mr. Ali: Chair, well—

Mr. Chairman: Do any other members have any other questions or that is it?

Mr. Forde: Just the comment from the PS.

Mr. Ali: I was just going to say there is nothing much I can add.

Mr. Forde: We just want to be sure.

Mr. Chairman: So, I would like to invite the chief officials if you could make brief closing remarks, starting from Mr. Rahaman as you are on that end.

Mr. Rahaman: Yes, the main thing is that—there were quite a few allegations that were made, and I am asking for an opportunity to respond to them in detail because natural justice will dictate so. I will give you one example of evidence. If the pharmacy board is not efficient in the granting of licences, from January 31st, no pharmacy will be sold antibiotics, narcotics, controlled drugs, or third schedule drugs, all the antihypertensive, diabetes and so on. So, there is an allegation that they do not know when Pharmacy Board is open, if they have to drop it somewhere for me and so on.

I am saying that there is proof that there is no public outcry as of today, because from January 31st, wholesalers stopped issuing pharmacies with antibiotics, narcotics, controlled and third schedule. So, I am giving you all an

example of why natural justice would dictate that I get an opportunity to respond to all the various allegations that have been made.

Mr. Chairman: Sure, you could please provide your response in writing? I would like to just inform you, the personnel here this afternoon—especially the Ministry of Health—that we intend to invite you to come back on June 26th, to continue this discussion, because there are a lot of answers that we may have to still work on too. Would member of the School of Pharmacy please give brief closing remarks?

Dr. Dahiya: Chair, so we are well through our improved programme PharmD, and next time we would like to meet with the introduction of PharmD programme along with the MSc—specialized MSc's in pharmacy practice where the improved training can be provided to the pharmacist.

Mr. Chairman: Thank you. Would officials from the NIPDEC, the National Insurance Property Development Company, Mr. Terrance James probably give us some closing remarks?

Mr. James: Thank you very much, Chair. As always, NIPDEC is indeed a partner in development and in this regard, we were responsible for the strategic procurement, storage, and distribution of pharmaceutical items. And I want to say it has been indeed a pleasure, and a privilege as I said from the onset, and we are excited, we are enthused to play our part in exercising the necessary due diligence for the development of pharmacy and pharmacy operations in Trinidad and Tobago. We thank you for considering our participation as necessary in informing your decisions, and look forward to whatsoever support we can give in the future. Once again thank you very much.

Mr. Chairman: Thanks, would Mr. Asif Ali, Permanent Secretary give some

closing remarks?

Mr. Ali: Thank you Chair, and members, for the questions, the discussions and we

have taken on board some of the suggestions and recommendations. Let me just deal with a few of those; the whole issue of the mystery shopper—my term—with regard to the possible errant practices of the pharmacist, we would have taken that on board, in terms of how we can action that; the issue of further dialogue with the university in terms of marrying—and not just for pharmacists—but the issue of training of persons, and whether there is a market, at least in the public sector to start with, to receive the absorptive capacity, to have continued discussion on that.

The issue of the fees for the Pharmacy Board, I have taken that on board and Mr. Rahaman, we can expedite any request that is sent to us officially, so that we can treat to speak with that issue of processing any increase for fees through the relevant channels. And lastly, the issue of governance. Member Baptiste-Primus did ask a question that I had some difficulty treating with, and that speaks to the whole issue of the regulatory bodies in the sector and what is the relationship between the Ministries and those bodies, in terms of accountability and oversight. That is something we have to look at, and we will be doing that. Again, thank you very much, Chair.

Mr. Chairman: I would like to thank all of you officials for the information you have given us. I would like to thank members of the media for their attendance, and also thank my committee members and staff for your participation and support. And if there is no further business for consideration, I would like to declare this meeting adjourned. Thank you.

12.35 p.m.: *Meeting adjourned*

2nd Public Hearing

VERBATIM NOTES OF THE THIRTY-FOURTH MEETING OF THE JOINT SELECT COMMITTEE APPOINTED TO ENQUIRE INTO AND REPORT ON LOCAL AUTHORITIES, SERVICE COMMISSIONS AND STATUTORY AUTHORITIES (INCLUDING THE THA) HELD (IN CAMERA) IN THE ARNOLD THOMASOS MEETING ROOM (EAST), LEVEL 6, AND IN THE J. HAMILTON MAURICE ROOM, MEZZANINE FLOOR, (IN PUBLIC), TOWER D, INTERNATIONAL WATERFRONT CENTRE, #1A WRIGHTSON ROAD, PORT OF SPAIN, ON WEDNESDAY, SEPTEMBER 25, 2019 AT 10.39 A.M.

PRESENT

Dr. Varma Deyalsingh	Chairman
Mr. Nigel De Freitas	Member
Ms. Khadijah Ameen	Member
Mr. Esmond Forde	Member
Mr. Julien Ogilvie	Secretary
Ms. Khisha Peterkin	Assistant Secretary
Ms. Terriann Baker	Graduate Research Assistant

ABSENT

Ms. Ramona Ramdial	Mr. Darryl Smith
Mrs. Jennifer Baptiste-Primus	Dr. Lovell Francis

Vice-Chairman	Member
Member	Member

MINISTRY OF HEALTH

Mr. Asif Ali	Permanent Secretary
Dr. Roshan Parasram	Chief Medical Officer
Ms. Bhabie Roopchand	Legal Adviser
Mrs. Anesa Doodnath-Siboo	Principal Pharmacist (Ag.)

Mr. Farz Khan	Director, Chemistry Food & Drugs

PHARMACEUTICAL SOCIETY OF TRINIDAD AND TOBAGO

Mrs. Junia Forde-Walcott	President
Mr. David Amoroso	Secretary

PHARMACY BOARD/COUNCIL

Mr. Andrew Rahaman	President, Council of the Pharmacy of T&T

SUPERPHARM LIMITED

Mr. Glenn Maharaj	CEO
Ms. Sharon Thomson	Corporate Pharmacist

Mr. Chairman: Good morning, ladies and gentlemen. Thank you all for coming here to this meeting this morning. I am the Chair, Dr. Varma Deyalsingh, and Independent Senator. And I want to welcome you all to the Thirty-fourth meeting of the Joint Select Committee on Local Authorities, Service Commissions and Statutory Authorities (including the THA). This is our Committee's second public hearing, pursuant to its enquiry into the current systems and procedures for regulating and operations of pharmacies and the practice of pharmacies in Trinidad and Tobago.

The first hearing was convened on May 22, 2019, and we had a very good discussion with some of you all who were here already and we intend to continue this discussion and we also have some new members that we invited on board, so new parties are on board. For members of the listening and viewing audience, please, I am inviting you to post or send any comments via the Parliament's various social media platforms, Facebook, YouTube and Twitter.

And on this occasion I have the pleasure of meeting with representatives of the Ministry of Health, the President of the Pharmacy Board, the Pharmaceutical Society of Trinidad and Tobago and representatives of SuperPharm Limited.

I would now like to invite members to introduce themselves starting with the officials from the Ministry of Health.

[*Introduction made*]

Mr. Chairman: Okay. Welcome. Now I would like officials from the Pharmaceutical Society of Trinidad and Tobago to please introduce yourselves.

[*Introductions made*]

Mr. Chairman: Welcome. Now the Pharmacy Board of Trinidad and Tobago.

[*Introductions made*]

Mr. Chairman: Welcome. And officials of SuperPharm Limited.

[*Introductions made*]

Mr. Chairman: Welcome all. I would like my members of my Committee to please introduce themselves starting on my right.

[*Introductions made*]

Mr. Chairman: So I would like to remind the members of the public the objectives of this enquiry is to assess the growth in the pharmacy industry; to evaluate the efficiency and effectiveness of the Pharmacy Board/Council in executing its mandate; and to determine whether the resources, systems and procedures of the Pharmacy Council are sufficient to allow it to operate efficiently.

I must say the pharmacy industry in Trinidad and Tobago plays such an important role we have an ageing population, people are using more medication. We find that, you know, new drugs are being registered. And it is challenging sometimes for persons to keep up, some persons to keep abreast of the drugs that exist, the side effects, actually the treatment, modalities that exist and pharmacies do play an important role. And due to their important role also, they also have such a role that, you know, that the service that they give to the public is very

important. And, again, as this Committee tends to look at any sort of improvements we can give to this body and also any way that we could look at any shortcomings that, you know, we can look and bridge any gap that may exist out there for public safety.

At this stage, I would like the chief officials to make brief opening remarks, probably not exceeding more than two minutes, if you could, Mr. Asif Ali, PS of the Ministry of Health.

Mr. Ali: Thank you again, Mr. Chair and members of the Committee, colleagues from the Ministry and other agencies, members of the viewing and listening public.

Chair, I want to first thank the Committee for inviting the Ministry here again to the second sitting so that we can participate in this enquiry which I believe provides a forum for us to examine not only the successes but challenges being encountered by the relevant agencies as we seek to ensure the safety and quality of the pharmaceuticals provided to our population. As you said, and we agree, pharmacies, pharmacists, they work with the health care professionals as part of the national health sector to provide patients not only with the medication, but as you said, the drug information, counselling and also in accessing other health seeking behaviours, modalities.

It is in this context that we at the Ministry again reaffirm our commitment to ensuring that the provision of quality pharmacy services through the enforcement of the relevant legislation under our remit, as well as in collaboration with the Pharmacy Board continues. We look forward to today's proceedings to again give us some suggestions and recommendations as we move forward to providing an efficient and effective service that will redound to the population of Trinidad and Tobago. Thank you.

Mr. Chairman: Thank you, Mr. Ali. Would Mrs. Junia Forde-Walcott, th honorary President of the Pharmaceutical Society, please give us some opening remarks?

Mrs. Forde-Walcott: Good morning, all, Chair and members, viewing and listening public. The Pharmaceutical Society of Trinidad and Tobago has as its motto "The development of the profession of pharmacy by improving the quality and standards of the profession". And to that end we are very grateful that we have been given an opportunity to be heard, because nothing is perfect, but we can always make things a little better and we surely need that in pharmacy.

Mr. Chairman: Thank you. Would Mr. Andrew Rahaman, the President, Council of the Pharmacy of Trinidad and Tobago, please give us some opening remarks?

Mr. Rahaman: Yes, I am hearing a common thread thus far of public safety. And I would not mind imploring the Committee to look at one of the aspects that is infringing on that possibility. And that has to do with the wholesalers dispensing directly to patients. Because when that happens, no counselling, no labelling, no pharmaceutical care whatsoever is dispensed to the patient, and there is great risk of administration errors when that happens.

Mr. Chairman: Thank you, Mr. Rahaman. Would Mr. Glenn Maharaj, Chief Executive Officer, SuperPharm Limited, give us opening remarks.

Mr. Maharaj: We would like to thank the Chair and members for inviting SuperPharm to this enquiry. We have seen a proliferation of pharmacies in Trinidad and Tobago over the last 14 years. We believe the timing is right to enhance our current systems and provide more pharmacy services, example e-prescription, home delivery services to our customers, consistent with trends we are seeing in the United States, Canada, the UK and more so in developed countries.So we are pleased to be part of this discussion so that we could raise the bar, so to speak, with the way how we position ourselves to our customers. Thank you. **Mr. Chairman:** Thank you very much for all your comments. And we would now like to have question time, where we will have members of our Committee relay questions to you and I would like to remind you, when you are answering the questions please activate your microphones. And also please for some housekeeping rules to silence your phones. And at this stage I would like to start some questions to members who are present.

So I would like to direct the question to the Ministry of Health. We had gotten a response from the Pharmaceutical Society that between 1990 and present, the staff complement of the Drugs Inspectorate Unit was reduced from 14 officers to two permanent and one short-term contract pharmacist. I would like to know what are the reasons for the depletion of staff from this unit? If somebody could elaborate?

Mr. Ali: Sure. Thank you, Chair. So I will maybe start and I would let Ms. Doodnath-Siboo, just elaborate a bit more.

So at the crux of it is that there is the issue of succession planning within the drug inspectorate we have no entry level pharmacist, we have the Pharmacist IIs, Pharmacist IIIs. So persons cannot come out straight from pharmacy school and graduate and enter into that system. Because we have the RHAs where the pharmacists are now employed in the RHAs, there is not a readily available pool of junior pharmacists to move up into those positions. So that is part of the challenge we have been having. In terms of mitigation strategies we have worked with the Service Commissions Department with regard to opening it up to members of the public. When I say members of the public, persons who are not necessarily in the public service, qualified pharmacists to apply for those positions

So that is a work in progress as I said. What we are doing in the meantime, and you mentioned it there, in terms of the response from the Pharmaceutical Society we have been hiring persons on short-term to at least bridge that gap with some success, but that is basically where we are. I am not sure if Mrs. Doodnath-Siboo wants to add anything else?

Mrs. Doodnath-Siboo: No.

Mr. Ali: I think that is it.

Mr. Chairman: And for the clarification for members of the public. What is the function of the drug inspectorate, again?

Mrs. Doodnath-Siboo: Basically the Drug Inspectorate Department has the responsibility to ensure that all the required legislation are being—we ensure safety of products, quality of products that is coming into the public health sector and the entire country. We have the responsibility to ensure that the operations of pharmacies within the country are within the legal remit that exists within the

country. So we do inspections, we have to ensure that the quality of the medication that is coming in are from reliable sources, basically.

Mr. Chairman: So the quality—so let us say there is a party who wants to bring in medication, you all look at the medication and analyse it and check it. So this is your function?

Mrs. Doodnath-Siboo: That is one aspect of the function of the drug inspectorate.

Yes, Sir.

Mr. Chairman: So all new products would come through to you chaps for the approval? Do you depend also on—if a drug is, you know, approved in the United States like their Department of Food and Drugs. Do you automatically approve it or you go through your own checks and balances?

Mrs. Doodnath-Siboo: So, we go through our own checks and balances to ensure that we have our regulations to approve drugs coming into the country for use in Trinidad and Tobago. And there is a process both Drug Inspectorate, and Chemistry Food and Drug do go through the process of registration for Trinidad and Tobago.

For some reason we also align ourselves to what is approved at the regulatory authorities, the stringent regulatory authorities approved by WHO, where we do have a list of the stringent regulatory authorities for regional reference, meaning that countries in the region can reference those particular stringent regulatory authorities so that we can approve outside of registration into Trinidad and Tobago.

Mr. Chairman: So there is the capability of looking at this directory from World Health Organization and being able to bring in drugs without inspecting them?

Dr. Parasram: If I could just shed some light. So basically the stringent regulatory agencies from other countries we use the principle of reliance. So it does not make sense even the US and the EU will use the principle of reliance in terms of drugs.

So, if someone brings in something from, let us say FDA territory that has been approved, has been tested, which is very rigorous, goes to EU, EU will actually approve it in a similar fashion without going through the series of tests, because it becomes a waste of resource and a waste of time. So for a smaller country like us, we have to rely on the bigger countries, the ones that would be more stringent. So we are happy to use that principle as well here which we have been doing for maybe three or four years now, in a big sense. So countries—WHO puts out a list of stringent regulatory authorities so there are things like the FDA, the European Medical Association (EMA) and a number of other agencies, but PAHO/WHO is the one that certifies the list and updates the list maybe every year or two years.

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Mr. Chairman: Mr. Forde would like to ask?

Mr. Forde: Mr. Chairman, there could be a number of follow-up questions based on the information coming from the Ministry of Health, right? I would like to start with the particular pharmacies, are they currently— Are there pharmacists currently employed with the Chemistry Food and Drug Division? How many you all have with that division?

Mrs. Doodnath-Siboo: So the pharmacists are employed with the Drug Inspectorate Department and the antibiotics and narcotics fall under the Drug Inspectorate Department.

Mr. Forde: So that is different from the 14 that you mentioned in your report.

Mrs. Doodnath-Siboo: No. That is the 14 that was mentioned.

Mr. Forde: That is the 14 that you—in the report. Right. You mentioned also about the lab. There is supposed to be a new food and drug lab. What is the status of that lab?

Mr. Ali: Chair, maybe I can just jump in there. So the lab as you mentioned, member, it is the food and drug lab, but it comprises many sections, so you have

like a microbiology, a food—the drug lab different aspects. So the lab is expected, we plan to reopen the lab in the first quarter of 2020. The drug lab, that part, we are looking at that will be open by mid-2020.

Mr. Forde: Okay. So therefore, in reference to your statement now, what Dr. Parasram mentioned that is where the EU comes in and the bigger countries will do your testing?

Mr. Ali: Yes, and he will expand. But even if we have the lab, we will not necessarily do the test on those drugs that have been approved by FDA, for example, the stringent authority. Again, because they would have gone through a very rigorous testing process. Those that would not have gone through that

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process we would test those.

Mr. Forde: Okay.

Dr. Parasram: If I may? So testing is two-fold. There is testing that would have been done in the past for approval of drugs coming into the country in terms of Drug Advisory Committee. So any new drug that comes into the country would have, the Drug Advisory Committee can say that we want to test the sample to see if it actually meets what is said on the spec sheet from the company that is importing. So that is that testing, which if we going from a country like FDA they would have tested it rigorously and we can rely on it.

There is another set of testing which is aligned to pharmacovigilance which means that not the one that came in for testing to food and drug, but the drugs that come in in the shipment there after which is the more concerning part and the drugs that are consumed by the population, in any country, whether it comes from FDA, wherever it may be we have a responsibility to test it off the shelves. And to do pharmacovigilance which means taking random samples of that drug from any point whether public sector or private sector, testing that to ensure that at least they meet the standard that they say they come from, because somewhere along the supply management chain there could be breaches and we need to periodically test to ensure that there is safety across the board.

Mr. Forde: Okay. In terms of staff complement presently, you are satisfied with the staff complement?

Dr. Parasram: Well, I think as PS and Mrs. Doodnath-Siboo have indicated, there is a deficiency in the complement, because there are staff that had traditionally come

from the public service line. So I think the staff is a little deficient in that light, but both the Chemistry Food and Drug have inspectors as well as the principal pharmacist division and together they combine and they are

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sufficient, but I think we can always have more staff.

Mr. Forde: And in going forward based on what your PS mentioned, the two arms that will come on stream early 2020 and later 2020, what is the potential of staff coming forward, because you all would have also mentioned the deficiencies in pharmacies in terms of what is the term you used? The A grade, or the B pharmacy or the C pharmacy as you explained? **Ms. Ameen:** One, two and three.

Mr. Forde: One, two and three.

Mrs. Doodnath-Siboo: Calibre; one, two and three.

Mr. Forde: The potential in going forward, would we have staff to ensure that those positions/vacancies would be filled, because 2020 is around the corner?

Mr. Ali: So, Chair, to answer the question the staff that are in the lab would not be the same staff we were just speaking about; those are the pharmacists. So you have like, med-lab—chemists, scientific assistants, so it is a different category of staff in terms of whether we have staff in the lab. Yes we do.

Ms. Ameen: Through the Chairman, I want to ask the Ministry of Health, in the submissions that came to the Committee before this hearing, the Pharmaceutical Society indicated that the Drugs Inspectorate Division which we have been discussing, no longer reports to the Pharmacy Board on breaches of the law in private pharmacies. So can the Ministry confirm whether the Drug Inspectorate Division is actively performing this reporting function? If you are aware of the breakdown and what measures are in place to reinstate that reporting?

Mrs. Doodnath-Siboo: Okay. With respect to reporting. Yes, we do report by way of official correspondence to the office of the Pharmacy Board of Trinidad and Tobago, the Secretary Registrar. We have been reporting—at least 16 reports have been forwarded to the Pharmacy Board with respect to breaches within the

last four years. Within the last two months, we have had at least six official correspondence based on inspections that were undertaken in the private sector. So we do have official correspondence going to the Pharmacy Board.

Ms. Ameen: Well, maybe the Pharmaceutical Society who this was part of your submission, maybe you would want to clarify or bring another perspective.

Mrs. Forde-Walcott: The thing is at last count, I think we have anything like 350 pharmacies in Trinidad and Tobago. The laws, you have laws, the Antibiotic Act and the Dangerous Drugs Act. In the private sector you are only liable for records for two years. Okay? So it means that if you do an inspection in, let us say 2019, and you find discrepancies going back beyond ’17 you cannot do anything about it. So the idea is you are supposed to rotate the inspections of the 350 pharmacies within a two-year period. And when you are finished you would send reports. So, I do not know 16 out of 350—you get the amount I am talking about, because she said within the last four months there were 16 and prior to that there is a certain amount. So my difficulty is the rotation is not being kept, because if you have 350 pharmacies you should have reports of 350 within a two-year period.

Ms. Ameen: I get the impression that the Ministry prioritizes inspection of the pharmacies that carry the CDAP programme that would have come out in previous hearings. Could the Ministry shed light on whether these pharmacies, all pharmacies in Trinidad are in fact inspected within that two-year period as the President is indicating?

Mr. Ali: Sure, I will let Mrs. Doodnath-Siboo answer that. But just to clarify one thing please, the 16 that Mrs. Doodnath-Siboo mentioned would be the reports of

breaches. Those are not reports that are sent for those that we visit, every pharmacy. Those that are in breach are the reports that would be sent. Sure.

Mrs. Doodnath-Siboo: As well as with respect to, I would also endorse that the breaches are those that would be reported to the Pharmacy Board. We have instituted a cycle in terms of inspections so that we would be able to capture all 350-plus pharmacies. But we have to—it is a schedule and we are trying to work on it at least, so that we would be able to capture the 350 annually. So it is a work in progress at this point in time, but again the ones that are reported to the Pharmacy Board would be those that are in breach of the law.

Mr. Forde: Mr. Chairman. And the feedback on those breaches?

Mrs. Doodnath-Siboo: To date we have not received any feedback at this point in time from the Pharmacy Board. But we also sent out an official letter to the pharmacist indicating which part of the law that they would have been in breach of, and we have also communicated to the Secretary Registrar and to date we have not received any response from the Pharmacy Board with respect to those official communication.

Mr. Forde: But that is communicated. So what is happening now with regard to those 16 pharmacies that were in breach? Could I have purchased from them yesterday?

Mrs. Doodnath-Siboo: Okay. So, for example, we inspected a pharmacy last week, you had antibiotics that were not on your records. We will give the pharmacist at least seven days within which to respond to us in terms of why this inefficiency took place. Failing that—they would usually respond to us— if the response is not sufficient we usually write to let them know, "Okay, you are in breach of this particular part of the Act". We also indicate to them that in going forward we would monitor a little closer your operations and it will also impact on their ability—well we are not the regulatory body for issuing of the licence and hence the reason we would communicate that to the Pharmacy Board.

If for some reason there is an antibiotic that is not registered for use in the

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country, those medications are seized and brought to the office of the Drug Inspectorate for destruction according to the manufacturer's specification. It is removed from the premises of the pharmacy.

Mr. Forde: Right. And, Mr. Chairman, I just want for the record that that is the ideal and practical scenario that exists. Mr. Chairman, one question further. Mr. Rahaman, does the Pharmacy Board exist?

Mr. Rahaman: The licence that the Pharmacy Board—

Mr. Forde: No. One second. It is not a grey question. Does the Pharmacy Board exist?

Mr. Rahaman: Yes. Fully.

Mr. Forde: You can expound now if you want.

11.05 a.m.

Mr. Rahaman: Right. The Act that is actually infringed by the pharmacy, it is the Antibiotics Act which the drug inspectorate administers and the Dangerous Drugs Act which the drug inspectorate administers. So the Pharmacy Board issues a pharmacy licence, and the licence that is infringed is not the pharmacy licence. The licence that is infringed is the Dangerous Drugs Act licence which is granted by the drug inspectorate, and the other licence that is infringed is the antibiotics licence which is administered by the drug inspectorate. So the persons that really have the legal teeth to deal with the specific infringement are the persons that grant those licences. We deal with the—

Mr. Forde: The persons that grant those licences?

Mr. Rahaman: The drug inspectorate.

Mr. Forde: Which falls under the Ministry of Health?

Mr. Rahaman: Yes.

Mr. Forde: Okay. But one sec. The communication that the Ministry of Health

communicated with regard to the 16 breaches, when it comes to the Pharmacy Board, what takes place there? What action takes place when it comes to you all?
Mr. Rahaman: We deal with the pharmacist and the activity, but I am saying that the legal remedies do not fall under the Pharmacy Board except if it warrants a suspension of the pharmacist.

Mr. Forde: Out of those 16 breaches, any of them warranted?

Mr. Rahaman: No, not thus far. But I am still saying that the legal framework prevents us from prosecuting under the Dangerous Drugs Act at it prevents us from prosecuting under the Antibiotics Act. So I still want to throw it back on the— **Ms. Ameen:** So, essentially, the pharmaceutical board takes note of the 16 offences?

Mr. Rahaman: And depending on the severity of the nature of the matter, we will take action but, at the same time, we depend on the inspectorate to take action under the Antibiotics Act, because they issue the antibiotic licence that they are reporting to us that is infringed.

Ms. Ameen: Right.

Mr. Rahaman: And then, they do not repose authority in us to prosecute for it. The authority to prosecute for the antibiotic infringement lies with the drug inspectorate and/or the Ministry of Health and the authority to prosecute for the Antibiotics Act lies with the same drug, sorry. The Dangerous Drugs Act lies with the drug inspectorate because they issue the licences.

So, the structure is that when we issue the pharmacy licence, we submit documentation to the Drug Inspectorate Division for the pharmacy to get their antibiotic and narcotic Act and we submit documentation to the Food and Drugs Division for them to issue the controlled drugs licence Act. So both divisions would find discrepancies about those three categories of medication—antibiotics,

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narcotics and controlled—and we have no legal teeth to prosecute under it. The people with the legal teeth would be the Food and Drugs Division under the Food and Drugs Act, the Drugs Inspectorate Division, under the Dangerous Drugs Act and, again, the Drug Inspectorate Division under the Antibiotics Act. So depending on the severity, we may suspend a pharmacist, but we have not reached to that point as yet.

Ms. Ameen: Right. So, Chair, before we go back to the Drug Inspectorate Department to deal with your procedure, before we leave Mr. Rahaman I just want to ask: At what point in terms of there being a recommendation to suspend a pharmaceutical licence does the Pharmacy Board play a role in that?

Mr. Rahaman: Well, we do have a section. Well, the Pharmacy Board is the only person that can do that. We deal with the pharmacist part whereas they deal with the pharmaceutical part. So, in relation to the pharmacist part, there is a measure to institute a section 20 enquiry. The sanction might well be some type of suspension of the antibiotic/narcotic and possibly—that is an option— antibiotic/narcotic and controlled licences for the pharmacies infringing. So it is a dual policing, and we have not been, in the recent have it, based on the reports that we have gotten of seeing it as sufficiently severe for suspension, but one single infringement of antibiotic/narcotic or control is sufficient for some kind of sanction at the Drug Inspectorate Division and at the Food and Drug Division.

Mr. Forde: Mr. Chairman, I know what we are really dealing with is an enquiry with regard to irregularities that exist within the industry, but somehow I am thinking that if the Pharmacy Board, as Mr. Rahaman mentioned, is functional, we would have gotten communication with regard to a written submission submitted by the

pharmaceutical society indicating that between 2012 and 2019, there have only been four meetings with the Council of the Pharmacy Board and the members

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of the Pharmacy Board.

Now, remember Mr. Rahaman, when you came to us in May, you mentioned about the difficulties with regard to when you reach the stage of the meeting where it is an agenda for elections, there is a problem, and noise exists, and you usually do not get to that stage. Plus, also, there are two members that are supposed to be submitted by the Minister of Health from the Medical Board. Right, Mr. Chairman? Right. So in terms of that thing, can you confirm the veracity of this claim that is being made by the pharmaceutical society with regard to between 2012 to 2019? Right. I know you keep saying about "we" and I know from the last meeting, we were not clear, and this is why I asked the direct question with regard to the Pharmacy Board, the Council. So bring us up to date as to what is the status.

Mr. Rahaman: Right. So, under law, we have an obligation to have an annual meeting.

Mr. Forde: When was the last one?

Mr. Rahaman: 2018.

Mr. Forde: 2018?

Mr. Rahaman: We also have an obligation under law to have a biannual meeting, AGM, which coincides with election. So we are talking about a seven-year period up to now. We have always had the biannual one because the quorum in that one is reduced to seven. So we achieve a quorum easily. The quorum in an AGM is 20, and

as I explained on the last occasion, what happens is that the disruption causes us to go below 20 on the years that we do not have the election. But there is a component of the AGM for the election meeting in which the quorum reduces to seven and in that meeting, because the amount of people to be elected is six, if we have just the candidates, we usually achieve the seven. So that is why the meetings

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have been almost biannually because that is where we achieved the quorum. **Ms. Ameen:** So, you are able to perform your functions?

Mr. Rahaman: Yes.

Mr. Ameen: As required by the law.

Mr. Rahaman: Yes, yes.

Mr. Forde: Could you list, for the record, who are the present members of the Council of the Pharmacy Board of Trinidad and Tobago? **Mr. Rahaman:** There is the—and I want to add to that.

Mr. Forde: No, Mr. Rahaman. Through you, Mr. Chairman, it is a direct question.

Mr. Rahaman: Yes.

Mr. Forde: If it is 10 members, could you list the 10 members for us now or you could provide it in writing?

Mr. Rahaman: Yes, I could list it now. So it is Andrew Rahaman, Sue-Ann Joseph—she is the secretary, registrar/treasurer; Horace Ramjattan, he is the vice-president. All three of us are actually holding over under section 10(3) of our Act. Then we continue with—these are elected members I am calling now continuing: Curtis Amiable, Emerson Ramjattan and Dane Charran. Those are six elected members. We now have two—for the past few months, we have two members appointed by the Minister, who are Clinton Sahadeo and Colin Inniss and we are

awaiting the members of the Medical Board. **Mr. Forde:** And when last did you all meet?

Mr. Rahaman: Well, the last time we met, we were elected in—we have not met for this 2018, sorry—yes, 2018 to present, because the Council has not been fully constituted.

Mr. Forde: So who deals with the matters as mentioned by the Ministry of

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Health, the 16 breaches that were clearly identified earlier? Who deals with those matters?

Mr. Rahaman: Under section 10(3)—the officers are elected under section 10(1) which is the president, the vice-president and the secretary and under section 10(3) it says that the office of the officers are preserved—the officers continue in office, sorry, until the election of successors.

Mr. Forde: So you clearly—well the Act right now is saving you, your Council, based on what you are now saying there?

Mr. Rahaman: Yes.

Mr. Forde: But in terms of the operationalization of this particular Council, it does not seem to exist, through you, Mr. Chair. **Mr. Rahaman:** Well, I cannot just respond to that.

Mr. Chairman: What we want to gather is if there is—let us say the Ministry gives you a directive to suspend a pharmacist or somehow you come to that conclusion, you have the legal power to do it within your constitution?

Mr. Rahaman: Yes, we do.

Mr. Chairman: And you have the—so once you could function in that manner, we need to know that.

Mr. Rahaman: Yes. And we are looking at one miniscule function. The point is, for all those seven years, we would have issued 350 by seven licences—2,000-something licences. We would have issued maybe 10,000 licences to pharmacists.

We would have issued temporary licences to preregistered pharmacists. We would have issued student letters to students. So we would have been doing work for approximately 50,000 items in the last seven years. So one item that we are dwelling on, which other persons have the legal authority to deal with, we have left them to deal with it except we see something really untoward.

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Mr. Chairman: So, your main function really is to license the pharmacists in terms of their educational status, their qualifications to practise, one of your main focus?

Mr. Rahaman: Utilizing the student pharmacists, to license the temporary licensed pharmacists, to license the foreign graduate pharmacists, to license the normal pharmacists, to license all pharmacies and that is an annual sojourn that we have to do which takes us the entire year.

Mr. Chairman: It is a big task. But you mentioned you have the power to suspend pharmacists.

Mr. Rahaman: Oh yes. And we equally, it is not a lesser function, we equally have the duty to suspend or even strike pharmacists out the register. It is a severe penalty. That section, section 20, also includes just simply censuring and reprimanding them. So while I have shied away from talking about that part, that is really what happens in this scenario. There are three sanctions: censure and reprimand, suspend, or expel, and we usually censure and reprimand. So it is not that nothing is going on in that area, but the persons with the legal teeth to deal with the prosecution for infringing antibiotic, narcotic and control, we leave that up to them and we usually censure or reprimand the pharmacist in terms of the disciplinary action based on the letters we would have gotten from the Ministry of Health.

Mr. Chairman: I was getting the impression that the Ministry was saying the ball is in your court, and you saying now it is back to them.

Mr. Rahaman: Yes. I would like you to ask that question. [*Laughter*]

Mr. Chairman: So the thing I want to get at, so let us say the Ministry does its investigation and decides well there are breaches in the narcotic Act or whatever, Antibiotics Act, they can take action to strike out that pharmacist or it has to come

back to you? It has to be a recommendation for you to do or?

Mr. Rahaman: They can take action in relation to the grant of the licence they granted them. So they can prevent those pharmacies from now having antibiotics which they infringed, for having narcotics which they infringed and for having controlled drugs which they infringed by taking action, sanctioned action, either by warning—they have been warning, eh, I accept that. They have been warning them, but if it is repeated, there is an option to refuse to grant the licence. There is also an option to prosecute them. They will not recommend anything with the pharmacists. They will recommend things in relation to the grant of the antibiotic, narcotic—not recommend, nah. They will take action. They have the authority, exclusively, to take action in relation to any antibiotic, narcotic and controlled drug infringement and they just will tell us that we have—these were the infringements we found and based on what we read, we will have a discussion with the pharmacists, for the most part, and it ends up at this point in a censure/reprimand rather than suspension. So we have done our part in relation to receiving the report, but we keep getting from time immemorial these reports of infringement of the antibiotic, narcotic and controlled drugs, but we never hear any punitive action being taken as a result.

Mr. Chairman: In your Council, are there non-pharmacists there also?

Mr. Rahaman: No. Yes. We have two doctors appointed by the Medical Board.
Mr. Chairman: Now, what I am saying is that even in the Medical Board, there was a time when it was only doctors and persons realized, hey, we should put in non-medical persons. So we have a member of the ILO, we have a member of the accountant society, also the legal fraternity has somebody at the university. And

the whole idea of putting in non-members there is so that it would not be perceived that the medical council is a boys' club. You have other persons seeking the

interest of patients. Do you think it is a good idea that non-pharmacists also, you know—NGO groups, people who may have a patient support groups—should also be admitted to your Council sometime in the future by a change of law?

Mr. Rahaman: Yes. Well, many professions are going that route. We have no issue with it. There is the mainstay work of the Council relating to pharmacies, relating to pharmacists, relating to registration, which will continue to remain with the ambit of the pharmacist in it. We do co-opt. We have committees and, if necessary, when we establish committees, we can co-opt. So there is a facility now to utilize any expertise we require. There is a facility to pay them to utilize the expertise, but we do not have the funding for it. So, there is no issue with enlarging it, but I am saying that we are not prevented from accessing those expertise and facilities at this point through committees and through paying for the service.

Mr. Chairman: One minute. As you are on the spotlight, you had mentioned the wholesale—you know, wholesalers actually bringing in stuff into the market. Could you elaborate on that point? Because, you know, we have seen probably drugs turning up—suitcase traders, people bringing in medication that probably, I think, it is antibiotics that might not even be registered. Give us an idea, give the members and public an idea of how could we stop that? How could we try to curb that behaviour of bringing in suitcase medication that is not approved—anything you could suggest to, at least, give this Committee some sort of recommendation?

Mr. Rahaman: Well, there are actually two problems. One problem is what you are mentioning, that some medications have been coming in, escaping the scrutiny of customs somehow, and that has been happening partially. I would not put any full

blame on them. There is an issue with the registration of new drugs in terms of the time frame it takes to register new drugs. There have been a lot of

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improvements with that. There are people who, as an example—this is complaints we hear. You have to submit samples of the medication—this is an example. In some instances the sample may cost the person who is putting in the application maybe $50,000 in terms of cancer drugs, and I think it has remained stringent that the medication that is submitted for sample must be submitted at the time of the application. The application would not be complete without it. But that has been enforced although there is full knowledge that by the time that matter is going to—that drug is going to be considered, the medication will be expired in which case they have—I stand corrected eh—in which case the applicant has to find another $50,000 to resubmit.

So if it is known that the medication is going to expire by the time they will consider it, that requirement to submit the sample should be exempted from the complete application until the time for consideration at which time they will do it. So apart from that, the length of time that it takes to register a drug, it is causing people to find another way to get it here. People, they are saving—it might be unregistered, but it is medication that is saving the lives of people.

What happens is that if that can be done, for it to be brought in being unregistered, there is the distinct possibility that counterfeit ones might find its way into the system and that is what we have to protect against. So the registration regime is a significant aspect of what will assist in terms of the prohibitiveness now of getting drugs registered, and they just find ways to get it in because relatives need some of these things to save the lives of their relatives. But that is one part.

The other thing that I was really referring to which is another thing that is propelling this suitcase trade is that the wholesalers—the legitimate ones now who get their drugs registered and who are bringing in the medication—they are

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wholesaling to the pharmacies—that is what is supposed to happen—for us to sell to the patients, and we get to counsel the patients and so on. While they are doing that, they have agents going to the doctors to inform the doctors of the loophole for the patient to go directly to the wholesaler.

So imagine we are getting something for $100 to make a profit of $25 to sell it to the patient at $125, but the patient is being told by their doctor "I am giving you a prescription"—and it is not a prescription, it is an order—"to go directly to the wholesaler, get it at the $100". So the pharmacies cannot compete with having to buy at $100 and compete with the person who is selling it us at $100 selling it to the patient. They said they put a mark up on it, but mark-up is 3 per cent. So they sell it for $103, just to say they are not selling it at the price that they are selling to us at. So that is causing pharmacies also, through their various persons who have been bringing in suitcase trade, to look for ways to get the medication at a cheaper cost and that practice—I just want to say that that practice is a horrible practice where the pharmacist at the wholesale establishment is not able to write a label for the patient, is not able to counsel the patient, is not able to guide the patient, is not able to do anything because they are getting—the patient is getting it under the guise of an order to take back to the doctor, but it is an order for them to take home and take with no guidance whatsoever.

Mr. Chairman: I will come back to you after.

Mr. Forde: And, Mr. Rahaman, what has your Council done with regard to what you have just said?

Mr. Rahaman: They are doing it fully legal. They are receiving an order—

Mr. Forde: No, but it is coming across as it is a complaint, it is disservice, it is unethical. Right? But what has your Council done with regard to what you have just said?

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Mr. Rahaman: So the people that we—I think we keep hearing the AG and so saying "information is different to evidence". The people we have to get the evidence from to prosecute that matter—in the first place, the prosecution is a lil difficult because they are abiding by a loophole. The loophole is, they do not get a prescription in the name of Andrew Rahaman. They get a prescription—that is the wholesalers—for office use and that is totally legal. So the solution is for the doctors to recognize that they are saving the patient $20 today and costing them thousands in medical care in future. We have no jurisdiction over them receiving an order, because it is legal for the wholesaler to receive an order and dispense it.

And in relation to the evidence, you will never get evidence from the person that is benefiting. We need the evidence of the patient to say the doctor knowingly gave me a prescription for myself, not in my name as he should, but in the name of office use and we need evidence that they went to the wholesaler and got it and it was not taken back to the doctor, it was to go home for my use. And the person who has to give that information is saving $50 today. So they will not give the information, because once they give the information, they are saving—their temporary saving of today is eliminated because they will no longer be provided with the cheaper medication by the wholesaler.

Mr. Forde: And that information is being provided to us today to serve what purpose?

Mr. Rahaman: Well, the public needs to be aware that they are also receiving a disservice to themselves when they do not access what we call "pharmaceutical care" which they cannot get by a wholesaler, and they also need to be aware that that activity, in the long run, if it causes the closure of a large number of pharmacies,

which it will, will the wholesalers stop closing at 4.00 p.m. and open until 5.00 and 6.00 and 7.00 and 8.00, and have branches well-distributed like

pharmacies are? So when they have an emergency after 4.00, there will be no place or very few places for them to get their medication. And it is also to sensitize the medical personnel of the disservice that is the doctors now. Some of them are not extrapolating their thought processes so far to see the far-reaching effects of patients not getting advice on the medication that they receive from a pharmacist, because they cannot get it at a wholesaler, they cannot.

Mr. Forde: Thanks. Mr. Chairman, I would like to bring in Mr. Maharaj. Mr. Maharaj, you are a wholesaler?

Mr. Maharaj: No, we are retailer.

Mr. Forde: Retailer. Could you—in terms of some of the comments you would have provided for us with regard to—

> The Pharmacy Board appears to be grossly understaffed for even basic daily activities, regular inspections of individual pharmacies are not taking place, practise of dispensing medication without the requisite prescriptions—and so on.

Could you further shed some more light on your comment?

Mr. Maharaj: Sure. Well, firstly, we referred that we have 350 pharmacies in Trinidad and the numbers are increasing daily and as the president indicated, one of the key functions is renewal of licences. When you talk about 350, and you are talking about a president, a secretary and probably a part-time—I do not know the details in terms of staffing—just simply looking at it from a holistic perspective, the resources just to manage that, I do not know how he does it, or how the board does it. But I would like to say that we have never closed as a consequence of not having it. However, that presents a significant challenge with the way they have to operate.

And then some of the things that we have discussed today in terms of compliance of pharmacies' practices, et cetera, et cetera, when a lot of emphasis is

placed on renewal of licence, movement of licence—so it is just not only an annual thing. You have a lot of activities just based on licence and pharmacists moving from one location to the next. That is quite a lot of activities in itself. The question then is that if we have to look at a broader level in terms of the governance of the Pharmacy Board to take us to another level, do they have the time and resources? And some of the issues that were raised earlier—having cross-functional members within their team, not only just pharmacists but lawyers, et cetera, et cetera, I think it is a challenge for the Pharmacy Board to operate at another level because they are really caught in that renewal issue and those licence issues. So that would be—one of the key things that we would like to see is, how do we enhance and how do we enhance the role and how can they perform their job in a much more efficient and effective manner whilst things are getting done?

Mr. Forde: Sure. And the scenario as explained by Mr. Rahaman, are you aware of it? The scenario that he just mentioned with regard to the wholesalers and the issuing of direct going to the patients and the prescriptions and so on. Are you aware of that in the industry?

Mr. Maharaj: We are aware of it. It is a competition against the pharmacy as the president has indicated, because we have made a significant investment, and just to put it into perspective, the pharmacy business is a high capital intensive business. The labour cost to run a pharmacy is exceptionally high. The margins, you know, the margins of running a pharmacy is getting lower and lower every single day, and when you have also issues in terms of one of the points that he raised in terms of having your pharmacy open till 11 o'clock in the night so customers can access your pharmacy, it is a huge cost that we have incurred in terms of having security in our stores. You know, in the past, if you look 10 years ago, you would have probably not had a security in your store. Today, we have two to three security

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from morning to closure.

11.35 a.m.

So when you look at all those costs that are being impacted, we do not want any loopholes within our system. We want the customers to channel that through the pharmacies. As the president indicated, we have the right resources to provide not only the products, but also the pharmacy care that is required and the counselling, because that is one of the most significant parts. It is just not simply dispensing drugs, but the kind of support, counselling, advice we could give, and our constant dialogue with doctors, et cetera, on a daily basis at the pharmacies. Those are important parts.

Mr. Forde: Ministry of Health, I think in all fairness, feedback, comment on what Mr. Rahaman had stated earlier, and in terms of going forward, how can we address that scenario?

Ms. Ameen: I just want to add to that. One of the recommendations of SuperPharm in your submission was that the Pharmacy Board appears to be grossly understaffed for even the basic daily activities, for the regular inspections for individual pharmacies and so on. So there is a recommendation or there is a view that the Pharmacy Board should have some kind of support for—at least a secretariat or for it to perform its functions, because at present the Pharmacy Board does not get any allocations from the State. Have you ever considered or has the Ministry ever considered the provision of a secretariat or accommodation or facilities or anything like that to enable the board to perform its functions?

Mr. Ali: Maybe I can take the member's question and then CMO could answer the first part. So, similar to every other regulatory association, the Nursing Council, Medical Board, we do not give a subvention to those entities. They are free to charge fees, and if they want to increase the fees a submission is made to

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the Ministry which the Minister would consider with Cabinet approval, and we can approve the increase in fees of the members. But in terms of providing a subvention that is not provided to those organizations. Again, simply because they are self-regulating you want to ensure there is not the perception of—I do not want to use the word "interference"—but getting involved in the business of the Council. So that is not something that has been done in the past for the Pharmacy Board or the other boards under the Ministry's purview.

Mr. Parasram: With regard to the matter of persons going to wholesalers with a script or an order, before we proceed with the answer—I mean, my concern is if I could ask Mr. Rahaman what is the scope of problem that he has?—because what we have come across in the past is that the practice should be very little with CDAP and with everything else that is there. It would have been offered, and I know of cases that private physicians would have sent the same order to a company, let us use the example, for some sort of anti-cholesterol medication, for somebody that would have been on it for a number of years, and they would have complained about the cost of it to the doctor. So the doctor would write an order directly to the wholesaler so you would get it at a better cost. Go straight to the wholesaler, they would say exactly how to use the drug. So in terms of not having any counsel, I think the doctor would tell the person, or the person would have been on it for a number of years, it is just a matter of getting it at a cheaper cost.

If somebody has an issue with it, I think it is a matter more for the Medical Board to deal with the physicians than for the Ministry of Health to come into play at that point. But I do not know that the scope of it is great enough that it is—I mean, this is the first time I have heard of it being—Mr. Rahaman has said it

would cripple the pharmacy industry and people would close down. That is a big scale if it has to be of that scale, and I do not think that it is.

Mr. Forde: But then again members, someone has to lodge the complaint, and this is why I asked Mr. Rahaman what has his Council done with regard to the situation. Do not say anything yet. But I am seeing Mrs. Forde-Walcott there and I have been watching her. Shed some light on this particular matter for me please, as clear as possible.

Mrs. Forde-Walcott: I think we have conflated three issues, but to deal with the one at hand which is the issue of the medical orders to wholesalers, what the Chief Medical Officer has said is correct, it happens, but I am unaware of the extent to which it happens, but I know that it happens. I do not think it is happening to the extent that pharmacies will be put in jeopardy. That is just my private opinion, but I know that it happens. I also know that wholesalers do not sell to persons unless they have an order from a doctor.

My sense of what is happening is that it happens with high-priced, hard to come by drugs. When you have new drugs in the system, not all the pharmacies may carry them, especially if they are very expensive. I am talking about drugs they may cost about, say, anything like over $500 for a box of 28. So persons may then choose this methodology. I cannot say how prevalent it is, but I know that it happens.

Now to conflate that issue with the fact that people cannot get drugs, and it is coming in the suitcases. The ones that are coming in in the suitcases are not the ones that you are getting orders to go to the wholesalers for. The drugs that are coming in by suitcase is the normal stuff that people buy. So you have these people going around—

Mr. Forde: Example. Could you give us an example?

Mrs. Forde-Walcott: The antibiotics, they are notorious for coming in in suitcases. That is why when the inspectors go, your records are off, because it

suits you—people think they are pleasing the customer. So somebody wants an antibiotic but you do not have a prescription, you do not want to go to the doctor to get a prescription. So you go to the pharmacy and say I want to get so and so, and they give it to you. Where are they getting it from to give it to you from? If they take it from the source they buy legally, they will be in trouble, but you have people offering things under the counter or over the counter, or through the back door, and those come in by suitcase trade. Those are the ones that come in by suitcase trade.

The other things that come in by suitcase trade are items that are no longer sold in Trinidad. For one reason or another they may be off the market. So you have things that are off the market and people feel they still want it, somebody brings it in and you pay the price for it.

You have other drugs, and this may be a bit of registration, where the original source has ceased and because we are now hooked on to the Latin America/America thing, you may be getting a particular product from England, it no longer can come here, so people bring it in and you go and get it, because this is what you want. So we have that undercurrent, as well as our Caribbean neighbour Barbados for instance, in their time of woe because of their particular drug service, people go and access drugs there and bring it into Trinidad. It is kind of like, "If I buy it in Barbados I buy it from the pharmacists and dem over there, who will then charge the Government for it." It is a kind of fraud, right.

Mr. Chairman: Yes, we know that exists, because actually the Government will buy the medication supplied there and some reach to Trinidad.

Mrs. Forde-Walcott: Not some, plenty.

Mr. Chairman: Yes; so again we are doing a disservice to our Caricom neighbours.

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Mr. Forde: Mr. Chairman, the question is, if it is a violation, and if it is being mentioned by Mr. Rahaman and whoever, somebody has to blow the whistle. Somebody has to send a report to the Minister of Health, the Permanent Secretary, to say, well look, this is a violation taking place, I think we have ascertained it is happening. Who is that person that is going to do it?

Mrs. Forde-Walcott: That is why I talk about the inspections—

Mr. Forde: It comes back to the inspectorate.

Mrs. Forde-Walcott:—because it is only inspections that will show that. When you do your cycle and you find people with stuff that they cannot account for, with invoices they have purchased, because when you buy this thing underneath you do not get an invoice. So it is only inspections that show that up and we do not have the technology for counterfeiting at that level, so the idea is that all purchases that are made by a pharmacy must come from a "reputable" distributor, because then they have invoices to show where they have bought from the manufacturer. So what you are doing is a supply chain coming from a manufacturer to the local distributor, to the pharmacy and then you are sure that your clients are buying.

Mr. Chairman: Thank you. So I understand what you are saying there. Therefore, we need more drug inspectors out there to be doing that job, right, so the Ministry will have to do that. But two things I wanted to just elaborate on. Mr. Glenn Maharaj, you mentioned that SuperPharm does an excellent service by opening till 11.00 in the night to provide pharmaceuticals for individuals. What happens after 11.00? Could anything be instituted that after 11.00 someone is ill, they need some medication, is there anywhere the Ministry of Health could have a service offered to the public? Because just as how Mount Hope had started with a public/private, you

know, you pay for certain services, is there a way after 12.00 in the night somebody needs some sort of medication they could access it also in the

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public service? So I want to hear your take on it and probably the Ministry.

Mr. Maharaj: Well we have had in the past a 24-hour service. That was many, many, many years ago, but with crime that is a big issue. We have, because our stores are built with drive-throughs, so our position was that customers could access these drugs through our drive-through. The challenge we have with that is that we do not see a large number of people, customers actually coming to our stores beyond a certain time. We still have that, and that is up for review, but you find customers do not want to travel and go to a location beyond a certain time. It is something that we would want to review and reassess again if there is an opportunity, especially in certain locations where we are in the east, one or two of our locations could possibly operate a 24-hour service in that regard. The issue here is volume and the challenge here is crime. But in our stores we are well protected, but the customers have challenges with that.

Mr. Chairman: So I understand. Are the pharmacies in the hospitals open, is there like a pharmacist there available to give medication to the wards, and also do you think it is advisable to have some sort of service available for persons who may need medication? Because there is an element of persons may not be a large amount, but is it a possibility we could look at?

Mrs. Doodnath-Siboo: Yes, Sir. At the public health system, the hospitals we do have a 24-hour in-patient service for patients who are on the ward. We do have pharmacists on call as well in all of the public health institutions. There have been some discussions with respect to pharmacies opening in the public health institutions later hours, but in some instances I know, I think in Eric Williams we have up until 10 o'clock for patients on the ward, and that is for the outpatients. But for patients

on the ward we do have a 24-hour service, and there is a pharmacist on call at all public health institutions that require that service.

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Mr. Chairman: So let us say a patient runs out of GTN, a heart medication, two o'clock in the morning and needs it, I think they may have to go through the whole system to get their medication.

Mr. Parasram: No, for those kinds of cases you have to go to the emergency department.

Ms. Ameen: Chairman, I just want to go back to SuperPharm. You are probably the only corporate pharmacy in Trinidad and Tobago or the largest. You are the only chain in Trinidad and Tobago, and you have brought a lot of international pharmacy in terms of marketing and so on to Trinidad and Tobago. My question to you: In your paper you had a number of recommendations, and some of them had to do with the pharmaceutical board. Are you a member of the Board or of the pharmaceutical society, and in terms of what contribution you would be able to make there in addition to your business itself?

Mr. Maharaj: We are a member of the Pharmacy Society. We are a member of the society. We are members of the Pharmacy Board through our pharmacists employed by SuperPharm. So we are members in that context. Your question is a very good question. I think that we are one of the largest chains in Trinidad, and I think it presents an opportunity for us to be—perhaps play a more active role in the future in terms of governance, the practices, in terms of the services that we offer. I agree with that, because that was something that was discussed a bit earlier where you do not—I think the Chairman mentioned it, because we have seen various societies, whether it is a firm of chartered accountants—I am a chartered accountant by profession, and I am running a pharmacy business.

So, we have seen the cross functional members and skill sets coming more and more, rather than just pharmacists. So I think if we have to look into the future, the council—what are the laws that currently exist with the Pharmacy

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Board? How can we enhance it so that we can make these kinds of changes? And then secondly, things like the council, I think the more active the council plays with respect to the functioning of the Pharmacy Board, I think it would make a big difference in terms of delivery of service overall to Trinidad and Tobago.

Ms. Ameen: Chairman, I just want to say for the record, our enquiry focuses on public safety. Pharmaceuticals is a business. It is not a charity. People do not go into the business of pharmaceuticals to help people; they go into it to make money. But the pharmacies, whether it is a single pharmacy or a chain, they ought to have a responsibility in the governance aspect of regulation, of participating. You have a pharmaceutical board, a pharmacy board that has challenges with having a quorum to conduct the meetings recommended in the Act that governs them. You have a pharmaceutical society, and it appears that the pharmacists in Trinidad and Tobago are not taking up that mantle to participate in the regulation and the governance, because it does not impact on their ability to make money. It does not impact on their ability to find a job if they are not a member of the society, if they are not a member of the Board, if they do not participate in these activities.

Maybe it is time for us to consider some sort of recommendation that would encourage or provide an incentive for the professionals in the pharmacy industry to participate in a meaningful way, as opposed to simply just for employment purposes. So, Mr. Chairman, through you, I want to implore our stakeholders. If you have suggestions to make to the Committee in that regard, you could.

I appreciate that the CEO of SuperPharm has indicated that you recognize that your pharmacists could play a more important role, or could be a little more

active, but you are one business entity and there are so many others. So I want to ask the members here if you could make your recommendation.

Mr. Maharaj: May I just respond to the member's comment? It think it is an

excellent feedback. The fact that SuperPharm is present here today is an indication that we really want to see a transformation for the way we operate the pharmacy business and profession in Trinidad and Tobago. So I think the fact that we have this Committee in place, I think that in itself is a positive step. When you look at countries like the United States, if you go back in time, they were in very similar positions to ourselves, but the stakeholders were all aligned towards a common objective. So if we are all aligned to a common objective of enhancing what we do and take it to another level, we have key stakeholders that must be involved for us to achieve it. We talk about the Ministry, we talk about the Medical Board, we talk the various Acts, the Antibiotics Act, all these various laws that we have in place, it is an opportunity for us to revisit and look at for us to move forward.

From our perspective as well, as I have mentioned, we would want to play an active role today and in the future for us to not only use—to use the pharmacist, but our skill and what we could bring to the table for enhancing the industry. So I think that is a positive move, and I am sure we can rally the private sector, some of the larger companies as well, to go along that front so we could enhance the entire industry. So I just wanted to make that comment.

Mr. Forde: In the various submissions received, Mr. Chairman, you know the Pharmaceutical Society sort of zeroed in clearly to what we are trying to achieve with this Joint Select Committee. You indicated, and I quote:

The consistent shortages of drugs result in hoarding at pharmacies.

You mentioned that in your discourse to us. That would have been in question 13, page19:

The consistent shortages of drugs resulting in hoarding at pharmacies.

[*Interruption*] Yes. My question to you there would be: How prevalent is this practice of hoarding of drugs among pharmacies in Trinidad and Tobago? One,

and secondly, also in your submission:

> NIPDEC continues to still send close expiry goods to an institution without notification.

You are with me on that one also?

Mrs. Forde-Walcott: Yes.

Mr. Forde: Lovely. Define how close to expiry items these usually are? For example, whether it is one month, two months, three months to the expiry date. Then again, how could they sent it to the institution without notification? And then also my first question to that. Shed some light please.

Mrs. Forde-Walcott: I will take the second question first. In terms of the close expiry, they could be anything like a month to three months. Now, I understand how it happens because sometimes, NIPDEC that would be, you do not have an item and you get an offer that I will sell you this item, I know it is close to the date, you will only pay for what you use. That is fine, because as long as you use it before the expiry date it is good.

But what happened in the past is that you would get a call and they would say to you, you ordered item "X", you asked me for maybe 50 or 60. "I have some. It is expiring in a month, two months or three months, how much you can use?" You would say, "Well, okay, I think I could probably use about 10 or 20", and that is what you will get. So in effect you will get the drug. Your clients will have the drug, but you would not receive the expired ones to then stay on your inventory and have to dispose of it later.

Mr. Forde: How long after a drug is expired can you use it, or can you use a drug that is expired?

Mrs. Forde-Walcott: You are not supposed to.

Mr. Forde: We are not supposed to.

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Mrs. Forde-Walcott: You are not supposed to. However, if it is life and death, life and death, if you do not have it and you die, well then, you know, but that is a decision the doctor would take.

Mr. Forde: But just for my sole information, so like the little vitamins I am taking home, [*Laughter*] vitamin C and E and so on, and it expires, still you should not?
Mrs. Forde-Walcott: I would have to say that if you take it—now, the expiry date is given because the manufacturer will cover any defects up to that date. All right? If you use it after the date and something goes wrong, you have no redress. But if you use it before and something goes wrong, the manufacturer is liable.

Mr. Forde: NIPDEC now is supposed to come back and take those off the market?

Mrs. Forde-Walcott: Well, the point is they are not even supposed to send it to you. They should only send what you tell them that you could use.

Mr. Forde: So Ministry of Health, you need to follow up on that particular aspect. And on the first question that I would have asked, the hoarding?

Mrs. Forde-Walcott: Well that happens because the original computerized system at NIPDEC had what we call a "back order". So you fill in certain things. You have a maximum level, a minimum level and a reorder level, and they would use that to determine what they would send you based on when you fill in the things.

What is happening now is that the back order has been dispensed with. So they send you whatever, and because you know there is no true back order system

working there, you do not want to run out. So you would say, “You cannot get this, yes, so let me just put in another order again”, and you end up with more than you could probably use within a month, two months or three months. So you end up hoarding. That is basically what it is.

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Mr. Forde: Now besides being the president, are you a registered pharmacist?

Mrs. Forde-Walcott: Oh yes.

Mr. Forde: Do you have a practising service, a pharmacy?

Mrs. Forde-Walcott: Currently I am—well, you see my grey hair, right? So I have retired.

Mr. Forde: That has nothing to do with it at all.

Mrs. Forde-Walcott: I was a pharmacist with the public service for over 40 years, and then I retired. But because they could not get anybody to work in the prison, I currently work in the prison.

Mr. Forde: So you are talking from a point of view of facts and information.

Mrs. Forde-Walcott: I could tell you about the expired stuff up to last month. **Mr. Forde:** Okay, PS, could you just shed some light on the hoarding aspect and what plans are in train with the Inspectorate, and the hoarding and the expiry drugs and so on.

Mr. Ali: Sure, thank you, through the Chair. So with regard to the issue of the hoarding or having more stock than you actually use, what we have done at the Ministry, we in the process of implementing a new ID system across the supply chain from NIPDEC at its warehouse to every hospital and health centre. We have actually started, and that should be done over the next nine months. It is on a phased basis. Once that is in place we will have visibility across the supply chain. So even if a

health centre or hospital gets the drug twice, we can, NIPDEC and the Ministry, can look at it and say, you have gotten 500 tablets, but your average usage is only 10 a month, so you seem to have too much in stock. So that system would allow us to pick those instances up. That is with regard to the hoarding.

With regard to the expired drugs, NIPDEC is not here so I do not want to speak on NIPDEC's behalf, but we have flagged some of those same issues to

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NIPDEC in terms of managing the issue of expired or close to expired drugs. What Mrs. Walcott said is correct. NIPDEC should only take those drugs from the supplier where there is no obligation to keep them, and the suppler has a clear contractual obligation to take it back if it is not at no cost to the State.

Mr. Forde: And we are anticipating that, based on your earlier statements with regard to the Inspectorate being within manned within the near future, I think we will be operating on a computerized basis, where we will be able to have statistics and information clearly logged, so that we will clearly know exactly. For instance, as a Member of Parliament, again, individuals would come to our offices enquiring about, I mean, my pharmacy does not have this. I would make a call to the Ministry of Health, and they would say, okay, collect it at "X" pharmacy with regard to the CDAP. So it is not that there would not be a shortage, it is just that it may be elsewhere. So I think we need to ensure that balance is created across the board, you know, in order to ensure proper efficiency and so on.

Ms. Ameen: Chairman, one of the issues identified by the Pharmaceutical Society is with regard to a suggestion for increased fees to be a member of the Pharmacy Board. The Pharmaceutical Society has also indicated that there is a need for audited financial statements of the Board for previous years, or statements that are outstanding, and these issues might be preventing pharmacists from participating in activities of the Board. Can the president of the board respond?

Mr. Rahaman: Yes. In terms of the specifics, a pharmacist pays $150 a year to be a pharmacist, which is $12.50 a month to be a pharmacist and a pharmacy pays us $850 a year, which is around $75 a month. We do not have a million pharmacists, so it is not $12 million we get. We do not have a thousand pharmacists, so it is not

$12,000 that we get from that a month. So even that has been a sticking point in relation to assisting us with the fees. We did have

someone who used to remain at $5,000 a year for the auditing purposes, and now he is not able to get keep it at that so we even have challenges in paying the audit fees at $12.50 a month per pharmacist.

It did not start with that. It started, I think I mentioned it last time, with an accident that the person who used to keep—we call that "financial records", and then it deteriorated into an inability to have sufficient funds.

If I could, I wanted to respond to one thing that a lot of cold water was thrown on. Yes, doctors were aware in the past that they could send for their practice to get medication. They are now being actively informed on a continuing basis that they could also send their patients to get the medication.

12.05 p.m.

So Ms. Walcott has mentioned that she was really from the public sector, I have never worked in the public sector. I have been working in the private sector for 30 years. The extent of the problem is approximately 65 to 70 per cent countrywide that patients are circumventing the pharmacies to their own peril and going to the wholesalers.

Mr. Forde: But—excuse me, Mr. Chairman, one second. But Mr. Rahaman, if you are making that statement and you sit as the president of this board, what are you doing about it?

Mr. Rahaman: I did mention that they are getting a legal document to do it, and secondly, we need persons who are benefiting now from that cheaper price, to come and squeal on them. You do not get that; that does not happen.

Mr. Forde: No, Mr. Rahaman. Mr. Chairman, what I am saying, I hear you on the whole legal aspect and what is your responsibility and what are your guidelines, but you are saying that you—you may not have the evidence but you have information, pen a document, whether it is to the Permanent Secretary,

whether it is to the President of the Pharmaceutical Society.

Ms. Ameen: First of all, I think maybe the way the member is phrasing the question might not be coming across the way it should be. The question is whether the—

Mr. Forde: Chairman, in all fairness, I asked my question, eh. I asked my question.

Ms. Ameen: All right. Well, Mr. Chairman, in all fairness, I just want to phrase a question, a similar question, I want to phrase it differently. The Pharmacy Board has a duty to regulate pharmacies and pharmacists. The Pharmacy Board has identified an issue with wholesalers for pharmaceutical products. The question is: Has this issue been referred to in any official manner to those who are in charge, the Ministry of Health, for example, and what action can they or have they taken?

Mr. Rahaman: My view—and this is why it did not go towards to the Ministry—was that the Ministry would not get involved in the specific trade. What we have done is to have discussions with the wholesalers about it. I have taken it further—this is what I have done then and the wholesalers keep promoting that they are providing an additional service. And the evidence of the proliferation of it, is that there used to be one branch in the country for each one. Now they are going to different branches—

Mr. Chairman: Mr. Rahaman, excuse me, I think we have ventilated this enough where you have brought your point over. Doctors seem to be—I do not want to put it in—well, cutting into the market of the pharmacists, right, because it means that—yeah, so the pharmacies, I mean, you have seen that there are difficulties, doctors are now doing that. So it is a disservice for two reasons. You say economically-wise for

the pharmacist. You may have pharmacies closing down. And the second reason too is the service you are giving, mentioning about side

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effects, drug interaction is not there. Right, so I think we should go further now and say that could we get some system in place where you could probably write to the Ministry, have some public service where you could inform the members of the public about the disservice. So that is one thing.

The second thing I would like to know—but even though that is so, I just want to ask you something. We had asked a question to the Ministry with reference to your written submission dated June 21, 2019, you indicated that 26 non-nationals are employed as pharmacists within the regional health authorities. Now, we are understanding that pharmacies may close down, they are seeing hard times, right, but yet still now, you are having pharmacists, non-nationals coming in. What is your take on that, Mr. Rahaman? I mean, in terms of language barriers too, I do not know if these pharmacists speak English fluently and would not be able to service their clients also.

Mr. Rahaman: Well, we are presently overproducing pharmacists in Trinidad and in fact, when the Minister of Labour was here on the last occasion, I was discussing the committee that they have to look at that problem. So there is an agreement that, in fact, no work permits have been granted. People who previously had work permits, foreigners, are now not being granted and there was an issue where the Ministry had persisted and brought in some pharmacists quite recently so we have an issue—and they gave their reason of the remuneration package. But in my mind, if pharmacists are not getting work, local pharmacists, they will take a cut in salary. So there is an issue where we are producing—this year, we just produced, I think it is 57 pharmacists. Evidence of it, they used to start their preregistration immediately. They are not getting to start their preregistration until three months later, sometimes

four months later and that is because there is insufficient space to accommodate them.

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And usually, when they finish their preregistration, they will immediately continue to be employed in the Government service. Many of them are not being employed in the Government service because they do not have the space to take them. So there was a concern about if it is in truth and in fact that they are not being employed. The locals cannot find employment and opportunities for employment are being reduced. There was a concern on our side about why are foreigners continuing to be imported by the Government sector.

Mr. Chairman: Well, I have a list here that the fees for local pharmacists, for Pharmacist I, basic salary, $9,456 to $11,802; Pharmacist II goes up to $12,227 and Pharmacist III, $13,263. But the foreigner pharmacists are paid $7,400 with allowances, $4,100. So I do not know if it is really economic, just on the part a decision or if the Ministry could elaborate, it is a Government to Government arrangement, I do not know. Could you elaborate on this?

Mr. Ali: Sure. Thank you, Chair. So it is basically an economic issue. As I mentioned at the last sitting we would have had, the respective RHAs would have advertised the positions and we are just not getting persons interested in taking up employment. I mean, just like Mr. Rahaman said, if there are additional graduates coming out, they might be willing now at this point to take the salary that is being offered, all right. But it is not a decision that we take foreigners first, it is locals first and if we do not have the persons taking it up—yeah.

Mr. Forde: We are told many pharmacies are operating without pharmacists or full-time pharmacists. I would not quote who we got that information from but we got that information. Could we identify how many pharmacies within Trinidad and Tobago are operating without full-time pharmacists or not?

Mrs. Walcott: That is a little stress because in order to run a pharmacy, you must have a licence and the licence gives the pharmacist's name, it gives a relief and it

tells you the hours of how long the pharmacy is going to be opened for and who will be at what time. The current practice now is for somebody to licence the pharmacy and the pharmacy owner will then get somebody else to do the hours as we say in the business. That is what is going on. And many times, even though you have a licence with a pharmacist's name, the pharmacist is not in the business, all right, and that is the reason why I come back to the inspections. Only inspections will reveal this because you are legal, you have a licence on the wall, you have a pharmacy licence, you have a pharmacist who is supposed to be the person working, you also have the hours of work, you have a relief, but when you go in there, nobody is there.

Mr. Forde: So my question then: How can you identify a pharmacist when you go to a pharmacy?

Mrs. Walcott: Well, you are supposed to have a licence on the wall and you are supposed to have—

Mr. Forde: With a name?

Mrs. Walcott: With a name and a picture and you are supposed to see the person is the licence holder then, as the person to whom the licence has been given. If you have a relief pharmacist, you are also supposed to see a practising certificate. **Mr. Forde:** With a picture?

Mrs. Walcott: No, you do not get a picture with that one but you have a practising certificate with a name on it.

Mr. Forde: All right.

Mrs. Walcott: But the thing is the clientele, I do not think our clientele has been educated to that fact because sometimes where the licence is placed, as a client walking in, you would not even see it.

Mr. Forde: So my next question therefore, you go to fill a prescription, on the

bottle that you are getting, it is supposed to have how your dosage is supposed to be taken based on what the doctor or the hospital would have submitted to you and it is supposed to have an initial on—they do not put the initial on the— **Mrs. Walcott:** No, that is not our law.

Mr. Forde: That is not our law?

Mrs. Walcott: No, it is the law abroad.

Mr. Forde: So therefore, you could full a prescription without the pharmacist being there at the pharmacy?

Mrs. Walcott: Oh, yes.

Mr. Forde: That is not violation?

Mrs. Walcott: Of course it is a violation. The only person allowed to fill a prescription is the pharmacist and you may have an assistant who you are supposed to supervise.

Mr. Forde: So the dispensary clerks and so on at these locations—so you see, this is the question, if you cannot identify who is the pharmacist, they should not therefore be issuing, filling your prescription when you go to the drugstore then or the pharmacy.

Mrs. Walcott: You see, that is why pharmacy runs on ethics; that is why pharmacy is closely regulated. The fact remains is that if you licensed a pharmacy, you are supposed to be there. If you are not there, then you need to have a relief. Yes, I know, you may run out for a couple of hours or an hour to get lunch or to carry a sick to

the hospital, but in that case, your people are supposed to say, well, the pharmacist is not here right now, they will be back shortly, do you want to wait, do you want to come back. But you see, it is an ethical business. When persons operate without ethics, this is what happens and to encourage ethics is like—what do we say? Verify. So you need to verify and the only verification is

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the constant inspection.

Mr. Forde: Now, I have a particular pharmacy. I think everybody has a pharmacy that they would go to on a regular basis. Once or twice, I would probably go into SuperPharm. Correct me if I am wrong, SuperPharm, at your dispensary and so on, your pharmacist is clearly identified? How do you all operate at your location, through you, Mr. Chair?

Mr. Maharaj: Sure. We have qualified pharmacists operating from the moment we open to close. We do not practice—that is never an issue for us. We always have qualified pharmacists operating. Their clothing as well, I think their attire, we have them in white jackets to identify the pharmacists on duty.

Mr. Forde: So, again, Permanent Secretary and again to Dr. Parasram, those are things that we have in the pipeline, in the system coming forward in order to ensure that these persons can be clearly identified. Because, again, Mrs. Forde-Walcott, you know, just identified, you know, which is saying that once you go to this dispensary, this pharmacy, you should not be given the particular item. Shed some light, please.

Ms. Doodnath-Siboo: So, Mr. Chair, within the public sector, it is definite that it is a pharmacist and a pharmacist only who would dispense a medication to the citizens who access service via the public health system. The private sector however, with respect to pharmacists and a licensed pharmacist, the licence given by the Pharmacy Board and a registered pharmacist. So the licensed pharmacist would be the one who has the licence to operate the pharmacy and would be given the antibiotic and narcotic and the controlled drugs licence to store, sell and distribute those medications. There would also be what Mrs. Walcott would have referred to as the

relief pharmacist who is a registered pharmacist and can conduct the business of the licensed pharmacist given their authority do it.

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So that is what is supposed to happen but definitely, with the public health system, it is only a pharmacist who dispenses to the public health, persons accessing medication through that system. The dispensary clerk or the pharmacy assistant would be able to upon supervision, so the pharmacist must be there supervising the pharmacy assistant and or the dispensary clerk. But the private sector is where that would exist.

Mr. Forde: Okay, final. So, Mr Rahaman, you have any jurisdiction there, your Board?

Mr. Rahaman: Yes, full jurisdiction.

Mr. Forde: So what are you doing about that?

Mr. Rahaman: Nothing.

Mr. Forde: What do you plan to do about it?

Mr. Rahaman: Oh, I was about to tell you, nothing at $12.50 a month. We need funding to employ inspectors and the inspectors would assist us with that. So, the members, even though the full 10 were on board, do not get income per se from the Board and in that sense, they have to be employed.

12.20 p.m.

So in years gone by when things were better there were some pharmacy board inspectors, but we simply used the money at this point paying rent and we do not have the funding to send out any inspectors.

Mr. Forde: And final question for me, Mr. Chairman. When is your next AGM?

Mr. Rahaman: This one will come off because there is an election one. It will be in February of 2020.

Mr. Forde: And you all allow observers at these meetings?

Mr. Rahaman: I tried to bring observers when we had a problem and the membership voted again it.

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Mr. Forde: So if this Committee would like to come as observers could we receive an invitation?

Mr. Rahaman: Gladly. I would like you all to see the behaviour.

Mr. Forde: Send us an invitation, through you Mr. Chair.

Ms. Ameen: No, no if there is a decision that—has the board taken a decision about observers? **Mr. Rahaman:** Well there is a loophole in terms of the scrutineers where if the council did not appoint at its meeting before the election, if the council did not appoint scrutineers then the chairman has the authority—and when the council appoints it must be a pharmacist. But when the council does not appoint and the Chairman has to do it he can choose anyone and that is where, because we have invited— At that time I think we invited the press actually so that the press could properly report on the chaos and so on, and the membership voted—I personally invited them. Let me rephrase that. I invited persons who were not pharmacists and the meeting took a decision that they want them removed from the meeting and I complied.

Mr. Chairman: Okay so—

Ms. Ameen: Chairman—

Mr. Chairman: I would just like to clear this. Mr. Forde's interest in coming is not really shared by the Chairman. I do not think that is our function but [*Laughter*] right. Okay. [*Crosstalk*]

Ms. Ameen: Yeah, Chairman—

Dr. Parasram: Just before we move away from the matter of inspection I know the principal pharmacist has indicated that we do public sector pharmacies and a pharmacist will be there. It is part of the remit of the drug inspectorate, as we have heard before, to inspect the private as well although Mr. Rahaman said the Pharmacy Board does not do it. We do it through two avenues, through the drug

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inspectorate as well as through the NIPDEC arrangement that we have for CDAP pharmacies. There is about 240-odd pharmacies that we have in the CDAP programme and all of them will be inspected by CDAP monitors to ensure that the pharmacist is there as well as other things. So the inspection is occurring from our side, and if we find errant pharmacists we do refer it back to Mr. Rahaman for his action.

Mr. Chairman: So I see the fact that the NIPDEC inspectors are working with your inspectors so hopefully something will be done there. Again, there is a deficiency of your inspectors also in your department but it is a funding, so somehow we will have—the more inspectors on board is the more vigilance will be there out there for the public.

Ms. Ameen: Walcott had something?

Mrs. Forde-Walcott: Chair, I would like to come back to the issue of meetings. According to the Act we supposed to have an AGM every year. That does not happen.

Mr. Chairman: Yes. Ma'am, I understand your concern but I think you may have to bring that up with—

Mrs. Forde-Walcott: No, no I am just moving on to the money part of it because part of the problem with the money is that we have not seen statements of accounts, even unaudited, for the last how long, and while I agree that the money may not be sufficient to do all that is necessary you cannot go to the Minister to ask for an increase in fees if you do not provide audited statements of where the money has gone.

Mr. Chairman: Good, so if you write to the Minister, the Minister could probably ask for some sort of statements from the association, probably better transparency. So I think that could be channel elsewhere directed to the Minister of Health who

will probably look into that. I think in terms of time Senate is sitting soon, you may want to wrap up soon so I do not know if any—Ms. Ameen has any—

Ms. Ameen: Chairman, thank you. I was worried that this Committee might be getting into internal politics of pharmaceutical organizations as opposed to dealing with the public business and the safety of the public. One of my concerns Chairman, a number of pharmacies in Trinidad and Tobago carry vitamins, over-the-counter drugs and so on that are part of international lines of health and wellness and that kind of drive. All of these require approval by the chemistry and drug division. Does the inspections of the drugs—I do not want to say medication—of the products at pharmacies that may not be drugs, they may be vitamins, they may be other wellness products, and so on that are over-the-counter, or actually in shelves, you could walk and pick them up. Who regulates that? And who double checks as to whether only regulate or approved products are on sale?

Dr. Parasram: That falls under the Drug Advisory Committee of the Ministry of Health. So any new drug, vitamin, whatever it maybe, comes through the Drug Advisory Committee and is approved by the Drug Advisory Committee.

Ms. Ameen: And I am saying this, Mr. Chair, particularly in the light of some—especially like diet products and so on that have been exposed as dangerous. I am also saying this with regard to vitamins that are—or products that are called vitamins where you have "fairy dusting" and so on, very minute amount of the mineral or the vitamin in the product but the product is on sale and the public at the end of the day is in danger. People put themselves in danger by utilizing products that promise you to lose weight and so on and those are not drugs that fall under the licences described

earlier, antibiotics, the regulated drugs. How do you regulate and ensure that products that are—

Dr. Parasram: They do not fall under the antibiotics or narcotics but they fall—

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Ms. Ameen: Or can you receive complaints and then how do you treat with them?

Dr. Parasram: Yes, as I said they fall under the Drug Advisory Committee which deals with everything else outside of antibiotics and narcotics. Anything that comes into the country, the importer has to apply to Food and Drugs, submit a sample, submit a scientific dossier for us to read and we can do testing if need be to ensure that it is a suitable sample before it goes to the market. And it has to get the approval of the committee who recommends to the Minister of Health whether the drug should be brought in or not, and the Minister then gives approval.

Ms. Ameen: Can the public or any practitioner make a complaint about a product to the board?

Dr. Parasram: Yes, anybody can complain. You could complain either to the Chief Medical Officer's office or the Chemistry, Food and Drug division directly. And as well if we dispense it in the public sector there is a standard operating procedure for complaints to be generated and sent back up to the principal pharmacist's office as well.

Mr. Chairman: Okay. So in concluding I would like to know—just make a comment. Mr. Rahaman, you mention a lot of things that need improvement, but you also mention that even the registration of drugs it is much to be desired, that certain medication, you need fast approvals, but you did admit that there is an improvement. I like to hear improvement, so the Ministry thanks you for that improvement, because a lot of persons complained before that is was a long wait. So there is an improvement and I appreciate you coming forth with that. And so with that positive note I would like to now invite closing comments. And first of all I would like Mr. Asif Ali, if he can give some closing comments on this.

Mr. Ali: Thank you, Chair. Thanks again to the Committee members and my colleagues for the comments, suggestions that were made. The Ministry will follow

up on some of these. We have taken note of them. Just very quickly just to recap we have the breaches in the narcotics and Antibiotics Act that were picked up by our drug inspectorate notwithstanding we submit them to pharmacy board. We do follow up on those, but I think there is a need for maybe having a more robust database, and I mentioned the IT system. So that is something we are taking on board. We will follow up, which we have been doing, with the Service Commissions Department with regard to staff. That is a critical success factor for us, the IT system alone will not do it. We need the bodies on the ground to have the inspections done on a really timely basis. So that is something we will follow up on and we look forward to any submissions from the relevant agencies, the Pharmaceutical Society, Pharmacy Board, with regard to any changes they want to recommend with regard to the legislation. And again, as I said at the last meeting, and I say it again, the Ministry is open to any suggestion in terms of fees that need to be increase, whether a proposal from the Pharmacy Board with the relevant supporting documentation and we will then consider that suggestion. Thank you.

Mr. Chairman: Thank you, Mr. Ali. Mrs. Forde-Walcott, I appreciate—I thank for you for your submission before and you brought up with NIPDEC and the whole idea of drug expiry. I mean, wonderful suggestions you made and now asking you if you can just give us some brief closing remarks.

Mrs. Forde-Walcott: Yes, I need to thank you for allowing us to participate in this enquiry. I have taken on board a lot of suggestions that I have heard around me, and it means that my executive and myself, we have lot more work to do. I think we probably need to go on a public education campaign so that the public will know what they should be getting and compare it with what they are actually getting and

that may make a difference because then once you know you can now be critical of the service that you are receiving. So again, I thank you very much

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for allowing us to be here.

Mr. Chairman: Thank you. And Mr. Rahaman you brought up some very important points and I am hoping that together we can all look at improving the situation and I invite some closings remarks.

Mr. Rahaman: Just to say that the pharmacy council is doing its utmost at this point. SuperPharm did admit that they were never in a situation that they did not have their licenses, so I think a complaint would have come from them about ability to get the licence and so. I do not think that is an issue but he did mention we are looking at higher ground so we will foster that relationship to ensure that we achieve something better. It is my hope that the authorities including ourselves look at ways of preserving the pharmacist practice, and the pharmacy out there, because they have a significant problem with that wholesaling thing and with doctors dispensing; is another confusion. Thank you.

Mr. Chairman: Noted. Mr. Glenn Maharaj, I again appreciate that you brought in the fact that the service you are doing, especially now till 11o'clock in the night, we hope that you could go back to 24-hours to provide some service. Yes it is a needed service and well, but it is a needed service to the patients. So could you give some closing remarks.

Mr. Maharaj: Well thank you, Mr. Chairman. Thank you, members. Thank you, all the participants. I think it was a wonderful opportunity to meet some of the other members. It is clearly—the fact is it is a wonderful opportunity it also presents a gap. And a gap meaning that, I think the member, Ms. Ameen, who mentioned how can the private sector and how can SuperPharm play a more integral part in terms of improving the standards, and the way we operate and I see this as a wonderful

opportunity. I look forward to the outcome of these meetings with some clear goals or objectives that we could define and all of us being aligned

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so that we could work collectively to improve the standards here in Trinidad and Tobago. Thank you.

Mr. Chairman: Thank you, Mr. Maharaj. And again, I support your sentiments that we will try our utmost best. It is for the patients' benefit and I think together we can achieve something that will help the patients actually out there. And I would like to thank all the members and the officials for the attendance this morning. And I would like to thank committee members and members of staff for their participation and support. And at this stage it is 12.34. I would like to, if there is no further business for consideration, I would like to adjourn this meeting today.

12.34 p.m.: *Meeting adjourned.*

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