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
Ms. Khadijah Ameen	Member
Dr. Lovell Francis	Member

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 put them through when we seek to recruit. They

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 8ºC 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*