Summary of Proceedings
Public Hearing

Held on Wednesday May 22nd, 2019 from 10:34 a.m. to 12:35 p.m.

Venue: A.N.R Robinson (East) Meeting Room, Level 9, Office of the Parliament, Tower D, the Port of Spain International Waterfront Centre, 1A Wrightson Road, Port-of-Spain.

Subject Matter: An Inquiry into the current systems and procedures for regulating the operations of pharmacies and the practice of pharmacy in Trinidad and Tobago

Objectives of the Inquiry

The objectives of the inquiry are as follows:

1. **To assess the growth in the pharmacy industry;**

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

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

Committee Members

The following Members were present:

i. Dr. Varma Deyalsingh - Chairman
ii. Ms. Ramona Ramdial, MP - Vice-Chairman
iii. Mr. Nigel De Freitas
iv. Mr. Esmond Forde, MP
v. Mrs. Jennifer Baptiste-Primus

Witnesses Who Appeared

The following officials appeared before the Committee:

Ministry of Health

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

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

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

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

Key Issues Discussed

The following are the main issues highlighted during discussions with the **Ministry of Health (MoH):**

1. Over the past five years, the MoH received 18 complaints about the operation of pharmacies, and 77 complaints concerning the conduct of individual pharmacists.
2. The Drug Inspectorate Division, under the direction of the Principal Pharmacist, monitors most pharmacies through inspections conducted two to three times per week.
3. To date there are approximately 252 pharmacies participating in the Chronic Disease Assistance Programme (CDAP).
4. Pharmacies that participate in the (CDAP) are monitored more frequently than other pharmacies as each pharmacy is inspected approximately once every two months.
5. The MoH and NIPDEC remove pharmacies from the CDAP after repeated breaches.
6. Breaches may include inaccurate dispensing of medication and discrepancies in stock count.
7. Pharmacies removed from CDAP are referred to the Pharmacy Board as the Board is responsible for issuing of licences to pharmacies and it has sole jurisdiction to discipline pharmacists.
8. The Pharmacy Board is not obligated by law to submit any reports on the activities of the Ministry of Health.
9. It is difficult to recruit local pharmacists into the public health care system given that more favourable remuneration packages are offered in the private sector. Consequently, the MoH has resorted to hiring foreigners.
10. Eleven Cuban pharmacists were recently hired by the MoH.
11. The remuneration packages offered to pharmacists in the public sector is currently under review.
12. Despite the statement by the Board, the MoH clarified that safety equipment is provided to pharmacists who mix hazardous chemicals. However, local pharmacists have not been satisfied with the compensation provided for this activity.
13. While the public and private sectors currently have sufficient capacity to employ incoming pharmacy graduates, the capacity may be exceeded in the future.
14. A board of survey is currently being conducted to review stocks of expired drugs, after which they will be destroyed.

15. In the future the MoH intends to conduct the board of survey on an annual basis.
16. After September 2018, the MoH increased the distribution of CDAP drugs to pharmacies from once every two months to a monthly cycle.
17. Pharmacies can opt to reorder up to six drugs on an *ad hoc* basis between the official distribution cycles to maintain their stock levels.
18. The value of expired drugs is approximately 1.8% of the overall annual pharmaceutical budget, compared to the global standard of 5%.
19. Data on drug usage for non-communicable diseases (NCDs) is used to inform public education campaigns.
20. There are provisions within all health centres to maintain the temperature and proper storage of vaccines in the event of an electricity outage.
21. A new inventory management system will be implemented across all pharmacies in the CDAP programme. The costs for the system software and hardware will be partly financed through a $35, 000 fee imposed only on pharmacies applying to the programme for the first time.
22. The level of access to CDAP drugs is adequate except in the south-east and north-east regions of Trinidad. Efforts are being made to increase access in these areas through extended opening hours in public pharmacies.

The following are the main issues highlighted during discussions with the **National Insurance Property Development (NIPDEC):**

1. Pharmacies applying to participate in CDAP are inspected on five occasions over a three month period. The inspections evaluate several procedures including stock storage and management.
2. Over the past five years, 35 pharmacies were removed from the CDAP due to breaches in procedures.
3. It is expected that 25 additional pharmacies which have submitted relevant applications will be added to the CDAP by the end of 2019.
4. After being removed from CDAP, pharmacies are allowed to re-apply after a three to four month interval. After this, the initial inspection process is repeated before approval.
5. Suppliers are responsible for transporting drugs to NIPDEC's warehouse.

6. During transport the suppliers monitor the temperature of cold storage trucks throughout the journey and share this information with NIPDEC.

7. Drugs are protected by two layers of packaging, which makes in-transit contamination unlikely.

8. NIPDEC inspects drugs delivered by suppliers to ensure that they conform to specifications. Compromised drugs are rejected, based on the terms of the contract.

9. Rejected drugs are either replaced by the suppliers or a credit is granted for the value of the drugs.

10. NIPDEC Monitors retrieve drugs nearing their expiration date from private pharmacies. These drugs are redistributed to pharmacies with greater demand or, if unused, they are disposed of following a board of survey by the MoH.

11. To reduce the wastage of drugs, monthly alerts are sent to institutions informing them of the drugs that will expire over the following six months. This facilitates the identification of excess drugs that can be redistributed to other institutions.

12. A policy indicates that all unused drugs are supposed to be returned to NIPDEC's warehouse if their shelf life has three months remaining.

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

14. The projected expenditure of CDAP by the end of 2019 is between $30 million and $40.6 million.

15. The fee to be imposed on pharmacies entering CDAP for the first time has been reduced from $68,000 to $35,000.

The following are the main issues highlighted during discussions with the **Pharmacy Board ("the Board"):**

1. The current President of the Council has a tenure of 16 years.

2. Due to the small annual fee paid by pharmacists ($150), the Board cannot afford to replace the Management Accountant who maintained the financial records.

3. The Management Accountant kept the accounts after her departure from the Council.

4. During the Annual General Meetings (AGM) members prematurely exit the meeting so that the quorum (7 members) for the election of auditors is not attained. As a result no auditor has been elected.

5. Attempts to prioritize the election of auditors during AGMs have been unsuccessful.

6. The AGMs are generally unproductive due to the conflict and disagreement caused by five particular members. These members have resisted attempts by the Chair/President to maintain order.

7. No audited financial statements were produced over the past six years.

8. The Board has never received government funding.

9. Numerous requests were made to the MoH to increase the annual fee paid by pharmacists. The last increase that was approved occurred 20 years ago when the fee was raised from $100 to $150.

10. The Board reports to its members rather than an oversight body. Members have expressed concern about the challenges of the organization.

11. Elections for members of the Council are statutorily required every two years. The last election was held in 2018.

12. The Drug Inspectorate Unit of the MoH is responsible for monitoring the distribution of antibiotics by pharmacists.

13. Under Section 20 of the Pharmacy Board Act, the Council is empowered to discipline pharmacists for errant practices.

14. Enquires into alleged pharmacy malpractice must be preceded by a complaint from a customer otherwise no action would be taken by the Council.

15. Customers are generally unwilling to provide information about errant pharmacists as they benefit from the pharmacists who dispense drugs without the required prescription.

16. The most common errant practice by pharmacists is their repeated absence from the pharmacy during open hours or during visits by CDAP Monitors. Breaches which result in harm to patients are uncommon.

17. The Pharmacy Board exercises discretion in treating with breaches related to the temporary absence of the pharmacists from the premises.

18. The Board does not publish an annual list of registered pharmacists despite this being a statutory requirement.

19. The President disputed the claims by Super Pharm regarding his inability to manage the responsibilities of his position.

20. The President does not believe that the Board legally falls under the scrutiny of the Parliament.

21. Due to its financial constraints, the Board is unable to employ inspectors to monitor pharmacies. As a result, the Board depends on the inspections conducted by the MoH and NIPDEC.

22. Foreign pharmacists were initially hired by the MoH due to a previous shortage of local personnel. Subsequently, the University of the West Indies (UWI) agreed to temporarily increase its annual cohort of students from 10 to 14 to 50.

23. The sustained training of 50 to 80 pharmacists per year has resulted in oversaturation of the field and consequently a shortfall in employment opportunities in both the private and public sector.

24. Oversaturation in the field has also hindered students from accessing pre-registration employment in the private sector.

25. Some pharmacists emigrate to seek employment, but this results in a lack of "return on investment" to Trinidad and Tobago given that their education was funded by the government.

26. Due to legal considerations, the Board no longer restricts the number of pharmacist licences granted to applicants.

27. The pharmacists' salary in the public sector improved significantly due to a reclassification of the position which was championed by the PSA.

28. Unlike the foreign nationals, local pharmacists operating in the public sector have been unwilling to handle certain hazardous chemicals without the proper protective equipment.

29. There are adequate provisions in the Pharmacy Board Act to determine the credibility of pharmacy degrees held by foreign nationals employed locally.

30. The Board agrees with the decision of the Ministry of Labour and Small Enterprise Development to restrict the number of work permits granted to foreign pharmacists.

31. To date there have been 822 approved pharmacist reregistration applications.

32. At present the Council is not properly constituted given that the appointment of two members by the Medical Board remains outstanding.

33. The projected total cost of the CDAP provided by NIPDEC is likely to be an underestimation given an increase in the number of new pharmacies seeking to participate in the programme.

34. A new application fee of $68,000 introduced by CDAP prevents pharmacies from joining the programme. This negatively affects access to CDAP drugs in certain communities.

35. The President is satisfied with the level of cooperation between the Board, the MoH and the NIPDEC[1].

The following are the main issues highlighted during discussions with the **School of Pharmacy, Faculty of Medical Sciences, University of the West Indies, St. Augustine:**

1. The School of Pharmacy trains approximately 50 to 60 students per year.

2. Currently, local students seeking to practice in the United States (US) are unable to write the US pharmacy education exams given that the programmes are not aligned.

3. Consequently, the local pharmacy programme is being transitioned from a four-year Bachelor's degree to a five-year PharmD degree to align with the US standards.

4. A post-graduate programme is also being developed.

5. The local pharmacy industry is restricted to pharmacy dispensaries in communities and hospitals. However, there is need to expand the industry, for example, by introducing local manufacturing and marketing of pharmaceuticals.

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

[1] This sentiment was also expressed by the MoH and NIPDEC.

The hearing can be viewed on our YouTube channel via the following link: https://youtu.be/uXg6WrFnAEs

Contact the Committee's Secretary
You may contact the Committee's Secretary at jsclasasc@ttparliament.org or 624-7275 Ext. 2277/2627/2282

Committees Unit
June 6, 2019