Summary of Proceedings
Public Hearing

Held on Friday January 24, 2025 from 2:40 p.m. to 5:07 p.m.
Venue: Linda Baboolal Meeting Room (in public), Parliamentary Complex, Cabildo Building, St. Vincent Street, Port of Spain

Topic: Follow-up Inquiry into the 15th Report (11th Parliament) on an Inquiry into the Current Systems and Procedures for Regulating the Operations of Pharmacies and the Practice of Pharmacy in Trinidad and Tobago

Committee Members

The following Members were present:

1.	Ms. Sunity Maharaj	Chairman
2.	Mr. Laurence Hislop	Member
3.	Ms. Khadijah Ameen, MP	Member

The following Members were excused / absent:

1.	Mr. Esmond Forde, MP	Vice-Chairman
2.	Mrs. Ayanna Webster-Roy, MP	Member
3.	Mrs. Renuka Sagramsingh-Sooklal	Member
4.	Ms. Jayanti Lutchmedial-Ramdial	Member

Witnesses Who Appeared

The following officials appeared before the Committee:

Ministry of Health

• Mr. Stephen Boodram	Deputy Permanent Secretary (Temporary)
• Mrs. Anesa Doodnath-Siboo	Principal Pharmacist
• Mrs. Mala Kowlessar-Tagallie	Legal Adviser

Pharmacy Board of Trinidad and Tobago

- Mr. Ricardo Mohammed — President
- Mr. Sanjay Mohammed — Secretary-Treasurer/Registrar
- Mr. Quentin Dyer — Council Member

Key Issues Discussed

The following are the main issues highlighted during discussions with the **Officials from The Pharmacy Board of Trinidad and Tobago (PBOTT)** and **the Ministry of Health (MOH):**

Adequacy of the Existing Structure to Meet the Mandate of the MOH

i. The MOH believes that the existing structure promotes collaboration with the PBOTT and allows for a degree of objectivity and oversight from the MOH.
ii. There is a separation of duties and functions. The MOH is responsible for regulating antibiotics, narcotics, and control drugs, while the PBOTT, as an independent body, is responsible for registering pharmacies and pharmacists.
iii. The PBOTT believes amendments to the Pharmacy Board Act of 1962 are needed. In this regard, the PBOTT intends to meet with the MOH to propose amendments to ensure that the practice of pharmacy is of the highest standard.
iv. The PBOTT admitted the new council faced internal challenges, and steps are being taken to address these issues within the limitations of the Pharmacy Board Act.

Updating of the Council Registers

v. The PBOTT is required by law to publish the Register of Pharmacists in the Gazette on or before January 15th every year.
vi. The latest publication of the Register was in 2004.
vii. The current list has approximately 1,725 names, but according to the PBOTT, this number is subject to change before publication in the Gazette.

viii. Once a pharmacist meets the minimum requirements, the PBOTT is responsible for registering that pharmacist who then can be issued with a certificate of registration. Subsequently, every year, the Pharmacist must pay a retention fee and be issued a practising certificate.

ix. The law requires the practising certificate to be displayed to the public at the pharmacy.

Operational and Administrative Challenges

x. The PBOTT has not fully addressed its internal man-power issues, but efforts are being made to fill that gap, with council members volunteering their time to assist with the board's inspections.

xi. A key issue is funding, as the Board relies on fees collected by the membership and does not receive any subvention from the MOH.

xii. The fees collected by the membership is insufficient to carry out the mandate of the Board.

xiii. The PBOTT is re-establishing its committees and sub-committees, namely the investigative and disciplinary committees.

xiv. The PBOTT suggests that the Act should be amended to adjust its membership fees. This will require the assistance of the Ministry of Health.

xv. Bodies regulating professions that fall under the MOH must justify increasing their fees and include audited financial statements in their submissions for the Ministry's consideration.

xvi. The PBOTT stated that an audit is currently being done and will be presented at the Board's Annual General Meeting (AGM), which will be held in February 2025. A proposal will then be taken to the MOH to make the necessary changes to allow for an increase in fees.

xvii. Currently, the annual fee of TTD150 for the practising certificate is insufficient. PBOTT's membership in their AGM will discuss suggestions for new fees.

xviii. There are two fees pharmacists must pay: an annual retention fee of TTD150, which entitles them to a practising certificate, and a non-practising fee of TTD75. The latter fee allows the pharmacist to remain on the Register but NOT to practice. The annual renewal fee for pharmacies is TTD850.

xix. The law requires pharmacists to display their practising certificate at the establishment where they practice.

xx. Currently, the PBOTT is unaware of any pharmacies operating without a licence, but in cases of non-compliance, the Board will notify those pharmacies to shut down operations until they are compliant.

xxi. The PBOTT supports the idea of self-regulation of fees. However, the MOH has the responsibility for making regulations that govern fees at this time.

CDAP

xxii. The PBOTT stated that pharmacies will not refuse a CDAP request from patients.

xxiii. Orders for CDAP drugs by pharmacies may not be delivered on time in some cases and there have been shortages.

xxiv. Patients are advised to visit any pharmacy to fill their prescriptions if needed.

xxv. A global shortage of insulin has been linked to a lack of insulin available to patients locally.

xxvi. NIPDEC undertakes the CDAP Programme on behalf of the MOH. Monthly orders by the pharmacies are placed to NIPDEC, but it also facilitates supplemental orders between the monthly orders. This ensures no gaps or shortages in the supply of drugs.

xxvii. Patients registered under the CDAP programme can visit any CDAP-registered pharmacy to fulfil their prescriptions. CDAP also covers patients from private doctors.

xxviii. Alternative medications available in public hospitals but not in the CDAP Programme will be prioritised in the CDAP.

xxix. Trends show a decline in the number of persons accessing CDAP services during the COVID-19 period, but there has been an increase post-COVID-19.

Drug Registration

xxx. Any new drug that is to be imported, distributed or offered for sale in Trinidad and Tobago must be registered with the MOH.

xxxi. Regarding the supply of unregistered drugs within the country, there is a gap at the ports of entry that may facilitate activities such as the 'suitcase trade'. The

PBOTT believes this may be indicative of a shortfall in the operations of the Customs and Excise Division.

xxxii. Ozempic and Emergen-C are not registered for sale in Trinidad and Tobago. While the drugs cannot be bought at the pharmacies, they are widely available at other establishments not under the PBOTT's purview.

xxxiii. In the case of Ozempic, the MOH has referred the matter to the relevant authorities for investigation.

xxxiv. Not all manufacturers of Emergen-C are registered; therefore, some packets of the medication will not be able to be sold legally in Trinidad and Tobago.

xxxv. While the Chemistry, Food and Drugs Division has a presence at all ports of entry, not all drugs coming in will be brought to the inspectors' attention.

xxxvi. Since January 2023, the MOH has made 84 referrals of pharmacies to the Trinidad and Tobago Police Service (TTPS) for selling unregistered products which is in contravention of the provisions stipulated in the Food and Drugs Act.

xxxvii. However, in their inspections of pharmacies, the MOH has reported a marked decrease in the number of unregistered products being sold on the shelves.

xxxviii. The MOH has also reported to the TTPS the advertisements of unregistered products.

Inspection of Drug Distribution Channels

xxxix. The MOH has increased the resources at the Chemistry, Food and Drugs Division and the Drug Inspectorate.

xl. Ten additional inspectors have been added over the last year. The organisational structure has allowed for 30 inspectors. Currently, the Drug Inspectorate has 5 inspectors out of 11, as indicated by the organisational structure.

Allegation of the Monopolisation and Anti-Competitive Conduct in the Pharmacy Industry

xli. The PBOTT met with the Fair Trade Commission (FTC) to discuss the issue of monopolistic conduct within the pharmacy industry. The FTC maintains there must be reports for action to be taken.

xlii. The PBOTT, therefore, has encouraged members to report cases of anti-competitive conduct within the industry so that the relevant course of action can be taken.

National Public Health Laboratory

xliii. The MOH stated that the existing laboratory is functional, and efforts are being made to improve its functionality. Currently, the lab is used to conduct food testing, and microbiological testing. However, the CARPHA Reference Lab in Jamaica is accessed to test drugs.

xliv. Work is still ongoing concerning the new lab. MOH has already identified a site for the lab's construction.

Pharmaceutical Registration Process

xlv. The MOH indicated that they have been able to implement three of the most crucial recommendations based on a report entitled "Expert Review of the Trinidad & Tobago Pharmaceutical Registration Process" produced by a consultant through the British High Commission: strengthening of resources for the regulatory body; revamping of the registration process of drugs, and the use of other stringent regulatory bodies to fast-track drug registration applications.

xlvi. The report's main aim was to understand the issues that the National Medicines Regulation Body was facing in regulating and approving the marketing authorisation of new medicines in Trinidad and Tobago.

xlvii. Legislative amendments are needed to implement other recommendations from the report.

xlviii. Typically, it takes approximately two to three months for a drug to be registered from application to final approval, according to the MOH.

Complaints Procedure

xlix. The PBOTT evaluates complaints because it falls under the remit of the Board. Then, the complaint or breach would be reviewed by the Council. The Inspections Committee would then conduct an investigation and determine a corrective action or recommendation.

l. A tier-system is being modelled after a similar system in South Africa to deal with breaches or complaints to seek redress.
li. To date, no pharmacy or pharmacist has lost their licence due to complaints.

Complaint Mechanism for the Public

lii. The PBOTT is implementing a new website where the public can lodge complaints.
liii. Awareness programmes are also being established.
liv. The Council is allowed to exercise powers of adjudication under the Act.
lv. The MOH receives complaints via telephone via the CMO. Matters pertaining to pharmacies will be referred to the Board.

Review of the PBOTT's Code of Conduct

lvi. The Code of Ethics is being updated.

Organisational Structure of the Drug Inspectorate

lvii. The position of Principal Pharmacist has been filled. One of two vacant positions for the position of Pharmacist IV has been filled; one of the six positions for the role of Pharmacist III has been filled.
lviii. Additionally, two Pharmacist I and one II positions are yet to be filled.
lix. Associate professionals who are qualified pharmacists have been collaborating with the Ministry of Education (MOE) and the CMO to work with the Drug Inspectorate to receive the necessary training.

The hearing can be viewed on our YouTube channel via the following link:

https://www.youtube.com/watch?app=desktop&v=Rs8XVYhRU68

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
February 7, 2025